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SECOND GROUP.

NEUROSES IN WHICH THE ENTIRE ORGANISM IS MORE OR LESS SEVERELY IMPLICATED.

CHAPTER I.

NEURASTHENIA—NERVOUS PROSTRATION.

NEURASTHENIA (*a*, privative; *σθένος*, force) or nervous exhaustion is an affection of the nervous system with which the general practitioner meets very frequently, and is one of those diseases which may give rise to a good deal of error in diagnosis and prognosis. At the same time it makes the most boundless demands upon the forbearance of the physician and upon the patience of the sufferer. The disease is a child of the modern mode of living, of the desire to become rich as soon as possible, and we look for it in vain in the old text-books. Although it may in earlier times have occurred now and then, the neurologists had neither opportunity nor occasion enough to study it intimately. This has only become possible quite recently, and it is certainly a fact of significance that neurasthenia has been "discovered" in that continent, the inhabitants of which have the reputation of working the quickest, of living at the highest pressure, and therefore of being—of course with exceptions—more nervous and aging sooner than those of the Old World, to wit, in America. Beard, to whom we owe so many excellent observations, so many splendid hints for therapeutics, described it first and gave it the name it bears. Whereas the disease prior to Beard's publication was unknown, it soon began to prevail in such a striking manner and to be diagnosticated so frequently that one is almost led to think that this diagnosis is often arrived at in cases where something else exists, some organic affection possibly more difficult to recognize. The disease in question is not organic and not associated with any demonstrable anatomical alterations. Nobody has ever succeeded in finding any characteristic anatomical changes in individuals who have suffered for

years from the most pronounced neurasthenic manifestations and then have died from some intercurrent disease. A large number of subjective complaints, many of which fit into other clinical pictures, make it intelligible why a diagnosis of neurasthenia is often made, sometimes without any sufficient, careful consideration of all the factors which ought to be taken into account. It is comfortable and presumes nothing. Its possible incorrectness can frequently not be demonstrated, and it therefore rapidly attained a great popularity among physicians.

Symptoms.—The first traces of the disease develop very gradually and imperceptibly. Sometimes they assume more of a cerebral, sometimes more of a spinal character, so that it has been thought justifiable to distinguish a spinal and a cerebral neurasthenia (Encephalasthenia, Althaus, *Deutsche med. Wochenschrift*, 1894, 13). For the cases in which the symptoms of derangement of digestion were most prominent the term gastric neurasthenia was coined, under which head we may possibly class certain of the so-called nervous dyspepsias. Schott (*Deutsche med. Wochenschrift*, 1890, 34) has called attention to the neurasthenia cordis. In the majority of cases the patients complain of getting easily and rapidly fatigued after the bodily exertion which is associated with their ordinary daily doings, whether at home or in their business, after walks, gymnastic exercise, etc. Things which they used to do without the least difficulty tire them greatly. In going distances which were formerly covered with ease they have to rest half way, and require more time to accomplish a given task. Not always are definite pains present. At times there are aches in the back and loins severe enough to be troublesome. Sensory disturbances, paræsthesias, formication in the extremities, or numbness, are rarely absent. These feelings distress the patient and may make him fear he has tabes, and the idea that he is suffering from some spinal trouble is fostered by the circumstance that the sexual power is usually decidedly diminished, be it that the patient is unable to have connection as often as before, be it that the erection of the penis is incomplete or that no ejaculation of semen occurs. For married patients this weakness is a source of great distress and often is a very prominent symptom, and frequently it is this that finally decides them to consult a physician, a step which has been again and again deferred. The more we have to deal with neurasthenias the more frequently shall we make the ob-

servation that the sexual functions are in the majority of cases in some way or other affected, and that the sexual neurasthenia particularly deserves the most careful attention of the physician. To determine whether the complaints of a patient with regard to his disordered sexual functions depend upon organic disease or upon neurasthenia we have, besides a careful examination of the genitals, to examine the urine. It is well known that the urine of neurasthenics not rarely presents a decided increase of urates, oxalates, and phosphates, and that not infrequently spermatic fluid is passed during micturition or during defecation (Beard and Rockwell, cf. lit.). Where the patients complain, as they so commonly do, of impotence, we shall have to determine what form we are dealing with, and whether organic disease, more particularly atrophy of the testicles, is the underlying cause. Sometimes there exists only a decrease in the sexual desire, while the power remains the same; sometimes a decrease in the power and an increase in the desire, so that the ejaculation of semen occurs too early, sometimes before the insertion of the penis. Again, both sexual desire and power diminish *pari passu*, or finally the *potentia coeundi* is normal but there is absence of spermatozoa ("aspermatisism").

