

Ingenious, but unconvincing.
See especially p. 14
W.H.

SOME POINTS IN THE DIFFERENTIAL DIAGNOSIS BETWEEN
HYSTERIA and NEURASTHENIA.

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SOME POINTS IN THE DIFFERENTIAL DIAGNOSIS BETWEEN
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One of the most pronounced causes of confusion of thought, especially of the thought which concerns itself with medical science, is ambiguity of nomenclature. In no department of medicine is this more noticeable than in that department which, until comparatively recently, was to a large number of practitioners a veritable terra incognita, namely, the nervous system. When we consider the wide distribution and complexity of function of this system, it is hardly to be wondered at, if the diseases which affect it should, so far, have defied all attempts at that accurate classification which is, of necessity, the first step to correct diagnosis and successful treatment.

The object of this thesis is to make some endeavour to throw light upon the distinction between two conditions in which, though closely allied and often confused, the differences in treatment are so great as to render their recognition of primary importance. I mean Hysteria and Neurasthenia.

Firstly then with regard to Hysteria. To obtain a correct impression of this condition it is necessary to consider for a moment the characteristics of the simplest form of human life; namely, the infant. Here we find a nervous system indeed, but one which is so simple and rudimentary in comparison to what

it becomes when fully developed, that it is relatively easy to understand. It has been said more than once, that an infant lives by reflexes. Its normal life is comprised in assimilation of food and the discharge of effete matters, processes which are so automatic, so independent of volition, that they are carried on even during sleep. Moreover all its reflexes are such as, in the adult, would be called exaggerated, that is, uncontrolled. As the infant merges into the child, its physical progress is tested entirely by its power to control its reflexes. Defæcation and micturition are no longer automatic, muscular action becomes co-ordinate; that is, higher centres are developed which control the primal activities. This process goes on, aided and guided by parents and others, until at about the age of ten years (more or less), the child has become, physically, a normal civilised being, whose further development along the same lines is purely a matter of time and healthy surroundings. These facts, which are axiomatic, are summed up by Beevor when he says (1) "Reflex action is the only nervous mechanism in infancy, but as the brain becomes developed, the power to call in the aid of other muscles and prevent the reflex act becomes possible."

But the development of the brain brings into being, not only the "excitable" motor area, which exercises the controlling influence just alluded to, but also that part of the cortex, immediately in front of this area, which, there is every reason to believe, is the seat of the higher intellectual processes. Now, it is a matter of common knowledge that these intellectual

(1) Diseases of the Nervous System. C. E. Beevor (H. K. Lewis 1898) *page 4.*

processes are themselves developed from very small beginnings; nor can it be denied that, when sufficiently advanced to be susceptible of observation and examination, these processes are for the most part intuitional, instinctive, ~~and~~ impulsive and emotional, ^{or} ~~as~~, in a word, reflex.

This particular ^{matter} is not one which, in the present state of our knowledge, invites to dogmatism; but it is on the whole generally conceded that the elemental emotions of fear, anger, jealousy and the like, occurring as they do in the lower animals, are in their origin purely reflex. [⊕] That they are so, may not perhaps yet be susceptible of physiological demonstration, but the knee-jerk was recognised as a reflex long before the mechanism of afferent and efferent nerves with the ganglionic centre could be explained. Moreover there is nothing extravagant in the assumption that the plan of beginning with reflexes, which have ultimately to be controlled, adopted by Nature in the development of the lower portions of the organism, should be by her pursued in the higher. At any rate I submit that such an assumption, while perfectly legitimate, and supported by such facts as are at present open to us, renders the understanding of some so called 'functional' nervous diseases much more intelligible than, in its absence, they can possibly be. I would say therefore that with the anterior zone of the brain are developed centres for the reflex response to mental or emotional excitation, which, in their turn become controlled and modified by still higher centres developed subsequently.

⊕. J. L. James M.D. (Harvard). Professor of Philosophy.
 "Talks to Teachers, on Psychology" (Longmans 1899) Chap. VI.
 Page 38.

