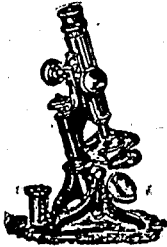


Medical Matters.

THE MENTAL ORIGIN OF NEURASTHENIA AND ITS BEARING ON TREATMENT.



Dr. David Drummond, M.A., Senior Physician to the Royal Infirmary, Newcastle-on-Tyne, delivered an interesting lecture on the above subject at the Polyclinic, London, which is published in full in the *British Medical Journal*.

Dr. Drummond said in part:

"What you will ask is the evidence that the origin of this chameleon disorder, which is at present at once the backbone and bugbear of general practice, is mental? for I need scarcely remind you that there are some who regard bodily troubles as the primary cause. It is clearly of the utmost importance to recognise the cause of the neurasthenic condition, and close inquiry furnishes full evidence that it arises from morbid mental states."

The lecturer pointed out that "in neurasthenia the physical symptoms are without pathological basis (in any individual this must, of course, be ascertained by careful physical examination). To the patient the symptoms are real as though some physical lesion existed, and often the description given of them is so lifelike as to deceive the doctor."

"The next clinical fact of great importance is to be sought in the mental history of the patient, both family and personal. It may be assumed that with rare exceptions an established nervous temperament has been inherited, though a practical difficulty is often placed in the way of ascertaining this fact through the repugnance on the part of the patient and friends to admitting a family history. It is a real misfortune that most people should confound nervousness with timidity—apprehensiveness—and are likely to resent an inquiry into their mental history lest a charge of cowardice should be established. Most unfortunately there is no word in the language that would be understood by patient, friends, and doctor alike to convey the true significance of the term 'nervous.' The truth is that a highly-organised nervous system is a most valuable equipment in life; it enables its possessor to be and to do as well as to suffer. But just as you can get a purer tone and more exquisite music out of a fine violin than from a common one, so when injured or badly handled its dissonances are apt to be more excruciating. This aspect of the matter is not generally understood; even educated people

fail to grasp the difference between the nervous temperament and the state of being easily frightened, and when you begin to make inquiries as to mental antecedents they will fence the question and endeavour to persuade you that there was nothing nervous about them until a certain illness—influenza, for example, or mental strain, or shock—developed the condition. Timidity is no doubt one outcome of an ill-managed nervous temperament, but not necessarily so, and many neurasthenics are brave and tranquil in the face of real danger, even if that danger be death."

Dr. Drummond laid down that neurasthenia does respond and will only respond to mental treatment. He says:

"We must recognise that what we have to treat is not a group of symptoms, but a specific morbid state of the mind and nervous system. The well-known story of the patient who says "she cannot," the nurse who says "she will not," and the doctor who rejoins "she cannot will," puts the position in a nutshell. Therefore, as the successful treatment of neurasthenia does not lie in the treatment of symptoms, but rather in the management and correction of a mental fault, it follows that drugs are not of great assistance, though as tonics, etc., they have their place, and cannot, therefore, be entirely ignored. . .

"The treatment that is attended by the greatest success indeed the only rational line of treatment consists of an honest and straightforward statement to the patient dealing with the facts of the case—a statement that enters fully into its pathology, and touches lightly upon the symptoms; a statement that by its very firmness, disinterestedness, and kindness, wins the confidence of the patient, and encourages him to think better of himself and to make a real effort to rise above his trouble and ignore himself."

Persuasion, which means "such rational explanation and demonstration to the patient as will communicate enough understanding of the matter to enable him to co-operate intelligently in his cure" should replace *suggestion* "which in no way enlightens the patient's intelligence, nor does it help him to exercise his own will."

"By countless varying methods the treatment is always directed to the one end of leading the patient away from the constricted self-centred attitude of mind in which attention is absorbed in narrow personal feelings, and substituting for this a roused or restored interest in wider affairs of life, which will in turn endow him with a new and larger and perfectly healthy self."

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