A Lecture ON THE MENTAL ORIGIN OF NEURASTHENIA AND ITS BEARING ON TREATMENT.
DELIVERED AT THE POLYCLINIC, LONDON.
BY DAVID DRUMMOND, M.A., M.D.,
SENIOR PHYSICIAN, ROYAL VICTORIA INFIRMARY, NEWCASTLE-ON-TYNE.

My object in addressing you on the subject selected for to-night's lecture is, if possible, to convince you that neurasthenia is essentially a disorder of the mind, and therefore can only be treated successfully when this fact has been recognized.

My time is short, and you are all so familiar with the symptomatology of neurasthenia that I feel it will be unnecessary to describe the condition, but will proceed at once to the view of its origin that I wish to lay before you.

What you will ask, is the evidence that the origin of this chameleon disorder—which is at present at once the backbone and bugbear of general practice—is mental? for I need scarcely remind you that there are some who regard bodily troubles as primary causes. It is clearly of the utmost importance to recognize the cause of the neurasthenic condition, and close inquiry furnishes full evidence that it arises from morbid mental states.

Etiology.
The first fact I would point to is that in neurasthenia the mental symptoms are without pathological basis (in any individual case this must, of course, be ascertained by careful physical examination). To the patient the symptoms are as real as though some physical lesion existed, and even the doctor himself is so likely to deceive the doctor, who, fearful of being in the wrong, anxious to safeguard his reputation, and dearest of keeping his patient, will even in cases of considerable doubt, accept the patient's lead, hedge over the diagnosis, and thus with disastrous results confirm the impression that some serious disease exists. The responsibility of the medical attendant in these circumstances is truly great, but to this point I shall return. In some cases the digestive organs are marked out by the patient as the seat of disturbance, or it may be the heart, or the genito-urinary system. What determines the bias of a patient's mind towards a definite organ is seldom of much moment; in some cases it is no doubt a functional derangement of the organ that in the first instance attracts attention, or it may be a hereditary tendency. There is an incisive professional opinion suggesting, for example, uterine displacement, or kidney motility, or weak heart. However, the case with regard to physical symptomlessness is not unusual, as usually by the time the doctor's aid is sought there is little or nothing to combat but the mental state.

The next clinical fact of great importance is to be sought in the mental history of the patient, both family and personal. It may be assumed that with rare exceptions an established nervous temperament has been inherited, though a practical difficulty is often placed in the way of ascertaining this fact through the repugnance on the part of the patient and friends to admitting a family history. It is a real misfortune that most people should confound nervousness with weakness—aloofness—and are likely to resent an inquiry into their mental history lest a charge of cowardice should be established. Most unfortunately there is no word in the language that would be understood by patient, friends, and doctor alike to convey the true significance of the term "nervous." The truth is that a highly-organized nervous system is a most valuable equipment in life; it enables the possessor to be and do as well as he can suffer. But just as you can get a purer tone and more exquisite music out of a fine violin than from a common one, so when injured or badly handled its disordered use is the more apparent. This aspect of the matter is not generally understood; even educated people fail to grasp the difference between the nervous temperament and the state of being easily frightened, and when you begin to make inquiries as to mental antecedents they will fence the question and endeavour to persuade you that there was nothing nervous about them until a certain illness—influenza, for example, or mental shock—developed the temper. The final words, however, point to the fact that serious trouble is often threatened in the nervous temperament, for whom, therefore, special safeguards, in home surroundings and personal habits, ought to be observed, just as those who inherit a tendency to tuberculosis must observe careful precautions in their surroundings and manner of life if they are to escape harm.

But, after all, is a player on the violin is the patient himself, and it is with the individual patient that we have to deal. Even when there is an unmistakable family history of nervous disorders, with possibly a case or two of insanity, the patient in early life may exhibit no morbid symptoms; perhaps deviation from the normal is more than a certain lack of self-confidence. Sooner or later, however, there is shown a tendency to attach undue importance to matters that affect the personal feelings, and this is strongly affected the nervous temperament.