Thus we have the infant who was originally all physical reflexes becoming through their control at an early age, a normal physiological being, and the child, mentally, at first all cerebral reflexes, becoming in due course, by the development of still higher centres, a normally complete human being with his mental and moral side fully developed and adequately controlled.

The degree of development which is reached by the mechanism which controls these cerebral reflexes depends partly of course upon the initial vigour of the organism, but, other things being equal, largely upon education and environment, and, I would add, to some extent, on breeding. It is natural to suppose that the stronger a child is, the further will he travel along the line of his individual evolution, the more perfect will he become as a man. To this end, however, his surroundings and opportunities must favour his course. ^{And his Course} ~~Such~~ will be more than half accomplished if he starts it with that valuable inheritance called breeding, which means that these control centres, having been exercised by his ancestors, will the more easily be brought to perfection in him.

Even under the most favourable circumstances this control mechanism of the higher cerebral reflexes is developed only with great care and difficulty; and the higher the reflex the greater is the difficulty of eliciting the corresponding controlling power. The child is by nature rebellious and his education is hedged round with controlling agencies. Sully⁽²⁾, writing on the child's attitude towards the moral government with which he finds himself confronted says:(2)

(2)

Studies of Childhood. James Sully M.A., LL.D. (Longmans 1895)

Page 269.

"Collisions are perfectly normal in the first year of life. We should not like to see a child give up his inclinations at another's bidding without some shew of resistance. These conflicts are frequent and sharp in proportion to the sanity and vigour of the child. The best children, best from a biological point of view, have I think, most of the rebel in them."

But it is one thing to obtain control over a child, to subject him to a discipline from which he learns by experience that there is no appeal; it is another and a much more difficult thing to teach that child to obtain control over himself, to place himself in voluntary subjection to laws and principles, the meaning of which he can, at best, but dimly appreciate. In the one case obedience follows inevitably, and becomes of itself a sort of protective reflex against punishment. In the other case, where the discipline is from within, not only is its absence in many cases followed by no discernible punishment, but the ebullitions are actually rewarded by sympathy and loving kindness. It follows, therefore, that although all persons in a civilised state conform, in varying measure, to the law and order of the community, it is only a section of that community which is composed of persons who have developed the controlling mechanism of the higher cerebral reflexes. When we examine this section we find it composed chiefly of males, and, of those, males of the educated classes. The reason for this is to be found, not only in the more robust organization of the sterner sex, arguing a greater initial capacity for development, but also in the circumstances which surround the education of the

boy as compared to that of the girl. The male young of the human animal is a highly gregarious creature; the female far less so. Where one companion and a doll will suffice for the latter, the former is content with nothing less than several others, with whom he may engage in games and other outlets for physical energy and emulation. And this difference is emphasized by the kind of education to which the two sexes have for generations been respectively subject. The girl, as often as not, is educated at home under conditions where obedience to parents and teachers constitute all the law and the prophets, where external merits such as speech, appearance and deportment are matters of the deepest import, and the ability to play the piano, the highest accomplishment. If, in this system, aids to the development of real character exist, they are so smothered under the weight of unessentials as to fail in most cases to be operative, and if a girl attains to a control over herself, she has, in this matter, nothing for which to thank her system of education. With the boy it is different. Unless there are grave reasons of a physical nature to prevent it, he is invariably sent to school. Here he learns not only his lessons and submission to the properly constituted authorities, but he is at once brought into contact with all these influences which go to the formation and moulding of character. Before he has been there very long he has learnt by experiences, often severe to the point of brutality, that there are unwritten laws, unacknowledged by the school authorities, offences against which are punished by other means than by 'gates' and the writing of lines.

