

Chapter 11 — Neurasthenia

from *Worry and Nervousness: Or, The Science of Self-Mastery* (1914)

by William S. Sadler, M.D.

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Sources for Chapter 11, in the order in which they first appear

- (1) Dr. Paul **Dubois**, *Nervous States: Their Nature and Causes*, Authorized Translation by Edward G. Richards (New York: Funk & Wagnalls Company, 1910)
- (2) J. H. **Kellogg**, M.D., “Neurasthenia Not a Disease,” in *Good Health*, Vol. XLVIII, Nos. 8, 9, 10; Aug., Sep., and Oct. 1913

Note: The passages from this article appear in No. 8 (pp. 393-493).

- (3) James J. **Walsh**, M.D., Ph.D., *Psychotherapy* (New York: D. Appleton and Company, 1912)
- (4) Howell T. **Pershing**, M.D., LL.D., “Neurasthenia an Increased Susceptibility to Emotion,” in *The Journal of the American Medical Association*, Vol. LXI, No. 19, Nov. 8, 1913
- (5) Joseph **Collins**, *The Way with the Nerves: Letters to a Neurologist on Various Modern Nervous Ailments, Real and Fancied, with Replies Thereto Telling of Their Nature and Treatment* (New York: G. P. Putnam’s Sons, 1911)
- (6) Dr. Roger **Vittoz**, *Treatment of Neurasthenia by Means of Brain Control*, Translated by H. B. Brooke (New York: Longman, Greens, & Co., 1913, Second Edition)
- (7) J. W. **Courtney**, M.D., *The Conquest of Nerves* (New York: The Macmillan Company, 1911)

Key

- (a) **Green** indicates where a source author (or earlier Sadler book) first appears, or where he/she reappears.

- (b) **Yellow** highlights most parallelisms.
- (c) **Tan** highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.
- (d) An underlined word or words indicates where the source and Sadler pointedly differ from each other.
- (e) **Bold type** indicates passages which Sadler copied verbatim, or nearly verbatim, from an uncited source.
- (f) **Pink** indicates passages where Sadler specifically shares his own experiences, opinions, advice, etc.
- (g) **Red** indicates either (1) an obvious error on Sadler's part, brought about by miscopying or misunderstanding his source, (2) a statement by Sadler that contradicts an earlier statement of his, or (3) an otherwise questionable statement from him.
- (h) **Gold** highlights words or phrases that will be discussed in a later analysis.

XI: NEURASTHENIA, O R N E R V O U S EXHAUSTION

III: OVERWORK AND FATIGUE AS CAUSES (Dubois 32)

Reduced to these dimensions, neurasthenia might be termed chronic accumulated fatigue (D 35).

“NEURASTHENIA NOT A DISEASE, I” (Kellogg 393)

To facilitate classification these various symptoms were grouped under one head and given the name of “neurasthenia”—which means, literally, nerve weakness, or, better, lack of nerve health (K 394).

XVI, I: NERVOUS WEAKNESS (NEURASTHENIA) (Walsh 555)

To tell a patient that he or she is nervously weak, or is suffering from nervous weakness is usually not satisfactory, but it may be absolutely true and may represent the limit of our knowledge with regard to the particular case.

11:0.1 IN THE last analysis, neurasthenia must be regarded as a state of accumulated chronic nervous fatigue.

The literal meaning of the term is “nerve weakness.”

And so it would appear that all of us are to some extent more or less neurasthenic—especially at such times as we may chance to be a trifle overworried or slightly overworked.

It should hardly be looked upon as “up-to-date”

to tell a patient he was suffering from “nervous weakness”—

in fact it would be apt unduly to alarm him,

SOURCE

To tell them that they are sufferers from neurasthenia is satisfying as a rule, because then they have a nice, long, and imposing word with which to talk to their friends about their ailment (W 555).

III: OVERWORK AND FATIGUE AS CAUSES (Dubois 32)

For my part I would strictly confine the term *neurasthenic state* to those states of fatigue due to multiple ponogenic causes.

I have never employed it in a more extended sense, including with it the morbid impulses, the various phobias, obsessions, and fixt ideas.

Even altho these mental symptoms were accompanied by neurasthenia—which is most usually the case—

I have always had the impression that we were concerned here with graver states, entailing a much more serious prognosis (D 38).

11: WORRY AND NERVOUSNESS

but he takes very kindly and naturally to having his ailment diagnosed as “neurasthenia.”

NEURASTHENIA DEFINED

11:1.1 I prefer to confine the use of the term neurasthenia to those states of habitual nervous fatigue due to multiple functional causes.

The various phobias, obsessions, fixed ideas, and other morbid impulses are extra-neurasthenic manifestations,

and although they may be—in fact usually are—accompanied by more or less neurasthenia,

nevertheless I prefer to look upon such nervous disturbances as separate and apart from neurasthenia; and that is just what has been done in this work, having already fully considered many of these insistent mental moods in former chapters, while a few remain for later treatment.

11:1.2 From the standpoint of prognosis, many of these morbid nervous states so closely related to and so commonly associated with neurasthenia may or may not be as serious as the neurasthenia proper—

SOURCE

“NERVOUSNESS AN INCREASED
SUSCEPTIBILITY TO EMOTION”
(Pershing 1675)

Nervousness that is incidental to organic
disease of the nervous system,

or to an infection such as influenza,
typhoid fever or tuberculosis,

or to painful local disease, such as gastric
ulcer or cystitis,

should not be described as neurasthenia;

there may be a neurasthenic condition but
its importance is secondary to that of the
major disease.

If after the original disease is cured,
however, a neurasthenic condition
persists,

it is to be regarded as a true neurasthenia
(P 1675).

11: WORRY AND NERVOUSNESS

depending entirely on their severity as
well as on the strength of the individual’s
nervous system.

11:1.3 The general nervousness which
is so often associated with various
organic diseases

such as tuberculosis, the infections such
as influenza,

or with such painful local disorders as
gastric ulcer or cystitis,

should not be looked upon a neurasthenia.

If there is a real neurasthenic state present
in such cases it should certainly be
regarded as secondary to the other and
pre-existent disorder.

