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ON SOME FURTHER CONDITIONS OF NEURASTHENIA.

THE correctness of the terms latent, dormant, and deferred shock has been questioned. It has been said that the shock must follow immediately after the injury. This is true to a certain extent, but the effects of shock are not always patent or obvious, as the following case will show. A general practitioner was in the railway accident at Tottenham some years ago, and seemed to have escaped unhurt; but being a passenger by the same railway to the same place the next week, he became suddenly maniacal, and was removed to an asylum, where he died shortly after.

The following remarks of Heberden are to the point:—
“It is not to be understood that the effect always follows the cause immediately; that must depend upon the state of health: but a blow given ten years back may as certainly be the cause of death as one received yesterday, though it will require penetration to discover it. . . . Hence other causes are often mistaken for it.

That Medicine is not an exact science is a fact. That it is not more of an exact science is, perhaps, a pity. The basis of a matter may be sound, but if the reasoning upon it be not correct, the conclusion will be as incorrect as if the basis were not sound. In that case the result, if successful, can only be accidental. In other words, if the cause of a disorder be either unknown or mistaken, and the treatment be either scientific or unscientific, then the cure, if any, must be accidental, or by a fluke; that is to say, by curved or indirect, and not by straight or direct means. But above all the medical profession claims to be scientific. To say it is not scientific, would be to the minds of many to insult it. Yet in the subject which is being discussed it is not only not scientific, but it is not reasonable, because it has in the first place referred a disorder of frequent, if not common, occurrence to a wrong cause; and, in the second, the treatment based on this wrong hypothesis has been unsound. The want of a right understanding, and the jumping to a wrong conclusion, have resulted in a failure almost universally acknowledged, and in a reproach which the patient has had to bear even more than the physician. The only redeeming point of the whole matter has been that the profession has acknowledged its failure; but it has been, nevertheless, unmanly enough to let the blame rest mainly upon the patient.

Neurasthenia, then, has not been rightly understood or appreciated—first, because it has been erroneously attributed to “uterine irritation”; secondly, because the effects of shock—especially moral shock—have not only not been properly recognized, but actually ignored,

and even denied. No wonder, then, that the result has been so unsatisfactory.

Dr. Wilks remarks in the *Lancet*, November 18, 1870: "For my part, I know nothing of any influences exerted by man upon man, except those that are bound up in his material body; and I am in accord with those who know of no forces in nature except such as are intimately associated with matter." To this I reply, that it is impossible to comprehend the various causes and conditions of neurasthenia if the effects of not only physical but moral influences are not recognized. A labouring man meets with an accident, and, when extricated, asks for his wife; he becomes emotional—miscalled hysterical. Prince Alexander, on his return to Bulgaria, becomes emotional, his whole nervous system having been quite prostrated by the ill-treatment he has received. Emotion is neither physical nor intellectual—it is a moral influence; its effect upon the human frame is palpable; but Dr. Wilks, by his own admission, ignores it, because "it is not bound up in his material body." As a matter of course, Dr. Wilks does not allow that "hope deferred maketh the heart sick." Since hope is not "bound up in his material body" nor "intimately associated with matter," neither can he recognize courage, fortitude, and resolution, because they are not "bound up in matter." It would be well if they were. It will be my object to show that the effect of shock is to impair the power of these qualities, also that the object of treatment should be to restore it.

The doctrine of materialism, advocated not only by Dr. Wilks, but by Lawrence, Huxley, Tyndall, Dr. H.

Maudsley, and others, is in direct opposition to the fact of moral shock. If emotions and immaterial principles are bound up in matter, they are intrinsic, and not extrinsic, forces, and as such cannot act upon it as shock does, because shock comes from without, and is therefore an extrinsic force. It is quite true that gravitation affects, and acts upon, all matter, whether an apple, or a grain of sand. It is not bound up in it because it acts upon it, on the contrary it acts upon it because it is not bound up in it. In point of fact, everything we swallow is subject to the law of gravitation, but it would hardly be correct to say that whenever we eat and drink we swallow the force of gravitation, on the ground that it is bound up in what we eat and drink. If we

"Put in every honest hand a whip
To lash the rascal naked through the world,"

the force with which we handle the whip is not "bound up in it," but conferred upon it. Again, it was said of Napoleon I. that his presence in the field was equivalent to 20,000 men. However true that may have been, it was only true as long as he was with the army. If the army was in Spain, and he in Russia, the influence of his presence no longer existed. It is acknowledged that he had great influence, but it was not bound up in "the matter" of the army, though it was capable of acting upon it powerfully. In a similar way, I differ materially from Dr. H. Maudsley in regarding will "as a result of organic changes in the supreme centres," &c. It is quite true that the power of the will is affected by these changes, and that under unfavourable conditions of the nerve-centres the expres-

sion of the will is affected; but to my mind it is in the power of expression rather than in an alteration in the principle of the will—just as an imperfect medium fails to convey, but does not impair, the galvanic current to be transmitted through it.

My position is—

- I. That the condition of neurasthenia from shock is not rightly understood.
- II. That it is not properly treated.
- III. That, when cured, it is often cured by a fluke, *i.e.*, not in the way that it is supposed to be.

In support of my argument I will quote two cases extracted from page 253, vol. xii. of the third series of *Guy's Hospital Reports*—neither of which, by the way, was cured.

FUNCTIONAL DISEASES OF THE NERVOUS SYSTEM.