When we examine this unwritten code of boyish etiquette we find that it is directed mainly against the display of the primary emotions, fear, anger and what Ribot⁽³⁾ calls the emotional manifestations of the ego, the chief types of which are pride and humility. With these subdued and counteracted the ground is cleared, so to speak, for those mental traits, courage, endurance, patience, unselfishness, which are, after all, only the superlative degrees, the positives of which are disclosed by the absence of their above mentioned opposites. I would, in passing, call attention to the value of games and out door exercises, encouraged in boys and, until recently, severely discouraged in girls, in the development of those qualities which I have ventured to describe as the controllers of the higher cerebral reflexes. Says Treves⁽⁴⁾ in an article on Physical Education: "The football player has done more than merely develop his muscles; the man who has rowed in his college eight has learnt something beyond the mysteries of the sliding seat; and the experienced player at almost any other out door game has been improved by other means than those which the actual manoeuvres of the game demand. Such lads and men have learnt in a school where the principles of pluck, courage, endurance and self reliance are acquired. They have probably learnt to be ready, to be quick of eye and hand, and prompt in judgment. They may have appreciated the value of discipline and self control. They may have felt the inspiration of the chivalry of days gone by, and

(3)

The Psychology of the Emotions by Th. Ribot. (Walter Scott. 1897)

(4)

Hygiene and Public Health by Stephenson and Murphy Vol. I.

article Physical Education.

have experienced the influences of good fellowship and loyal comradeship. They may have learnt what it is to be patient, to be fair, to be unselfish, to be true."

Having regard to these facts the reasons why those who have attained to an adequate control of the higher reflexes are chiefly to be found among the males in a community become tolerably clear. The meaning of why, among these, those of the educated classes should be conspicuous has already been indicated, namely the influence of heredity. It may also be added that what is true of boys' schools in general, is so in an *even* greater degree, of places where, as in the English public schools, the standard of what is socially tolerable in a boy is higher than in places where the tone is set by youths drawn from a lower social stratum.

Now, the generally accepted conception of Hysteria is well expressed by Buzzard⁽⁵⁾ in the following passage. "Partial or complete suspension of inhibitory influence would appear to be the most patent result of the condition, whatever it be, and this is recognised as well in regard to the mental as to the more evidently physical processes belonging to cerebral function." The view which I desire to put forward is that, inhibitory influence, if it has ever been present in sufficient degree, is in hysteria suspended for the same reason and in the same way as any other function is liable to be - namely from disuse - but more especially do I protest that the absence of the main

(5)

Quain's Dictionary of Medicine, second edition. 'art' *Hysteria*

inhibitory influence is the direct cause of the condition and not in any way its result. Stated briefly my view is that Hysteria is essentially the condition in which the controllers of the higher reflexes have reached but a very low relative stage of development - either that, or having once attained to an adequate development, their function is in abeyance from disuse.

The subject is of course by no means so simple as to be satisfactorily disposed of by formulating a theory, and, in arriving at the above, I have been brought face to face with the necessity for assuming a certain interdependence between all the agencies which control the reflexes, both physical and cerebral. And yet the assumption is a reasonable one. Let us consider for a moment the control agency which presides over an organic reflex - the vesical. Normally, the sphincter is relaxed only during volition, but when there is a lesion, say in the dorsal portion of the cord, which cuts off the vesical centre from cerebral influence, when the bladder is full the sphincter is reflexly relaxed. That is to say when the acquired cerebral control is removed the bladder behaves as in infancy. In the case of a simple cerebral reflex, the emotion of fear, when the normally acquired control is absent from any cause, certain phenomena manifest themselves. Amongst them, one of the most noticeable is the behaviour of the bladder as in infancy. This means that the removal of the control element in the case of fear produces an associated removal of the control element in the vesical reflex. What the nature of that association is

I do not pretend to say, I am concerned only to establish its existence, not only between these particular reflexes but, to a greater or less extent, between all the reflexes in the organism. It would be easy to multiply instances - but I need only call attention to the influence of the emotions in giving rise to perspiration, blushing and pallor.

If the existence of this interdependence of reflex controls be admitted and the essential character of the condition be borne in mind, many of the various complex phenomena presented by the state known as Hysteria become in a measure intelligible, and its differentiation from Neurasthenia comparatively clear.