If, however, after the other disease or
disorder is recovered from the “nervous-
ness” still persists,

then, but not until then, may we recognize
this neurotic state as one of true
neurasthenia.

NEURASTHENIA NOT A DISEASE

“NEURASTHENIA NOT A DISEASE,
I” (Kellogg 393)

[Note: Sadler indicates the opposite in 11:14.2,
below.]

“NERVOUSNESS AN INCREASED
SUSCEPTIBILITY TO EMOTION”
(Pershing 1675)

The patient with incipient melancholia,
paranoia or dementia praecox is often
superficially neurasthenic,

but the underlying condition is different
in kind (P 1675).

Neurasthenia, then, is a functional
nervous disorder,

not dependent on organic disease of any
kind,

not amounting to insanity, not hysteria,

manifested by irritability,

11:2.1 It must early be made clear to
the reader that neurasthenia is not a
disease—that is, not a circumscribed,
well defined disease such as spinal
sclerosis or epilepsy.

It is not even a disease in the sense that
hysteria might be so considered.

It is entirely true that many hysteric and
even melancholic patients are also in
some degree neurasthenic;

but in the majority of these cases the
neurasthenia must be looked upon as
being more or less superficial,

while the major disorder is deep-rooted
and far more grave.

11:2.2 We must, then, come to look
upon neurasthenia as a functional nervous
disorder,

not dependent on any organic disease

and not associated with hysteria or any
other definite mental disorder.

Neurasthenia is always

characterized by great nervous irritability,

SOURCE

early onset of mental fatigue

and a great variety of unpleasant and to the patient alarming sensations,

chiefly in the head but also in various other parts of the body (P 1675).

II: NEURASTHENIA (Collins 17)

To-day it is held by many leading neurologists in this country and abroad that neurasthenia as an autonomous disease does not exist,

but that there is an association of symptoms subject to slight variation in constitution but to great variation in intensity, an expression of fatigue or exhaustion of the entire nervous system and its appendages, to which the name neurasthenia is properly applied. This symptom-complex may be the result of many widely different causes,

but the immediate antecedent is the expenditure of energy that cannot be spared.

This expenditure may be voluntary,

an attempt to accomplish some specific purpose, such as acquiring fame or fortune;

or involuntary, an effort to counteract disease or disorder of some important function, or to withstand shock, ignominy, or grief (Col 26).

11: WORRY AND NERVOUSNESS

disproportionate mental and nervous fatigue,

and accompanied by a vast assortment of unpleasant sensations and other symptoms

in the head and various other parts of the body.

11:2.3 And so we find today that many of the leading neurologists of the world deny that neurasthenia is a distinct disease.

They look upon neurasthenia as being merely a “symptom complex”—an aggregation of nervous symptoms

characterized by the extravagant expenditure of nervous energy.

This premature dissipation of nerve energy may be voluntary—

as in the ambitious pursuit of riches and fame;

or involuntary as in the battle with disease, disappointment, and inhospitable surroundings.

“NEURASTHENIA NOT A DISEASE,
I” (Kellogg 393)

[Neurasthenia] is not a disease in the sense that tuberculosis or Bright’s disease are diseases,

but that it is merely a group of scattering symptoms, all of which may or may not be due to a single cause.

This failure to discriminate carefully has militated against the eradication of neurasthenia; that is to say, there is a notion abroad that neurasthenia is due to the strenuousness of modern industrial life, especially in America,

with the result that the disease is known, not only in this country, but in Europe, as “the great American disease” (K 394).

[See Chap. II: “Heredity and Environment as Neurasthenic Factors.”]

And so again we reiterate that

neurasthenia is not a disease in the sense that tuberculosis and Bright’s disease are diseases.

11:2.4 It is, no doubt, due to this generally accepted idea that neurasthenia is a specific disease, that

another and erroneous idea has gained general acceptance in the popular mind, viz.: that the one great cause of present-day neurasthenia is the strenuous life of the American people.

While, as noted in a former chapter, the strenuousness of our modern business and industrial life may be, to some extent, responsible for much of our exhausting high tension and the resultant neurasthenic collapse, nevertheless, as also previously pointed out, we are forced to recognize the fact that numerous other influences are at work as causative factors in the production of nervous prostration. The chief of all of these contributing causes is an inherited neurotic taint, chronic worry, together with a host of minor violations of the laws of mental hygiene and healthful living.

ARE WE ALL NEURASTHENIC?

[See 11:0.1, above.]

11:3.1 Not infrequently we have a nervous patient ask us if we are not “all more or less neurasthenic,” and, of course, I am forced to acknowledge that we are “all a bit neurasthenic at times.”

IV: EDUCATION OF THE MIND NECESSARY (Dubois 48)

It is due to the fact that these subjects are impressionable, and sensitive, and capable of reacting in both senses.

Neurasthenics are all highly impressionable—unduly sensitive;

indeed, they are merely exaggerated cases of what would otherwise be looked upon as being perfectly normal.

Within certain limits this mobility of impression is a good quality. That is what caused my excellent friend, Professor de Speyr, Professor of Psychiatry at Berne, to say:

11:3.2 Professor Speyr of Berne once said:

“It is only the neurasthenic[s] who do anything in this world.”

“It is only the neurasthenics who do anything in this world.”

He meant by that that the indifference which simulates equilibrium

He undoubtedly meant that the indolence and indifference which so often passes for healthy nervous equilibrium

is not a good characteristic, and that one can only do useful work by becoming enthusiastic, and allowing oneself to be impressed (D 55).

is a false show of power;

while the enormous capacity for enthusiastic expression which is so ever-present in the case of the near-neurasthenic, would be, if properly controlled, a tremendous power for good in the performance of useful work.

CLASSIFICATION OF NEURASTHENIA

11:4.1 Neurasthenia has been variously classified by different writers.

NEURASTHENIA (Vittoz 11)

FORMS OF NEURASTHENIA. (Vittoz 12)

One authority gives the following:

Essential Form.

This begins in youth

and increases steadily with slight remissions until it becomes chronic,

generally at an adult age (V 13).

Accidental Form.

