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THE EDUCATIONAL TREATMENT OF NEURASTHENIA AND CERTAIN HYSTERICAL STATES.

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THE EDUCATIONAL TREATMENT OF NEURASTHENIA AND CERTAIN HYSTERICAL STATES.

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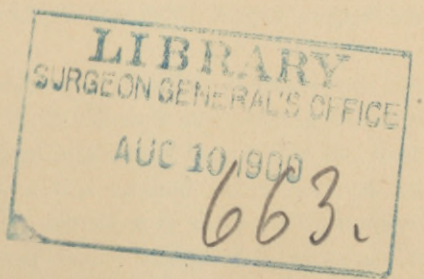

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THE EDUCATIONAL TREATMENT OF NEURASTHENIA AND CERTAIN HYSTERICAL STATES.

In recommending a treatment for neurasthenia and certain hysterical states, it must be understood that reference is made to the severer types of these neuroses only;—to cases which have resisted all the ordinary methods and called for more extraordinary ones. Mild cases are usually amenable to simple procedures, like change of scene, cessation of wearing occupations and ordinary hygienic measures. As to the more obstinate cases, I think I am right in saying that we are still in need of a practical method of treatment which shall be applicable to the general run of cases. Neurasthenia differs from the organic diseases in that while on the one hand it is usually susceptible of cure, on the other it is not a self-limited disease, but may continue indefinitely, — growing, so to speak, on itself, and, like a snowball, taking upon itself bigger proportions from its surroundings.

A marked advance over all other methods was that originated by Dr. S. Weir Mitchell and bearing his name. It has unfortunately and mistakenly been called the Rest Cure. The logical basis of this method is, or perhaps was, the principle that faulty nutrition is the basis of neurasthenia, and that by curing faulty nutrition — making "fat and blood" — neurasthenic and hysteric symptoms disappeared. In the practical making of fat and blood, this primitive idea

became associated with various other principles, inasmuch as the systematic procedure upon which successful treatment depends, requires the combination of forced feeding, absolute rest, passive exercise and isolation. Rest and the other three agents are theoretically only devices to secure improvement in nutrition.

It should be noticed that by rest is meant absolute rest, so far as it is practically possible to make it. The patient is not allowed even to turn over in bed or feed herself. Passive exercise (massage and electricity) is only a device to prevent the deleterious effects in other ways, of rest, and to help the assimilation of food. Isolation is almost a *sine qua non* of the treatment; without it, the rest cure, although efficient in a certain proportion of cases, is still usually abortive in severe cases. This is a most significant fact. Now it is common knowledge that while the influence of isolation is complex, its chief mode of action is mental. This is so patent and so well recognized that I need not take the time to consider its mode of action in detail.

It is therefore apparent at once that along with the primitive idea of making fat and blood, another and essential factor has been introduced, namely, a mental one. And it must also be apparent to any one who is practically familiar with isolation in mental and nervous diseases, that the effect of mental influence can be enormously augmented or impaired according to the individuality and therapeutic attitude of the physician. As to the assumed pathological principle, — faulty nutrition, — I think there has been a growing conviction that this is not the real underlying principle of neurasthenia, and that the cures effected by the rest treatment are due to other influences, largely moral and educational, quite as much as, if not more than, to the nutritive factor. I do not believe that the observations of the best and most experienced clinicians will support the view

that neurasthenic symptoms are wholly dependent on, or caused by inanition, whether of tissue or of blood. As to my own observations, I can say that in the early years of practice, the scales occupied the more conspicuous place in the consulting room; I accepted the inanition theory with unquestioning faith, and it was a disappointment to find that later experience failed to verify it, and that too frequently the relation between weight and neurasthenic symptoms was a very loose one. It frequently turned out to be the case that with gain of weight symptoms failed to disappear; and with equal frequency, perhaps, that with good nutrition marked neurasthenic symptoms were present. It became evident that some other principle was at work as a causative factor than that of insufficient nutrition.