The predisposing causes of Hysteria are generally recognised to be (a) the female sex and (b) the age from puberty to 20 years, (c) "a neuropathic inheritance". In view of the foregoing considerations as to the differences in the educational systems of boys and girls, the reason why the female sex is always given the first place is obvious, and I may be allowed here to emphasize my opinion that such considerations furnish the real cause, and that there is nothing in the question of sex, per se, to render women more liable to Hysteria than men.

That the age from puberty to 20 years should be regarded as a predisposing cause is entirely in accord with what has gone before. At the period in question, decided and rather sudden changes occur in the organism. New physical characteristics and desires are rapidly developed side by side with altered mental and emotional states. The atmosphere of life becomes rarified.

The controlling forces which, up to that time, had been working more or less smoothly, now find themselves unable to cope with the new and but partially comprehended activities. The state of the organism undergoes a species of revolution. That, in many cases, the forces of law and order, taken, as it were, at a sudden disadvantage, should fail to rise to the occasion, and exercise adequate control over the invaders, is surely a matter for no surprise. The real wonder is that, in girls at any rate, they should so often succeed; for the inherent difficulties of the situation, to a child who has been educated on principles in no way conducive to self control, are rendered infinitely worse by the attitude towards this crisis in her life which is so often adopted by her elders. In place of that reverential frankness which is the only fitting tone in which to attempt an explanation of the workings of Nature, we have, more often than not, an atmosphere of mystery and secretiveness, wholly unsatisfying to a child's natural curiosity and highly provocative of that independent investigation which so often leads to physical and mental disaster. In short, new and highly complex reflexes have suddenly manifested themselves and their corresponding control agencies are, at best, left to look after themselves. Such is the reason why girls at this period of their lives present the most pronounced examples of the hysterical state.

And here let me once more emphasize the view that, except in a particular class of cases, occurring later in life, to be referred to presently, the essence of Hysteria is that the

control agencies have only attained to a very partial development, and are consequently insufficient to meet the demands of anything either new or sudden. Sufficient for the ordinary routine of the individual life they may be; when the routine is broken, the absence of control shews itself. The exceptions above referred to occur usually after 25 years of age and nearly always in the well-to-do classes of society. Such cases are instances of the absence of the power of control through disuse. The power has been developed, but, like the idle muscle, it atrophies from sheer idleness. The manifestations in these cases are not as a rule very severe. If the patient is removed from the atmosphere of luxury which has begotten her condition, and especially if she be given a purposeful instead of a purposeless life, her latent powers will return to her, and she will become once more a normal individual. Such cases, except that they constitute the greater number of those occurring in men, and that they are very much more amenable to treatment, present no special features of clinical interest. Their importance is aetiological only.

The most pronounced symptoms of Hysteria fall naturally under two heads, mental, and sensory-motor. Of the former enough has been said, in explaining my position, to shew that these symptoms are readily explicable on the hypothesis which I am pursuing, namely that the condition is due to undeveloped control of the higher centres - and the matter will be again referred to in considering the distinctions between Hysteria and

Neurasthenia. That the sensory-motor symptoms lend themselves to such an explanation is not perhaps quite so clear. In the case of pronounced motor symptoms appearing as paralysis Buz-zard⁽⁶⁾ says: "Hysterical paralysis on the other hand signifies that the power of the higher centres in liberating movements is in abeyance." Now ~~this~~ ^{such an} explanation of the significance of this condition, is I submit, utterly at variance with the salient features of the malady which, as we have seen, is characterised, not by a niggardliness, but rather by an exuberance of activity. If therefore, the objective signs point to any such niggardliness, it is clear that this must be produced by an overaction elsewhere. The phenomenon, in fact, is not simple but complex. In the case in point, namely a paralysis, say a hemiplegia, of hysterical origin, it is surely not to be explained how it is that the symptoms point definitely to a disturbance in one internal capsule by merely supposing that the power is in abeyance which liberates movements under normal circumstances. If such were the case the phenomena would not be regional but general, and the symptoms would not so closely simulate hemiplegia due to a definite structural lesion. The explanation must obviously be sought elsewhere.