In this form the beginning is abrupt,

the sufferer, after appearing to be in a state of perfect health,

is suddenly completely prostrated,

sometimes in a single night, or else in a very short space of time (V 13) .

11:4.2 1. *Essential or hereditary neurasthenia.*

This form of nervousness usually begins in early youth

and steadily increases—with slight remissions—until it becomes chronic,

generally in middle life.

(The author is inclined to regard most of these early appearing or hereditary neurasthenias as cases of psychasthenias. See chapter XVII.)

11:4.3 2. *Accidental or acquired neurasthenia.*

In this form the onset is abrupt.

The patient who has previously appeared to to be in splendid health,

is suddenly and without warning stricken down with nervous prostration.

Many of these cases are prostrated overnight or else within a comparatively short space of time.

SOURCE

[contd] This form does not advance progressively;

but the most acute symptoms are immediately apparent (V 13).

[contd] It is most frequently the consequence of a mental or traumatic shock,

which comes on very suddenly,

but if due to over-work it begins rather more slowly (V 13).

The intermittent or recurring form.
(V 13).

Its beginning is rather sudden;

without any apparent reason

the condition of the sufferer seems to become in a few weeks very serious,

and this state lasts some weeks, or months,

then suddenly

he feels cured

and able to resume his ordinary life and occupations (V 13).

11: WORRY AND NERVOUSNESS

This form of neurasthenia does not advance progressively.

The most typically marked and acutely painful symptoms make their full-fledged appearance at the very beginning.

This is the form of nervous prostration which more frequently strikes one down as a result of some mental shock or physical strain

which was suddenly precipitated;

or in other and rarer instances may be due to a continuous and intensified period of overwork and over-worry.

11:4.4 3. *Intermittent neurasthenia.*

In this type of nervous disorder the onset is also rather sudden

but without apparent cause.

The condition of the sufferer progresses unfavorably and within a few weeks becomes apparently serious,

and may thus continue for some weeks or even months;

when suddenly,

after the same inexplicable manner that characterized the onset,

he feels decidedly improved or even completely cured,

arises from his bed

and is able almost immediately to resume his ordinary daily duties.

SOURCE

[contd] This period of apparent good health generally lasts some months, or even years,

then a fresh attack occurs with few or no premonitory symptoms.

This form may occur periodically,

in which case there are generally one or two attacks a year (V 13-14).

These three forms, which are so dissimilar in their causes, their beginnings and their course, do not differ materially if they are examined from the point of view of defect of brain control (V 14).

[contd] In the essential form we have to deal with a case of arrested development of this faculty,

whereas in the other forms it is a question of the instability of this control; the three forms are in reality only three degrees of insufficiency (V 14).

[contd] As regards the prognosis, it is natural that the check in the development of brain control should render a cure more difficult.

11: WORRY AND NERVOUSNESS

This period of improvement and apparent good health lasts, as a rule, for some months or even years,

whereupon, a new attack of nervous prostration descends upon the patient preceded by few or no premonitory symptoms.

This is the so-called “periodic form of neurasthenia,”

the attacks occurring every two or three years and, in some cases, where the stress and strain is more severe,

coming on as frequently as once or twice a year.

11:4.5 **One authority**, who lays so much stress on “brain control,” seems to regard these three forms of neurasthenia as merely indicating three different degrees of cerebral control. He says:

11:4.6 These three forms, which are so dissimilar in their causes, their beginnings and their course do not differ materially if they are examined from the point of view of defect of brain control.

In the essential form (hereditary) we have to deal with a case of arrested development of this faculty,

whereas in the other forms it is a question of the instability of this control; the three forms are in reality only three degrees of insufficiency.

As regards the prognosis, it is natural that the check in development of brain control should render a cure more difficult.

SOURCE

It is no longer a question of

recovering a faculty which has simply disappeared as the result of shock or fatigue, but it must, so to speak, be entirely created, which will necessitate long months of struggle and perseverance on the part of the sufferer (V 14-15).

[contd] Instability of the intermittent form should be easy to correct, but here we have to contend with another factor, in that the sufferer only submits with difficulty to strict treatment, as he already knows that he will again feel well without any effort on his part;

it is true that this feeling of good health is very artificial, as a relapse is inevitable (V 15).

“NERVOUSNESS AN INCREASED SUSCEPTIBILITY TO EMOTION”
(Pershing 1675)

The essential fact about neurasthenics is that they suffer a far greater number of emotional disturbances of the harmful kind than average persons in similar situations.

They are incessantly being annoyed, grieved and frightened.

That part of the cortex in which emotional processes start has become sensitized

11: WORRY AND NERVOUSNESS

It is no longer a question of

the instability of this control; the three forms are in reality only three degrees of insufficiency

11:4.7 Instability of the intermittent form should be easy to correct, but here we have to contend with another factor, in that the sufferer only submits with difficulty to strict treatment, as he already knows that he will again feel well without any effort on his part;

it is true that this feeling of good health is very artificial, as a relapse is inevitable.

THE PHYSIOLOGY OF NEURASTHENIA

11:5.1 The significant thing about neurasthenics is the fact that they suffer inordinately from an unusually large number of emotional disturbances.

Situations that would not be noticed by the average normal person are able greatly to annoy, grieve, or frighten the neurasthenic.

11:5.2 It would seem that the brain centers in the cortex of the cerebrum of neurasthenics had become unusually and abnormally sensitised

so that

perceptions or ideas, such as might occur in the normal brain with little or even no appreciable effect,

excite a storm of outgoing currents

to disturb and disorder all the functions of the body.

This oversensitive condition of the emotional apparatus may also be described in the technical language of physiology as a lowering of the emotional threshold (P 1676).

III: OVERWORK AND FATIGUE AS CAUSES (Dubois 32)

Whether one is dealing with the incurable invalids, who remain all their lives in this state of true neurasthenia, and whom I have compared to “spiritless horses,”

with the less rebellious neurasthenias which last for some years,

or the frequent cases which yield rapidly to a rational psychotherapy,

it is necessary always in our thoughts to put in the forefront the psychic symptoms:—

to the recognition of certain sensations and ideas,

so that

these influences, in the place of arousing a normal response and reaction,

are able to excite and turn loose an outgoing flood of nerve currents

which sweep over the body—taking everything by storm—

literally demoralizing every function of the entire organism.