I find this conclusion now amply verified by a review of my cases observed during the last fifteen years, and it seems to me also to have been recently verified by a very valuable study of "The Relation of Neurasthenic Conditions to the General Nutrition," by Dr. Robert T. Edes.* Dr. Edes, as a result of a systematic study of his cases, has arrived at what seems to me similar conclusions; that is to say, Dr. Edes concludes "that no plan of treatment which affords a prospect of anything like enduring success can afford to leave . . . . wholly out of sight" the improvement of the nutrition. "So far as body-weight, which, of course, depends upon the harmonious work of more than one function, is concerned, by far the greater number of my cases seem to fully confirm the popular view. In the great majority a steady gain in body weight went hand in hand with improvement in nervous symptoms." But this im-

* The Relation of Neurasthenic Conditions to the General Nutrition, with reference to *(a)* Body-weight; *(b)* Blood-Measurements: *(c)* Excretion of Urea, Uric Acid, Indican. By Robert T. Edes, M.D., of Jamaica Plain, Mass. Transactions of the Association of American Physicians. Vol. XII. 1897.

provement, it should, I think, be pointed out, occurred in a sanitarium where it is to be presumed there were the conditions of rest and isolation as coöperative factors. On the other hand, he found special groups of cases which were partly incompatible with these ideas, and which went to show "that although the two processes of improved general nutrition and returning nervous strength do go so nearly hand in hand, they are not one and the same, and it is not always easy to say which leads." I think it is quite as much the case that improvement in nutrition is an accompaniment of improvement in health and an index of such improvement, as it is the cause. As a state of health begins to return, the body takes on increase of weight.

The fact may be fairly stated to be that the relation of nutrition to health is a general and not a specific one, and just about what every one has known from time immemorial, namely, that people in good health are usually well nourished, and when they begin to break down they lose flesh and gain again when they improve. Conversely, poorly fed and nourished people break down more easily than well nourished people. They cannot stand the strain or do the work required of them any more than can a poorly fed horse. So, impaired nutrition undoubtedly plays a part in neurasthenia, but it is a coöperative part and not the only or primary one. Neurasthenic symptoms may exist with or without malnutrition; unquestionably, imperfect nutrition tends to increase and encourage fatigue, and fatigue tends to perpetuate symptoms. When malnutrition is present, fatigue is more easily induced, and in fatigue symptoms are more easily excited and tend to persist, habit symptoms are less easily broken up, automatic symptoms continue, and the tendency to relapse and to a return of former symptoms is greater. As Dr. Edes says, we cannot afford to leave wholly out of sight the principle of malnutrition.

I think it would be approximately correct to say that the

neurasthenic state is primarily one of fatigue, and that as a rule it is more easily brought about when malnutrition exists, and that when malnutrition comes on secondarily, as is apt to be the case, it is more easily cured when the nutrition is restored. But increasing the quantity of fat and blood does not necessarily cause the nervous system to react normally or remove the condition of "fatigue." It does not necessarily increase the quantity of the hypothetical energy-holding compounds in the cells. Making fat and blood bears the same relation to the act of curing symptoms, that using steam and horse-power does to hand labor; it makes the work more economical, easier and quicker, but it also, and here the analogy ceases, it also makes the result more permanent. We may not hesitate, then, to accept formally what most of us think, that the assumed physiological principle, that the neurasthenic state is caused by faulty nutrition, is unsound. The introduction of the device of absolute rest in the treatment — for it is a device to aid the purpose of improving nutrition—does not in any way strengthen the malnutrition principle.

More important than the supposed scientific principles upon which any particular treatment is based, are the practical results which are obtained by it. That the rest treatment has been successful in experienced hands, and especially as practised by its distinguished originator, must be accepted, irrespective of any contrary results that may have fallen to the lot of individuals. For myself, I can bear testimony, if at this late date this were necessary, to the brilliant results which have followod Dr. Mitchell's treatment of cases of which I have had personal knowledge. I feel myself indebted to Dr. Mitchell for undertaking the care of a number of severe cases which have always returned to me to bear witness by their restored or improved health, to the skill of this eminent physician. Undoubtedly there are other members of the profession in whose hands the rest

cure has given perhaps equally satisfactory results. In its general plan it has been adopted with more or less thoroughness in probably all sanitaria for nervous diseases in this country, and has had an influence upon the general practice of the profession, which can be paralleled only by the late discoveries in bacteriological medicine. To its influence we probably owe the development of a large number of sanitaria which of late years have sprung up throughout the country.

Nevertheless, even if all this be true, there have been certain drawbacks, and I may say ill consequences of the method, and certain difficulties in carrying it out, that make a reinvestigation of the treatment of neurasthenia desirable.