CASE 1.—*Mental Shock: Death in Five Weeks.*—Two young ladies, residing with their widowed mother, were most devotedly attached to one another. The younger died rather suddenly of disease of the heart. The elder was, for the moment, like one thunder-struck. At first she could not realize the calamity by which she was afflicted, but she soon saw the event in all its terrible reality. She never shed a tear. She declared that, her only object of affection being gone for ever, she would go and seek her sister in another world. She then arranged the whole funeral ceremony for her sister, and chose the grave in a neighbouring cemetery. Almost immediately after returning home, she began to suffer from palpitation, sickness, and pain over the region of the heart, as her sister had done. She would eat nothing, and declared that she had her sister's complaint and should shortly follow her. There was no reason to suppose that any disease existed; in fact, the disturbance was clearly functional, and, as she herself declared, was produced simply by emotion. She was a well-grown, healthy girl, and I had no fear that her illness was due to anything more than temporary excitement. However, I failed to gain the

co-operation of the friends to have her removed from the scene of her trouble, for they not only sympathized with the girl, but agreed that her case was the exact counterpart of that of her sister. I, on the contrary, regarded her symptoms simply as the result of good acting. However, in spite of all the influence that could be used, she would not be comforted. She refused her food, and rejected what was given to her ; and at last, much to my horror and surprise, she died in a kind of hysterical convulsion, exactly five weeks after her sister, and was laid in the same grave. *Thus by her own will she attained the object of her fixed determination.*

Again, "These are merely types of very common cases, in which the will is in abeyance and has to be roused by appropriate means. Such means as those above mentioned can scarcely be adopted in the upper and middle classes of society, and this is why treatment fails. A melancholy example of this was long under my notice."

CASE 4.—*Hysteria* (?), *Starvation and Exhaustion*.—A young lady, a patient of Mr. Cornish, of New Cross, complained of pain in the abdomen, constipation, and various other symptoms which I considered to be functional. She did not eat much, and was sick. All remedies failed to relieve her, and she was taken to see several medical men, all of whom regarded the case as nervous. At the end of a year or more, she began to keep her room, and said she could eat nothing. What little she did take made her sick, and her bowels were obstinately constipated. She then became thin, this being the effect of her abstinence. All her symptoms became aggravated, and at last she went several weeks without a motion. Mr. Cornish, by means of enemata, removed a large number of scybala. She lay on her back, would eat nothing, and merely nibbled a biscuit ; and she drank wine by drops, being sick if she took more. She never afterwards had her bowels opened naturally ; but, some weeks later, hard masses were again removed from the rectum. The wonder now was, that she could live so long on so scanty a diet.

Putting together the constipation, sickness, and inability to eat, I

concluded that there must be some cause of partial obstruction in the small intestine, and I renounced my earlier opinion that the case was nervous or one of hysteria. More than two years after the occurrence of the first symptoms she died rather suddenly. Hearing of her death, I was most anxious to have an examination, which, after much trouble, I obtained. I found the body fatter than when I first saw her, and heard that she had lately eaten more food. I examined the interior of the body carefully, but failed to find a particle of disease. The intestine was healthy, and was not constricted at any part. In fact, to my surprise, I found absolutely nothing to account for death. I was therefore fain to return to my original opinion that the disease was in the first instance imaginary, and that the girl had actually killed herself by her own wilfulness. I never heard 'that any moral cause had been in operation.'"

Case 1, entitled "Mental shock—death in five weeks."

In the first place, the shock—which was clearly moral, and not mental, for the intellect was not affected,—is referred to emotion.

Next, the symptoms are regarded as "simply the result of good acting."

Thirdly, it is asserted that, "Thus by her own will she attained the object of her fixed determination,"—death!

Fourthly, this is regarded as a mere "type of a common class of case, in which the will is in abeyance and has to be roused by appropriate means."

A more confused and contradictory statement of a case cannot well be imagined. I showed it to a lay friend, who remarked, "This is the opinion of a man who does not understand the case, and throws the blame on the patient."

It is quite clear that the nature and effect of shock in this case were not understood; and yet it is said, "She was like one thunder-struck, and at first could not realize the calamity," &c. Thus she was evidently for

the time incapable. That the mind was not affected is clear from the fact that she arranged the whole funeral ceremony, &c. So, the shock was not mental. Then, because there is no evidence of organic disease, her symptoms are referred first to emotion, then to excitement, and are next regarded "as simply the result of good acting"! I fail to follow the argument.

Next, it is said that she died from her own wilfulness, "in a sort of hysterical convulsion," whatever that may mean; and in the next paragraph it is as distinctly asserted that "the will was in abeyance, and had to be roused by appropriate means." What the appropriate means are is not stated, though it is implied that removal from home was indispensable as a preliminary step; but whatever they are, they are delayed for five weeks, and the result is, to say the least, unfortunate. I cannot undertake to say that treatment would have been successful, because deferred shock might have been eventually fatal, but I do assert that there is no evidence whatever that really appropriate means were systematically adopted. I will only remark that the *physical* symptoms were the result of *moral* shock.

In Case 4, which is entitled "Hysteria [why, I do not clearly see], starvation, and exhaustion," the patient seems to have drifted into a condition of ill-health and neurasthenia. The loss of appetite and sickness were apparently caused by intestinal obstruction and irritation. The nature of the case was evidently not grasped, and although some of the treatment was in the right direction, it was very imperfectly carried out, for the simple reason that there was no definite idea how to proceed.

Both cases are in accordance with, I believe, Dr. Wilks' own letter to the *Times*, December 25, 1869, in which it is said, "Hysteria refers to" a condition of "ill-health with which every one is familiar, but which nobody pretends perfectly to understand." Exactly so. There seems to be an erroneous idea floating in the mind of the "materialistic" physician, that there is no actual illness where there is no organic change palpable to the senses or appreciable by human intellect. This is perhaps one reason why the effects of shock have not been better recognized. In point of fact it has only been recognized in its physical aspect; its psychical conditions have not been admitted into the practice and the art of Medicine. It will be my endeavour to illustrate these, and to show their bearing upon the class of case usually known, or rather unknown, under the designation of hysteria.

There ought to be no apology for dealing strictly with what is printed and published, but I wrote to Dr. Wilks concerning the above, and, while I have much pleasure in acknowledging his courtesy, I regret to say that he adheres to his opinion. Dr. Wilks further says, "we must be playing with words, for the facts are indisputable." The influence of a large and important hospital like Guy's is so great that it is the more imperative that its teaching should be sound. It may seem to be unfair and ungenerous to go back nearly twenty years, but the mischief of the "hysterical hypothesis," inaugurated by Hippocrates and endorsed by Dr. Addison, is of much older date, and, until the hypothesis be withdrawn and repudiated, and the practice based upon it be corrected, it must remain open to animadversion.