This oversensitive condition of the nervous mechanism is identical with that condition we have elsewhere described as a “lowering of the emotional threshold.”

11:5.3 Dubois has compared the almost incurable hereditary nervous invalids to “spiritless horses,”

and so whether we are dealing with the victims of a true neurasthenia

or with the less rebellious sufferers from intermittent neurasthenia,

we shall find almost invariably that our cardinal psychic symptoms

SOURCE

the pusillanimity, the tendency to discouragement and sadness,

and the absence of self-mastery (D 46).

11: WORRY AND NERVOUSNESS

are pusillanimity, discouragement, a tendency to worry,

and the absence of self-mastery.

THE MECHANISM OF EMOTIONS

“NERVOUSNESS AN INCREASED SUSCEPTIBILITY TO EMOTION”
(Pershing 1675)

The significance of this aspect of neurasthenia becomes clear when it is viewed in the light of the James-Lange theory of the emotions.

Observation and reflection extending over many years have convinced me that, for the practical neurologist, it is a true theory, although the pure psychologist may be doubtful about some of its implications.

According to this theory every emotion consists of three processes whose order is invariable (P 1676).

[contd] 1. The occurrence of the exciting perception or idea (P 1676).

[contd] 2. An action of the brain, excited by this perception or idea, which sends efferent nerve-currents to the organs throughout the body, causing a change in the action of the organs (P 1676).

11:6.1 Pershing, in summing up the James-Lange theory of emotions, offers the following comment:

11:6.2 The significance of this aspect of neurasthenia becomes clear when it is viewed in the light of the James-Lange theory of the emotions.

Observation and reflection extending over many years have convinced me that, for the practical neurologist, it is a true theory, although the pure psychologist may be doubtful about some of its implications.

According to this theory every emotion consists of three processes whose order is invariable.

11:6.3 1. The occurrence of the exciting perception or idea.

11:6.4 2. An action of the brain, excited by this perception or idea, which sends efferent nerve-currents to the organs throughout the body, causing a change in the action of the organs.

SOURCE

[contd] 3. The return of sensory nerve-currents from the disturbed organs to the sensory areas of the cortex, causing a change in the sensations and a consequent perception of the bodily disturbance (P 1676).

[contd] Take as a simple example the case of a person startled by sudden noise. The first stage is simply the perception of the sound; the second is the jerking of voluntary muscles, the involuntary cry, the sudden catch in the breath, and the jump of the heart; the third is the disagreeable sensations caused by these sudden changes in the body.

In such cases the bodily effects and consequent unpleasant sensations are generally greatly in excess of what one would expect from the loudness of the sound.

They may sometimes be useful in enabling one to escape from a sudden danger, but are generally quite useless and their exhausting effect is far greater, the duration of activity being considered, than that of any kind of work whatever.

So it is with the various phases of anger, grief and fear in the neurasthenic.

The exciting idea is generally not such as one would expect to have a marked effect, but it starts an emotional process whose second stage involves, directly or indirectly, every muscle-fiber and gland in the body, changing motion, respiration, circulation and secretion, while the third stage includes bad feelings which further alarm and depress.

11: WORRY AND NERVOUSNESS

11:6.5 3. The return of sensory nerve-currents from the disturbed organs to the sensory areas of the cortex, causing a change in the sensations and a consequent perception of the bodily disturbance.

11:6.6 Take as a simple example the case of a person startled by sudden noise. The first stage is simply the perception of the sound; the second is the jerking of voluntary muscles, the involuntary cry, the sudden catch in the breath, and the jump of the heart; the third is the disagreeable sensations caused by these sudden changes in the body.

In such cases the bodily effects and consequent unpleasant sensations are generally greatly in excess of what one would expect from the loudness of the sound.

They may sometimes be useful in enabling one to escape from a sudden danger, but are generally quite useless, and their exhausting effect is far greater, the duration of activity being considered, than that of any kind of work whatever.

So it is with the various phases of anger, grief and fear in the neurasthenic.

The exciting idea is generally not such as one would expect to have a marked effect, but it starts an emotional process whose second stage involves, directly or indirectly, every muscle fiber and gland in the body, changing motion, respiration, circulation, and secretion, while the third stage includes bad feelings which further alarm and depress.

SOURCE

Biologically this disproportion of effect to apparent cause is explainable by the fact that the emotions are largely identical with the preservative and protective instincts, for which there is a pre-developed inherited mechanism, which normally in case of danger causes prompt and vigorous action toward escape, defense or attack, without waiting for reason to give its sanction.

In modern life this mechanism is seldom useful, while its needless action, if frequently repeated, is always harmful. It is this primitive, inherited, powerful reflex mechanism which has become oversensitive and excessively active in neurasthenia (P 1676).

XVI, I: NERVOUS WEAKNESS
(NEURASTHENIA) (Walsh 555)

The diagnostic general principles seem to be: tired feelings equal neurasthenia;

achy feelings (especially if worse on rainy days) equal rheumatism (W 555).

11: WORRY AND NERVOUSNESS

11:6.7 Biologically, this disproportion of effect to apparent cause is explainable by the fact that the emotions are largely identical with the preservative and protective instincts, for which there is a predeveloped inherited mechanism, which normally in case of danger causes prompt and vigorous action toward escape, defense, or attack, without waiting for reason to give its sanction.

In modern life this mechanism is seldom useful, while its needless action, if frequently repeated, is always harmful. It is this primitive, inherited, powerful reflex mechanism which has become oversensitive and excessively active in neurasthenia.

DIAGNOSTIC DELUSIONS

11:7.1 As carelessly used by the laity—and even by some physicians—the word neurasthenia, like the term rheumatism, has been made to cover a vast realm of diagnostic ignorance or indolence.

It seems to have become the rule of many persons and not a few physicians to diagnose all “tired feelings” as neurasthenia,

and all “achy feelings” as rheumatism (especially if they are worse on rainy days).