The patient becomes hypersensitive, and gradually surrenders control of his thoughts at will; instead of choosing a line of thought and concentrating upon it, and from being a useful and wholesome practice in the main as exercised by a healthy, well-balanced mind, it becomes a source of danger when it defaces control, and then perverts, hampers, and otherwise misdirects the patient. When the neurasthenic is conscious of a struggle to maintain his interest in affairs outside his own personal life, but by an effort he can do so, and to this end he is helped by continuing at work, which, even though it be uninteresting, serves to distract his attention from himself. Later on he fails to make the effort, or some illness or shock breaks down what little control he still possessed, and so the natural inclination becomes the source, and in the case of a person more self-centred and despondent, and loses the power of forming an intelligent judgement upon matters that relate to his health. In some cases this is the result of the recognition of the worthlessness consequent on giving way to bad habits coming into operation, with further distressing results; others are spared this hope-robbing demoralization because that the patient is able to convince himself in any sense the outcome of a bad habit, and therefore acquit themselves of all blame. These changes traced from the beginning are essentially mental; the patient abandons will-power, and takes the path of least resistance.

I am of opinion that overwork, mental strain in business, or other ways, the grief of bereavement, or some alarming shock, do not in themselves produce neurasthenia, and cannot be said to be its cause, though by lowering health and weakening mental control they may contribute to the development of the more serious disturbance. On the other hand, I regard the overworking and damaging effect on the mind of uncontrolled and bad habits of thought in early life, partly because of its tendency to the mental origin of cases of nervous temperament, and on account of a growing conviction that to such habits may be ascribed a great deal of the depression and mental discomfort from which nearly every one suffers at times. Care, therefore, I think, must be taken in early life to prevent their development, and we see in the case of neurasthenia seems to range from occasional outbursts of uncontrolled temper or fits of gloom—"moodiness," in fact—to obsession by some one false idea, ending perhaps in insanitary life. This argument is partly as true if we recognize that the mental horizon of which each individual is the centre may be gloriously wide and embrace the interesting and sunny aspects of life, or may be miserably constricted, to the petty and limited personality of one person who lives under the toils, burdens, and
Airs has been singing his creditable lines for the sympathy and condescending views of neurasthenic patients. It appears that the majority of doctors have erred sadly in their dealings with their neurasthenic patients. In palliation it is found that the neurasthenics have failed through lack of courage; but there remain some of whom it must be regretted admitted that they have forgotten their duty, and trusted themselves to an easy life. These are hard words, but I fear they are true.

It is much to be regretted that the term "neurotic," "neurasthenia," and "hysterical" and "psychoneurotic" are, by the lips of the majority of clinical teachers, terms of opprobrium, whilst systematic university and college lecturers on the principles and practice of medicine omit all reference to the subject, and, farther, give effect to their attitude of neglect by excluding questions on the condition from the examination papers. This no surer method could be devised to mislead our future practitioners than to make them believe that the subject exists. But although in the past we have had a valid excuse of ignorance, in the future, as light on the subject increases, no such excuse will hold good. To continue the sort of practice which has prevailed will be to incur a charge of downright dishonesty. Do you ask why? Because it will mean that, having in our hands the remedy for a curable disease which is yearly on the increase and more and more threatens the mental and physical welfare of our patients, we yet withhold it.

So long, of course, as the profession regards neurasthenia as, able to influence and carry me and the neurasthenic as a delinquent who has made the most of doubtful symptoms, the doctor has needed all his sympathy for himself—with, perhaps, a little for the relative, and, further, give effect to their attitude of neglect by excluding questions on the condition from the examination papers. This no surer method could be devised to mislead our future practitioners than to make them believe that the subject exists. But although in the past we have had a valid excuse of ignorance, in the future, as light on the subject increases, no such excuse will hold good. To continue the sort of practice which has prevailed will be to incur a charge of downright dishonesty. Do you ask why? Because it will mean that, having in our hands the remedy for a curable disease which is yearly on the increase and more and more threatens the mental and physical welfare of our patients, we yet withhold it.

So long, of course, as the profession regards neurasthenia as, able to influence and carry me and the neurasthenic as a delinquent who has made the most of doubtful symptoms, the doctor has needed all his sympathy for himself—with, perhaps, a little for the relative, and, further, give effect to their attitude of neglect by excluding questions on the condition from the examination papers. This no surer method could be devised to mislead our future practitioners than to make them believe that the subject exists. But although in the past we have had a valid excuse of ignorance, in the future, as light on the subject increases, no such excuse will hold good. To continue the sort of practice which has prevailed will be to incur a charge of downright dishonesty. Do you ask why? Because it will mean that, having in our hands the remedy for a curable disease which is yearly on the increase and more and more threatens the mental and physical welfare of our patients, we yet withhold it.

