

Neurasthenia

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IT has always been rather amusing to me to think of the emphatic way in which we as students, in written examinations, graphically describe conditions which we have never seen; positively subscribe to the usefulness of treatments which we have never tried, and with just as much vehemence, damn others which we, from experience, know little or nothing about. However, in writing on Neurasthenia one does not need a wealth of professional experience, for even the most humble-minded person with a minimum of laboratory apparatus can investigate this extremely interesting condition in which clinical material is over abundant.

Curious as it may seem, many men and women are going about their business with dangerously high blood pressures and other serious diseases quite unaware that they require medical aid. On the other hand, thousands of patients consult doctors, and even more, charlatans, because of disturbances of function which in reality are trivial and easily remedied, a group classed as neurasthenics. Let us go to Brend for an exact definition: "Neurasthenia is a functional, non-deteriorating disorder of the personality, a form of martyrdom in which the symptoms are entirely one-sided and out of all proportion to the physical findings; an expression of pent-up emotions." This definition will repay careful study. Needless to say, neurasthenics constitute a perpetual source of annoyance to the medical man, because of the neurasthenic's amazing ability to utilize large portions of the doctor's valuable time and the amazing inability of the average practitioner to do anything for him.

In considering the symptoms of this interesting condition I think it might be correctly stated that any symptom or symptom-complex known and capable of execution by the neurasthenic himself is possible. There are, however, always a few characteristics by which the neurasthenic may be picked out. On examination there will be no sign of organic disease, or, if there is any, the symptoms ensuing from it will be out of the ordinary in their severity and number. The patients will be indefinite and yet know all about their troubles and be more than willing to relate them; some, in fact, will be so willing that it will be difficult for the doctor to get a word in. They will usually have a symptom or symptom-complex which is the layman's conception of what the symptoms should be. But be careful—the medical knowledge possessed by some of these individuals is amazing. If the complaints are of a psychotic nature others will be blamed for their troubles. They will promptly have nothing to do with anyone who disagrees with them. They will have what might be called a neurasthenic personality, will be subject to extremes, will have a dom-

inant nature, and usually will be of the sensitive type who are easily insulted.

A conversation around a bridge table: Mrs. A.: "I only slept five hours last night." Mrs. B.: "Oh, I only slept three hours last night. I wish I would get five hours sleep"; and Mrs. C, not to be outdone, chimes in with, "Well, you ladies are lucky; I did not sleep a wink last night." These are the kind of people who, after taking various sedatives for months, finally turn up at the doctor's office complaining of inability to sleep. They are proud of their inability to sleep since it brings them some attention among their companions. Mrs. C. has won the day because she has been recognized as the greatest martyr of them all.

The etiology of this disease is subject to discussion among the various authorities. However, we may recognize a few of the dominant factors. There is undoubtedly an hereditary predisposition, for we find cases of neurasthenia among children of neurasthenic parents who have been removed from the influence of these parents at an early age.

The most important factors, however, are environmental and are concerned with the development of the child. The existence of an inferiority complex in most children was brought to the attention of people interested in this field by Alfred Adler. They feel inferior because they are weaker and smaller than their parents; or, if the oldest of the family, because the youngest is given more attention than they; and, if the youngest, because the oldest is given many more privileges than they. When they have this inferiority complex the natural thing to do is to try to compensate for it. They try to find ways to make themselves more important than their fancied superiors. Examples of this are very frequent in any household. How many times have we seen a child raise a disturbance when too much attention was paid to his sister or brother? The disturbance gains attention for the child for the time being, and raises his importance in his own estimation. How many times have we seen children attempt to claim the attention and interest of their parents by fancied pains or injuries or the magnification of some unimportant ones. The parents who magnify these so-called injuries contribute to the habit that will provoke a great deal of trouble in later years.

He also finds out that this attention compensates for his feeling of inferiority and carries the habit on to adult life, for in adult life there are again many contributing factors for a feeling of inferiority. One's personal appearance, one's mental equipment, one's social standing, financial standing, and so on, are prominent sources for an inferiority complex.

