

NERVOUS DISEASES AND ELECTRO-THERAPEUTICS

IN CHARGE OF

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SOME COMMON FORMS OF 'NEURASTHENIA' AND THEIR TREATMENT.

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(Continued from last month.)

In the ætiology of neurasthenia, due to real exhaustion of the nervous centres, heredity plays by far the most important part as a predisposing cause, although in a considerable number there is no ancestral taint. Where the tendency is inherited, the affection as a rule appears early in life, and is remarkably rebellious to treatment. When neurasthenia arises in people of middle age, as it constantly does, it is usually quite independent of heredity. One must be careful to distinguish an hereditary tendency to neurasthenia from a neuropathic tendency. The former has no tendency to produce anything but a neurasthenia; the latter may develop insanity, sclerosis, or other serious diseases of the nervous system. In fact, if we find a neurasthenic with a marked family tendency to insanity, I think that we should strongly suspect that his disease is the development period of a psychosis, and not true neurasthenia. Among other causes acting by heredity, we must place gout and intemperance in the parents. It is also probable that advanced age of both parents may predispose to neurasthenic offspring. A child of such parents will come into the world with feeble recuperative power. Another predisposing cause of neurasthenia during adult life, is the far too common overstrain to which children are subjected during the process of their education. The striving to obtain scholarships and to pass competitive examinations at too early ages, is responsible for a great deal of the neurasthenia that we meet with; likewise the forcing young girls who have no taste for music, to spend many weary hours daily at the piano. It is also not at all unlikely that heredity may play an important part in the production of neurasthenia, even when due to toxic causes. It is quite easy

to understand that an individual coming from a neurotic stock may exhibit a diminished resisting power to various toxic agents, and that a toxine which would be easily dealt with by a healthy organism, may in him produce symptoms of neurasthenia. We have an illustration of this in the different toleration of individuals to tobacco. A daily dose which will be entirely harmless in one man, in another will produce grave neurasthenic symptoms.

We may divide the exciting causes of neurasthenia into two groups, non-toxic and toxic. In the former we shall find overstrain, worry, and traumatism; in the latter the influence of poisons, such as tea, tobacco, alcohol, lead, the toxines generated in the gastro-intestinal tract, and the poisons of gout, tubercle and syphilis. Traumatism should really, I think, be placed in the second group, as the symptoms are in all probability due to a toxine generated by shock or terror. This is proved by the poisonous state of the urine after great mental emotion. The neurasthenia of gout, syphilis, and tubercle is, of course, a part of the respective disease, and can only be considered with the other neurasthenias for the purpose of differential diagnosis.

There are very many subjective and few objective symptoms of neurasthenia, and although any given patient will probably only have a limited selection, it is necessary to be acquainted with them all if you wish to be able to diagnose the cases which you will meet. I would here say, at the risk of appearing wearisome, that the recognition of the fact that the patient has neurasthenia, is only the first step in the diagnosis. You have afterwards to determine what disease this neurasthenia is a part of, or what morbid condition it denotes. But the first step is to recognize that the patient is neurasthenic, and to do so it is absolutely necessary to carry in your mind the whole formidable list of possible symptoms. This is not so difficult as you imagine if you classify them. The following is the arrangement which I have adopted myself: