

Chapter 13 — The Ear-Marks of 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 13, in the order in which they first appear

- (1) J. W. Courtney, M.D., *The Conquest of Nerves* (New York: The Macmillan Company, 1911)
- (2) Dr. Roger Vittoz, *Treatment of Neurasthenia by Means of Brain Control*, Translated by H. B. Brooke (New York: Longman, Greens, & Co., 1913, Second Edition)
- (3) Dr. Paul Dubois, *The Psychic Treatment of Nervous Disorders (The Psychoneuroses and Their Moral Treatment)*, Translated and Edited by Smith Ely Jelliffe, M.D., Ph.D. and William A. White, M.D. (New York: Funk & Wagnalls Company, 1909, Sixth Edition, Revised)
- (4) 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. 393-403).

- (5) Archibald Church, M.D., and Frederick Peterson, M.D., *Nervous and Mental Diseases*, (Philadelphia and London: W. B. Saunders Company, 1911, Seventh Edition, Thoroughly Revised)
- (6) George W. Jacoby, M.D., *Suggestion and Psychotherapy* (New York: Charles Scribner’s Sons, 1912)

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) any other questionable statement of his.
- (h) **Gold** highlights words or phrases that will be discussed in a later analysis.

XIII: THE EAR-MARKS OF NEURASTHENIA

13:0.1 THIS chapter is devoted to the symptoms of the neurasthenic states.

VIII: THE MENTAL AND EMOTIONAL ASPECTS OF FUNCTIONAL NERVOUS DISORDER (Courtney 136)

The author has, however, a threefold purpose in handling the subject as he does:

(1) to show that

Medical Science is thoroughly familiar with the nervously weak individual's every doubt, fear, vagary and crotchet;

(2) to endeavor to disabuse the mind of this individual of the notion that

his case is in any sense unique;

and (3) to teach him how, with intelligent effort and perseverance, a cure may be effected, even if his plight happens to be in every way as bad as it has been pictured (Cou 155).

The author has a two-fold purpose in so fully presenting these varied and numerous earmarks of the different forms of irritable nervous weakness.

First, we are desirous of making it perfectly plain to the neurasthene that

medical men are thoroughly conversant with all phases of neurasthenia;

and, second, if possible, finally to convince these nervous sufferers that

their afflictions are not unique, to show them that the doctor has met many a case just like theirs.

CARDINAL SYMPTOMS

[Note: Vittoz writes:

"The psychic symptoms may be divided into two groups, the first of these comprising the early symptoms, being the latent period, when the brain control is already insufficient, though not permanently so.

13:1.1 While many of the symptoms hereafter noted may belong to the early or latent period of neurasthenia,

SOURCE

“The second comprises the **chronic** state when the insufficiency is more complete and permanent” (Vittoz 15).]

The symptoms described are seldom present in their entirety in a given case,

and those that chance to appear may not exhibit the degree of intensity ascribed to them (Cou 155).

INTRODUCTION TO THE SIXTH AMERICAN EDITION (Dubois v)

In attributing to the psychoneuroses four characteristics,

exaggerated suggestibility,

sensitiveness,

impressibility,

and **emotional** hysteria,

13: WORRY AND NERVOUSNESS

and while others belong to the later or **chronic** stage of the disorder,

nevertheless they will all be grouped together in this place, regardless of the particular stage of the disorder in which they customarily appear.

13:1.2 It should also be remembered that

no single patient was ever tormented and plagued with all the symptoms here mentioned.

This chapter in a general way includes all of the symptoms of all of our patients—that is, the leading and more constant complaints which the average neurasthene is accustomed to make.

13:1.3 Before beginning the recital of concrete and definite symptoms, the reader’s attention is called to the fact that

all forms of nervous weakness are characterized by four cardinal and characteristic symptoms, viz.:

1. **Exaggerated suggestibility.**
2. Over-**sensitiveness.**
3. Abnormal **impressibility.**
4. Increased **emotionalism.**

SOURCE

[*Note*: None of these states have been described as such in previous chapters.]

I could have said, “All these have their origin in fear” (D viii).

VIII: THE MENTAL AND EMOTIONAL ASPECTS OF FUNCTIONAL NERVOUS DISORDER (Courtney 136)

The present writer ventures to add that

the nervously-weak individual enacts his rôle in the drama of life in a state of perpetual stage-fright (Cou 140-41).

BRAIN CONTROL. (Vittoz 1)

EFFECT OF INSUFFICIENCY BRAIN CONTROL ON THE IDEAS, FEELINGS AND ACTIONS. (Vittoz 6)

If the insufficiency is more developed, the symptoms increase proportionately; he no longer suffers from a vague feeling of discomfort, but from a sensation of painful confusion, of a whirl of unconnected and uncontrolled ideas (V 7).

13: WORRY AND NERVOUSNESS

13:1.4 These four states have been quite fully treated in former chapters and it will suffice for the present, merely to call attention to the fact that

they all owe their origin and existence to that common-place mental state of chronic worry—fear.

One writer has said that

“the nervously-weak individual enacts his rôle in the drama of life while in a state of perpetual stage-fright.”

PSYCHIC SYMPTOMS

13:2.1 Of all the neurasthenic symptoms, the most common, the most prominent—and, to the patient, the most alarming—are those unique psychic disturbances which are characterized by

a flock of abnormal thoughts and a flood of unhealthy feelings.

SOURCE

[*Note:* Compare with the list of symptoms of “Chronic fear—worry” in the Summary of Chap. 1, p. 9.]

PSYCHIC SYMPTOMS. (Vittoz 17)

SYMPTOMS OF THE CHRONIC STATE. (Vittoz 20)

The over-excited state of the brain, which he suffers from at the outset, becomes proportionately worse, and results in fits of anger and of causeless despair which are followed by prostration, sadness and depression (V 22-23).

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

The most ominous and terrifying to the sufferer are

the sensations experienced in and about the head itself.

13: WORRY AND NERVOUSNESS

13:2.2 The majority of neurasthenics have long been given to worry, and while they suffer more or less from phobias in general and the “blues” in particular, they are usually victims of one or more definite dreads. They are unduly anxious about the future and are given to premonitions—they are extraordinarily apprehensive of some impending doom,

especially is this true during their periodic seasons of depression—

those characteristic fits of neurasthenic despair.

13:2.3 While these nervous sufferers are more or less concerned over these periods of sadness and depression,

the thing which more greatly alarms them is

their manifest tendency to “brain wandering”—loss of conscious control over the mind¹—

and in the more severe or advanced cases, an actual loss or weakening of the memory;²

SOURCE

They are invariably **interpreted** by him as **forerunners** of some fearful calamity—such as apoplexy or **insanity**—and do as much to render his existence a burden as all his other symptoms combined (Cou 119).

13: WORRY AND NERVOUSNESS

and this is a symptom which the average neurasthenic **interprets** as a sure **fore-runner** of **insanity**;

and thus all their former fears and anxieties are increased many fold.

MENTAL CONFUSION

PSYCHIC SYMPTOMS. (Vittoz 16)

He often allows himself to get into a kind of **dreamy state**, a semi-conscious condition which is by no means disagreeable to himself, but he does not realize the danger of it, nor can he shake it off easily.

The longer this condition lasts the worse do the symptoms become; such as, for instance, **apathy**, fatigue, and **want of interest in life** (V 17-18).

Cross-question the sufferer and he will not be able to describe his condition, but will speak of moral uneasiness and sometimes of an undefined fear or of **vagueness** in **thought** (V 17).

13:3.1 In other patients the leading symptom is a slowly developing **dreamy state** of mind,

accompanied by **lack of interest in life**—a pitiful sort of generalized **apathy**.

Vagueness of both **ideas** and feelings,

which progresses from month to month until the patient is overwhelmed by utter mental confusion, and then follows that pathetic spectacle of

SYMPTOMS OF THE CHRONIC STATE. (Vittoz 20)

Feelings of inferiority. The sufferer **loses confidence in himself**, he feels unfit for any serious work, and often even for any conversation, for which reason he avoids his fellow creatures (V 22).

almost entire **loss of self confidence**—that abject **feeling of inferiority**.

VIII: THE MENTAL AND EMOTIONAL ASPECTS OF FUNCTIONAL NERVOUS DISORDER (Courtney 136)

His motto is:

Never do to-day what you can avoid entirely or put off indefinitely (Cou 148).

The neurasthenic's motto seems to be:

never do today anything you can put off until tomorrow.

13:3.2 And all of this cannot help but lead the patient to dread the future. His fears are multiplied, his obsessions increased, his premonitions intensified, while his apprehensions are enormously magnified.

.PSYCHIC SYMPTOMS. (Vittoz 16)

The sufferer reflects on everything he does, and reasons on all his thoughts without reaching a definite and practical decision.

He lives very little in the present and his thoughts always turn to the past or the future (V 18).

The sufferer reflects on everything he does, and reasons on all his thoughts without reaching a definite and practical decision.

He lives very little in the present and his thoughts always turn to the past or the future.

We must not overlook the fact that during the time all these manifestations of psychic disturbances are presenting themselves,

[Such treatment [from the his unsympathetic family members] increases his irritability a hundred-fold ... (Cou 140).]

the patient's nervous irritability is enormously increased

and that the various physical and sensory symptoms which accompany these psychic symptoms unfailingly lead to

[Another symptom often met with is a morbid tendency to introspection (Kellogg 399).]

a serious degree of morbid introspection.

SOURCE

He therefore lives more and more in himself and apart from outside life; hence that form of **unhealthy egotism** which is all-absorbing and makes him a nuisance to his friends (V 20).

The over-excited state of the brain, which he suffers from at the outset, becomes proportionately worse, and results in **fits of anger** and of causeless despair which are followed by prostration, sadness and depression (V 21).

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

ANOTHER SYMPTOM WHICH USUALLY TAKES THE FORM OF AN IDIOSYNCRASY

is a **violent reaction** to **personality**.

Here again there is no accounting for tastes, for **physical or intellectual characteristics** either **repel or draw** the patient with the utmost force.

13: WORRY AND NERVOUSNESS

And all this results in the development of extraordinary and **unhealthy egotism**,

culminating in temperamental irritability, pitiful selfishness,

and those characteristic **fits of neurasthenic anger**.

SELFISHNESS AND EGOTISM

13:4.1 Another and peculiar psychic twist in the neurasthenic’s experience

is the peculiar and sometimes **violent** manner in which he **reacts** to his own **personality**³

as well as to his family and friends.

In the most freaky and lawless manner,

the patient is either **repelled or drawn** by various **mental and physical characteristics**.

13:4.2 Reasoning is more or less superficial

As a result the judgments of neurasthenics are apt to be hastily and ill formed,

while judgment is hasty and final decisions are therefore ill-formed and highly unsatisfactory.

where the more deliberate judgment of good health would weigh the various qualities before arriving at an estimate of the character (K 402).

V: NEURASTHENIA. (Church 584)

Mental Disturbances.— ... The capacity for mental work is abridged, just as the muscular power is reduced.

All capacity for mental work is greatly abridged,

This mental asthenia also shows itself in the reduction of the mental concentration necessary for fixing and maintaining attention (Chu 589).

and there is soon developed a sort of mental asthenia.

On the other hand, and in contrast with this state, there not infrequently appears, from time to time, a sort of “psychic explosion” which sets the mental machinery running at a rapid pace for a short season.

Active spontaneous mentation, which is dependent upon mental strength, is also reduced (Chu 589).

These are the spells of so called “spontaneous mentation,” which, unfortunately, oftentimes assail the nervous sufferers in the dead of night.

13:4.3 There is just one other peculiar mental trait or trick which should be noted, viz.:

Frequently the neurasthenic recognizes a diminished affection for his family or others, and sometimes is greatly troubled by it.

the characteristic loss of the natural affections—

He is irritable, peevish, fault-finding, and resentful (Chu 590).

accompanied by that ever-present peevishness—

SOURCE

13: WORRY AND NERVOUSNESS

which makes it so hard for the neurasthenic's family either to please him or live with him.

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

The victim, too, becomes extremely sensitive with regard to his own personal dignity.

He meets a friend on the street who, absorbed in some problem, passes him by without recognition.

The act is at once construed into a personal slight.

The neurasthenic must occupy the limelight in the attention of his friends, or he feels himself neglected.

Even his conscience becomes abnormally acute, taking on the same extraordinary sensitiveness.

His every decision, his every thought and act is scrutinized lest it have a wrong motive;

the result is, of course, that he finds what he looks for and becomes depressed and gloomy, making himself a burden, not only to himself, but to all with whom he comes in contact.

Another frequent symptom of neurasthenia is feebleness of will power, an inability to arrive at a decision when confronted with difficult problems of any kind (K 399).

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CEREBRAL SYMPTOMS

13:5.1 Chief among the neurasthenic's sufferings are those symptoms pertaining to the head. When these so-called cerebral symptoms predominate—greatly overshadowing the other nervous manifestations—it is customary to diagnose the case as one of “cerebral neurasthenia.”

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

Many other annoying sensations in this region are also complained of, notably a feeling as if the scalp were drawn tightly over the skull or as if it were encompassed by a constricting band (Cou 120).

Oftentimes there is a sensation of burning in the scalp,

and the area involved actually feels hot to the touch (Cou 120).

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

Similar symptoms are often felt about the head, such as prickling or crawling sensations,

also numbness or tenderness of certain parts of the scalp (K 399).

13:5.2 One of the most common cranial symptoms, aside from headache, is the feeling of a band drawn tightly around the forehead.

Many patients complain bitterly of this constricting or drawing sensation.

Other patients suffer greatly from a burning sensation at some point on the scalp,

usually at the crown of the head.

(Often the area involved actually feels hot to the touch.)

Other sensations felt about the head are those of prickling and crawling,

also numbness and tenderness.

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

The list of sensations referred to the interior of the skull is far too long to reproduce in its entirety, but the most familiar are those of **fulness**,

emptiness,

lightness and **heaviness** (Cou 120).

[Note: See 13:14.3, below.]

V: NEURASTHENIA. (Church 584)

Sensory Disturbances.— ... One [patient] describes a sensation as if the head were splitting or the skull lifting; another has a terrible weight or a severe constriction about the head. This **lead-cap headache** is very common.

Heaviness, **throbbing**, **buzzing**, a sensation of **wind blowing or of water running under the scalp**, and many others are perhaps indicative of the vasomotor disturbances within the skull (Chu 586).

13:5.3 Some patients complain of a sense of **“fullness”** in the head” which is very distressing;

the head “feels as if it would burst wide open any moment.”

Other sufferers complain of an aggravating sensation of **“emptiness”** in the head.

These same feelings are also described by the terms of **tightness**, **heaviness**,

and the sensation of something loose, shaking about in the cranium.

13:5.4 Dizziness—sometimes associated with the fear of fainting—is a common neurasthenic symptom.

Some patients describe their oppressive head feelings as a **“lead cap headache.”**

Others have **throbbing**, **buzzing** sensations in the head and complain of a sensation of **wind blowing or water running under the scalp**.

FEARS OF INSANITY

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

It is important to note that practically all these uncomfortable feelings, whether they appear to emanate from the scalp or from within the skull, are **increased by mental application.**

The sufferer, with his exalted faculty of morbid **self-analysis,**

is usually wide awake to this fact and, as a rule, the observation serves to settle his **conviction** that his mental stability is seriously threatened (Cou 120).

13:6.1 It is an established fact that any and all of these head symptoms or cerebral manifestations are greatly **increased by mental application;**

and since **self-examination** is the principal occupation of neurasthenics,

a vicious circle is readily established, whereby worry and anxiety are able enormously to increase these symptoms and sufferings, and thereby in turn, the worry and anxiety are still further increased.

13:6.2 The patient is soon possessed with the **conviction** that he is rapidly losing his mind

and begins his plans and preparations for a journey to the insane asylum.

To the confirmed neurasthenic, all these mental symptoms spell insanity, just as he looks upon numbness in his hands or legs as certain forerunners of paralysis.

NEURASTHENIC HEAD-ACHES

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

ANOTHER GROUP OF SUBJECTIVE SYMPTOMS are known as “cerebral.” These usually take the form of headaches, usually located in the front, top

or back part of the head,

[Usually it is occipital, “at the base of the brain,” as these patients are fond of saying; but it may be frontal, temporal, or vertical (Church 586).]

often described by the patient as a pressure or pushing downward upon the head.

In the back part of the head the pain may take the part of a dull ache, not necessarily severe (K 399).

13:7.1 The headaches of neurasthenia are usually located in the front or on top of the head,

occasionally in the back part of the head

or as commonly referred to—the base of the brain.

The patient usually describes his headache as a sort of pressure or pushing downward upon the head.

Pains in the back part of the head are usually described as a dull ache.

In fact, neurasthenic headaches may range from a mild diffuse pain up to the most severe pain imaginable.

In this connection we are dealing with only neurasthenic headaches; the head pains of hysteria and nervous sick headache or migraine will be treated in other chapters.

13:7.2 At the time of this writing there comes into the office a young business man, manifestly a neurasthenic; among other symptoms he complains of regular headaches. He also complains of pain in the back between the shoulder blades, especially in the evening after the day’s work.

The patient is visibly nervous. He has various abnormal sensations or mild pains in various parts of the body from time to time, and describes his headache as follows:

13:7.3 “Well, I’ll tell you, doctor, my headache is something like a sensation of mildly squeezing the brain. Sometimes it feels like a pressing down sensation on top of my head. At other times it feels as if there were a **tight band around my head**. My headache is usually very much worse in the morning, becoming a great deal better or entirely disappearing as the day wears on, while the pain in my back, between the shoulders, usually gets worse towards evening. Sometimes my headache is really not a pain, but only a sensation of **fullness** or a sense of uneasiness in the head.”

13:7.4 While the real cure of this headache is to be found in the successful treatment of the neurasthenia and the improvement of the general physical state; nevertheless, these headaches may be greatly relieved or entirely removed by means of

[*Note:* A variation of this treatment is described in 30:3, in which Sadler copies J. H. Kellogg word for word.]

alternate hot and cold compresses over the top of the head and the back of the neck, in connections with a very hot foot bath. The hot compresses should be wrung out of boiling water and the cold cloths out of ice water. Cases which are not relieved by the alternate hot and cold compresses to the head, are usually relieved or greatly benefited by alternate hot and cold sponging of the entire spinal column. The skin over the spine is briskly rubbed for a few seconds with a cloth wrung out of boiling water and this is followed by brisk rubbing with cloths wrung out of ice water.

SOURCE

[Note: See Chaps. 30 and 31.]

13: WORRY AND NERVOUSNESS

The further treatment of neurasthenic headaches and other symptoms will be reserved for later chapters.

SPINAL MANIFESTATIONS

13:8.1 Many of the neurasthenic's complaints are found to be connected with the spine, the spinal nerve centers and nerve branches. This fact explains why certain cases of nervous exhaustion are diagnosed as "spinal neurasthenia," and also why osteopathy has been so popular—and in many cases helpful—to these patients afflicted with "neurasthenic spines."

V: NEURASTHENIA. (Church 584)

[contd from 13:5.4] *Backache* is equally common with headache (Chu 586).

The *small of the back* is its usual seat,

whence it streaks up *between the shoulders* or through the loins and down the limbs.

Very commonly it is associated with a "drawing" sensation at the *back of the neck*, and the occipital pain is then usually complained of (Chu 586-87).

Tenderness is usually found over the spine and is rather superficial in character, but occasionally is intensified by deep pressure (Chu 587).

13:8.2 These spinal neurasthenics are all more or less afflicted with *backache* in common with headache,

the most frequent sites being the *small of the back*

and high up just *between the shoulder blades*,

and are usually described as associated with a trying "drawing" sensation at the sides or *back of the neck*.

13:8.3 Marked tenderness on pressure is found at various points along the spinal column,

The upper cervical spine near the **occiput**, over the vertebra prominens, opposite the lower angle of the scapula, at the **waist-line**, at the **top of the sacrum**, and over the coccyx are the **favorite locations** (Chu 587).

the **favorite locations** being at the **very top** near the base of the skull, at the **waist line**, and at the **top of the sacrum**.

SENSORY DISTURBANCES

Among [the vague disturbances of sensation] a feeling of *general tiredness* and *fatigue* is almost constant,

13:9.1 The chief symptom of neurasthenia is that general feeling of “tiredness”—constant **fatigue**.⁴

and the **recumbent posture tends to become habitual** (Chu 586).

In chronic neurasthenics the **recumbent posture tends to become habitual**.

These patients are tortured off and on by

All manner of vague sensations of heat, cold, prickling, tightness, numbness, stiffness, weakness, fatigue, soreness, pain, pressure, etc., referred to this or that part of the body or limbs are constantly encountered.

all manner of vague and wandering sensations of **heat, cold, prickling, tightness, numbness, stiffness, weakness, soreness, pain, pressure, etc., etc.**

These symptoms may be referred to this or that part of the body,

In addition there are a host of abnormal feelings referred to the thoracic, abdominal, pelvic, and generative organs (Chu 587).

and **in addition there are a host of abnormal feelings** connected with the internal organs of the chest, **abdomen**, and **pelvis**.

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

Over the trunk, sensory nerve irritability is usually manifested by a like **sensitiveness to pressure** in circumscribed areas which are fairly uniform in their distribution.

13:9.2 Some special nerve trunk may appear to be **tender to pressure** throughout its entire length.

SOURCE

These tender areas are generally found in the spaces between the ribs, under the breasts, at the pit of the stomach and in the groins.

At times, moreover, the sensory irritability may become so pronounced that

sharp, darting pains of a neuralgic character may appear

in a great variety of situations, not only in the trunk but also in the extremities,

and give rise to the fear that actual nerve inflammation is present (Cou 121-22).

PSYCHIC SYMPTOMS. (Vittoz 16)

SYMPTOMS OF THE CHRONIC STATE. (Vittoz 20)

[[repeated from 13:3.1] *Feelings of inferiority.*
The sufferer loses confidence in himself, he feels unfit for any serious work ... (V 22).]

He no longer feels master of himself, but is like a rudderless ship in a storm (V 21).

The slightest change in his habits or the smallest task may bring on an attack of great distress, simply because he does not feel himself capable of the work (V 22).

13: WORRY AND NERVOUSNESS

Such tender areas are likely to be found in the spaces between the ribs, under the breast, at the pit of the stomach, and in the groins.

This nervous irritability becomes so exaggerated at times as to result in the production of

darting pains of a neuralgic nature which appear

not only in these situations but at various other points on the trunk as well as the extremities.

The patient becomes more and more alarmed,

feels unfit for any serious work,

and begins to behave like a rudderless ship in a storm.

The slightest exertion sometimes results in turning loose a veritable storm of unpleasant feelings and painful sensations.

SPECIAL SENSE DISORDERS

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

One of the commonest complaints of nervous sufferers is that

when they have read for any length of time—particularly with artificial light—the eyes grow tired and ache,

a mist comes over them, the print blurs and the lines tend to run together (Cou 114).

V: NEURASTHENIA. (Church 584)

Visual Disturbances.— ... In other instances they can not maintain attention.

Careful examination will usually demonstrate that the accommodative apparatus and the retinal sensitiveness are promptly fatigued (Chu 587).

Photophobia may be encountered of sufficient intensity to keep patients in dark rooms or wearing colored glasses (Chu 587).

Misty obscurities and a veiling of vision are sometimes described, or everything looks strange and unreal (Chu 587).

13:10.1 Neurasthenics never fail to complain that

reading (especially by artificial light) gives them a headache or otherwise distresses them.

Sometimes the letters blur, at other times they run together.

Some patients find reading difficult because they simply cannot concentrate the mind sufficiently.

The muscles of accommodation seem to be overquickly fatigued.

The eyes are often so sensitive to light, that the patient is temporarily compelled to remain in a darkened room or to wear colored glasses.

Misty veils may appear to hang before the eyes

greatly to the alarm of some patients.

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

The occurrence of specks before the eyes is also often complained of, although it is not a symptom peculiar to the nervous (Cou 114).

PSYCHIC SYMPTOMS. (Vittoz 16)

PHYSIOLOGICAL (ORGANIC) SYMPTOMS
DUE TO INSUFFICIENT BRAIN CONTROL.
(Vittoz 24)

Sight. All the anomalies of sight are exaggerated in persons lacking control; objects, like ideas, become indistinct and confused, and that without the organ being impaired (V 25).

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

A not uncommon source of great annoyance are the so-called negative images which appear to sufferers under certain conditions.

Such people complain that if, after gazing for a time at an object presenting marked contrasts of light and dark parts,

the eyes are turned toward a shaded space containing nothing conspicuous,

they see a transient image of the object, in which the light and dark parts are reversed (Cou 114-15).

13:10.2 It is common for patients to complain of "specks" before the eyes when tired, or after reading;

in others the vision is indistinct and confused.

Another source of worry to these patients is the so-called negative images.

After gazing for a short time at some object presenting marked contrasts of light and shade,

and then when the eyes are turned away for a moment,

this object appears to the vision with its light and dark spots reversed.

SOURCE

13: WORRY AND NERVOUSNESS

This peculiarity of vision in the neurasthenic, together with other and easily explained illusions, cause these sufferers a great deal of unnecessary worry and excitement.

HEARING AND SMELLING

On the side of the auditory nerves the most distressing symptom is *tinnitus aurium*.

Literally interpreted, *tinnitus aurium* means a ringing in the ears, but ringing is only one of the many sounds that may be heard (Cou 117).

In many cases all these sounds are absent, but the subject is still greatly annoyed by hearing the beat of his pulse in the ear when his head is on the pillow (Cou 117).

V: NEURASTHENIA. (Church 584)

Disorders of Hearing, Smell, and Taste.— ... Thus, patients start at the slightest sound, and often tie up the door-bell and seek seclusion to avoid all such irritation (Chu 588).

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

Street noises especially affect him—the rumbling of street cars, the honking of automobiles,

13:11.1 Chief among the neurasthenic disturbances of hearing is *tinnitus aurium*—

that constant ringing in the ears.

They also suffer, especially when lying down, with a regular throbbing or pounding in the ears which is synchronous with the heart’s pulsations.

These patients are startled by the slightest sound,

and frequently the sense of hearing seems to be highly oversensitive.

13:11.2 They are disturbed during the day and awakened at night by the slightest and most ordinary noises.

They develop a veritable lunacy over street noises, automobiles,

SOURCE

the hawking of vegetables and fruit,

the Italian's street piano and the pattering of hoofs upon the pavement.

Unfortunately for the peace of mothers, the neurasthenic reacts in a savage way to the crying of babies, especially in a crowded railway carriage or street car (K 402).

V: NEURASTHENIA. (Church 584)

Complaints of peculiar or bad smells and tastes have a similar significance (Chu 588).

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

With regard to taste, the commonest complaint is that all food lacks savor,

but certain sufferers go so far as to say that they literally cannot distinguish between bitter or sweet or between hot and cold substances placed in the mouth.

In practically every case the tongue is coated, and in many there is a bad taste in the mouth itself (Cou 118).

13: WORRY AND NERVOUSNESS

fruit peddlers,

organ grinders,

and, we are sorry to record,

crying babies.

13:11.3 The sense of smell is greatly deranged.

The neurasthenic imagines he detects the presence of peculiar odors and bad smells.

13:11.4 The sense of taste is also frequently involved.

Foods may taste insipid,

and the patient sometimes complains that he cannot distinguish between bitter and sweet, nor between hot and cold substances when placed in the mouth.

The tongue is usually coated and the breath bad.

13:11.5 The sense of touch is considerably demoralized.

SOURCE

13: WORRY AND NERVOUSNESS

The patients frequently complain of transitory increase and decrease in skin sensations.

PSYCHIC SYMPTOMS. (Vittoz 16)

PHYSIOLOGICAL (ORGANIC) SYMPTOMS
DUE TO INSUFFICIENT BRAIN CONTROL.
(Vittoz 24)

Touch. The hand appears to be conscious of anything it touches,

but the sensation is obliterated before reaching the brain,

as the latter is not sufficiently conscious of what is touched (V 26).

They sometimes complain that

while they are conscious of touching an object with the hand,

that the sensation seems to be obliterated before reaching the brain,

thus producing a more or less haziness as to the nature and character of the object touched.

MUSCLE MANIFESTATIONS

13:12.1 While the leading symptom of neurasthenia is fatigue, and while the patient looks upon this feeling of weakness as being largely a sense of muscular exhaustion, notwithstanding this apparent nature of neurasthenic fatigue, it must be recognized that the difficulty is largely a matter of nerve weakness.

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

The weariness, however, is by no means all imaginary,

but has back of it bad diet and habits which lower the vital tone of the body and render it incapable of supporting healthful exertion (K 400).

However, it is entirely erroneous to suppose that the patient’s muscular weakness is wholly imaginary.

To a large extent, as far as the patient himself is concerned, this peculiar sense of muscular weariness is real.

13:12.2 It is this aggravating fatigue that gives origin to much of the patient's peevishness, impatience, discontent, and nervous irritability; all of which only tend still further to increase the psychic element of this mischievous fatigue. The fact that a good night's rest does not relieve or remove this sense of fatigue, is what so worries and frightens the neurasthene. It has been my observation that it is this persistent fatigue which is largely responsible for creating that characteristic pessimism of the neurasthene.

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

He finds it hard, even from a muscular standpoint, to evolve a smile and except on very rare occasions, when he momentarily forgets himself, he never makes the attempt (Cou 139).

"NEURASTHENIA NOT A DISEASE, I" (Kellogg 393)

An important phase of this condition is the fact that the patient readily gives up to it and feels unequal to even the lighter forms of work or physical exercise, when really these would be beneficial (K 400).

13:12.3 Even the muscles of expression are afflicted with this weariness,

and it is only with great difficulty that the patient will permit himself to indulge in even the effort of a smile,

while hearty laughter is entirely out of the question.

The saddest feature of this tendency to fatigue is the ease and readiness with which the patient surrenders to it—

abandoning all effort at conquest.

THE MOTOR NERVES

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

First to be considered are the symptoms which may arise when the vitality of the motor nerves is impaired. In certain extreme cases—which are very rare nowadays—the sum total of muscular power may be so slight that

the victim cannot rise from the bed or even turn over in it without assistance (Cou 110).

The sufferer rises more or less exhausted in the morning, and his exhaustion tends to increase until late in the afternoon, when, curiously enough, his “batteries” usually begin to “pick up,”

and by the time dinner is over he feels somewhat as a well person does after several hours’ rest (Cou 111).

Such are the manifestations of motor nerve weakness. And we have now to consider those of the irritability which goes hand in hand with it.

13:13.1 Of course all this muscular feebleness lies not so much in the muscle itself, as in the weakness of the motor nerve supplying it.

And this becomes so great in some cases of nervous prostration that

the patient is actually unable to turn over in bed.

The fact that this fatigue is largely a nervous proposition tends to explain how

the “batteries begin to find themselves” in the late afternoon or early evening

and how the patient, after dinner, sometimes feels as if he had really had several hours’ rest.

13:13.2 Of course these same irritable motor nerves never cease to torment the patient with all sorts and forms of muscular tension,

SOURCE

From this source come the commonly experienced feeling of muscular tension, the intermittent twitching of certain muscles—notably those about the eye and mouth—

the sudden jerking of the legs, which occurs just as the sufferer is dropping off to sleep,

the marked general tremulousness which accompanies an emotional crisis and the local tremors which follow the concerted action of groups of muscles (Cou 113).

In ordinarily severe cases standing and walking are not impossible, yet both are irksome and the sufferer is often compelled to lie down after indulging in either for any length of time (Cou 111).

When he has to stand for any length of time his tendency is to lean against the nearest available object, and to keep his feet wide apart in order to broaden his base of support (Cou 111-12).

When such a person desires to sit down he invariably avoids, if possible, a stiff-backed chair and takes by preference a rocker.

In this he sits limply, owing to the weakness of the spinal muscles,

and, yielding to a feeling of motor restlessness, shifts the position of his limbs frequently and rocks incessantly (Cou 112).

13: WORRY AND NERVOUSNESS

intermittent twitchings, particularly about the eyes, nose, and mouth,

sudden jerking of the legs

and various tremors.

13:13.3 As might be imagined,

walking or standing is peculiarly irksome to neurasthenics.

When compelled to stand they usually lean against something,

and when sitting—they greatly prefer rocking chairs—

they either slouch down in the chair

or rock incessantly.

DIGESTIVE SYMPTOMS

13:14.1 Thus far our recital of neurasthenic symptoms has dealt more largely with those nervous disturbances arising in either the sensory or motor mechanisms of the central (cerebro-spinal) nervous system.

There still remain for consideration the numerous and diversified symptoms which spring from weakness and irritability on the part of those portions of the **great sympathetic system of nerves** which control the various glands and organs of the body (Cou 127).

We now come to the discussion of those symptoms originating more particularly in the **great sympathetic system of nerves**.

The irritation or demoralization of this powerful nervous mechanism directly results in disturbing and disordering the functions of the digestive, secretory, respiratory, and circulatory systems. (Fig. 1.)

13:14.2 Such a large number of neurasthenics present digestive disorders as their chief complaint, that it has led to the designation of “gastric neurasthenia,” or, in more common words—nervous dyspepsia.

Ordinarily the picture of what is commonly termed “nervous dyspepsia” is as follows: The **appetite** is very **variable** and depends in large measure upon the state of mind.

These patients have a **variable appetite**—sometimes wanting, at other times voracious.

In any case it is of slight consequence whether much or little is eaten, for the victim goes about at all times with the sensation as if a **lump of lead** were firmly lodged **in the pit of the stomach** (Cou 128).

They often complain of a heavy feeling, like a **lump of lead, at the pit of the stomach**.

SOURCE

Gas in the stomach and intestines he has with him always, in spite of repeated eructations and the frequent passage of flatus (Cou 128-29).

VIII: THE MENTAL AND EMOTIONAL ASPECTS OF FUNCTIONAL NERVOUS DISORDER (Courtney 136)

The fact is that if he chances to be well-nourished and to have good color,

he really does get but scant sympathy at home (Cou 140).

II: HOW CHRISTIAN SCIENCE CURES (Courtney 12)

If her most troublesome symptom chances to be dyspepsia, she recalls that some relative—however remote—died of cancer of the stomach, and, further, that this relative's trouble began in a manner identical with her own (Cou 16).

13: WORRY AND NERVOUSNESS

They are also inordinately bothered with gas in the stomach and intestines.

They frequently suffer severely from heartburn.

While digestion may be slow,

many patients are able to maintain good weight,

and, as a result, get scant sympathy from their friends when they so bitterly complain of their stomach troubles.

13:14.3 These stomach troubles lead many neurasthenics to live in great terror of being carried off by cancer of the stomach.

Many of these nervous patients suffer more or less from a tumbling down of the abdominal organs (enteroptosis), and while much of their talk and worry over dilatation of the stomach and prolapse of the kidney is largely imaginary, nevertheless, when these patients are properly fitted with a suitable abdominal support, we have often found, especially in the case of nervous women, that many of these distressing digestive symptoms have disappeared.

These supports often relieve that bothersome sensation of

SOURCE

[Occasionally he complained of dizziness, of palpitation, of a fluttering sensation in the abdomen, and, worst of all, of periods of acute anxiety (Col 22).]

V: NEURASTHENIA. (Church 564)

Gastro-Intestinal Disorders.— ...

The eructations of gas become frequent, noisy, and distressing; meteorismus, colicky pains, alternating constipation and mucous diarrhea,

intestinal fermentation, and the passage of undigested food mark the atonic and irritable state of the gastro-intestinal tract (Chu 588).

Circulatory Disorders.—Cardiac palpitation due to digestive disturbance is one of the common symptoms in neurasthenia,

but may result from other causes, as muscular or mental efforts, sudden starts or embarrassments of any sort (Chu 586).

A small, rapid *pulse* of about 90 a minute is commonly present in neurasthenia,

13: WORRY AND NERVOUSNESS

“fluttering in the abdomen,” which so many nervous patients complain of.

13:14.4 The majority of neurasthenics suffer more or less from constipation.

This condition sometimes alternates with a mucous diarrhoea,

accompanied by all the terrors of

intestinal fermentation

and its resultant auto-intoxication.

CIRCULATORY DISORDERS

13:15.1 The palpitation of the heart from which neurasthenics so commonly suffer, is largely the result of disordered digestion pressure from gas in the stomach—

although it may result from unusual mental or muscular efforts,

and is sometimes accompanied by the most distressing pain in the cardiac region.

13:15.2 Neurasthenics usually have a small rapid pulse of about ninety to the minute,

SOURCE

and in attacks of palpitation it may reach 140 or 160 (Chu 586).

Hemic murmurs are not rare in advanced cases, when the general nutrition has been reduced.

The feebleness of the circulation

is shown by the cold extremities commonly encountered.

Vasomotor storms in neurasthenia are the rule.

Localized or general flushings, sweats, and aortic throbbing may greatly annoy the patients (Chu 586).

Secretory Disorders.— ... The cold, clammy hand of neurasthenia is rarely wanting (Chu 589).

13: WORRY AND NERVOUSNESS

and during these heart attacks it not uncommonly reaches one hundred and forty to one hundred and fifty to the minute.

In advanced cases it is possible to detect even certain characteristic heart murmurs on close examination;

and thus the patient's groundless fears of heart disease are further aroused and confirmed.

13:15.3 The circulation is always feeble and unstable,

the hands and feet are chronically cold,

the patient is a victim of intermittent *vasomotor storms*,

localized or general flushings, throbbing pulsations, abnormal sweats, etc.

Blushing takes place with the least excitement.

In many cases the palms of the hands are almost always covered with a clammy sweat.

Many patients are plagued with these manifestations of sweating and blushing the moment they appear in public.

THE PALE SKIN

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

In cases where the spasm of the skin vessels caused by this vasomotor irritability is protracted for a certain length of time,

a local swelling may occur (Cou 126).

Indeed, the constant pallor, which is so commonly present, is more often traceable to this source than to any actual blood impoverishment (Cou 125).

[W]hen these same [vasomotor] nerves are weak and irritable they are peculiarly over-susceptible to atmospheric conditions.

Their possessor finds himself chilled and uncomfortable whenever the temperature, within doors or without, drops ever so slightly below summer heat (Cou 124).

V: NEURASTHENIA. (Church 564)

Secretory Disorders.—The *urine* is ordinarily scant and high-colored.

13:16.1 Over-excitation of the vaso-constrictor nerves is responsible for the prolonged spasm of the peripheral blood-vessels

and the resultant pallor of the skin

accompanied by congestion in one or more of the internal organs.

It is this sluggishness of the circulation that renders the neurasthenic so highly sensitive to atmospheric changes,

especially to sudden cold.

Notwithstanding this fact, it is indeed remarkable what a large proportion of these circulatory disorders are directly due to and controlled by the mental state.

13:16.2 Disturbances in the circulation are reflexly manifested as disorders in secretion.

The urine is usually scant and highly colored,

SOURCE

Neurasthenics drink little water, and the irritating urine may cause much vesical uneasiness and frequent micturition (Chu 588).

All *fluid secretions*, as the perspiration, saliva, gastric, intestinal, and synovial fluids may be deficient (Chu 588).

Some patients complain that the slightest effort or embarrassment causes them to sweat profusely, usually about the head and neck (Chu 588).

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

The breathing is usually slow and the movements shallow, the deficient expansion of the chest depriving the lungs of a sufficient supply of oxygen (K 401).

VIII: THE MENTAL AND EMOTIONAL ASPECTS OF FUNCTIONAL NERVOUS DISORDER (Courtney 136)

We now come to the consideration of the sufferer’s nights (Cou 152).

A night of complete wakefulness may follow a day of comparative tranquility,

whereas a heavy sleep of seven or eight hours may bring to a close a day of unusual turmoil (Cou 152).

13: WORRY AND NERVOUSNESS

because neurasthenics drink too little water.

The sweat is sometimes deficient,

while in other cases the patient may break out in a profuse perspiration upon the slightest embarrassment.

Sudden changes in the circulation also result in fits of disordered breathing.

The respiratory movements are slow and the breathing shallow.

INSOMNIA

13:17.1 We come now to the consideration of the sufferer’s nights.

A night of complete wakefulness may follow a day of comparative tranquillity,

whereas a heavy sleep of seven or eight hours may bring to a close a day of unusual turmoil.

[contd] Generally speaking, the sufferer retires with his lower extremities uncomfortably cold.... Until the warmth is completely restored to body and extremities, sleep is out of the question. This warming-up process may take an hour.

It sometimes requires an hour or two to get quieted down and ready for sleep after retiring.

Meantime the mind runs like a mill-race.

Meantime the mind runs like a mill race.

The happenings of the day are gone over again and again in minutest detail, and the probable sayings and doings of the morrow thoroughly rehearsed (Cou 152-53).

The happenings of the day are gone over again and again in minutest detail, and the probable sayings and doings of the morrow thoroughly rehearsed.

Sleep itself is frequently broken by dreams which are nearly always of a disagreeable, even terrifying, order, and the victim is very apt to awake from them with rapidly beating heart, and with body and limbs quaking and bathed in perspiration (Cou 153-54).

The patient is very apt to awake from dreams with rapidly beating heart, and with body and limbs quaking and bathed in perspiration.

Many claim that they do not get more than two or three hours' sleep out of the twenty-four, for weeks or even months at a time (Cou 154).

Many claim that they do not get more than two or three hours' sleep out of the twenty-four, for weeks and even months at a time.

II, II: SPECIAL APPLICATION OF PSYCHOTHERAPY (Jacoby 282)

1. MENTAL THERAPEUTICS (Jacoby 282)

Following Fechner's proposal to take the intensity of the sensory stimulus required to awaken a person as the gauge of intensity of that person's sleep,

13:17.2 Fechner has shown how to measure the intensity of the noise required to awaken a person, as the gauge of intensity of that person's sleep.

Kohlschütter has devised a means through which the sound impressions used for such an awakening are registered in the form of a curve upon a plate.

An instrument has been devised through which the sound impressions used for such an awakening are registered in the form of a curve upon a cylinder.

SOURCE

The sound is produced by a pendulum striking with varying force on a plate, causing tones of corresponding intensity.

These experiments of Kohlschütter permit us to recognize a typical “neurasthenic curve”

which shows that neurasthenics often awaken too early in the morning—

in other words, their sleep is interrupted by the slightest sound and they are refreshed for the duties of the coming day only when they obtain a second period of sleep (J 300).

13: WORRY AND NERVOUSNESS

The sound is produced by a pendulum striking with varying force on a plate, causing tones of corresponding intensity.

These experiments clearly demonstrate the existence of a typical “neurasthenic curve,”

which shows that neurasthenics often awaken too early in the morning—

in other words, their sleep is interrupted by the slightest sound.

THE CONCLUSION

13:18.1 In reciting the symptoms of neurasthenia in this chapter the author does not pretend that all have been noted. Many have been omitted, but enough are here included to show what a protean disorder nervous exhaustion is.

13:18.2 Let our neurasthenic reader pause and ponder—let him note what a galaxy of symptoms and disturbances are herewith presented, and then stop for a moment and coolly reflect that he himself may actually have all these symptoms of disease—and yet the only thing ailing him is simple neurasthenia, a bunch of nervous capers which are not even permitted to dignify themselves by being regarded as a real disease.

13:18.3 Disturbances in the generative system as manifested in neurasthenia will be noted in a later chapter. (See chapter XVI.)

13:18.4 Pain, as associated with neurasthenia, is fully discussed in the next two chapters.

SUMMARY OF THE CHAPTER

1. The purpose in reciting the symptoms of neurasthenia is two-fold; first, to convince the neurasthenic that his sufferings are neither unusual nor unique. Second, to show that the doctor has met many another case just like his.

2. The cardinal symptoms of neurasthenia are: exaggerated suggestibility, oversensitiveness, abnormal impressibility and increased emotionalism.

3. The characteristic symptoms of neurasthenia owe their origin and existence to fear. The neurasthene enacts his role in the drama of life while in a state of perpetual stage-fright.

4. **Psychasthenics** are tormented with abnormal thoughts, a flood of unhealthy feelings, worry, definite dreads, premonitions, and periodical attacks of the blues.

5. Other common psychic symptoms are mental confusion, vagueness of ideas and emotions, loss of self-confidence, morbid introspection, nervous irritability, extraordinary egotism, and characteristic fits of anger.

6. Neurasthenics reason superficially. Judgment is hesitating and ill-formed. Capacity for mental work is abridged. They experience frequent "psychic explosions," and have a tendency to more or less estrangement from their loved ones.

7. While neurasthenics are very sensitive to slights and neglects, they are very prone to both slight and neglect other people.

[*Note:* Curious that Sadler confuses neurasthenics with psychasthenics here. Some of his sources claim, in contrast to Sadler, that these symptoms belong primarily to psychasthenics.]

8. Common symptoms experienced in the head are: constriction band feeling, burning spots, prickling, crawling, fullness, emptiness, and dizziness.

9. All these cerebral symptoms are increased by mental application which in turn enormously increases other symptoms. The net result is to greatly increase the patient's ever-present fear of insanity.

10. The neurasthenic headache is described as a sensation of mildly squeezing the brain, or one of pressure on top of the head. It is worse in the morning and grows better during the day.

11. The most common spinal manifestations are backache, tender spots, and a bothersome drawing sensation at the back of the neck.

12. While the chief sensory symptom is tiredness or fatigue, the patient is also tortured with sensations of heat, cold, prickling, tightness, numbness, stiffness, weakness, soreness, pressure and wandering neuralgic pains.

13. The vision of the neurasthene is easily overtaxed by reading. The letters blur or run together, specks float before the eyes, while still other disturbances needlessly alarm the patient.

14. The hearing is overacute. The patient is greatly disturbed by all forms of noise, automobiles, peddlers, organ grinders, crying babies, etc.

15. The special senses of smell, taste and touch are all more or less deranged, and afford the patient no end of anxiety.

16. It is the aggravating fatigue or muscular weakness that produces the patient's peevishness, impatience, discontent, and nervous irritability.

17. The worst feature of neurasthenic fatigue is the readiness with which the patient surrenders to it. He makes little or no effort at resistance.

18. These same irritable motor nerves, responsible for muscular weakness, never fail to torment the patient with all sorts of tension, twitchings, jerkings, and tremors.

19. The sympathetic nervous system gives rise to a very large number of the most distressing of the neurasthenic's troubles, the chief of which is "nervous dyspepsia."

20. Most nervous patients suffer from chronic constipation as well as from enteroptosis—a general tumbling down of the abdominal organs.

21. Among other circulatory symptoms may be mentioned palpitation of the heart, rapid pulse, unstable circulation, throbbing pulsations, pale skin, abnormal sweats, etc.

22. The neurasthenic is also troubled with disturbances of the bodily secretions. The urine is usually scanty. Sweating may either be deficient or profuse.

23. One of the neurasthenic's worst enemies is his persistent insomnia. He is awakened by trifles and harassed by dreams.

24. And so it is possible for these nervous sufferers to be afflicted with an almost endless variety of symptoms, simulating all sorts of disease, and yet the diagnosis is neurasthenia.

1. Should this dreamy state not exist there will at least be a great uncertainty of thought, which is never fixed on any definite point, and causes a state known as "*Brain wandering.*"

This latter which is as characteristic of uncertain control as the dreamy state, is not so troublesome and may last a very long time without becoming worse ... (Vittoz 18).

2. *Compare:*

The most common and, at the same time, the most secretly nourished fear is that of insanity.... This fear is caused in part by the queer feelings in and about the head already described, in part by **memory defects** and, lastly, by the unwelcome presence of whimsical ideas and constantly recurring impulses to do things which the sufferer recognizes as entirely foreign to his normal self (Courtney 141-42).

3. He has no feeling except for his own personality, which he often detests, but from which he cannot escape (Vittoz 20).

4. Contradicts 13:2.1, which identifies the most prominent symptom as “a flock of abnormal thoughts and a flood of unhealthy feelings.”