So long, of course, as the profession regards neurasthenia as, able to influence and carry me and the neurasthenic as a delinquent who has made the most of doubtful symptoms, the doctor has needed all his sympathy for himself—with, perhaps, a little for the relative, and, further, give effect to their attitude of neglect by excluding questions on the condition from the examination papers. This no surer method could be devised to mislead our future practitioners than to make them believe that the subject exists. But although in the past we have had a valid excuse of ignorance, in the future, as light on the subject increases, no such excuse will hold good. To continue the sort of practice which has prevailed will be to incur a charge of downright dishonesty. Do you ask why? Because it will mean that, having in our hands the remedy for a curable disease which is yearly on the increase and more and more threatens the mental and physical welfare of our patients, we yet withhold it.

So long, of course, as the profession regards neurasthenia as, able to influence and carry me and the neurasthenic as a delinquent who has made the most of doubtful symptoms, the doctor has needed all his sympathy for himself—with, perhaps, a little for the relative, and, further, give effect to their attitude of neglect by excluding questions on the condition from the examination papers. This no surer method could be devised to mislead our future practitioners than to make them believe that the subject exists. But although in the past we have had a valid excuse of ignorance, in the future, as light on the subject increases, no such excuse will hold good. To continue the sort of practice which has prevailed will be to incur a charge of downright dishonesty. Do you ask why? Because it will mean that, having in our hands the remedy for a curable disease which is yearly on the increase and more and more threatens the mental and physical welfare of our patients, we yet withhold it.

So long, of course, as the profession regards neurasthenia as, able to influence and carry me and the neurasthenic as a delinquent who has made the most of doubtful symptoms, the doctor has needed all his sympathy for himself—with, perhaps, a little for the relative, and, further, give effect to their attitude of neglect by excluding questions on the condition from the examination papers. This no surer method could be devised to mislead our future practitioners than to make them believe that the subject exists. But although in the past we have had a valid excuse of ignorance, in the future, as light on the subject increases, no such excuse will hold good. To continue the sort of practice which has prevailed will be to incur a charge of downright dishonesty. Do you ask why? Because it will mean that, having in our hands the remedy for a curable disease which is yearly on the increase and more and more threatens the mental and physical welfare of our patients, we yet withhold it.

So long, of course, as the profession regards neurasthenia as, able to influence and carry me and the neurasthenic as a delinquent who has made the most of doubtful symptoms, the doctor has needed all his sympathy for himself—with, perhaps, a little for the relative, and, further, give effect to their attitude of neglect by excluding questions on the condition from the examination papers. This no surer method could be devised to mislead our future practitioners than to make them believe that the subject exists. But although in the past we have had a valid excuse of ignorance, in the future, as light on the subject increases, no such excuse will hold good. To continue the sort of practice which has prevailed will be to incur a charge of downright dishonesty. Do you ask why? Because it will mean that, having in our hands the remedy for a curable disease which is yearly on the increase and more and more threatens the mental and physical welfare of our patients, we yet withhold it.
most careful in working out a diagnosis. Our guiding rules should be to make, if possible at our first interview, a careful search for organic mischief, and in any case to give our opinion until an exhaustive examination has been made.

A few points seem to indicate the neurotic nature of the symptoms, and to some of these I may briefly refer. It is reasonable to assume that the pains are described as constant; it is said that the pain never ceases, is always present during waking hours. Organic pains are not so described. On a close examination the admission is often made that these functional pains do occasionally cease for a time, but at the next interview the legend that the pains are constant is revived, and one feels that the interrogation has to be instituted before the truth is reached; this lack of accuracy is strongly suggestive of the mental state underlying neurasthenia. Headache, for example, described as constant, is usually of this nature, and the same may be said of spinal pain and backache generally.

2. A clue may be furnished by the kind of language employed in describing symptoms, this being generally exaggerated and hyperbolic, and is often used to refer to his pain or other abnormal sensation as ever increasing; at every visit it is worse than before—it is "appalling," "pulsating," etc.