It will be recollected that the action against the notorious Welsh fasting girl, Sarah Jacobs, was undertaken by Guy's Hospital, and carried out to the death of the patient by starvation. Of course, the simple, common-sense plan would have been to feed the girl, and so put an end to the scandal at once. Next, to have treated the anorexia by an anthelmintic and other proper remedies. If I mistake not, it was Dr. Wilks who wrote to the *Times* to say that "foolish and mischievous juggling of this kind was common enough and excited no sort of interest" in well-regulated minds. Dr. Wilks must be "playing with words, for the facts are indisputable," that the girl was killed in order to prove that she did not live without food. Surely some more simple means might have been adopted to prove this obvious fact. It does not seem to have occurred to the mind of any one concerned, that their duty was to cure the child, and not to convict her. They belonged to an hospital and not to a reformatory. *Ne sutor*, &c. But the death of Sarah Jacobs and the burning of Joan of Arc have now become matters of history.

Neurasthenia is not, like hysteria, a term of reproach. Neither does it always occur in the typical neurotic patient: patients of more than average intellect and more than average decision of character are the subjects of it. Nor is it by any means confined to the weakly: the strongest, both morally and physically, are liable to it, provided the cause be in itself sufficient, or sufficiently long continued. It is not the affliction of the few, but the condition, under unfavourable circumstances, of the many. But the question whether patients recover of themselves, or fall under medical

care and supervision, depends entirely upon the power of reaction. It is not, then, so much an absolute as a relative condition. I repeat, push the amount of exertion, or inflict a shock, beyond the power of reaction, and the result is—neurasthenia. It is only a question of time and degree. As a matter of course, also, neurasthenic patients are liable to relapse. Nay, more, the condition is more easily brought about in the second instance than in the first; but the law of reaction holds equally good. Another point, the face does not always indicate the condition; many patients are to all appearance “fat and well-liking.” This is an anomaly which should be borne in mind, and ought not to lead to the complaints—I use the word in its primary sense—of such patients being discredited; they would say of themselves, “Their looks gain them no pity.”

The condition of neurasthenia has ever been subject to misinterpretation, or rather it has always suffered for want of a right understanding. A girl fell out of window, and being seriously hurt, was taken to a hospital; where the mother, sitting by, dazed and stunned by the shock of her daughter's perilous state, made no reply to a question asked. “Drunk!” was the verdict of the students, as they turned on the heel and walked away. Again, “Thy servant is a woman of sorrowful spirit,” was the reply to the question of the not unkindly High Priest, who said, “How long wilt thou be drunken?” And be it remembered it was the wicked servant that came near to thrust the afflicted, but hopeful, mother away, when the prophet said, “Let her alone, for her soul is vexed within her.”

Neurasthenia, or neurosis, then, as the name implies,

means loss of nerve-power. It is caused by physical shock, or moral shock, or a combination of both. It is also induced by circumstances which reduce physical strength and lower moral tone. It is remarkable that both sets of causes and circumstances bring about results which in many respects are similar, if not identical. Loss of power is the result of shock. There is moral shock as well as physical shock. It need hardly be a matter of surprise that moral shock should be followed by loss of moral power, as well as of physical power; or that the loss of power which ensues upon physical shock should be in some degree moral, as well as physical. It stands to reason, however, that loss of moral power should be caused in a greater degree by moral than by physical shock.

So far these are the conditions of simple neurosis or neurasthenia. The effect upon patients is, that it

"Withers all their strength,
And of their wonted vigour leaves them drained,
Exhausted, spiritless, afflicted, fallen."

Such patients, then, are in a difficulty, and ask for help, not orally, perhaps, but virtually; and the help they ask is not always given them, because the real state of the case is not comprehended. On the contrary, they are, possibly, reproached with a "morbid want of sympathy." They ask for a crumb of comfort to help them on their way; and they too often get, instead, some gravel put into their shoes. Furthermore, the incapability of neurasthenia—an incapability of direction, as well as of exertion—has often been mistaken for obstinacy; a conclusion natural enough for those who regard the case as hysteria. More than this, the physi-

cian having arrived at this conclusion, has at times proceeded to punish the patient he has come to treat, forgetting that

“Our province is to heal, and not to judge.”

Simple neurasthenia is a passive state, but introduce the element of worry or anxiety, or provocation, or excitement in any form, and it follows, as a matter of course, that this passive state is liable to be converted into the active condition of “Irritative Neurasthenia.” This is to be measured not so much by the *amount of irritation, as the susceptible condition on which it acts*. We must also bear in mind that neurasthenia is not only passive, but dormant, ready to be roused into activity by favouring circumstances. It may have lain dormant a week, or, with the exception of having been disturbed at intervals, for twenty-eight years, as has been shown. The effects of shock last longer than some people think. People say, “Oh, she has got over it by this time !” when she has not. This fact must not be lost sight of. It may be the

“One fatal remembrance, one sorrow that throws
Its bleak shade alike o’er our joys and our woes.”

An extreme case, possibly, but it is by the extreme cases of hospital practice that the more moderate ones of private life are taught to be treated. In the case of the titled lady the os uteri may have been slit into ribands under the old “hysteric hypothesis,” when the real secret of the life-long neurasthenia has been the disappointment at not having an heir.

Such patients want help, because, although they are not altogether as incapable as they think, they are

unable to extricate themselves without some extrinsic aid. It is not so much the amount, as the way in which it is done,

“For many a word at random spoken
Can wound or heal the heart that’s broken.”

Strange that the poet and the novelist should see this, and the physician, whose duty it is to relieve those who seek his aid, should remain, as it were, colour-blind to the need of his patients!