The portion of the human nervous mechanism which is the last to come under the complete control of the will and is the first to break away from such control, is that portion which is concerned with vaso-motor influences. The centres, for example, which preside over blushing and pallor are probably developed

(6)

Quain's Dictionary of Medicine - see above.

late and remain unstable for a considerable period. Buzzard himself admits⁽⁷⁾ that in Hysteria the capillary circulation is liable to be deranged in the two directions of hyperaemia and ischaemia. "In the former there is a patch of redness of the skin accompanied by a feeling of burning and tenderness: in the latter, which is especially seen in conjunction with analgesia, the skin is pale and no bleeding follows the prick of a pin."— But, if this state of matters can take place in the skin, what is there to prevent its occurrence in the internal capsule, in the pons, in the dorsal cord - anywhere in fact? And if we suppose the occurrence of such hyperaemia or ischaemia in these situations we have not only a very definite cause for the various paralyzes and other motor symptoms of hysteria, simulating very closely the causes (thrombosis and embolism) of ordinary paralyzes, but we are freed from the necessity of embracing the theory of 'the abeyance of power of liberating movements' which is so wholly in conflict with essential characteristics of the hysterical state. Hyperaemia or Ischaemia of various parts of the nervous system resulting from inadequate control of the vaso motor mechanism will account in like manner for those sensory disturbances which form so prominent a feature in most cases, and I suggest that transient hyperaemia (blushing) of the cerebral cortex may account for those convulsive attacks called hystero-epilepsy which have recently excited so much interest, especially on the continent.

Is not all this paragraph a mere plunge into the region of hypothesis without proof; escaping one impasse and gratulating itself by adopting another, equally improved and subtler?

(7) Ibid.

The hypothesis of irregular and haphazard distribution of small patches of such capillary disturbance would furnish an explanation of the extreme similarity which exists between some cases of Hysteria and the classical forms of Disseminate sclerosis, a similarity which is so marked as to lead frequently to the greatest possible difficulty of diagnosis. (v. Buzzard. The Differential Diagnosis of Insular Sclerosis from Hysteria (Brit. Med. Jour. May, 6. 1899). No explanation is usually attempted of how it is that decided manifestations of Hysteria are occasioned by slight causes, in most cases indeed without discoverable cause. In the inadequate development of the controlling agencies of the higher reflexes and the interdependence of all the reflex controllers we have, I submit, a hypothesis, in the light of which further observation is not unlikely to bring order into the existing chaos. Except in the matter of fits and convulsive seizures the disease called Neurasthenia is, as far as the clinical and subjective symptoms are concerned practically indistinguishable from Hysteria. This I am aware, is not the generally accepted view. That view would confine the term neurasthenia to those subjective manifestations such as inaptitude for work, insomnia, restlessness, headache and hyperaesthesia which characterise the milder forms of nervous exhaustion. Such a classification has however grave disadvantages; it denies to neurasthenia the power of producing the objective symptoms of nervous disease, e.g. paralysis, and these must therefore either go unclassified or be indiscriminately and

erroneously included under Hysteria. Many typical cases of aggravated or profound neurasthenia have been recorded - but not as such. The late Sir J. Russell Reynolds in a paper read before the Medical Society commented upon six cases of what he termed "Paralysis and other disorders of motion and sensation dependent on Idea", (8) all of which seem to me to have been cases of Neurasthenia. Of these six cases two were highly characteristic of ~~that~~^{the} Neurasthenia due to overfunctioning. The first was that of a young lady who, whilst attending on a paraplegic father, amidst the additional anxieties consequent upon straitened circumstances and the fatigues incident to teaching in order to obtain the bare necessities of life, became, under the influence of the long strain, herself reduced to a similar condition of paraplegia, which however proved to be transient. Under the influence of rest and a suitable regimen she recovered the use of her legs but the symptoms of general nervous debility persisted for some time.