Again, we may learn much from the fact that a neurasthenic patient who comes to see us, and is both able and anxious to describe in detail every feature of his case, is not uncommon, as a rule, by some one who will briefly refer. We, and will emphasize his story further—a wife, a sister, or a sympathetic friend.

4. It is important to observe—and many neurasthenics are prepared to admit the fact, or we may obtain it from an intimate friend—that pari passu with the progress of the symptoms for which we are consulted there is evidence of an ever-increasing nervousness, using the term in a generalized sense, and are to the neurotic as his pain is to his pain or other abnormal sensation as ever increasing; at every visit it is worse than before—it is "appalling," "pulsating," etc.

Increasing, it is a common complaint of patients or friends, seldom passes into one arm alone, is accompanied by palpitation, and lasts for hours. The neurasthenic's pain is either a diffuse, or else is diffuse, a veritable well-o' the-wisp in the sense that it cannot be located exactly. A headache complained of as constant and referred to the top of the head is a functional one and more and more control as the serious mischief advances.

In addition we should become familiar with the special features of neurasthenic pains and other symptoms, many of which are characteristic. Just as the name of an individual will give us a clue to his nationality, so the special locality or description of a pain will furnish evidence of its nature. For example, neurotic or pseudo-neurotic pain is worse at night, exciting but little real alarm in the minds of patients or friends, seldom passes into one arm alone, is accompanied by palpation, and lasts for hours. The neurasthenic's pain is either a diffuse, or else is diffuse, a veritable well-o' the-wisp in the sense that it cannot be located exactly. A headache complained of as constant and referred to the top of the head is a functional one and more and more control as the serious mischief advances.

But no matter how suggestive the symptoms, no matter how great our experience may be, we should never content ourselves with a diagnosis arrived at in this way. A judiciously-conducted inquiry and an exhaustive physical examination serve two valuable purposes: First, to set at rest the actual question whether there is organic disease, and then to convince the patient that we really and fully understand his case. This is what we wish to do; we want to break our code sufficiently to gain confidence in the first instance.

TREATMENT.

Given a careful and correct diagnosis, we have next to consider the treatment to be adopted. I am bound to say at the outset of this that a personal factor enters into the successful treatment of neurasthenia which cannot be looked nor minimized. It calls for a combination of insight, sympathy, and firmness that all do not equally possess; and even those who do possess the power to reach the patient's own views and combat his symptoms are not always able to exercise it with the same degree of success. In saying this I am not referring to the use of any agency as hypnotism or any other phase of the subject to-night—I am speaking of ordinary intercourse between doctor and patient.

Next to the diagnosis based on positive and secure grounds must be placed courage to speak and act firmly, begotten of knowledge, and an eager desire to help our patient—and, may I add, confidence that the professional brother next door will say the same thing if appealed to by some dissatisfied patient whom one has, of course, to malady. Truth obliges me to add this qualifications, as things are at present, for, though I would fain be the last to accuse any man unjustly, I am afraid it is too often the case that some who are unable to take advantage of the ignorance and credulity of patients and trade on the honest confidence of someone else. And when this interrogation has to be instituted before the truth is reached; this lack of accuracy is strongly suggestive of the mental state underlying neurasthenia. Headache, for example, described as constant, is usually of this nature, and the same may be said of spinal pain and backache generally.

But to return to the patient. We must recognize that what we have to treat is a group of symptoms, but a specific morbid state of the mind and nervous system. The well-known story of the patient who says "she cannot, the nurse who says "she will not," and the doctor who rejoins "she cannot will," puts the position admirably in a nutshell. Therefore, as the successful treatment of neurasthenia does not lie in the treatment of symptoms, but rather in the control of the mind and personality, it follows that drugs are not of great assistance, though as tonics, etc., they have their place, and cannot, therefore, be entirely ignored. There are some who will argue that it is good practice to give neurasthenic symptoms a name based upon the locality to which they are referred, such as "liver," "gastric catarrh," "fixing kidney," "displacement of uterus," "weakness of bowels," etc., and I think this is a mistaken point of view.

In the present state of our knowledge, and the possibility that the patient may eventually be persuaded that a cure has taken place. That is, drugs and other treatment are employed as an indirect method of suggestion, with a cheerful assurance of the risk that they may do actual harm. This I believe to be most unadvised practice, and I feel that we cannot too strongly set our faces against it.