The real truth is that neither neurasthenia nor rheumatism are bona fide diseases but merely symptoms—sort of barometric indicators—of the general state of the organism; the neurasthenic symptoms indicating the state of nervous strength and control, and rheumatism indicating the presence of poisonous toxins derived from some foci of infection in the body.

In every case when the patient's "presenting symptom" is tired feelings it is the physician's duty, before making a diagnosis of neurasthenia, thoroughly to

The use of the word neurasthenia has another decided disadvantage in that the facile recourse to it often keeps the physician from examining the patient sufficiently to detect an **underlying pathological condition** (W 556).

overhaul the patient, and thus be reasonably certain that he is not overlooking some obscure organic disease or other **pathological condition which may underlie** these nervous symptoms, and which is wholly responsible for their manifestation.

NEURASTHENIA CONFOUNDED WITH MELANCHOLIA

Neurasthenia and Melancholia.—A **serious mistake** of diagnosis, though it is often not a mistake of knowledge but of medical judgment, is the confusion, apparent or real, of neurasthenia with melancholia (W 556).

This sad state of affairs reflects in two ways to the detriment of medicine.

First, it leaves melancholics without due protection.

11.8.1 It is a **serious mistake** to diagnose true melancholia as neurasthenia.

There is a two-fold harm in such a mistaken diagnosis.

First, if the melancholic is diagnosed neurasthenic, he will not be properly watched,

SOURCE

[It is popularly well known that melancholics are likely to commit suicide if their condition is serious, while neurasthenia is not at all connected with the idea of suicide (W 576).]

Second,

it leads many of the neurotic patients whose ailments have been labeled neurasthenia and who read stories of these supposed neurasthenics, to think that they, too, are tending toward suicide and so they are less capable of reacting against their neurotic condition and in general are much worse for the unfortunate dread of some such fatal termination (W 557).

11: WORRY AND NERVOUSNESS

and, as it is a well known fact that true melancholics all have more or less suicidal tendencies

he may, during an extra bad fit of depression, make away with himself.

In the second place,

great harm is done to every neurasthenic who may know of or subsequently hear of, this mistaken diagnosis in that it has become a matter of record that Mr. So and So diagnosed a neurasthenic has committed suicide and so the fear-ridden and worry-tortured neurasthenes straightway begin to nourish and coddle the new and added fear that they also may some time commit suicide.

It is a fact that neurasthenics practically never commit suicide,

but cases of mistaken diagnosis as between melancholia and neurasthenia are so common as to lead large numbers of neurasthenic sufferers to live in constant fear and dread of committing suicide.

NEURASTHENIA AND THE AGED

Neurasthenia Simulation by Organic Disease.— ... So-called neurasthenia in the old must always be looked upon with suspicion (W 557).

If a nervous organization has stood the strain of the trials of early and middle life, ...

it will not, as a rule, be overborne by the burdens put upon it by age unless some organic disease has come to seriously disturb it (W 557).

Neurasthenia and Arteriosclerosis.— (W 557)

With the beginning of degeneration of the arteries there are likely to be many symptoms that closely resemble neurasthenia (W 557).

In these cases a study of the blood pressure will give the differential diagnosis, but ... a number of observations have to be made (W 557).

11:9.1 We must also be very careful how we diagnose neurasthenia in old people.

It is hardly likely that

individuals who have escaped nervous breakdown throughout the changing vicissitudes of early life and their adult careers

will be found to succumb to any ordinary stress or strain which may overtake them in advanced years.

It has been my experience that most cases diagnosed neurasthenia in elderly people have turned out to be premature arteriosclerosis.

In the beginning of a rapid onset of arterial degeneration, there are likely to appear many symptoms closely resembling those of neurasthenia.

Careful and repeated observation of the blood-pressure will obviate the danger of such mistaken diagnoses.

BRIGHT'S DISEASE AND DIABETES

Neurasthenia and Bright's Disease.—(W 557)

Men of thirty-five to forty-five, the favorite time for the occurrence of the severe forms of Bright's disease,

begin to complain of

tiredness, especially on waking in the morning,

of inordinate fatigue in the evening,

of some stomach symptoms and occasionally a tendency to diarrhea. All of these are ascribed to a neurasthenic condition.

11:10.1 Likewise, there is great danger of mistaking a slowly developing case of Bright's disease for neurasthenia.

We have had many cases sent to us with the diagnosis of nervousness

especially men from thirty-five to forty-five years of age

whose urine showed on examination both casts and albumen.

We should be very careful about settling upon a diagnosis of neurasthenia in the cases of middle-aged men who have never had nervous prostration,

and who gradually begin to develop

slight but persistent headaches,

tired feelings on waking up in the morning—

especially if this inordinate fatigue persists until night—

together with more or less stomach trouble and occasional tendency to diarrhoea.

SOURCE

Early in these cases an examination of the urine should be made as a routine procedure ... Without this a physician will often find himself suddenly confronted by serious symptoms in a patient when nothing of the kind was anticipated because the condition was thought to be entirely functional (W 557-58).

[?]

[Note: Walsh describes a patient of his—a medical student—who occasionally exhibited neurotic symptoms. When his urine was examined, it was found to be loaded with albumin. Walsh writes: “Within a month after the chance examination of his urine and its unexpected result he had a convulsion. Two weeks later, altogether six weeks after the albumin was first discovered, he died in nephritic coma” (W 558).]

11: WORRY AND NERVOUSNESS

An examination of the blood pressure and the urine of such supposedly neurasthenic men

will almost invariably disclose the fact that they have been suffering for years from Bright’s disease.

It is possible for such patients to pass along until within two weeks of death and present no more serious symptoms than those ordinarily exhibited by chronic neurasthenic sufferers.

11:10.2 At the very time of this writing there came to the office a man forty-two years of age, who had suffered almost constantly from slight headaches for the past seven years. His case had been diagnosed as one of “over work,” and he had been advised to take a good long vacation—spend a few weeks in Florida or California. A routine physical examination of this patient disclosed absolutely nothing that was wrong—nothing but what could be reasonably ascribed to “nervousness”—until the blood-pressure was taken which registered 180, and then an examination of the urine, which was loaded with casts and albumen, made it necessary quickly to change the diagnosis from an innocent and harmless neurasthenia to that of nephritis or beginning Bright’s disease. Further study of this case disclosed the presence of a chronically ulcerated tooth, the removal of which led to an immediate improvement in the patient’s symptoms.

