

NEURASTHENIA IN GENERAL PRACTICE.*

By H. B. ANDERSON, M.D., L.R.C.P. (LOND.), M.R.C.S. (ENG.),
Associate Professor of Clinical Medicine, University of Toronto.

For the proper recognition of its importance, neurasthenia as a clinical syndrome had the misfortune of having been brought to the attention of the profession at an inopportune time. When Beard, in 1869, first described the condition and attempted to secure for it a footing in nosology, it was at the beginning of the period when the phenomena of disease in general were being investigated by the morbid anatomist, the pathologist, the bacteriologist and the chemist, and by them related to definite changes in the organs, tissues or fluids of the body. A disease, the morbid substratum of which was quite inaccessible to these means of investigation, and which depended for its recognition on diverse clinical manifestations, failed to impress the leaders of medical thought, and so received scant consideration from them. It is therefore little wonder that its very existence as a clinical entity was questioned, and that for years in Europe it was derisively designated the "American disease." This attitude of the leaders was reflected on the general profession, which has not even yet succeeded in freeing itself from early impressions. This is especially noticeable with reference to traumatic neurasthenia, where, in the absence of objective signs of injury, the existence of the condition is continually challenged by the legal profession, in which position they can usually obtain abundance of expert support from our own. This attitude is epitomized in the epigrammatic statement that the best cure for a case is \$5,000 damages. The remarkable improvement which sometimes follows this remedial measure at first glance appears to support the legal contention, but may usually be quite as satisfactorily and more charitably explained as being due to the removal of the worry and nerve stress incident to litigation, assisted, no doubt, by the beneficial psychic influence of having received compensation.

The same indefensible position is too frequently assumed with reference to the clinical conditions implied by nervousness, neurotic and functional disease, etc.; so much so that these terms are commonly associated in the minds of both physician and patient with imaginary ills, exaggeration or humbug. Patients, experiencing the reality of their sufferings, have become

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