The treatment that is attended by the greatest success, indeed the only rational line of treatment, consists of an honest and straightforward statement to the patient, dealing with the facts of the case—a statement that enters fully into its pathology and touches lightly upon the symptoms: a statement that, by its very firmness, disinterestedness, and kindness, wins the confidence of the patient, and makes him the agent and the patient, and to make a real effort to rise above his trouble and ignore himself. The power to help and encourage our nervous invalids undoubtedly increases with experience and practice, and the longer we have been in the profession, the sooner will we acquire the art of curing them. Many a patient has returned to a doctor, it may be months or years after his first visit, the chief factor of which was a plain talk, and when asked as to his state of health and how the prescription suited him, has replied: "Oh, I am much better; but it was not the medicine that did me good, but what you said.

The treatment that is attended by the greatest success, indeed the only rational line of treatment, consists of an honest and straightforward statement to the patient, dealing with the facts of the case—a statement that enters fully into its pathology and touches lightly upon the symptoms: a statement that, by its very firmness, disinterestedness, and kindness, wins the confidence of the patient, and makes him the agent and the patient, and to make a real effort to rise above his trouble and ignore himself. The power to help and encourage our nervous invalids undoubtedly increases with experience and practice, and the longer we have been in the profession, the sooner will we acquire the art of curing them. Many a patient has returned to a doctor, it may be months or years after his first visit, the chief factor of which was a plain talk, and when asked as to his state of health and how the prescription suited him, has replied: "Oh, I am much better; but it was not the medicine that did me good, but what you said.

When the case has become confirmed, and especially when the surroundings are unfavourable and unhelpful, our difficulties are necessarily increased, and they become still greater when the patient's health has been lowered.
TUBERCULOUS CHLOROSIS.

[Dec. 28, 1907.]

by sleeplessness, anemia, dyspepsia, and so on. But even then a true diagnosis and sound advice will do much, coupled with suitable remedies and change of air and food, in the long run to accomplish this. A proper management of the patient's mental state. To grapple with this and the various causal factors at work requires all the tact, caution, and patience. Many cases will, however, defy this rational line of treatment, even at the hands of the most experienced, when attempted at home. Adverse circumstances are too often for them, and the doctor's efforts are more than counterbalanced by influences outside his control. It is then that isolation proves so valuable. I have, I am sure, that in bringing to a close my remarks, I have not said too much upon the treatment of neuroasthenia. I cannot do better than give you a brief account of my own experience, extending now over many years, of the Weir Mitchell treatment.

This treatment, as you are aware, is a combination of isolation away from home, rest in bed, overfeeding, massage, and electricity. The one item in this list little realized as a lasting mental effect is the isolation; and although Weir Mitchell himself incidentally speaks of this as giving a valuable opportunity for "moral re-education," he seems to place it upon it from that point of view, while some of his followers openly depurate "preaching," and insist on relying solely on the physical processes.

The great French physician, Dejérine, on the other hand, has evolved a system in which isolation with rest in bed and what he calls "persuasion" play the principal parts; overfeeding is used only in cases of emaciation, massage and electricity are discarded. Dejérine rejects suggestion as formerly used by Charcot and others because it in no way enlightens the patient's intelligence, nor does it help him to exercise his own will: the mental treatment, which substitutes for suggestion means such rational explanation and demonstration to the patient as will communicate enough understanding of the matter to enable him to co-operate intelligently in his own cure.

My own experience, independently worked out and extending now over many years, goes to show that the point of chief importance is mental treatment administered under the most favourable conditions, of which the first essential is isolation under the doctor's control. The mental treatment is, in fact, a sort of education with enforced rest, and the plan adopted should not be too rigid; each case needs to be separately considered and treated on its own merits—one will require stern insistence, another gentle coaxing. By countless varying methods the treatment is always directed to the one end of leading the patient away from the constipated, self-centred attitude of mind in which attention is absorbed in narrow personal feelings, and substituting for this a more rational interest in the welfare of others, which will in turn endow him with a new and larger and perfectly healthy self. To this main object the various helps of rest, over-feeding, "passive exercise" or massage, electricity, etc., are, when used at all, regarded only as subordinate accessories. And I may add, in conclusion, that the number of lasting cures secured in this way year by year strengthen my conviction that the theory is true and the practice sound.

Clinical Remarks on TUBERCULOUS CHLOROSIS.