Dr. Playfair writes of “another group of symptoms of a moral character, the patient becoming emotional and hysterical, constantly craving for sympathy, which she often gets to a degree most prejudicial.” This is not in accordance with my experience. It is rather that the repeated complaints of such patients are not understood, and, so, frequently ignored, possibly treated with taunts and reproaches, and the condition of “irritated disability” which ensues upon this state of things is mistaken for a “craving for sympathy.” It is not pity that they want, so much as help, and they frequently get neither. The aggravated cases mentioned by Dr. Playfair, and in some instances happily cured by him, are, I believe, to be explained by the prolongation and perpetuation of this state of “chronic worry;” and I have not been shaken in this opinion by the reports of patients who have been under Dr. Playfair’s care. When the loss of physical as well as moral power, the loss of control both physical and moral, the irresolution and want of will, the helpless incapability of such patients, their pains and penalties, are taken into account, I venture to think they are indeed objects for sympathy, and that they have often exhibited an amount of patience and long-suffering for which they

have seldom, if ever, received any credit. It has often happened that their well-grounded complaints have been discredited because they have been disbelieved; and one reason why they have been disbelieved is, that the physician has too often approached the case with the preconceived opinion of the hysteric hypothesis.

I am quite aware that, in a certain class of case, indolence and indecision are fostered instead of being overruled; but this condition is much better met by firmness and encouragement than by coercion. A great point is gained when the patient is taken into the confidence of the medical adviser. There must be a number of circumstances connected with the case that cannot be learned by intuition; and a wrong interpretation, under the idea that the patient is deceitful, must lead to mischievous results.

Discrimination is of course necessary, and the three divisions of Simple, Irritated, and Depraved neurasthenia must be constantly and distinctly borne in mind.

The point to which I especially desire to call attention is the alteration, both in character and conduct, which is liable to attend upon neurasthenia: how entirely abnormal the normal character becomes. It is, I repeat, not only irresolution, but the controlling moral power that is enfeebled and lost, and the patient does many things of which the better judgment would disapprove.

Loss of physical strength means simply loss of power, but loss of moral power means loss of control as well, *i.e.*, loss of "temper" in its wide signification. Temper is, as it were, the fly-wheel of our moral machinery, consequently, loss of temper means loss of power of

direction as well as control. Passion means loss of temper. "And what is passion but a wild beast?"

The best instance of this alteration of conduct that occurs to me is one I have quoted before: the haughty arrogance of Cardinal Wolsey in the plenitude of his power, contrasted with the servile humility which followed the great disappointment of his fall. It went considerably beyond "the pride that apes humility." Again, John Hunter was wont to say that his life was in the hands of any rascal that chose to tease and annoy him. Yet this tendency to irritative neurasthenia did not interfere, apparently, with his marvellous mental work. Or it might in another phase be illustrated by the "Donner und Blitzen! you will have it, then!" of the exasperated Dirk Hatteraick when he broke Glossin's neck. It is dangerous to play with edged tools, and those who irritate physical or moral neurasthenia must be responsible and take the consequence. An officer has been shot before now because he thoughtlessly refused to let a private soldier "fall out." It is no longer the *mens sana in corpore sano*. These cases are not irrelevant. The police-courts afford instances of gross misconduct, the result of chronic worry. It is thus that criminals are sometimes as easily made as "hysterical patients." I write as a psychologist rather than as a philanthropist, for human nature is neither so good nor so bad as it is usually deemed to be.

In direct contrast with the irresolution of the neurasthenic stands the fortitude of the martyr. This is well shown in the case of Alison Balfour, by Mr. J. A. Froude, in his "Short Studies on Great Subjects." In 1593 she was deemed to be a notorious witch. When

her life was looked into, no evidence was found to that effect. She swore she was innocent, but this was held to be "guilt aggravated by perjury." She was cruelly tortured again and again, but no confession could be wrung from her. She had a husband, a son, and a daughter. They were brought into court and tortured in succession. It came to the extremity at the last, when the little daughter was tortured, the mother's constancy broke down, and she said she would admit anything they wished. When she gave way, she gave way altogether. Like the Queen of Sheba, but in a totally different sense, the spirit had gone, or rather been knocked out of her. It was most unlikely that Alison Balfour under any ordinary circumstances could have "told a lie." In fact, the spirit which upheld her was undoubtedly the spirit of truth; and of right as opposed to wrong. Yet she was brought to such a pass that she would have subscribed to any number of lies. Alas for poor human nature! Small shame to her, but great shame to those who treated her with such brutal tyranny. There is no actual difference, except perhaps in degree, between the torture of the Inquisition and the punishment of the so-called "hysterical" patient for wilfulness and obstinacy. It is the same identical spirit of pharisaical intolerance justified to themselves by a dogmatic assumption of right. The action of prejudice is ever the same. They do not understand and they will not listen. "They" ever "stopped their ears, and ran upon him with one accord." The vindictive spirit and the desire to punish make them always ready to wield the weapon of the disobedient prophet, and virtually exclaim with him—"I would

there were a sword in my hand, for now would I kill thee ! ” *

It has been said of Marlborough that his grand virtue was patience ; that he never lost his temper, which was imperturbable ; that this was one great secret of his success, for he never lost a battle, and never failed in a siege. But if, on the one hand, this contributed to his success,—success, on the other, helped to maintain this integrity of temper. Cool and tenacious as was the “ Iron Duke,” as much cannot be said of him, for in his later years his irritability was great. The fine temper of Newton also was proverbial ; and his long life, although he was born feeble, was a proof that purely intellectual work, when free from the “ irritative neurosis ” of worry and anxiety, does not interfere with longevity. There is something very majestic and elevating in the study of astronomy ; in the pure concentration of the mind wholly freed from disturbing moral influences ; it is impossible to

“ behold
The ante-chapel where the statue stands
Of Newton, with his firm and silent face,
The marble index of a mind for ever
Voyaging through strange seas of Thought, alone,”

without seeing how completely mind dominates over matter. It is purely intellect which gives the idea of motion to the figure. And yet the spirit, “ by which I mean that power which is akin to pluck and energy,” imparted to the block of marble, and bestowed

* Whilst writing this, a trained nurse whom I met in the house of a friend said that “ hysterical patients ” were very badly treated in some of the hospitals.

upon it by the marvellous skill of little Roubilliac, cannot in any sense be said "to be bound up in matter," or "intimately associated with it." The mind of Galileo was perhaps as far-reaching as that of Newton, but he was less happy in his time and the spirit of his age. His discoveries aroused the blind and ferocious bigotry of the monks. He was twice persecuted by the Inquisition, and on both occasions compelled to abjure the system of Copernicus. Without doubt he thus became neurasthenic. His moral strength and sense of truth gave way before intense physical suffering. He died in 1642, the year in which Newton was born.

