

Neurasthenia in Women.*

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Some of the most difficult cases which medical practitioners at the present day are called upon to treat, and concerning which gynacologists are consulted, are those which are classed under the popular term of Neurasthenia. There is, however, good reason to believe that either the term is misunderstood by some of those who employ it, or that it is used to describe patients who are suffering from widely-different symptoms. At the same time, it is undeniable that the term is a not inapt description of the condition from which many suffer, and not only women, but both men and children also. Leaving the latter, however, out of the question for the moment, it may be safely asserted that the majority of patients are women, and it may be of some practical interest to consider what the term really means and what are the best methods of treatment of neurasthenia. Strictly speaking, Neurasthenia means "nerve weakness," or, in popular parlance, "nervous debility." It would be going too far afield to question what physiological condition of the nervous system can be termed "weak," or what other condition could be called "strong." For everyday purposes, therefore, both physiology and pathology are ignored, and the diagnosis of neurasthenia is made almost entirely upon symptoms—a fact which probably explains the wide employment of the term. For example, a woman who had suffered a sudden and great bereavement refused all comfort; she lived in strict retirement, exhibited no interest in her surroundings, took little or no exercise, lost her appetite, and began to look more worn and weaker every month, and, finally, without any evidence of organic disease, seemed to be slipping out of life. She was at last persuaded to see a doctor. The diagnosis was Neurasthenia. Another woman, after a difficult labour and flooding, recovered with abnormal slowness. She remained weak and pale, had no appetite or said she could not digest ordinary food, and steadily lost flesh. There was no evidence of mental or physical disease, and she was finally diagnosed by an eminent authority as a Neurasthenic. Or let us take a widely different case—a woman of middle age, very good physique, and unusual mental energy. She had acted on the local School Board and the Parish Council, was on a dozen committees of charitable or humanitarian societies, took her full share in social life, and managed her own household in addition. She was incessantly at work, talking, writing, organising, travelling. Then one day she had a breakdown, caused by an entirely accidental occurrence. She became what is con-

veniently termed "hysterical"; she began and continued to scream, laugh, and sob in uncontrollable agitation and for a long period, and the attack easily returned. This was the beginning of a long train of nerve symptoms—loss of memory of details; extreme nervousness; a constant dread of some personal or family catastrophe. She declared herself unable to concentrate her thoughts, and was deeply depressed by her inability to continue her manifold engagements. At this period, her condition was, and perhaps fairly, diagnosed as Neurasthenia, and she came under active treatment.

Now these may be regarded broadly as three typical cases, to which the same diagnostic term is applied. The point I desire to emphasise is that these are women of widely diverse physical and mental types and that, although they are said to be suffering from the same complaint, their condition arose from very different causes, which may, I think, for practical purposes be summarised thus.

The first class comprise patients suffering from what I would term *nerve shock*—for example, some sudden family bereavement, some financial disaster, love troubles, and so forth; and I would maintain that the effects are directly proportional to the severity of the shock on the one hand, and on the other to the mental resisting power, if I may so term it, of the affected individual. The latter condition is not always sufficiently appreciated, but it possesses the most important bearing on medical treatment. If, for example, a slight cause produces a serious mental effect, the resisting power of the patient must be but slight; the consequences may be, therefore, expected to be more grave, and the method of treatment must be proportionally more active.

The second class comprise patients suffering from what I would term *nerve starvation*, and in whom the nerve disorder is due to a definite physical cause; such, for example, as severe or frequent bleeding, or anæmia due to organic disease. In fact, these patients are really suffering, I believe, from malnutrition of the nervous system, and the class is so large and so important in medical practice that I will revert to their further consideration in a moment.

The third class are composed of cases of what I would term *nerve exhaustion*—patients who, whether wisely or not, have taxed their mental strength to the breaking point. They demand the most immediate treatment of all, because, whilst the majority of the two former classes are more or less chronic, the breakdown of the overtaxed brain is generally more or less acute, and, in my experience, unless most judiciously treated, these patients more frequently than the others become either maniacal or melancholic.

* Clinical Observations in the Out-patient Department of The Hospital for Women.

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