The objections and outs of the treatment may be briefly stated as follows: (A) While we must recognize that the treatment has been brilliantly successful in the hands of certain individuals, nevertheless it has been a failure in the hands of others. It is not a treatment which is calculated to give equal results independent of the personal qualifications of the physician; this largely because its fundamental principle has been wrongly interpreted and therefore the treatment itself has been too often improperly carried out. (B) Many cases which are distinctly curable, and which later were cured by other methods, have failed to be cured by the rest cure, although systematically employed. (C) It too often happens that patients improved by this method fail to stay well, but promptly relapse as soon as they are again exposed to their old environments and the wear and tear of life. (D) Many patients far from being cured are made distinctly worse and become more confirmed invalids than ever. The rest cure not only makes use of improved nutrition but employs the most powerful of all therapeutic agents in neurasthenic and hysterical conditions, to wit, every moral influence that can be

brought to bear by means of change of surroundings, isolation, active physical manipulation of the body, and the personal influence of the physician. When this moral influence has been lost sight of, and reliance has been placed by the physician upon the mere physical details of the treatment, looking mainly to the increase in nutrition for the therapeutic effect, the result is apt to be a failure. Under such conditions in fact I do not hesitate to say that the rest cure has done much harm; a result which, as I have said, has been due to a misunderstanding of the real principles involved. When a patient has been for a considerable period of time secluded and absolute rest has been enjoined, and when after the prescribed period the expected freedom of symptoms has not been obtained, I think that as a rule, a distinct injury has been done the patient; pathological habits of the nerve centres have been strengthened, new morbid associations formed, and the symptoms have become more firmly rooted and more difficult to dispel. In fact, the symptoms are worse and the neurasthenic or hysterical state more fixed. Under such conditions the tendency is to prolong the rest, hoping for an improvement each week, and at the end of each additional week of rest the matter is made worse. In other words, rest and seclusion under such conditions tend to cultivate and strengthen neurasthenic and hysteric habits, and the last state of that person is worse than the first.

Mere improvement of nutrition cannot be relied upon to remove neurasthenic and hysteric symptoms. Mere rest alone, without isolation, without improved nutrition, without strong moral influences, will not do it. Under such a rest it is the too common experience, that so far from being removed, they become more persistent then ever or, even when they disappear, they at once return after restoration to the environment. For this reason I am of the opinion that the rest cure is a method that, when not

properly understood in its real underlying principles, is capable of doing the greatest harm, and I do not hesitate to say that it is a most dangerous method in inexperienced hands. I say this not as a mere unfounded generalization or impression, but as a logical induction from an enumeration of quite a number of cases which I have seen in private and hospital practice, treated unsuccessfully by this method.

Finally, a practical objection to the rest cure, even when it would otherwise be effective, is the expense.* In some cases this practically debars many patients from its benefit, so that for this reason alone it is desirable that we should have some effective method applicable in most cases.

What method, then, can we suggest to take its place? I am perforce compelled in a paper of this kind, to limit myself to certain general principles.

The method of treatment which I have practised during the past eight or nine years with satisfactory results and which I now bring to your notice, is what may be termed for want of a better name, the Educational Treatment, combined with mental therapeutics and physical hygiene. The general mode of procedure may be summarized as follows:

First. Instruction of the patient in the nature of the symptoms and disease.

Second. Fixed ideas, apprehension and erroneous beliefs counteracted; faulty habits of temperament and character corrected.

Third. Individual symptoms suppressed by electricity, suggestion and other therapeutic agents.

Fourth. Rules given for the daily conduct.

Fifth. Improvement of nutrition, moderate rest, and, in extreme cases, isolation from previous surroundings only.

* Properly carried out it involves the cost of board and lodging in a first-class boarding-house or hotel for two persons, patient and nurse, for a period of six or eight weeks, with one or two months' further sojourn in hotels at the sea-side or country. Then the cost of electricity and massage (sometimes extra), the wages of the nurse and the physician's charges for daily attendance all mount up to several hundreds of dollars.

I will briefly consider each of these principles, taking them in a somewhat different order than I have done.

Isolation. Perhaps the first question in the treatment is to determine how far is isolation necessary. If by isolatation is meant not only the separation of the patient from all former surroundings, but a restriction of all intercourse to only the nurse and physician for any considerable period of time; if this is meant by isolation, then I doubt extremely whether it is necessary or desirable in any class of cases, unless it be a few exceptional cases of severe hysteria. Separation from previous surroundings and associations, and particularly not only from all members of the household but from the house itself, is always beneficial and a great help in the treatment. I believe this to be one of the strongest moral therapeutic agents, and as potent as perhaps any factor in bringing about a cure. When therefore there are no financial or other difficulties in the way of obtaining a limited isolation of this kind, I would always advise it as a great help, but it does not seem to me that absolute isolation is desirable. On the contrary, I would strongly advise the systematic development of new associations and the encouragement of new thoughts and new mental and physical habits, which are best brought about, not by complete isolation, but by bringing the patient in active contact with the new world in which she is brought. Some cases require a change of surroundings more than others. The more marked the mental symptoms, the more hysterical, the more emotional the character of the disability, the greater the necessity for a separation of this kind, and a change of all external influences. In some extreme cases such a separation is absolutely necessary and any attempted cure is useless without it. It is for this reason that patients do better when they go under a physician's care in a distant city than when they are even under the best of treatment in their own place of residence. The familiar associations

of even the streets and acquaintances work for harm, while new scenes, new streets, strange people are strong mental factors for good. But practically it is only feasible for a limited portion of neurasthenics to be removed from their homes, and we therefore have to take the conditions as we find them. Fortunately such separation, although a great aid, is not absolutely necessary in the great majority of cases, and therefore the rule I would lay down is, "Procure separation only where feasible in moderate cases, and insist upon it at all costs in the extreme and worst cases." A nurse is not required excepting in the worst cases.

Education and Mental Therapeutics. The next part of the treatment, and at the same time the one that is most difficult and interesting, is what I call the education of the patient. It is upon this that we must rely for the suppression of the individual symptoms, the acquisition of strength and the development of habits of body and mind that will enable the patient to return to the wear and tear of life without breaking down. The preliminary step in the treatment is the study of the origin, history and groupings of individual symptoms. It is surprising to find, after a searching enquiry which involves every detail concerning the origin and character of the symptoms, and the conditions under which they arise, how often what seems to be a mere chaos of unrelated mental and physical phenomena will resolve itself into a series of logical events, and law and order be found to underlie the symptomatic tangle. By such a study we can determine what symptoms are pure habit symptoms of the kind which Dr. Taylor to-day has already described and of which he has given us examples; what symptoms are pure manifestations of hysteria; what are due to faulty ideation or auto-suggestion; what fatigue is due to real physical exhaustion and is true fatigue and what is false fatigue; what pains are due to the diffusion of effort and association and what are due to some real underlying

physical cause; what symptoms are due to real disease of organs like the heart or stomach and what to mimicry. After unravelling the symptoms in this way it will be surprising to find how much facilitated will be the removal of them.

For example: Miss D. had what ordinarily would be called neurasthenia, but what I prefer to call hysterical neurasthenia, of two years' standing. Her general neurasthenic condition was easily cured in a few weeks, but there persisted for almost a year after being otherwise well, a pain in the left lower abdominal region. This she had had for two years. She had had various kinds of treatment, gynecological, electrical and drugs without benefit. The pain was of sufficient intensity to cause considerable distress. Careful physical examination by an eminent gynecologist and myself failed to find any physical reason for it. Finally a searching enquiry previously neglected showed that the first appearance of the pain was after the introduction of a pessary which had to be removed on account of pain and discomfort. The present pain and discomfort are exactly the same in character as that originally caused by the pessary. It is not continuous; it is relieved by exercise and by conditions that would aggravate any local pathological process. The conclusion is then reached that it is a habit neurosis originally excited by the pessary and now continued by sub-conscious ideation and habit. The explanation is accepted by the patient and a cure rapidly follows.

Mrs. R. suffers from neurasthenia which has been unfortunately diagnosed as lead poisoning. Fatigue is a prominent symptom; she is capable of very little physical exertion, being able to walk perhaps a block. Enquiry shows that her treatment has forced upon her the impression that there is some distinct but mystical disease of the nervous system caused by lead, and she has been unconsciously educated to have fatigue after exertion. Every time she

attempts walking she is apprehensive of doing permanent damage. The fatigue is thus shown to be false fatigue and easily cured by mental therapeutics and hygiene, so that in a week or two she takes quite long walks, etc.

Mrs. D., an extreme case of hysterical neurasthenia, suffers from extreme dyspepsia and an abdominal neurosis or paræsthesia. Careful investigation shows the dyspepsia to be mostly false and to be really a hyperæsthesia of the stomach of probably the same pathology as is the common photophobia of the eyes in neurasthenia. The abdominal neurosis is also found to be of a similar character. The same patient was a notorious sufferer from headaches. These after analysis are shown to begin with true megrim and then to pass into hysterical headaches. The key to the multitude of symptoms exhibited by this patient almost always can be found to be *apprehension* or auto-suggestion.

Mrs. S. suffers from attacks of tachycardia, palpitation, and syncope if she attempts to go out doors. She has been educated to believe she has heart disease, although careful examination by a prominent physician showed nothing organic. These attacks cease when the true nature of them is explained, viz. apprehension and expectation.

Miss V. This was one of the worst and most inveterate cases of cerebro-spinal pain in a neurasthenic of seventeen years duration, that I have ever seen. From the pain and general fatigue she had been incapacitated for seventeen years and deprived of almost all participation in the ordinary affairs of life. A careful study of the original conditions of occurrence and other peculiarities of the pain showed conclusively that it was an association or habit neurosis. It finally yielded to prolonged and persistent educational treatment.

The second preliminary step is the study of the personal characteristics of the patient, with a view to determining

what part mental influences have in the symptoms, and to obtaining the coöperation of the patient. Further, a person who is sensitive, whose feelings are easily wounded, ready to see personal reflections in any criticism of his or her habits, must be very differently treated from one who is throughly open-minded, not sensitive and indifferent to criticism, and ready to coöperate in the treatment without regard to personal considerations. This coöperation is a very important factor. The attitude of the physician should be largely that of the trainer to the athlete. He is to teach the patient how to help himself.

Having gained the patient's confidence and coöperation, the rules I would lay down are these: First, remove all interfering mental states that prevent the subsidence of symptoms; these are: (*a*), a fixed idea or belief in the seriousness of the condition and the existence of real organic disease. (*b*), a belief in the danger or incurability of the state. (*c*), a fear or *apprehension* that any harm can come to the patient from incautious actions, like exercise and doing various things. (*d*), sub-conscious fixed ideas or memories producing hysteric symptoms.

One of the commonest hampering mental states is a belief on the part of the patient that doing things that bring on symptoms, are likely to produce serious harm. Most patients do not mind disagreeable feelings so much as they fear that anything that produces them might do them serious and lasting harm. A patient, for example, refuses to go about not because he minds fatigue, but because he thinks that fatigue means serious damage. Another fears to move because of cardiac symptoms, which he imagines or has been told indicate heart disease, but does not mind them if he can be assured and really believe there is no cardiac trouble. It is surprising sometimes to see the almost immediate beneficial effects produced by the mere acceptation of the idea that symptoms do not mean disease

or lasting injury. With the acceptation of this idea, symptoms sometimes subside at once.

The next point is the instruction of the patient in the meaning of symptoms. The patient should be allowed to understand the cause and meaning of each discomfort; for example, when symptoms are pure habits, due to association of ideas and actions, when fatigue is a false or habit fatigue this should be explained. It is my habit to give a great deal of time to this instruction. It is important to take the patient into your confidence and explain the nature of such symptoms as if one were explaining to a colleague; and above all, when the case is of hysteria to say so frankly, and not conceal the fact but explain its nature. Next, when tendencies to emotional states exist, states of anger at trivial things, anxiety, fear, worry, nervous shocks, accompanied as these usually are by somatic symptoms, to educate the patient to control and suppress all such emotional states. Here tact, character and individuality on the part of the physician come in.

Suppression of individual symptoms by appropriate therapeutic agents.—Now comes in one of the most important parts of the treatment, namely, the daily suppression of individual symptoms by proper therapeutic agents. Symptoms should, if possible, be suppressed as fast as they arise without being allowed to gather headway and grow, in order that faulty habits and reactions of the nervous system may be broken up at once. It is preferable that the patient should make visits to the physician's office rather than the reverse. When a patient makes a pilgrimage, as it were, for the distinct purpose of being alleviated, the effect of the treatment is generally heightened. For the suppression of symptoms, one of the most valuable therapeutic agents, and one which I find myself making use of more and more in practice, is direct suggestion. This occupies a very prominent place in every case. It may be used in

various forms and for different purposes. As to the form which is used, I have rarely of late been obliged to resort to the hypnotic state, but have obtained all the influence that I have needed in a waking state, using for the purpose static electricity where it can be had; the faradic or galvanic battery will sometimes answer. At the same time that the electricity is applied the suggestion is given, and the patient is instructed in the nature and cause of her symptoms and disease, and what is to be expected. In a waking state, a suggestion is more efficacious if given symbolically so to speak, through some material agent. I myself rely almost entirely upon some form of electricity. I would not overlook the purely physical effect of electricity in neurasthenia. I believe it has a physical influence especially in suppressing painful feelings, and removing fatigue sensations. I would therefore make use, at one and the same time, of both influences, the mental and the physical. In some cases the physical and in some cases the mental influence predominates. To illustrate, a patient is directed to come daily at first to the physician's office. The patient's symtoms, we will say, are headache, insomnia, backache and fatigue. The static douche and sparks are used, the present and future effect expected insisted upon; if possible the patient is not allowed to leave until some, or complete relief has been obtained. The beneficial effect of drugs should not be neglected. Often sedatives like bromide are valuable. Gouty and rheumatic tendencies should be corrected, and the diet carefully regulated of course when dyspeptic symptoms exist.

My plan is to take each symptom individually in turn, no matter in what part of the body it may be, and by appropriate therapeutic agents to endeavor to dispel it as fast as it appears.

In some but rare cases of hysteria it may be necessary to go down to the lowest strata of consciousness, and for this

purpose the hypnotic state may be necessary. One advantage of hypnosis in such cases as this, is that in this state we can often learn from the patient the causes and origin of symptoms which in the waking state are forgotten. For example, Miss F. suffers from attacks of pain in the left side, with various other symptoms, coming on under peculiar circumstances. It is related in hypnosis that they all date from a certain episode involving an emotional shock. The psychical character of such pains is at once demonstrated, and their removal facilitated by suggestion. Many such instances might be cited.

A further value of hypnotic suggestion is that you are sometimes able to make in the hypnotic state criticisms of the patient's habits which will be resented in a waking state. Ordinarily hypnosis is not necessary. Besides suggestions directed to the individual symptoms, others should be given directed to the state itself. For example, that there is no real disease at all, only a lack of harmony in the working of the system, according to the view taken by the physician, always being particular to state the truth and exactly what the physician believes. Suggestions should also be given to counteract fixed ideas, fears, apprehensions and expectations of the patient, and by such suggestions to anticipate future accidents that may arise.

Avoidance of artificial cultivation of symptoms.— Just as education is a most potent factor for good, it may have an equal influence for evil. Caution is therefore most desirable against unintentionally suggesting all sorts of possible evil consequences that may result either from the actions of the patient or from the disease. The physician should be cautious against suggesting himself, or allowing others to suggest, either directly or by innuendo, that fatigue, pain, insomnia, or any discomfort, will be likely to supervene under certain circumstances, and above all that any real lasting injury can be done the patient by any effort

of any kind. This does not mean that rigid rules of conduct should not be prescribed; on the contrary they should be, but it should be done with intelligence and judgment. I have seen more than one neurasthenic whose symptoms have been the pure result of unintentional cultivation.

Next, educate the subject's body and nervous system to do whatever it cannot do without symptoms. An educational process of this kind is the same as that which is used in teaching a person in any of the arts or sports. If a person cannot walk without fatigue, he must be taught to do it. If he cannot go to the theatre without pain, he must be taught to do it. If he cannot put food in his stomach without distress, particularly when this distress represents a feeling of dyspepsia, the stomach must be taught to bear food without resulting discomfort. This is the opposite of the system which would suppress every action which cannot be accomplished without discomfort. Some physicians, I find, have a habit of restricting a patient from doing whatever cannot be done without pleasure and comfort. The result of this is that the symptoms tend to grow and increase until finally the restriction must be proportionately increased. For example, a patient who cannot walk without fatigue, a fatigue that is evidently false, if cautioned too severely, and restricted, will eventually end by becoming confined to the house and thus to the bed. If the coöperation of the patient is obtained as above, this is unnecessary.