Shakspeare is wonderfully correct in his psychology, and several of his characters illustrate the condition under consideration. Thus, the indecision and general conduct of Hamlet, obviously the result of shock, are a fair type of simple neurasthenia or neurosis; while King Lear is an instance of irritated disability. The intense savagery of Shylock is mainly developed after the abduction of his daughter and his pecuniary losses, and takes a more active form. The conduct of Othello is illustrative of most persistent and aggravating irritation supervening upon severe moral shock, and of the saying that "Nobody ever did anything very foolish except from some strong principle." On the other hand, the purity of Desdemona, and intense selfishness of Iago—most opposite conditions both—alike exempt each individual from neurasthenia. The desperate villain has his redeeming points; just as, on the other hand,

"There's many a spot defiles the robe
That wraps an earthly saint."

But the deliberate villain, animated, as it were, by an incarnate fiend (wrapt up in his matter), has no pity or compunction. I had almost said, no remorse, but that comes later; Nemesis, though lame, overtakes her victim. The character of Iago seems to be parallel with "Ingratitude, that marble-hearted fiend," for it has been said that the man who is deliberately ungrateful is radically bad. But all evil qualities seem to be combined and concentrated in Macbeth, whose unexpected success and unnaturally excited expectations throw him off his balance, and he afterwards becomes an extreme example of depraved or vitiated neurasthenia, a prey to superstition, lost to every right principle of action—an abandoned wretch.

A patient once told me that he attributed his habits of intemperance to, literally, the "intoxicating" effects of an unexpected legacy; and similarly, Macbeth seems to pass rapidly from earning "golden opinions" to the very reverse. Compared with Lady Macbeth, he has no determination—no pluck. Her spirit rules supreme. She assumes and takes the command, but, it would seem, more to overcome his irresolution than for the sake of gratifying her own ambition.

When he says—

"Will all great Neptune's ocean wash this blood
Clean from my hand?"

She replies—

"My hands are of your colour;
A little water clears us of this deed."

But when the extreme tension necessary to the perpetration of the crime had passed by, and the more difficult task of hiding it and trying to appear innocent of

the horrid deed succeeded, and the idol of her own or her husband's ambition is shattered, she lapses into a condition of neurasthenia, not altogether abject, but, as it were, more conscience-stricken. Her "occupation" seemed to be "gone" when he became so utterly reckless. No kedge anchor, no sheet anchor could hold him; he was not even to be saved by a fluke. (By the way, all anchors hold by the fluke, but all medical cases are not so cured, it is to be hoped.) Thus it would seem, for some cause, in some way or other, most of us have to succumb to neurasthenia. To this complexion we come at last.

"From Marlborough's eyes the tears of dotage flow,
And Swift expires a driveller and a show."

I called one day to see a patient who had some years before received a great shock from the sudden death of her father in her presence. She had been an invalid ever since, and no effort of mine, or hers, had ever succeeded in getting her beyond a certain very limited stage of exertion. Pale, gaunt, and wan, she came into the room. She was a tall woman, and I could see by her brow that she was troubled. "Do your sisters know how sadly you are?" I asked; but her troubled look instantly assumed an expression amounting to terror, and she begged of me not to speak to them on the subject. However, I took an early opportunity of doing so. She had received a great shock, I said. "Yes," was the reply, "but there has been plenty of time for her to get over that. Mary could do more if she liked." So they turned up their noses, and put on their bonnets, and went out for a walk. They were earnest church-workers, whatever that may mean, but I could

not help thinking that if they had bestowed a little more of the milk of human kindness on their invalid sister, instead of rampaging about the parish without "that most excellent gift" of charity, which is said to "begin at home," it would have been much better. Here, then, was a case of "irritative neurasthenia," in which every effort at improvement was nipped in the bud, not only by the want of a genial, kindly spirit, but by the frequent annoyance of the imputation of wilfulness and obstinacy. It was of no use to attempt to alter this unhappy state of things; "'twas throwing words away." The sisters did not mean to be unkind, but they did much harm, nevertheless. They did not rightly estimate either the severity of the shock or its duration. Thus they did not recognize the incapability of the patient, who, moreover, had mitral disease; and by, alternately, injudiciously urging and unkindly taunting, they contrived to mar both their own and their sister's happiness. They took it into their heads that medical opinion was wrong, and they made a mess of it.

Irritated disability, I repeat, is the condition of this class of case, and in a large majority of cases "petty worry" is the irritating cause. It is difficult for strong, healthy persons to realize this condition—they do not experience it themselves, and they do not understand it in others; but I have seen the maleficent action repeatedly. "I am afraid to go home," said a lady the other day, who had experienced a great shock in the death of her baby when she was away from home, "because my neighbours come to sympathize with me, and then tell me I must 'make an effort.' My doctor,

too, is always urging me to 'make an effort.' " It is futile, and worse than futile, to be constantly urging patients who feel incapable to exert themselves beyond their power. "Go home," I said, "and make yourself happy. If your friends worry you, refer them to me, or *ask them to do something for you*—to make an effort in your behalf; for that class of persons is more wont to urge others to action than to do aught themselves. As for yourself, if a necessity arises for you to do anything, you will find yourself quite equal to the occasion, if you do not bother yourself and try too hard; only recollect, you must not expect to be as capable as you used to be, or as you will be by-and-by." Again, a lady who had been neurasthenic for twenty years—in the first instance from moral shock, and subsequently from physical shock, the effect of several surgical operations most skilfully performed,—followed me down into the country with my pamphlet on neurasthenia in her hand, and asked me to take charge of her case. "You have exactly described my condition as 'incapable,'" she said, "but when I ask the very physicians and surgeons who have treated me so skilfully for advice, they do not seem to comprehend what I mean; they regard me with a sort of blank stare, and say, 'What a nice day it is! had you not better go out for a walk,' or something to that effect—very much the same sort of thing as starting the pilgrim with peas in her shoes." This lady had run down in strength, and was quite "*au désespoir*"—"I shall never be any better." "Stop a moment," I said, "you forget the bandalore; you have run down, but will soon run up again." It was only a little matter, after all—a little

grit in the machinery, which I was fortunate enough to be able to remove,—and she is now as well as her impaired health will admit. Her sphere is narrow, but she accepts it cheerfully.

