

**NEURASTHENIA  
AND ITS MENTAL  
SYMPTOMS**

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Neurasthenia and Its Mental Symptoms by Edward Cowles

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The Shattuck Lecture

1891

# NEURASTHENIA

AND ITS

## MENTAL SYMPTOMS

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**SYNOPSIS.**—Neurasthenia is one of the most frequent and important of nervous diseases, and its mental symptoms afford significant indications for diagnosis, prophylaxis and treatment. The history of the subject shows the early recognition of depression of feeling and weakened mental control, along with irritability, as signs of the characteristic nervous weakness. Insanity, in its functional and curable forms, is always weakness, and its study is useful in relation to neurasthenia, because they have a common etiology.

The animal organism is biologically a mechanism, made up of minor parts or mechanisms. Physiological activity always tends to fatigue, which may be local or general. The study of neurasthenia, or pathological fatigue, presents two essential considerations:

1. In normal fatigue, with the discharge of energy, the toxic products of exercise are always formed in nerve and muscle tissues. From this and other sources toxic elements may accumulate in the blood and tissues; in pathological fatigue these contribute to a local or general inanition and auto-intoxication. Visible changes in nerve cells, attending normal fatigue, go to support the inference of a molecular and chemical variation, in pathological fatigue, manifested as a condition of exhausted or changed nutritional power. These changes bear a direct relation to the etiology and pathology of neurasthenia; and habit, diathesis and idiosyncrasy have an important influence in causing "dispositions to repeat organic processes," both normal and abnormal. Physiological chemistry gives us some knowledge of the nature of autogenous toxic substance.

2. The study of the mental elements in normal and pathological fatigue shows that the mental symptoms furnish a ready index of the "fatigue":—(1) The emotional tone is either one of well-being or ill-being, and the latter, with mental depression, indicates changes in the "sense of body" or common sensations, due to deficient energy, inanition and auto-intoxication; (2) Special disorders of intellect and will are shown by a neurasthenic weakening of voluntary attention or the mental power of inhibitory control, and of memory, etc.

The analysis of normal and pathological fatigue shows that the mental symptoms of the latter may be readily recognized, that they correspond with the physical events in neurasthenia, and that all these phenomena, as far as they go, are in unity with the like conditions of melancholia.

The symptoms are objective and subjective,—mainly the latter,

which include the mental symptoms. These fall by analysis into four distinct groups relating to (1) mental depression and a sense of ill-being, (2) diminished power of voluntary attention and mental control, (3) introspection and worry, with attention acting in its attracted form, and (4) changes in the "sense of body,"—irritability and hyperesthesia, languor and anaesthesia. Two consequent conditions become prominent, and are of the highest clinical importance:—morning tire, and anaesthesia of the sense of fatigue. The summary of symptoms leads to a definition, including both the physical and mental elements, as expressions of the inanition and auto-intoxication of pathological fatigue, viz.:—*neurasthenia is a morbid condition of the nervous system, and its underlying characteristics are excessive weakness, and irritability or languor, with mental depression and weakened attention.*

The diagnosis is made clearer by an analysis of the mental symptoms, which are true and sensitive indices of the lower physical changes. This aids in prophylaxis. Neurasthenia may be regarded as the initial term of many nervous disorders having a varied etiology.

The treatment with special reference to the objective symptoms, logically includes elimination, nutrition, rest, exercise, massage and promotion of sleep. The subjective, and especially the mental indications, being the earliest, and most significant from first to last, are the best guide to treatment; this must be suited to the two different stages of neurasthenia,—to the conditions of its *first-effects*, and its *after-effects*, and to different types of patients.

The plain philosophy of treatment is to recognize the mental symptoms as first showing the need of it, and to address it to the restoration of a healthy emotional tone as the central motive element; the lowering of this, and the weakening of attention and inhibitory control, are always the earliest signs of neurasthenia.

The maintenance of a normal sense of well-being is the sign of bodily health. Normal fatigue is simply wholesome tire; exercise should always be kept within the limits of *pathological fatigue*, in which the sensory over-tire, as fatigue-anaesthesia, marks the subtle beginning of danger. The natural safeguard is in the early recognition of the other mental effects of "fatigue."

These considerations go to prove the prime significance of the mental symptoms as a guide to the prophylaxis and treatment of neurasthenia.

NOTE.—This lecture will substantially form the third of a series of articles on "The Mechanism of Insanity" now being published in The American Journal of Insanity, and containing a more extended study of the mental elements also involved in this subject.

## NEURASTHENIA AND ITS MENTAL SYMPTOMS.

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MR. PRESIDENT AND FELLOWS  
OF THE MASSACHUSETTS MEDICAL SOCIETY:—

THE founder of the Shattuck Lectureship, whose memory is revered for his good works, and his loyalty to medicine and the welfare of this Commonwealth, has provided for special attention to the study of "diseases of its inhabitants," or "such other subjects" as this Society may select. Your Committee, in appointing me to the responsible duty of fulfilling its trust, has done me a great honor; I wish to express my high appreciation of it, and of the privilege of now addressing you. With the foregoing indications as to my subject I find that in New England there is probably no disease more prevalent than neurasthenia. It was the thesis of Beard,—to whom the world so largely owes the formulation of the accepted ideas of nervous exhaustion under the name given to it by him,—that it was mainly an "American disease." He believed that the chief and primary cause of its development and increase was "modern civilization," and that it had its "rise and growth" and highest expression, in the Northern and Eastern parts of our country. For the present occasion we may be permitted to accept these views so far as to find in them a reason for the fitness of this subject, as having a special local interest in this State of Massachusetts.

The subject of this lecture has been chosen with reference to its practical importance for the general physician, whose usefulness so largely and exceptionally lies in preventive medicine. My observations in the treatment of insanity



have given me the conviction that in the commonly occurring and typical forms of mental disorder, which are of a functional and curable character, nervous exhaustion always plays an important part, both in the attending conditions and the causation. The treatment of these functional disorders, as far as the measures ordinarily regarded as therapeutic can go, is little else than the treatment of nervous exhaustion; this is the largest and most constant factor in producing the different groups of symptoms in disordered mental activity. Hence the practical usefulness of studying the varied manifestations of debility in nervous function, in its aspects prodromic to mental disturbance, both for the sake of cure of the existing disorder and for the prevention of the graver degree of exhaustion when insanity supervenes. Neurasthenia, according to Strümpell, is certainly one of the most frequent and important of nervous diseases.

*History.*—The subject to be discussed is neurasthenia, with special reference to the significance of its early mental symptoms as affording important indications for diagnosis and preventive treatment. When Beard, in 1868, described under the term neurasthenia a wide range of symptoms of "nervousness," or conditions of nervous exhaustion, he used the term as designating "a chronic functional disease of the nervous system, the basis of which is impoverishment of nervous tissue in excess of repair." When, in 1880 and 1881, he published in his latest works an elaboration of his well-known views, there had been a very general acceptance of the principles they involved; and subsequently many writers have classified neurasthenia as a neurosis, from its having no discoverable anatomical basis, and as signifying "nervous weakness." Beard's attempt to make of neurasthenia a distinct affection has however been much questioned. But by his originality and keenness of observation and analysis, he did his part in reducing a great array of data to definite principles, and initiating the wide

application that is now being made of them. In respect to their extension and particularly their relation to insanity, a statement here of the position held by the earlier writers will give the key to the present understanding of the subject.

The "deficiency of mental control," "inability to concentrate the intellect on any task," the rapid fatigue from "the exercise of concentration," the "mental irritability" and "hopelessness" were recognized by Beard as notable symptoms. He also observed the fact that "neurasthenia may concentrate itself almost exclusively on the brain—cerebrasthenia—with the symptoms of morbid fears and impulses, depression, insomnia, fulness, headache, impairment of memory, decline in mental force and power of control." But while making many such precise specifications of most characteristic symptoms of melancholia in its milder manifestations he would only admit that neurasthenia sometimes leads to insanity; and that, while many cases of nervous exhaustion, with irritability, great depression, etc., tending downward to melancholia, come to the border line, they do not cross it as a rule, though they may do so in extreme cases. Some cases of melancholia in our asylums, he says, have been neurasthenics, and some are saved from becoming insane; but he claimed neurasthenia to be a "distinct disease," not "exhibiting the enormous defect that is seen in insanity."

The universally accepted principles of the "rest treatment" that have become so well understood since Weir Mitchell's first recommendation of them, in 1875, in a regular and systematic scheme of treatment, need no discussion here. All are familiar with the classical description<sup>1</sup> of his cases of nervous exhaustion and his specification of the essential elements of the treatment:—seclusion, certain forms of diet, rest in bed, massage, and electricity. These

<sup>1</sup> Fat and Blood, 4th. Ed. 1835, pp. 38-43.

measures have stood the satisfactory test of experience by their use in proper cases, in promoting "a liberal gain in fat and blood," of which "the gradual increase will be a visible result of the multitudinous changes in digestive, assimilative, and secretive power in which the whole economy inevitably shares." The great importance of the mental element in neurasthenia, and the widening application of the principles and plan of treatment in mental disorders are in fulfilment of Mitchell's own prophetic words that its sphere of usefulness was likely to extend beyond the limits originally set by him. The bodily conditions in insanity were not fully recognized as so largely those of nervous exhaustion as they really are; and Mitchell, Goodell, Playfair and others have held like views on this point. Mitchell wrote, "The true melancholias, which are not merely depression of spirits from loss of all hope of relief, are best left alone as far as this treatment is concerned. The nutritive failures which so often accompany them must be met by other means than rest, seclusion, etc.;" and this opinion was believed to be "sustained by some failures" on his part, and by the opinions of others.

It is interesting to note, however, how largely the plan of treatment was addressed to the mental condition of the patients:—the manner in which their confidence and cooperation was gained, and particularly the seclusion, were for their mental effect. The need to "rest the organs of mind" was noted, and that "it is thought with the friction of worry which injures, and unless we can secure an absence of this it is vain to hope for help by the method" described. It was Playfair's rule that the mode of treatment is "valueless without the cordial submissive assistance of the patient." But we have now been taught by experience the efficacy of these measures even when enforced, in the nervous exhaustion of melancholia and mania. All writers have observed, as did Mitchell, that "many neurasthenic people suffer from