

Classification of the Symptoms of Neurasthenia.

I.—SUBJECTIVE.

(A) MOTOR :—

1. Muscular weakness in the form of incapacity for prolonged exertion.

2. A sense of general weakness, especially in the back and legs. (Real loss of power would suggest organic disease.)

(B) SENSORY :—

a. *General symptoms.*

1. Feeling of indefinite discomfort, which the patient is unable to accurately describe; he will often complain of feeling "ill all over."

2. Feeling of profound exhaustion, or of always being tired.

3. Diffuse aching of the limbs or trunk.

4. A feeling of uncertainty of movement. There is no actual inco-ordination, but the patient feels an uncertainty about placing his feet.

5. Flushes of heat or cold.

b. *Sensations referred to the head—*

1. Headache.

2. Sensation of emptiness or lightness of the head.

3. Giddiness. (The attacks will often come on in the street.)

4. A sensation of profound misery in the head. This is indescribable.

c. *Localized sensory phenomena.*

1. Feeling of constriction or pressure or uneasiness in over a limited area; a sensation of a cord tied around a limb is not uncommon.

2. Local pain—

a. Back-ache.

b. Pain in the left infra-mammary region. This is exceedingly common, and occurs in a large proportion of female neurasthenics.

c. The local pain or discomfort of gastric neurasthenia, or "atonic dyspepsia," or of hyperchlorhydria.

3. Areas tender on pressure. This subject has been exhaustively worked out by Dr. Henry Head, and the results communicated to the profession in 1892.

4. Dysæsthesias of various kinds, such as numbness, tingling, pins and needles, a feeling as of cold water trickling, itching sensations of heat or cold.

d. *Visual symptoms.*

1. Photophobia and lachrymation. Many neurasthenics are much annoyed by watering of the eyes on going into the cold air.

2. Asthenopia. This may be met with in two forms, either as a defect in the retina, or as a

partial failure in the muscular accommodation. In the former case we may have diminution of the visual field, in the latter we shall find fatigue, headache, or vertigo, produced after quite a moderate use of the eyes. Under these conditions slight degrees of astigmatism, which, in a healthy person, would be of no moment, may set up such disturbances as to require to be corrected by glasses. The fact must not be lost sight of that it is quite possible for neurasthenia to be itself set up in persons having a tendency to it by astigmatism of not more than 5.D.

e. *Disturbances of hearing.*

A certain amount of hardness of hearing is often complained of by neurasthenics, but a commoner phenomenon is tinnitus, or singing in the ears. I have reason, however, to think that, with the progress of knowledge, an increasing number of such cases will be found to be due to nasal obstruction at night, owing to turbinal varicosis.

f. *Disturbances of the sense of smell.*

Cases have been reported in which there has been hyperosmia and parosmia, but in all probability there has been some unrecognized disease of the mucous membrane. If there are any neurasthenic conditions in which the sense of smell is affected, they must be of extreme rarity.

g. *Alterations in taste.*

These may be part of a gastric neurasthenia, but, in many instances which have been reported, are probably due to overlooked nasal obstruction.

(C) PSYCHIC.

1. Defect in the power of continued mental application. Loss of the power of concentration. In these cases work continued after the fatigue symptoms come on cause headache, vertigo, or sensations of pressure in the head. In many of the patients presenting these symptoms who are supposed to be neurasthenic, the real trouble is caused by an unrecognized astigmatism. In others there is neurasthenic weakness of the recti muscles, which in many cases is aggravated and perpetuated by slight degrees of astigmatism.

2. Loss of memory. This is usually more apparent than real. Patients fancy that they are losing their memory and are greatly alarmed. This trouble depends very often upon the lack of concentrative power mentioned above. The memory of any idea depends upon the intensity with which it has been impressed upon the mind, and this will vary directly with the power the patient has of directing his individual attention to the subject.

3. Uncertainty, vacillation, and lack of decision. This mental condition often shows itself by such simple things as going back once or twice to