Finally I would say, in regard to the educational part of the treatment of neurasthenia and hysteria, it is most important that a methodical regularity of life should be enjoined, almost each hour of the day being filled up by the physician. This both for its moral and physical effects. To summarize once more the daily educational treatment:

First.—Instruction in the nature of the symptoms and disease.

Second.—Fixed ideas, apprehension and erroneous be-

liefs counteracted, faulty habits of temperament and character corrected.

Third.—Individual symptoms suppressed by electricity, suggestion and other therapeutic agents.

Fourth.—Rules given for the conduct during the succeeding twenty-four hours.

Food and Nutrition.—When faulty nutrition exists of course it must be corrected on general principles of health. We cannot expect permanent robust health with endurance for bodily activity so long as the body is underfed. For this purpose my plan has been to give five to six raw eggs daily in addition to the meals, one between each meal and one immediately after each meal on leaving the table, and one at bedtime. The eggs are to be swallowed whole without the yolk or albumen being broken. This is a trick easily acquired. Any other form of nourishment may be substituted, but this is the most practical. Increase of weight, it must be remembered, is an adjuvant or coöperative factor, not the end sought.

Rest.—A certain amount of rest *must be given*. What amount of rest is required? Absolute and continuous rest I have of late years rarely used, excepting in cases that are already more or less bed-ridden. I find it not only unnecessary but a distinct disadvantage in the majority of cases. The only advantages are: First, the moral effect. This may, if properly made use of, be great; but I cannot help thinking that the same moral effect can be obtained in a more straightforward way by appealing directly to the intelligence of the patient. Second. When severe dyspepsia is present it enables us to get along with smaller quantities of food while we are educating the stomach to take larger quantities. The disadvantages are distinct. (A) At the end of a period of four or six weeks we have, in addition to the fatigue of the disease to contend with, the weakness from prolonged rest. (B) It tends to cultivate habits of fatigue and other ner-

vous symptoms after effort. (C) Absolute rest requires the constant attendance of a skilled nurse, whose qualities are not easy to obtain, and the more continuous attendance of the physician. (D) It requires massage and electricity to counteract the deleterious effect of rest. (E) It taxes the ingenuity of the physician to fill up the time. (F) We lose much time in beginning the educational treatment of the patient, in teaching self-control and breaking up faulty habits. (6) It is unscientific and unnecessary.

But some amount of rest above that of a night's sleep a patient must have, and for this reason: there is a limit to the endurance of every person. The average person perhaps finds eight hours' sleep sufficient, giving sixteen hours to the wear and tear of life, or fatigue-producing occupations, including pleasures. Of these sixteen, nine can be used for actual work and the remaining seven for recreation, exercise, feeding, etc. But the seven thus spent are also fatigue-producing hours. Now the essence of neurasthenia is a lack of endurance and easily induced fatigue, with delayed recuperation, so that a neurasthenic, instead of being able to give sixteen hours, can only spare eight or ten to fatigue-producing occupations. It is therefore necessary to cut down the day hours during which a neurasthenic is exposed to the wear and tear of life, including pleasures. Now when fatigue has been produced it does not matter whether it is true or false fatigue—the patient is incapacitated for further exertion. I have always found it useless to push patients when this point is reached; if it is done the result has almost always been disastrous. The patient can be educated or trained but not pushed, just as an oarsman can be trained to do a double amount of work but he cannot be pushed at first beyond his strength.

The rule I would make then, is this. Divide up the day into alternate periods of rest and occupation. See that sufficient rest is given, taking the peculiarities of the

individual case into consideration; and having done this, see that the occupation periods are utilized in training the body and mind. Instead of absolute rest then I would insist on the opposite or active use of the nervous system for certain periods of time. It is important that the hours of the day should be actively filled up with little time left on the hands of the patient.

The principle is, see that enough rest is given, and being satisfied of that, see that the remainder of the time is spent in education and training, and provide as much hygienic occupation as the patient will stand. If a neurasthenic cannot sit up ten minutes, she can one, which will soon become ten. If she cannot drive twenty minutes she can ten.