It is unscientific, to say the least of it, to attempt to override a difficulty instead of removing it. If, in driving, we get a post the wrong side of the wheel, it is best, as a rule, to back instead of driving forward. In the case of a tired horse, if, instead of a good feed, a gentle stimulus, and a firm rein, a thistle be put under the tail, it would be hardly fair to punish the horse; and yet these simple rules have not been observed in the case of “hysteria,” falsely so called. “Its use,” says Dr. Buzzard in Dr. Quain’s “Dictionary of Medicine,” “is best restricted to a condition of the nervous system fairly defined, but the intimate pathology of which is not known, characterized by the occurrence of convulsive seizures, and by departure from normal functions of various organs, leading to very numerous and often perplexing symptoms.”

I have not the least hesitation in saying that all the various forms of the disorder detailed in Dr. Quain’s Dictionary are capable of being produced by “irritative neurasthenia,” that is to say, by irritation in some form or other, physical or moral, or both, acting upon the susceptible condition of physical or moral neurasthenia; and I have already said that the cases of twenty years’ standing, mentioned by Dr. Playfair, may be included in the same category—nay, more, that they are as preventible as they are curable. Dr. Playfair deserves great credit for his energetic and successful treatment in cases that were well-nigh desperate; but

if the hypothesis be right, that these were extreme cases of irritative neurasthenia, and that the recovery of self-reliance is an essential point, after the removal of the cause of irritation; then the treatment of these cases, highly successful though it was, demanding great firmness, as well as energy, savoured more of coercion than was desirable, considering that he was dealing with patients of the female sex. For, although they were instances of "irritative," they were not proved to be of "depraved" neurasthenia, and the object of treatment ought to be, first, to

"Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart,"

as antecedent to the great principle that

"Therein the patient must minister to herself;"

and when this has been done, you may

"Throw physic to the dogs."

I have persistently objected to the term "mental" shock. Neither the brain nor the spinal marrow is directly affected by shock, but that division of the nervous system which regulates, nourishes, and controls both, *i.e.*, the sympathetic. Having entered fully upon this question elsewhere, it is neither necessary nor desirable to repeat it here; suffice it to say that the functions of the sympathetic (which, by its very name, may be supposed clearly to represent the passions and emotions) have been practically overlooked or disregarded by the profession for some time past. It is equally true that the pathological changes of the sympathetic, owing to moral shock, are in the large majority of instances beyond the reach of investigation; but I observe that, in some recent works, various congestions

of the nervous centres—*videlicet*, the sympathetic ganglia—are observable after physical shock, and this leads me to the conclusion that the efficacy of massage in neurasthenic cases is hereby shown, by diverting the circulation to the periphery.

Dr. Wilks tells me, with an air of triumph, that Dr. Weir-Mitchell cures patients by the exercise of his will. This surely is a misconception and misapplication of medical treatment. The will of Dr. Weir-Mitchell was never called in question. It is the will of the patient that is in abeyance. It would be a grave error to substitute the "art of bullying" for the "gift of healing." I place these two plans in strong apposition in order to illustrate the principle of removing the irritating cause and building up the strength, in contradistinction to the severe discipline of coercion. Irritation is a term somewhat difficult to define. Practically it may be assumed to signify a disturbing cause of the normal supply of nerve-power which regulates action, converting it into the abnormal and irregular distribution which alters and perverts natural function. This definition seems to me to tally pretty much with Dr. Buzzard's description of hysteria in Dr. Quain's Dictionary, which, after all, is no great advance upon the definition of Dr. Wilks; it is, at any rate, equally obscure, ill-defined, and impracticable.*

* Dr. Quain is not a man to speak doubtfully of a subject which is illumined by a tolerably strong light. I therefore take it that Dr. Buzzard's article on Hysteria in his Dictionary represents the most advanced views on that very debatable disorder. It is also true that the views expressed in the present paper have been before the profession, more or less, for twenty years, in various papers—"Medicine and Psychology," "Essay on Pain," "Inquiry into the Real

It may be that patients suffering from irritative neurasthenia are "uncertain, coy, and hard to please," but they will generally open out as soon as they see that the intention is simply to relieve them; and if now and then they be inclined to "jib," it would be well to call to mind Dr. John Brown's description of the beautiful horse that "jibbed" so decidedly just when everybody was coming out of church; and learn the lesson of patience there taught, as well as the reflection that there must have been some anterior mismanagement, to say the least of, if not ill-treatment. In coming away from such a case it is well to leave the door open, for it is a divine attribute to leave a way to escape, but altogether cruel and diabolical

"To shut the gates of mercy on mankind."

It need not be a matter of surprise that, under malpraxis, irritative should be converted into depraved or vitiated neurasthenia.