By ALEX. JAMES, M.D. EDIN.,
Consulting Physician to the Edinburgh Royal Infirmary.

When we meet with a case which presents in a more or less marked degree all the ordinary appearances of chlorosis, and which yet on examination of the blood reveals the number of red corpuscles and the percentage of haemoglobin to be practically normal, we are very likely to find in it a history of past or present tuberculous disease. This condition, often occurring in young women, is one which long ago Troussseau recognized and called false chlorosis or tuberculous anaemia; and although in recent times, when blood examination has become more of a routine procedure, the coexistence in tuberculous disease of an anemic appearance is no longer a sign of chronic disease, it is quite evident, it seems to me, that in cases apparently of chlorosis this possible association of tuberculous disease is often passed over for long unrecognized. Inasmuch as the recognition of such cases is of importance from a points of view alike of diagnosis, etiology, pathology, and treatment, I believe that the following are well worth recording.

Case I.

A. H., aged 16, a French polonaise, was admitted to Ward 31, April 9th, 1907, as a case of chlorosis. She complained of shortness of breath, palpitation, and swelling of the ankles, and stated that she had been ill for three weeks.

History.

Her family history was not very good. Her father had died, aged 55, from Bright’s disease; her mother is alive and well. Of a family of four, two brothers had died, causes unknown; one sister was alive and well. Her surroundings were such that she found life to be satisfactory; at work, however, she had been in a room for four days, sitting close to the fire. As regards previous illness, she had a history of swelling glands in the neck at the age of 6 or 7. These were quite cicatricial. Her present illness, she said, began about three weeks before admission. With some pain and discomfort in the chest, she noticed swelling, which the doctor told her was due to dropsy. The pain gradually remained until her admission. She also noticed palpitation and breathlessness, and stated that she had been getting thinner.

State on Admission.

Height 4 ft. 10 in., weight 6 st. 2 lb. Her development and musculature were poor. Some oedema of both ankles was present, and her appearance was one of pallor and extreme anemia. The temperature showed a slight irregularity.

Circulatory System. The pulse was usually about 90 or 100. She had complained of shortness of breath, faintness, and palpitation. As regards physical signs, nothing abnormal could be detected. The heart was not markedly enlarged, the sounds were soft, and the apex beat was fairly good; the diastolic of the pulmonic, the bruit de diathermy was not well marked. The red blood corpuscles numbered 5,200,000, haemoglobin 70 per cent., white corpuscles 7,127, lymphocytes 68 per cent., basophiles 5 per cent., eosinophiles 1 per cent.; the eosinophile index was 0.9.

Respiratory System. The patient had no cough, but gave a history of coughs coming on from time to time. Some weeks earlier the cough was very troublesome, and was accompanied by pain in the chest on coughing and breathing. On careful examination of the lungs, slight bronchial breathing was noted, and a slight inspiratory note was made out. On auscultation, nothing was detected except slight harshening of the breath sounds. With the use of a stethoscope the sound of the pulmonic of the pulmonic, the bruit de diathermy was not well marked. The red blood corpuscles numbered 5,200,000, haemoglobin 70 per cent., white corpuscles 7,127, lymphocytes 68 per cent., basophiles 5 per cent., eosinophiles 1 per cent.; the eosinophile index was 0.9.

The differential count of the white corpuscles showed, as was to be expected, a relative increase of lymphocytes, and the eosinophile index, for the estimation of which I have to thank Dr. Ian Stewart, was within normal limits.

Dr. Ian Stewart also tested in this patient the effect of tuberculin inoculation on the eosinophile index, and found a rise on the third day, without any previous fall. One may regard this as indicating that there was some tuberculous disease, whilst the occurrence from time to time of cough, expectoration, and chest pain, make this all the more manifest. The case is therefore one of tuberculous chlorosis.

Case II.

Constance H., aged 18, domestic servant, was admitted to Ward 33 on December 10th, 1907. At the time of admission she was in good health, with no palpitation, stomach pain, and swelling of the legs, and stating that she had been ailing from this for the last two years.

History.

Her family history was not very good; her father died of Bright’s disease, her mother of childbirth. She had one sister alive and healthy, and one brother healthy; but of her other three brothers, one had died of consumption, and another had died from consumption. She had been in service for three years, and as regards food and home surroundings had been well placed.