All changes of this kind are noticed by the patient and their significance is ever exaggerated by a fervid imagination. Even in the cases in which in reality there is no disease and in which the impotence depends entirely upon psychical influences, it makes itself disagreeably felt, and we must not forget that such a "psychical" impotence, in spite of all encouragement and all assurances on the part of the physician is sometimes more difficult to cure than one which depends upon organic disease of the sexual apparatus. Every abortive attempt at coitus exerts a depressing influence upon the patient for a considerable time and is quite liable to lead to a second failure, although all other conditions for the normal performance of the act may be favorable (Fürbringer, cf. lit.).

The disturbances of the cerebral functions which appear in the course of neurasthenia are very manifold. First, the patient is down-hearted and worried and sees everything in the blackest colors, and, above all, despairs of recovery. He becomes irritable and impatient, unsociable with his friends, and feared by his family. In his work he is less efficient. Duties which he previously performed without trouble seem hard to him and require twice or three times as long for their accom-

plishment. Cases in which this is not a prominent feature, but where the working power remains unchanged, are met with, but are exceptions. The sleep is usually disturbed; sometimes a protracted insomnia adds to the trouble. Headache is not the rule, but the patient often complains of a disagreeable pressure in his head, which is accompanied with a slight feeling of dizziness. All functions share in the disorder, the appetite becomes bad, the bowels sluggish, the action of the heart feeble, and vaso-motor disturbances in the form of persistent coldness of the hands and feet manifest themselves. The general condition of the patient is very pitiable in the higher grades of neurasthenia, and it is necessary for the physician to make a most careful examination so as not to go astray in the diagnosis.

The objective examination, in contradistinction to what the manifold complaints of the patient might lead us to expect, reveals strikingly little. Organic changes can not be demonstrated anywhere. Thoracic and abdominal organs are healthy; nothing abnormal can be detected in the domain of the cranial nerves or in the fundi of the eyes. The condition of the pupils varies. Transient differences in their size—that is, unilateral dilatation, without, however, any abnormality in the pupillary reflex—is certainly met with. The dilatation may either always be on the same side or change at times to the other eye. The phenomenon is usually marked when the general condition is bad, while it disappears if decided and lasting improvement is once established. The claim that lasting inequality of the pupils is always a sign of organic disease, as Beard thinks, must certainly be somewhat modified (Pelizaeus). I have myself seen differences in the pupils persist for eight or ten months and then disappear and the patient get well.

The peripheral nerves as well as the tendon and skin reflexes are normal. Tenderness over the vertebræ rarely is absent, but is of no significance.

Diagnosis.—When we have once sufficiently informed ourselves about these points the diagnosis will usually present but little difficulty. At first, it is true, we may be easily led astray and think of organic diseases of the brain, especially progressive paralysis of the insane or a brain tumor, yet the further course of the disease will soon clear the matter up. The suspicion of tabes which may arise on account of the cerebral and particularly of the spinal symptoms, the disturbances of

the sexual functions, and so forth, will be discarded, owing to the persistence of the patellar reflexes, the absence of actual bladder symptoms and pronounced sensory disturbances, anæsthesias and hyperæsthesias, as well as of actual motor weakness. Fibrillary twitchings, such as are observed in progressive muscular atrophy, may here also be met with, but they are seen rarely and their occurrence varies a good deal. From hysteria neurasthenia is distinguished by the fact that the constant change of the symptoms which is so characteristic of hysteria, besides the circumscribed neuralgias, the contractures, the spasms, etc., is here not observed. Still, to make a diagnosis, repeated and careful examinations are needed, to which the patients do not submit as willingly as hysterical men and women.

Ætiology.—In every case in which hereditary influences can be excluded the prime cause of neurasthenia is unquestionably to be looked for in an overtax of the nervous system. This is brought about in many ways, by excessive mental work or by habitual bodily overexertion. It may be attributable to repeated emotions or to sexual excesses. Under the latter head we may put masturbation, which is a widespread evil among the young of both sexes and the practice of which not only may begin very early, but may be continued much longer than the physician himself might suspect. One may say that there are but few neurasthenics who have not during their youth been addicted to this habit for a longer or shorter period of time. "Sexual perversion" (Spitzka) and the various kinds of "psychical masturbation" may also become of ætiological significance. Even in married life, where the satisfaction of the sexual desire is otherwise well regulated, the coitus interruptus sive reservatus, which is practiced to avoid too great an increase in the family, may afford a cause for neurasthenia. In my experience very few men have been able to practice with impunity for years this coitus interruptus, and it is the bounden duty of the physician to inquire with much tact but still with perseverance into this question.

In some cases the abuse of tobacco may lead to neurasthenia, so that the latter has to be looked upon directly as a nicotine poisoning, and must, of course, be treated accordingly. Persons whose occupation necessitates work not only energetic, but also associated with the emotions (artists, students, financiers, speculators, etc.), also those whose occupation entails at