The other was that of a married lady, the mother of four children and the victim of several mishaps who suffered from piles, fissure of the anus and intense anaemia. She had also to struggle against impaired fortune and the consequent necessity for exertion beyond her powers. By degrees she became paraplegic, lost the control of her sphincters and was altogether confined to bed. After a fortnight's suitable treatment she had regained the power of the sphincters and shortly afterwards was able to walk.

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British Medical Journal, November 6. 1869.

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...cases of ...
...characteristic of ...
...the first few ...
...hypertension ...
...upon ...
...leading in order to ...
...Under the ...
...similar condition of ...
...transient. Under the influence of ...

① Dr Forbes Ross tells me that several cases, presenting all the features of true Epilepsy, which had resisted treatment by Bromides, have been to all appearances perfectly cured in the Hospital for Nervous Disease, Regent's Park, by rest, over-feeding, massage & the exhibition of the hypophosphites.

In pursuance of the theory he was elaborating, Russell Reynolds considered these cases to have been due to 'Idea'. Now I am not concerned to deny that idea may have had an effect in determining, in each case, the particular manifestation which arose, but I contend that idea alone is quite incapable of producing symptoms of this nature and severity. Some suspicion of the inadequacy of his explanation appears to have troubled the great physician himself; at any rate, in the following passage he indicates very clearly that other causes might contribute to the result. "The association of this form of disease with local bodily weakness or with general debility is very commonly observed. Already I have shewn that this was so in three cases. In the one there was the gradual exhaustion of over-anxiety and over-exertion both of body and mind; in the second there was the feebleness induced by typhoid fever; in the third there was the weakness which follows Influenza; in two others I have observed the symptoms to follow upon rapid child bearing. In another, a very marked case, the symptoms followed on chronic diarrhoea; in several they have been preceded by sexual excesses or masturbation; and in very many upon the shock of a railway accident. It is probable that a general impairment of nutrition has very much to do with these results. . . ."

A general impairment of nutrition, especially of the nervous system, has not only very much to do with these results; it is their very essence. I do not think I am called upon to labour this matter any further in order to shew that Neurasthenia

is capable of giving rise, equally with Hysteria, to any or all of those profound disturbances of the nervous system which result in paralysis and the like. Nor, in the light of the above, need I occupy space in a further endeavour to establish that clinically and objectively, the two conditions may frequently appear to be indistinguishable. How, then, are they to be differentiated?

Before going into this question it is necessary that I should explain exactly what I understand by Neurasthenia. My conception of Hysteria is that it is a condition due to the inadequate development of the controllers of the higher cerebral reflexes; of Neurasthenia, I believe the essential condition to be the impairment of these controllers by definite causes, after they have once been developed and fully employed. Here then we have a fundamental distinction between the two conditions, a recognition of which is, I maintain, necessary to their differentiation. Unlike Hysteria, predisposing causes, properly so called, of Neurasthenia, there are none. Neither age nor sex have any influence in its production and, in so far as my observation goes, heredity plays no necessary and no very great part. Certain callings, it is true, are more liable to give rise to it than others, but only because they are more responsible and harassing, and demand in consequence a greater expenditure of nerve force. In the matter of age Charcot⁽⁹⁾ has pointed out that neurasthenia very rarely occurs under 17 years of age, and the reason which he gives is instructive. It is that a child,

(9)

Leçons du Mardi à la Salpêtrière 1887-8. p. 518.

when fatigued, spontaneously ceases to work, whereas an adult forces his weary brain to continue. The most potent cause of neurasthenia - overfunctioning - is absent in early life.

Whereas in Hysteria a definite proximate cause is seldom or never discoverable, (indeed I would go so far as to say that a definite cause is almost of itself enough to exclude hysteria), the exciting causes of Neurasthenia are as definite and sufficient as they are numerous and diverse. Savill⁽¹⁰⁾ classifies as follows the causes of the milder group of symptoms which he includes under the name, 1. toxic blood states; 2. malnutrition; 3. overfunctioning; 4. emotional shock or strain, and traumatism; but, for the reason that anything which makes great or prolonged demands upon the nervous system is highly calculated to produce the condition, the causes do not appear to gain by classification.