Amongst the most familiar instances of depraved neurasthenia are those which occur in illicit pregnancy and child-murder. In both the sense of shame is predominant, and the way in which women evade, fence, shift, and deny is remarkable, and only known to those who have had the opportunity of watching. I have

"Nature of Hysteria," "Neurosis or Moral Shock," in the *Journal of Mental Science* and the *London Hospital Reports*, letter to the *Lancet* in December, 1873, and elsewhere. I am also quite aware that some of my friends have thought that I had "hysteria on the brain." I have seen them regard me with a sort of amused smile, as if I were Quixotic enough to see a Dulcinea del Toboso in every "hysterical minx"; but if I should have succeeded at last in establishing my views, the laugh will possibly be on my side.

known the condition of pregnancy, obvious enough to all beholders, positively and vehemently denied, until the birth of the child made denial no longer possible. Clearly, the one thing more dear to such women than virtue is the reputation of virtue ; it is not altogether that they "assume a virtue if" they "have it not," but their assumption is that they have not lost it, when they have, and to maintain this false position they stand tenaciously on the defensive, and will do anything rather than acknowledge it. But their condition is that of neurasthenia, nevertheless,—shame, regret, disappointed hopes, betrayal of trust, having alone to stand the brunt of a joint misdeed, these and other depressing passions come into play. They have to face a great difficulty, which, although long expected, has, proverbially, come upon them suddenly and unprepared,—

"It is a moment of an awful kind."

In the case of the judgment of Solomon there was no sense of shame ; it was extinct, for both the women were brazen ; but maternal affection survived, in the one to a much greater degree than in the other. In modern cases the sense of shame seems to be paramount, to the utter extinction of the maternal instinct. The one aim and object seems to be to hide the sense of shame.

"The only art her guilt to cover,
To hide her shame from every eye,
Is just to choke the crying stranger,
And put its little body by."

But in some cases the constant shame, difficulty, and anxiety of having to provide food and maintenance seem after some time to lead to desperation, and in

these cases drowning seems to present the most ready means to the end.

This form of irritated and depraved neurasthenia, be it observed, is not marked by want of physical power. The necessity for resolute action rouses to exertion, and supersedes the irritated disability which characterizes some forms of the condition. The effect of irritated disability is usually to mar the efforts at exertion, which are feeble. This accounts for the fact, that under some strong impulse such patients are capable of doing more than they seem to have the power for—a long-standing anomaly in this disorder.

It was a strange idea to send a dead infant to a priest. We may follow the culprit to her cell, where she has gone to expiate her misdeeds.

Pauvre misérable! What with her incomprehensible symptoms and her "hysterical crimes," she seems to have met with but scant justice, and even less commiseration.

"The leech was sent, but not in mercy there."

Let us hope, however, that

"With the morning cool repentance came."

Dr. Wilks speaks with confidence and satisfaction of curing several cases of so-called "hysterical" paralysis in the hospital by moral treatment and leaving off medicine. What he means by "moral treatment" is not quite clear; but he lays great stress upon removal from home. I have known this form of paralysis to occur in a school-girl from worry, and I venture to think that this may be a typical form of the disorder. This being so, if Dr. Wilks attributes to the discipline of the

hospital that which is really removal from a region of worry, *sublata causa, tollitur effectus*. The cure is thus, to some degree at least, by a fluke. Dr. Playfair is nearer the mark when he advocates removal from "unfavourable domestic surroundings." One remarkable point in the extreme cases cured by Dr. Playfair, extending over twenty years, is their absolute recovery, clearly showing that there was no organic change, but, on the other hand, the persistence of some continual unfavourable element. Again, worry is also, not unfrequently, a cause of vomiting. A lady whose husband was abroad, and who had, in consequence, a good deal of worry, suffered much in this way. "I know you will laugh at me," she said, "but the mail is in, and there is no letter for me." Dr. Playfair mentions a case in which the patient suffered from this form of sickness for *six years*; and I have known it prove fatal. The evil of waiting five weeks to remove a patient from home was shown in Case 1, but it is even more strongly shown in the following case :—

A lady who suffered from various causes of ill-health lay in bed, because exercise, instead of bringing healthy reaction, was followed by pain. Her medical attendant, a man of judgment and experience, found himself in a difficulty, and thinking it unwise to press exercise, under such circumstances, acquiesced in the condition of rest. But the longer the patient lay in bed, the greater the difficulty appeared of getting her up. Several physicians were consulted, but no one seemed to grasp the case, or give advice beyond the prescription. At length one was consulted who seems to have been imbued with the pernicious doctrines of "hysteric hypothesis," and he attended for eighteen months, but in reality said nothing and did nothing. He appeared, like Dr. Wilks, in case No. 1, to be waiting to get the patient away from home.

At this stage of proceedings the patient was attacked with vomiting, which at first yielded to effervescing medicines with a small quantity of opium; but the attack returned with greater frequency and violence, and the only remedy that availed was morphia. After a time this failed also, and the hypodermic injection was recommended, which quite succeeded. But then came the difficulty of leaving it off. Now here was in reality a very simple case, but the want of knowledge of the conditions of neurasthenia on the one hand, and the "hysteric hypothesis" on the other, made it practically very complicated. The patient was conscious of being and feeling ill; notwithstanding the best advice was sought, she continued unrelieved. The family were dissatisfied with the protraction of the case, and especially with the continuation of the morphia.

I have investigated the circumstances of this case very carefully, and come to the conclusion that the opinion which was wanted was not given, namely, that, although exertion was followed by pain, &c., these *ought to have been overruled by exercise*—a very simple conclusion. One important point I did learn, that so far from the patient being wilful and obstinate and a malingerer, she implicitly followed every direction that was given her; so I am driven to the conclusion, which if it were not painful would be ridiculous, that all the time this *physician was waiting for an opportunity to remove the patient from home, the patient was waiting for his directions, which, of course, were never given.* The patient herself told me that she had been treated with great severity (she might have said, unnecessary cruelty), and that her illness had marred her life. She attributed her pain and other disabilities to a fall from her horse some years before. This point in the case appears to have been wholly overlooked.