Neurasthenia and Diabetes.—Another serious disease that may in its earlier stages be mistaken for neurasthenia is diabetes.

There is no doubt that some patients have been passing sugar for a long time before any sure symptom can be noted in their general health, or, indeed, before there is anything to call attention to the possibility of glycosuria.

In many of these cases, however, there is a feeling of muscular tiredness and a sense of inadequacy for occupations which were before easy, that may be attributed to neurasthenia (W 559).

Simulated Neurasthenia Due to Over-attention.—While there is danger of confusing neurasthenia on the one hand with more serious disease there is a distinct liability on the other hand to exaggerate the significance of certain minor symptoms by employing the word when it is only over-attention of mind

to certain portions of the body that constitutes the disease in its literal sense (W 559).

11:10.3 Another disease that is mistaken for neurasthenia in its earlier stages is diabetes.

We find many patients who have undoubtedly been passing sugar in the urine for some time,

but whose feelings of muscular weariness and general physical indisposition have been credited up to a carelessly diagnosed neurasthenia.

NEURASTHENIA AND CHRONIC WORRY

11:11.1 In considering mistakes in diagnosis, attention should also be called to the fact that

many patients are diagnosed as neurasthenic who are merely suffering from an acute attack of “over attention”—

simply an exacerbation of their habitual mental state of chronic worry—

or maybe they have merely focalized all their attention on the transitory symptoms of some passing functional ailment of some internal organ.

SOURCE

11: WORRY AND NERVOUSNESS

11:11.2 It is exceedingly unfortunate for the future happiness and welfare of such victims of chronic worry and near-neurasthenia to have their nervous ailments dignified with a diagnosis of full fledged neurasthenia.

I have found that such patients insist on having a name by which to call their nervous disorders, and not wishing to label them for the rest of their life as neurasthenics, I have been literally forced to clinically create a special grouping for such patients and call their milder nervous condition by the term previously defined—neurasthenoidia.

[Note: It was Sadler's unforced decision to create a new term for the disorder. In his chapter on neurasthenoidia he primarily used Collins' description of the disorder, which Collins called 'ennui'. (See my parallel chart for Chap. 10.) Sadler also admits, on p. 5 of *Worry and Nervousness*, that the condition is known as '*petite neurasthenie*' among the French, "or common everyday ennui."]

THE PENALTY OF IGNORANCE

VII: THE BODILY SYMPTOMS OF FUNCTIONAL NERVOUS DISORDER (Courtney 105)

What the physician fails to appreciate in the premises is that it is not the intensity of any particular symptom—pain, for example—that gives rise to the suffering,

but rather the dread and anxiety,

which come from a complete lack of understanding

11:12.1 The intensity of the neurasthenic's sufferings is not always measured by the intensity of the sensation he experiences or the pain he is called upon to endure;

but rather is the keenness of his misery gauged by the intensity of his dread—the acuteness of his fear and the measure of his anxiety—

all of which arise directly and wholly from his ignorance, from his lack of understanding

SOURCE

of the cause and meaning of the repeated appearance and disappearance of seemingly unrelated symptoms

in the most widely separated parts of the body and limbs (Cou 107-08).

I: INTRODUCTORY (Courtney 1)

After this paradoxical state of affairs has persisted

for a longer or shorter space of time,

he very naturally loses patience with the treatment he is receiving, forsakes orthodox methods altogether

and starts out upon a search for the mythical “Royal Road to Health” (Cou 3).

[contd] At this point he is almost certain either to yield to the lure of some patent medicine advertisement or take up with a religio-medical cult which offers to lead him unerringly along the road he is so anxious to travel.

If he chooses the “mind and soul” course, his vocabulary soon enlarges through taking in such amazing terms as: *autosuggestion*, *psychotherapy*, *psycho-therapeutics*, *subliminal mind*, *subconscious mind* and others equally polysyllabic.

11: WORRY AND NERVOUSNESS

regarding the source and significance of these constantly recurring sensations and symptoms

in various parts of his body.

11:12.2 After the neurasthenic has thus been blown about by the winds of emotion and driven before the tempest of misunderstood and misinterpreted feelings

for months or years—

after having exhausted all the orthodox remedies and methods of treatment

it is little wonder that

he goes in quest of some new and “royal road to health” method of getting well,

as Courtney says:

11:12.3 At this point he is almost certain either to yield to the lure of some patent medicine advertisement or take up with a religio-medical cult which offers to lead him unerringly along the road he is so anxious to travel.

If he chooses the “mind and soul” course, his vocabulary soon enlarges through taking in such amazing terms as: *autosuggestion*, *psychotherapy*, *psycho-therapeutics*, *subliminal mind*, *subconscious mind*, and others equally polysyllabic.

SOURCE

And, at the same time he is very apt to become deluded with the notion that Mind is the master and that the body is its abject slave (Cou 3-4).

11: WORRY AND NERVOUSNESS

And, at the same time, he is very apt to become deluded with the notion that Mind is the master and that the body is its abject slave.

BEHAVIOR OF THE NERVOUS SYSTEM

VII: THE BODILY SYMPTOMS OF FUNCTIONAL NERVOUS DISORDER (Courtney 105)

Now, if the sufferer were given an insight into the subject of the physical properties of nerves,

and if it were made clear to him just what may happen when the physiologic functions of the nervous system as a whole are inverted,

the veil of mystery which ordinarily enshrouds his case would be lifted,

and the **major part of his suffering** averted (Cou 108).

11:13.1 Now, if these nervous sufferers were given an intelligent insight into the physiology and anatomy of the nervous system,

and if it were made perfectly clear to them just what happens when the functions of the human nervous system are disturbed and distorted,

as in the case of neurasthenia,

then the veil of mystery and ignorance which ordinarily enshrouds the subject of nervous prostration would be finally lifted,

the mists would roll away,

and this in and of itself would largely affect the cure of the **larger part of the neurasthenic's sufferings** and sorrows.