The main thing to appreciate is that in Neurasthenia there always is a cause, leading to the undue expenditure of nerve force and that the greater or more prolonged this has been the deeper will be the manifestation. Savill⁽¹⁰⁾ says that "neurasthenic patients display an intellectual weakness." If by this is meant ^{that} the intellectual processes partake of the general debility, then every one will agree. If on the other hand it means that there must be some initial weakness of intellect before a person can become the subject of neurasthenia, I can only say that my observation leads me to a conclusion diametrically

(10) Clinical Lectures on Neurasthenia. Thos. D. Savil/ M.D.
(Glaisher 1899).

(10) Ibid p. 48.

opposite. The two most characteristic instances of the condition which I have seen, occurred in people of high intellectual attainments, the cause in both being over work coupled with the worries of an unhappy home. I would, in fact, go so far as to say that the more highly cultured a person is, the more liable is he or she to suffer from neurasthenia.

Beard⁽¹²⁾ considers the condition to be the result of Over-Civilisation, which means, presumably, that he recognised its frequency among highly educated people and communities. But, to blame the process known as civilisation is surely a somewhat superficial deduction from the facts. Civilisation has been going on for a long time, but it is only recently and comparatively suddenly that, in its higher forms, it has reached the members of that lower middle class, composing the bulk of the community, who up to that time had had neither occasion nor opportunity for exercising their higher faculties. The social and commercial revolution effected by the abolition of the corn-laws, the immense spread of the railway system, the introduction of telegraphy and the like, burst upon a world quite unprepared for it, and wholly unable to appreciate its exhausting effects upon the nervous system. A disease which had before been dimly discerned through the mists of so-called hysteria, became now of such frequent occurrence as to lead to its recognition and classification. It is not the higher civilisation which is at fault, it is our own tardiness in recognising and providing for

(12)

"Neurasthenia" (New York) 1880.

the altered conditions of daily life. If we complain that neurasthenia is more prevalent to-day than it has ever been before, we are chiding Nature for not departing from her rule of gradual evolution. In consonance with this rule, is it not tolerably certain that she is preparing a generation of men and women who will bring to the wear and tear of the higher civilisation a calibre of nervous system adapted to its requirements? We expect that a cart horse who is habitually urged to the pace of a Derby winner will succumb, need we then be surprised at the same result in the human being who imposes on his nervous system tasks for which it was never intended?

The effect of the many causes which lead to Neurasthenia is to reduce the sufferer to an impotence in the matter of the control of the reflexes which is often highly suggestive of Hysteria. The reason of this is, I presume, that the higher the cerebral development, the more difficult of acquirement is the corresponding control, and that when acquired, ^{it} ~~this~~ becomes readily fatigued. The fatigue, when severe, reacts upon the control centres below it, giving rise to headache, restlessness, insomnia, irritability and the like. When the fatigue is prolonged and arrives at the stage of exhaustion, still lower centres of control may become implicated, causing paralysis and similar profound disturbances.

Having thus explained what I believe to be the essential differences between Hysteria and Neurasthenia, let me in conclusion refer briefly to some minor points which may be found

useful in deciding doubtful cases.

Attention has already been called to the absence of a sufficient cause in Hysteria and its invariable presence in Neurasthenia, and enough has been said to indicate the importance which is to be attached to this point.

In considering predisposing causes I have already dealt with the significance of the questions of age and sex in the causation of Hysteria and their entire absence as factors in the production of Neurasthenia. The predisposing cause called "a neuropathic inheritance" is said to be common to both conditions and so, in a measure, I believe it to be - with a difference. The inheritance in Hysteria is merely negative; and signifies that the type of higher cerebral development arrived at in the family is generally speaking low, shewing itself, if at all, in such directions as Music and Art, and giving rise to the so-called 'artistic temperament', in which there is often undoubted cleverness associated with an absence of control, leading to irresponsibility and unreliability of a pronounced kind. In Neurasthenia, if inheritance there be, it is a definite tendency in the direction of exhaustion of the nervous system, the same kind of inheritance in fact as obtains in other diseases. Of course there is no doubt that alcohol, syphilis and the like may operate so as to make their victims hereditarily neuropathic.