It has been shown that pain may occur, after injury

received by a fall from a horse, at intervals, for twenty-eight years; but this, so far from being an acknowledged, may be regarded as a new, fact. Armed with this fact, and the knowledge which the real conditions of neurasthenia give us, this case might have been very easily dealt with, and the patient might have recovered her health as far as was practicable; for she told me that she still suffered in some degree from sickness on the occurrence of any little *contretemps*. This would be dealing with the case plainly and simply. But it seems unfortunately to have been approached with the preconceived opinion of "wilfulness, obstinacy, deceit, and shamming." According to this view of the case, the pain would appear fictitious, and the sickness, which, according to my experience, is caused by worry, would appear to be fictitious also. As this physician deemed the case to be fictitious—else what excuse had he for coercion?—and as he could hardly fail to convey this imputation, either directly or indirectly, there appears to have been abundant cause for worry. Thus it came to pass that the more the patient's symptoms became aggravated, the more the mistaken ideas of the "hysterical hypothesis" referred them to a fictitious origin. But the fictitious character of the illness was a gratuitous assumption on the part of the physician, for it in nowise belonged to the patient. He mistook the nature of the case, and he made a mess of it.

Once again, I repeat, simple neurasthenia is a passive state; but irritation may produce pain—hyperæsthesia on the one hand—or analgesia on the other. It may cause vomiting, or paralysis of various functions; and in persons of no very high principle, the loss of control may

suggest various forms of trick and deceit, simulation, etc., which disfigure some forms of irritative neurasthenia. But, surely, the whole class ought not to be misjudged by this vitiated minority.

Of no disorder can it be more truly said that it is half cured when thoroughly understood. The converse of this has been only too unhappily proved. It may seem unreasonable to expect the physician, whose province it is to attend to physical ailments, to soar into the airy regions of psychology; but the watchmaker cannot limit his attention to the laws of motion, he is obliged to study those of heat in his "compensation balance." This "tenement of clay," inhabited in life, and uninhabited after death, is, in these two most different and opposite conditions, acted on by different forces, or rather in the one case by vital force in addition to other various forces that affect it. The vital force does not supersede the various material forces, but confers additional power upon them. In the same way the passions and emotions affect the vital powers in various ways. They raise, depress, excite, enfeeble, confirm, relax, as the case may be. There are still higher influences or principles which regulate the passions and emotions. These either overrule, or are in their turn altered and hindered in their action. Thus, although fortitude is maintained by strength of will, disappointment—a great factor of the morbid condition under investigation—is, on the other hand, an infraction of both Faith and Hope. In the same way, we have seen that grief suffices to kill, and the neurasthenia which is capable of being prolonged by the "petty worry" of "unfavourable domestic surroundings" marks the

absence of Charity, not so much by intentionally infringing it, as by the meddlesome desire of putting others to rights, and judging often unjustly.

Neurasthenia being essentially a psychological condition, it is impossible for the mere materialist, whose notions and ideas are limited to what is "bound up in matter," to comprehend it; it is altogether above his range. Speaking of the village parson, Goldsmith writes—

"Though round his breast the rolling clouds are spread,
Eternal sunshine settles on his head."

But this can never be the happy fate of the materialistic philosopher, for his head is in the clouds, and as long as he holds to these limited opinions will ever remain so. He must ever stay below, and cannot attain to the Light of the Truth which is above all doubts and difficulties.

"No pleasure," says Francis Bacon, Lord Verulam, "is comparable to the standing upon the vantage ground of Truth, a hill not to be commanded, etc., and to see the errors and wanderings and mists and tempests in the vale below. So always that this prospect be with pity, and not with swelling or pride."

The question has been raised, whether the study of science or the classics is most useful to the medical profession. Science means the acquisition of knowledge, but it does not necessarily mean wisdom; still less does it represent the art of healing. But the study of the classics, although it may not confer useful or scientific knowledge, may nevertheless be the more useful training to the mind.

There is so much to learn in the present day, that

there is no time to think; the mind becomes full of more facts than it can utilize. It is possibly because knowledge is the first step towards wisdom that the examinations and the prizes are mostly in favour of science, although prizemen are acknowledged not to make by any means the best practitioners. A student said to me the other day, "I am twenty-two years of age, and were it not that my father is surgeon to a local hospital, I should know nothing of practice." The art of navigation, of riding, and indeed almost every other art, requires to be learnt young, and for a student not to see practice till he is twenty-three or twenty-four years of age, means that he learns in the abstract, and has to apply it afterwards; in contradistinction to seeing practice in some form first, and having it explained afterwards, or *pari passu*. Some minds have a difficulty in learning in the abstract, and, in point of fact, unless the art of medicine and surgery and the practice are learnt in some measure together, it is simply "cram." As a rule, the reflective mind, which is prone to the laborious process of induction, and deduction, is averse from the quick intelligence, the ready memory, and "the gift of the gab," which mark the proficient. The examinations which demand these qualities prove a hindrance to the study of therapeutics by absorbing the attention during those years of early life in which the art, as opposed to the science, of any calling is best learned. Again, the area of practice cannot be too wide, whether as regards extent or duration of time; for different forms of disease appear at different periods, and not at others. Variola and diphtheria occur only at intervals. Of course, the two colleges must embrace

one another scientifically; but it becomes a serious question whether the "Opifer per Orbem" should be left out in the cold. The disbelief in drugs and therapeutics generally is akin to the disbelief in anything that is not "bound up in matter." Things are not believed in because they are not understood. The old-fashioned practitioner is fast dying out in order to disprove "the survival of the fittest." There must be something very faulty in medical education when a doctrine so repugnant to reason and common-sense as the "hysterical hypothesis" is tolerated, not to say advocated, by so eminent a pathologist as Dr. Addison. I am really very sorry to have to say anything in disparagement of his teaching, but

"The evil that men do lives after them,
The good is oft interred with their bones."

I have heard Dr. Addison say that he could never do a proposition of Euclid, from which it is fair to infer that he must have had some difficulty in arriving at a logical conclusion from pathological facts. In this way the "hysterical hypothesis" can be accounted for, though it cannot possibly be explained. If medicine were, like astronomy, an exact science, the doctrine of hysteria would not have been tenable for a week. Its mischievous hold upon medical opinion has been a great deal too long, and it is high time to consign it to the regions of

"Gorgons and hydras and chimeras dire."

3, MANSFIELD STREET, W.

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