11:13.2 Concerning the physical properties of nerves and their tendency to suffer in varying degrees **one writer** has said:

[contd] With regard to the physical properties of nerves the important fact to be borne in mind is that the resistive powers of the different elements which make up the nervous system vary in degree with the nature of the functions these elements are designed to perform.

For example, the motor nerves, so-called, which have to do with voluntary action, are less susceptible to the influence of vitality-depleting agents than the sensory—upon which we depend for feeling;

while the latter are superior, in respect to their resistive powers, to the great sympathetic which, through its many ramifications and connections, is largely concerned in the so-called automatic functions of the body—such as respiration, circulation, digestion and so forth (Cou 108-09).

[contd] Given this fact, it is easy to understand why, in states of nervous exhaustion, the bulk of the physical symptoms should come from those organs over which the sympathetic holds sway (Cou 109).

I: INTRODUCTORY (Courtney 1)

The nervous system is rightly termed the master-tissue of the body, for no corporeal function, no matter how insignificant, is possible without its intervention (Cou 8-9).

11:13.3 The important fact to be borne in mind is that the resistive powers of the different elements which make up the nervous system vary in degree with the nature of the functions these elements are designed to perform.

For example, the motor nerves, so called, which have to do with voluntary action, are less susceptible to the influence of vitality-depleting agents than the sensory—upon which we depend for feeling;

while the latter are superior, in respect to their resistive powers, to the great sympathetic which, through its many ramifications and connections, is largely concerned in the so-called automatic functions of the body—such as respiration, circulation, digestion, and so forth.

11:13.4 Given this fact, it is easy to understand why, in states of nervous exhaustion, the bulk of the physical symptoms should come from those organs over which the sympathetic holds sway.

11:13.5 The nervous system has truly been termed the master-tissue of the body,

and in the case of neurasthenia it may be rightly regarded as the tyrant of the body. Its great possibilities for good, when the individual loses control over the nerve centers, are immediately perverted into possibilities for evil.

SOURCE

In such derangement, let it be clearly understood,

there are never any demonstrable changes to be made out in the brain, spinal cord or nerves.

Their fine adjustment is, however, temporarily destroyed

and the result is a perfect riot of function,

often

a diabolic caricature of the normal, throughout the organism (Cou 10).

VII: THE BODILY SYMPTOMS OF FUNCTIONAL NERVOUS DISORDER (Courtney 105)

Unfortunately, in many cases, such a person does not get the proper enlightenment, even from physicians, in this time of need. He is merely told that there is nothing the matter with him or that he has no organic disease—that his trouble is largely one of the imagination—that he must go right ahead and forget it.

11: WORRY AND NERVOUSNESS

11:13.6 In all cases of neurasthenic nervous derangement

there are never to be found any demonstrable changes in the nerve cells or structure of the brain, spinal cord, or nerve tracts.

That which we do find is purely functional.

The delicate balance—

that fine adjustment between mind and matter—is temporarily deranged or destroyed

and this results in turning loose a veritable riot of impulses and sensations

often

resulting in such a derangement in normal function as to turn the natural workings of the nervous system into

a “diabolic caricature of the normal.”

11:13.7 The neurasthenic sufferer is told time and again that there is nothing organically wrong with him,

he has swallowed prescription after prescription containing nerve tonics or nerve sedatives, and it is no wonder that

SOURCE

And the sole effect of this clumsy disposal of his case is the addition of anger and distrust to the stock of depressing emotions which are robbing him of his nervous forces and his peace of mind (Cou 107).

11: WORRY AND NERVOUSNESS

deep seated discouragement begins to settle down over his disturbed and distracted mind.

It would seem that modern medicine has done almost everything imaginable for the neurasthene except the one thing essential to his cure—methodic training and discipline in mind control and self-mastery.

S Y M P T O M S O F NEURASTHENIA

11:14.1 In this place we will give but a brief outline of the symptoms of neurasthenia, as the varied manifestations of this interesting disorder are fully presented in a chapter to follow.

III: OVERWORK AND FATIGUE AS CAUSES (Dubois 32)

Reduced to its characteristic symptoms, *neurasthenia* forms a clinical picture quite as definite as hysteria,

and more circumscribed and more stable than the modern psychasthenia (D 33).

[contd] The *neurasthenic* states are characterized, above all, by subjective symptoms,

11:14.2 While it is true that neurasthenia is not a distinct and definite disease entity, nevertheless,

when reduced to its characteristic symptoms it forms a clinical picture quite as definite as that of hysteria.¹

and even more distinct and circumscribed than its near and more largely hereditary cousin psychasthenia.

11:14.3 In brief,

the neurasthenic state is characterized by widely distributed and exceedingly diverse groups of subjective symptoms

SOURCE

among which predominate the sensations of *fatigue*,

of *exhaustion*, and *incapacity* in the physical, intellectual, and moral domain.

One observes in these patients *psychic depression*, *hypochondriac pre-occupations*, and a *melancholic* disposition.

Lastly, by the complaints of the patient, as well as objective examination, we find a series of *functional* symptoms:

cephalalgia, rachialgia, *insomnia*, gastro-intestinal *dyspepsia*, palpitation, and vasomotor disorders,

innumerable troubles of the functioning of the sense organs, real and not imaginary amyosthenia, etc. (D 33-34)

11: WORRY AND NERVOUSNESS

among which predominate those typical sensations of muscular fatigue

(real and not imaginary),

nervous exhaustion and general incapacity for effort in the physical, mental and moral domains.

11:14.4 While the neurasthenic presents a host of minor and ever-changing complaints, his chief and constant overshadowing difficulty consists in

his peculiar mental state of *psychic depression*, *hypochondriac pre-occupations*, and more or less of a *melancholic disposition*.

11:14.5 Chief among the minor symptoms of which the patient complains will be found a series of *functional* disturbances and disorders embracing

headache, backache, *insomnia*, *dyspepsia* and constipation,

not to mention a host of sensory troubles and annoying symptoms due to functional disturbances in the various organs of special sense.