The higher cerebral development in Neurasthenia will generally speaking be found to be good, both in the individual and

the immediate ancestors, but it is well to remember Charcot's warning, quoted by Savill, that the malady is not by any means confined to the upper classes.

The irritability of temper which is so frequent an accompaniment of Neurasthenia is usually absent in Hysteria. Goodhart says (Common Neuroses) "she who goes about the house with sweet resignation on her face is oftentimes the most incorrigible of neurotics." Neurasthenics have also, as a rule, an increased irritability of some or all of the special senses. This shews itself more especially in the intolerance of sounds. Some one, I think it was Voltaire, said that in the degree of intolerance of unnecessary noises was to be found an accurate gauge of a person's intellectual capacities. I do not know how that may be, but there can be no doubt that the ear is the sense organ through which the nervous system is most profoundly affected, and I have observed that one of the most noticeable signs of Neurasthenia is often an undue sensitiveness to sound. This may of course be present in Hysteria, but in the latter, sound is not objected to where the interest of the patient is engaged, whereas in Neurasthenia the intolerance of noises is often such as to preclude the possibility of distracting the patients attention.

The urine in Hysteria is said to be abundant and of low specific gravity, but this is seldom to be observed except in connection with a fit or some decided emotional disturbance. In prolonged manifestations of the malady the urine is, generally

speaking normal. In Neurasthenia, more often than not, there is decided phosphaturia. This of course is more marked where the Neurasthenia is due to overfunctioning, in which cases it is liable to be very persistent.

Savill has pointed out the paroxysmal character of hysterical conditions as compared to the gradual onset and even course of Neurasthenia. The liability of the paroxysms to occur about the time of the menstrual period is probably, in part, responsible for the name given to the complaint by our forefathers.

Liability. It follows in a general way from what has gone before that the character of the patient will sometimes afford considerable help in cases which present difficulties of diagnosis. The predominance of elemental traits, such as music and poetry point strongly to Hysteria. The liking for rhythmical sequence is a very early manifestation in the child and its undue persistence in the adult is evidence of a low standard of intellectuality, - of a very partial divestment of the reflex primal life. The effort of listening or giving sustained attention is very much lessened if the sounds or images reach us at regular intervals. The ability to follow consecutive thought, expressed either in prose or by the voice of a speaker, entails the development of a certain degree of concentration, which means, in other words, the control of reflex tendencies. The person who has never developed this power but who may, nevertheless, be otherwise gifted, is called musical, artistic, aesthetic, and is often accounted accomplished. Her accomplish-

ments are in reality on a low, sensuous plane, but inasmuch as they are prized by the community, the inducement to rise above them by developing the power of concentrating attention is very small. Nordau would, rightly or wrongly, call such people 'Degenerates'; but whatever we call them, it is important to recognise them; in order that, in cases of difficulty, we may give due weight to the influence their characters may have in leading to hysterical manifestations.

Finally let me say that a diagnosis of 'functional' disease should always be given with great caution, and should certainly never be ventured upon until every possible cause of a structural nature has been excluded. The ease with which even careful observers may fall into the error of proclaiming a case of Disseminate Sclerosis to be one of Hysteria has already been referred to. Two cases, which subsequently turned out to be due to cerebral abscesses, have been labelled Hysteria within my own experience; with the result, so frequent in such circumstances, that the victims of the error had their sufferings increased tenfold by the line of treatment adopted. Four cases termed by various physicians 'hysteria' and 'neurasthenia', indiscriminately, proved eventually to be due to renal calculi, after the discharge of which, the symptoms disappeared.

Instances of this kind might easily be multiplied, so that it is well to remember that nothing is more calculated to impoverish the nervous system and to lead to external evidences of lack of control, than the existence of some chronic irritation in an important viscus.

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