

place in a well-stocked accident cupboard. I do not know that there is any greater satisfaction than to see a former patient who had sustained a bad fracture walk into the ward after some weeks and to hear him say "I'm none the worse." E. R.

Neurasthenia and Neurohypersthesia.

IN THE BRITISH JOURNAL OF NURSING for September 16th is an interesting notice of Dr. Herbert Hall's experiment of prescribing work as a remedy in neurasthenia, the closing words of which are that "some acquaintance with the early symptoms of neurasthenia is of importance to nurses."

Having just read a paper by the well-known Italian nerve specialist, Prof. Grocco, of Florence (*Revista Critica di Clinica Medica*), which deals with a new theory regarding neurasthenia, I thought that some brief extracts from the same might be of interest to nurses.

After stating that the term neurasthenia is probably more used and abused than that denoting any other malady, he defines it as "a neurosis characterised by morbid functional exhaustibility of the nervous system." There must be weariness and weakness where there is neurasthenia, and though there may also be irritability, it is not irritability, but exhaustibility which clinically characterises it.

This exhaustibility may be caused by a congenital nervous weakness that results in the impossibility of enduring even the ordinary wear and tear of life. In others, without the hereditary tendency, it is induced by excess of work, insufficiency of nourishment, morphine or alcoholic abuse, or as sequelæ to typhoid, influenza, or some physical or psychical nervous shock.

The nervous exhaustibility takes hold of one or other section of the nervous system; either that which is most vulnerable in the individual, or the one which has been especially *colpito* (affected), or else it appears everywhere, with prevalence in certain points.

If there be peculiar morbid tendencies in the individual, the causes which induce neurasthenia may develop their extrinsicness, so that a neurasthenic may appear an hysterical, melancholic, or hypochondriac patient. But the one malady must not be confounded with the other, and only careful watching of the symptoms can ascertain if the nervous depression, which is diagnosed as neurasthenia, alternates from day to day or hour to hour, with the opposite phenomena of extraordinary nervous functional resistance, great excitability and irritability, when the diagnosis would change to that of hysteria.

Again, it is not safe to diagnose as hysteria cases where morbid symptoms prevail especially on one

side, or because there be pain over one ovary, since these localisations can *acconvenirsi* (be coexistent) with neurasthenia. Whilst it is again most important to distinguish neurasthenia as the only disease, from neurasthenia which conceals the more serious nerve affections of progressive paralysis, incipient dementia, &c. A most careful series of ætiological and symptomatic observations are here needed "to prevent serious errors of clinical judgment"; and nurses who have the habit of making and recording accurately their observations may aid largely in preventing the occurrence of such mistakes.

Perhaps the commonest mistake, however, the Professor asserts, lies in confounding with neurasthenia a morbid condition which has a perfectly opposite physio-pathological significance, and which he terms neurohypersthesia (neuroiperstesia). He gives several cases illustrating this condition.

I. Studious youth, working for university scholarship, found himself in a condition of cerebral activity, beyond control. It was a period of hyperideation, orderly, but incessant; not to be controlled by distractions, nor by sleep, which was brief and agitated. For some time there were no traces of cerebral fatigue; but later physical exhaustion ensued, joined to lessening quickness of perception, and sensation of weight and confusion in the head, with giddiness and augmented heat. Recourse to sedatives was ordered, with the help of which the symptoms disappeared, and work was continued during several months with extraordinary fecundity, and during which period his nervous resistance never failed him.

Surely this was not a case of neurasthenia?

II. Another young man, physically strong, but of pronounced nervous sensibility, able to undergo great physical fatigue, hunting, shooting, &c., as well as mental exercise, went to the Professor complaining of cardiac excitability. However little he drank, smoked, or excited himself, he suffered from intense and painful cardiopalma, though the heart on examination always appeared organically sound. The Professor diagnosed a special irritability of the vaso-motor sphere, inducing neurotic condition, but with not a shadow of nervous exhaustion. Heart sedatives were the only remedy. This, too, is clearly not a case of neurasthenia.

III. A distinguished teacher, of strong constitution, and a strenuous mental worker, found that on passing a certain limit of brain work certain disturbances inevitably ensued. The especial argument he was studying took possession of his mind, so that he could not escape from it. Sleep became agitated, dreams of the same subject invading it, and on awakening the working out of same theme continued. He did not feel mental fatigue, but suffered instead from hyperchloridria, necessitating utmost care in diet. Where is the neurasthenia in such a case? cerebral or visceral? but where were the signs of mental exhaustion, or gastric asthenia?

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