

## Nerve-Starvation in Women.

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Most trained nurses are, from time to time, called upon to take charge of patients suffering from what is generally termed Neurasthenia, and are well aware, therefore, of the difficulties of their successful treatment. It has been frequently pointed out that this term is often misapplied, and still more frequently misunderstood by the public. In its simplest meaning—that of nerve weakness—the expression has perhaps its simplicity to recommend it; but as to the precise cases to which it should be applied there undoubtedly exists the widest difference in practice. And even as to the causes of what is popularly called “nerve exhaustion,” and as to the treatment of such cases, there is also found much diversity of opinion amongst the medical profession.

I have, for some years past, taught what I believe to be a simple and, from the practical standpoint, fairly inclusive method of distinguishing the varying forms of Neurasthenia. I have pointed out that these patients can be divided for all practical purposes into three classes—those suffering from what I have termed, first, “nerve-shock”; secondly, “nerve-starvation”; and, thirdly, “nerve-exhaustion.” The first class is represented by patients who have undergone some sudden family bereavement, some grave financial disaster, some serious accident, and so forth; and I have proved, as a practical fact of some importance in their treatment, that the effects shown by the patient in each case are directly proportional to the severity of the shock on the one hand, and, on the other, to the special nerve-resisting power of the individual. If, for example, a slight cause produces a serious mental effect, the resisting power of the patient must be slight; the consequences of any shock may consequently be expected to be more grave, and the methods of treatment to be adopted must be proportionately more active if they are to be successful.

The patients suffering from nerve-exhaustion under this classification are those who have taxed, by overwork or worry, their nervous energy to the breaking-point; and, as I have previously shown, in these cases the collapse of the nervous system is generally more or less acute, and they very often demand both accurate and judicious treatment to prevent them drifting over the border line of insanity.

On this occasion, I desire to chiefly consider the case of those patients who come under the second division of this classification—women suffering from what I have termed “nerve-starvation.” Because I am every year more and more impressed, not only by the large field which is covered by these cases, but also by the practical explanation which this

diagnosis affords of many obscure conditions, and by the excellent results which are obtainable by treatment conducted on lines which are merely the common-sense outcome of that diagnosis.

Briefly, then, these particular cases deserve the term of “nerve-starvation” because one is always able to find a definite cause for their condition in some serious or long-continued drain upon their vascular system. As might have been expected, therefore, we find on examination that a large number of these patients suffer from uterine fibroids, from salpingitis, hæmorrhoids, and other conditions which cause frequent and profuse bleeding. In many instances, these patients do not come under treatment until there is a considerable degree of anæmia, or until some nerve symptoms occur, which, perhaps, alarm the patient or her friends even more than the loss of colour in her face. For instance, she may experience some loss of memory of details, of words, or of facts connected with her daily life; she may exhibit extreme nervousness, and even slight rigors at the slightest unusual or sudden sound. There may be diminishing clearness of eyesight, or an increasing degree of deafness, a gradual loss of appetite, or perhaps signs of dyspepsia, sometimes so acute as to lead one to the belief that she is suffering from a gastric ulcer. There may be increasing muscular weakness, with its often-associated spinal pain, until the patient and her friends are firmly persuaded that she is suffering from some obscure vertebral disease or is becoming paralysed. Or associated with this same form of neurasthenia one finds, in other patients, increasing mental apathy or physical lassitude; and, in others again, shallow sighing respiration, deficient lung action, or more or less violent palpitation of the heart, until it is only the evidence of normal physical signs which prevents a definite diagnosis being made of pulmonary or cardiac disease.

When we sit down and carefully reason out the pathological condition from which these particular symptoms must arise, we are led to realise that in every instance the latter are solely and simply due to deficient nerve-power; and, tracing the sequence from effect to cause still further back, we are forced to the conclusion that this deficiency is due in these cases to insufficient nutrition of the nervous system, or, in fact, to what I have therefore termed “nerve-starvation.” When this cardinal truth is grasped, the diagnosis of these cases is made at once more easy, and the treatment infinitely more effective. For example, it becomes obvious that it is absurd to treat the dyspepsia, or the palpitation, or the weakened eyesight and hearing, as evidences of local affections of the stomach, the heart, the eye, or the ear. But whilst, on the one hand, one goes back to the deeper cause, and checks the loss of blood which starved the nerves, and thus was the starting point of the whole trouble; on the

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