The old established method of attracting the attention of the parents by fancied ills proves successful in drawing sympathy and attendance from friends and relatives. A housewife may feel she is inferior to other housewives in the community because her house is not as spic and span as theirs. She may compensate for this feeling by becoming increasingly

active and keeping her house very neat; or, if she has received a background tending to influence her, she may fall back on some support such as indigestion, headaches, heart trouble or even nervousness itself, which will make her and others believe that she is perfectly justified in not having her house as neat as the other houses in the community, for sickness is the only universal excuse and therefore is adopted more than any other. A wife may feel inferior because she does not possess the charm necessary to keep her husband at home in the evenings, and subsequently she develops as a very nervous individual who has to have constant attention in the evenings, because of frequent fainting attacks. One might go on so, giving examples by the dozen.

However, it must be remembered that these symptoms develop sub-consciously. The individual is, for the most part, not aware of the method that is being followed and so she starts on the rounds to different doctors, glorying in the attention and publicity she receives from each new medical practitioner. How many times have we heard, "I just love Dr.———; he is so sympathetic"? So we find that the neurotic is usually an individual who has a somewhat better developed inferiority complex than usual, and who attempts to compensate for this feeling by developing very strange symptoms. She hasn't the courage to face life without the crutch of an illness or two, the universal excuse.

As medical men, we will some day be interested in doing something for the neurasthenic patient. It is a well known fact that the problem is an extremely difficult one, and the results are discouraging, since the therapist is confronted with the task of treating someone who sub-consciously does not want to be cured and who, in the last analysis, is the only person capable of effecting a total cure. Severe criticism should be levelled against a great many of the medical profession because of their practice of diagnosing neurasthenia, giving a little symptomatic treatment, and then abandoning the case and considering that their part is done. This is what is done for a great percentage of these unfortunate people who suffer just as much from their pains and aches of a psychotic origin as from those of an organic lesion. Doctors usually call for a consultation when they consider themselves incapable of dealing with a situation, but a great percentage of doctors consider themselves quite capable of treating this condition for years without expecting anything resembling a cure.

In speaking on the treatment I am in danger of leaving myself subject to comment because of my opening paragraph, but who knows, perhaps some of us have had the opportunity to try our luck with the therapeutics of this disease. First, let us consider the prophylactic element—this is the most desirable aspect. It lies not so much with the doctor as with the people responsible for the bringing up of children. A mother who, in the common everyday vernacular, spoils her child, is unknowingly contributing to this host of troubled people which we have constantly

with us. Mothers who constantly do things for their children, when the children with a little effort are capable of doing it themselves, who pamper, protect and pet their children, who teach them to be discouraged individuals thinking that life is always hard and that there are always ways of getting out and under from a difficult situation; these parents thus train their children to be neurasthenics in later life.

In suggesting therapeutic methods, first the confidence of the patient must be gained, and the best way of doing this is by a complete physical examination. The more complete this is, the better, since it must be stated that many a serious disease has been labelled neurasthenia because the doctor did not take time for a complete investigation of the symptoms.

The logical method of approach then lies in having the neurasthenic appreciate the nature of the disturbance, and by approaching the symptoms, cure himself; for the old medical adage of treating the cause, not the symptoms, stands firm as strongly in this disease as in any other. Many a case has been cured by suggestion, hypnotism, etc., but the scientific and best way must be in treating the cause. It does not appear logical to treat a symptom when the cause of that symptom still remains deeply rooted in the subconscious mind of the individual. The usual neurasthenic is abnormally interested in his disease and disease process. In this fact lies a reasonable method of approach to treatment. If the intelligent neurasthenic can be made interested in abnormal psychology, and his reading carefully directed into the proper channels, a possibility for a cure may ensue. An investigation into the patient's development and environment will have to be made before the medical man can appreciate the contributing factors in the condition and these might be very carefully presented to the patient—after he understands what neurasthenia is. Months and years may be necessary to do this, but, when it is considered that months and years are spent in palliative treatment with sedatives, the situation does not look so gloomy.

A mistake that is often made is that of telling the patient that there is nothing wrong with him. Such attempts at curing the condition will be immediately interrupted by the fact that there will soon be no patient to work with—the patient having gone to a more “sympathetic” doctor. Some doctors consider they have done their part when they tell the patient there is nothing wrong with him organically. They have not helped the patient in any way, and should not even consider a fee. Finally, the follow up of these cases is a very necessary factor. Relapses are extremely common and it is only by constant attention and guidance that any progress may be made.