FIVE SORTS OF NEURASTHENIA

11:15.1 While there may be some advantage in the classification of neurasthenias noted in the early part of this chapter, nevertheless,

I prefer to classify these nervous states according to the clinical grouping and predominance of the symptoms. This seems to me the wholly proper thing to do, inasmuch as we are compelled to regard neurasthenia as a clinical disorder and not as a distinct disease.

I: SEVEN SORTS OF NERVOUSNESS

(*Worry and Nervousness* 3)

DEFINITION OF NEURASTHENIC TERMS

(*Worry and Nervousness* 4)

Neurasthenia may be sub-classified as follows:

- a. Cerebral Neurasthenia.
- b. Spinal Neurasthenia.
- c. Gastric Neurasthenia.
- d. Sexual Neurasthenia.
- e. Traumatic Neurasthenia. (*W&N* 6)

In harmony with this view, therefore,

we may conveniently designate five clinical forms of neurasthenia as follows:

1. Cerebral neurasthenia.
2. Spinal neurasthenia.
3. Gastric neurasthenia.
4. Sexual neurasthenia.
5. Traumatic neurasthenia.

The further discussion of these special forms will be reserved for another chapter. (Chapter XVI.)

SUMMARY OF THE CHAPTER

1. Neurasthenia must be regarded as a state of accumulated chronic nervous fatigue due to multiple functional causes. It is not a disease in the sense that tuberculosis is a disease.

2. The various chronic worries, phobias, obsessions, fixed ideas and other morbid impulses should not be confused and confounded with neurasthenia.

3. The general nervousness accompanying organic diseases and associated with local painful disorders, should not prematurely be diagnosed neurasthenia.

4. Neurasthenia is a functional nervous disorder, not dependent on any organic disease and not associated with any definite nervous disorder or known mental disease.

5. Neurasthenia is merely a “symptom complex,” characterized by the extravagant expenditure of mental energy and its resultant nervous irritability, inordinate fatigue, and a host of other unpleasant nervous symptoms and physical sensations.

6. Modern “strenuousness” and nervous “high tension” not the sole causes of neurasthenia. Other and equally important factors are an inherited neurotic taint, chronic worry, together with a host of violations of the laws of mental and physical hygiene.

7. We are all a bit neurasthenic at times; that is, we are prone to overexaggeration of symptoms, overrecognition of sensations, and overestimation of situations.

8. On the other hand, intellectual ennui, physical indolence and social inertia must not be falsely mistaken for healthy nervous equilibrium and exemplary self-control.

9. Some authorities classify neurasthenia into three forms: (1) essential or hereditary, (2) accidental, or acquired, and (3) intermittent.

10. The hereditary form is characterized by appearance in the early years of life. The acquired form by abrupt onset later on in life. The intermittent form by unexpected appearances and frequent return attacks.

11. Some authorities contend that these three forms of neurasthenia merely typify three different degrees of brain control—or lack of control.

12. Common everyday sensations and ordinary emotional disturbances which are passed unnoticed by a normal individual, in the neurasthenic are able, owing to a lowering of the emotional threshold, to throw the entire organism into a functional panic.

13. This tendency on the part of the neurasthenic to allow trifling causes to produce such disproportionate reflex effects is but a reversion to that reflex barbaric mechanism designed for self-protection in the face of sudden and unexpected danger.

14. It is this primitive, inherited and powerful biological reflex mechanism which has become so highly oversensitive and excessively active in neurasthenia.

15. It is a grave error in neurological diagnosis to classify all "tired feelings" as neurasthenia. A similar blunder is made in calling all "achy feelings" rheumatism.

16. A patient's "tired feelings" should never be diagnosed neurasthenia until a thoroughgoing examination has excluded every possible physical cause for such nervous exhaustion.

17. It is unpardonable to confound neurasthenia with true melancholia. Such mistakes cause neurasthenics unnecessarily to fear suicide and other things common to melancholia, but not characteristic of the neurasthene.

18. The majority of cases of so-called neurasthenia in old people turn out to be the early symptoms of arterio-sclerosis.

19. Bright's disease and diabetes in their earlier stages are frequently mistakenly diagnosed neurasthenia.

20. Headaches, tired feelings persisting all day and into the evening, high blood-pressure and an occasional diarrhea all point to probable kidney trouble. Examine the urine before diagnosing as neurasthenia.

21. On the other hand, it is a serious blunder to diagnose acute attacks of over-worry or overconcentration of the mind on some bodily function as a bona fide case of neurasthenia.

22. The intensity of a neurasthenic's miseries are determined not by the intensity of his sufferings, but rather by the keenness of his dread and the acuteness of his anxiety and fears.

23. After supposedly exhausting the orthodox remedies and methods, the neurasthenic goes in quest of some "royal road to health"—patent medicines, quack doctors or one of the numerous religio-medical cults of the day.

24. The first step in the cure of neurasthenics is to lift the veil of mystery and ignorance which enshrouds the subject of nervous prostration—teach them the physiological facts concerning the functions and control of the nervous system.

25. The neurasthenic must recognize that the larger part of his distressing symptoms arise in those organs presided over by the sympathetic nervous system.

26. The tone of the sympathetic system can be improved to keep pace with the rising tone of the cerebro-spinal system. In this way increased voluntary control reflexly strengthens the involuntary sympathetic mechanism.

27. Neurasthenia is merely a temporary disturbance in the delicate balance and fine adjustment between mind and matter. There can be found no demonstrable changes in the nerve structures.

28. And so the neurasthenic is assured of his organic soundness, jollied up, drugged, and in many other ways treated all to the neglect of acquiring the one thing essential—self-mastery.

SOURCE

11: WORRY AND NERVOUSNESS

29. The chief symptoms of neurasthenia are sensations of fatigue, nervous weakness, and general incapacity for physical, mental and moral effort.

30. The leading local complaints are headache, backache, insomnia, digestive difficulties, and functional disturbances of the organs of special sense.

31. Clinically considered there are five forms of neurasthenia, viz.: cerebral, spinal, gastric, sexual, and traumatic.

1. *Contradicts 11:2.1:* [Neurasthenia] is not even a disease in the sense that hysteria might be so considered..