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CIRCULATORY AND SENSORY
Disorders of Neurasthenia,

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Some Circulatory and Sensory Disorders of Neurasthenia.

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There is hardly any limit to the functional derangements that may accompany neurasthenia and its related conditions. The various organs being dependent upon the nervous system for the energy that directs their vital machinery it follows that to the extent to which the central power fails in its supply of force will the organs also fail in that smooth and balanced performance of function that belongs to a physiological condition.

Hence we find that the symptoms of neurasthenia or nervous exhaustion counterfeit those of almost every disease, and it is not always easy to separate the apparent from the real, and to decide whether the symptoms represent a functional or organic condition.

As this is especially true of the vascular and sensory disorders of neurasthenia I have thought it would be instructive to give a brief statement of the chief derangements of the sensory nervous system and of the circulation that are frequently found in this disorder.

Except inflammation there is scarcely a disorder of the vascular system that is not observed in nervous exhaustion. We find functional derangement of the heart simulating valvular disease, transient congestions, anæmies, œdematous swellings; and in other cases still, a medley of symptoms that may combine some features of several diseases.

One of the frequent symptoms of neurasthenia is functional derangement of the heart and it not only alarms the patient, but may



cause serious inconvenience and distress. It is perhaps no exaggeration to say that four-fifths of the cases of this disorder suffer from functional heart trouble. The most usual form is excited action of the heart. Excited and even violent action of the heart may be caused by the most trivial occurrences, such as the receipt of a letter or a telegram, and the excitement may be so great as to cause faintness.

A lady patient of mine had an attack of syncope on receiving a telegram about a very ordinary matter, and at another time she fainted on seeing a messenger boy approaching the door.

There is a class of cases in which violent and tumultuous action of the heart occurs on lying down at night, and these paroxysms are sometimes so severe as to seriously interfere with sleep. In a few cases I have observed it as the first indication of an approaching breakdown of the nervous system, and whereas at first it is usually transient and of mild form, it becomes more marked with each recurrence, and of longer duration. One peculiarity of this trouble is that the palpitation occurs only on lying down at night. The patient can lie down and sleep during the day-time, being entirely free from it; but at night the paroxysm comes on. This form of trouble seems to occur at about the age of puberty. Indeed tumultuous heart action with flushed face and throbbing temporal arteries occurring at night appears in subjects of nervous temperament at about puberty and sometimes in conditions of apparent perfect health.

I have seen a number of such cases. One, a young man of nineteen, who lost much sleep on this account, and during a period of two years he slept little at night, though he slept without difficulty during the day. In a female of sixteen this trouble prevented sleep the first half of the night for many months, though at times for several days she was entirely free from it. The pulse which was normal, during the day, would, on lying down at night, run up to 110, being of high tension and irregular. The patient afterward recovered from the neurasthenic condition from which she suffered, and the peculiar cardiac disorder (if such it can be called) disappeared, though no remedy I gave had the least influence in relieving the special difficulty. From my experience I think it quite useless to give remedies for this

special symptom, and where it occurs in neurasthenia it disappears on relief of the general condition.

Just why these paroxysms of palpitation and vascular excitement should occur only at night, I have been unable to decide; but then there are many symptoms of neurasthenia that are obscure and apparently past finding out. Cardiac debility, shown in palpitation or even in attacks of syncope on exertion, are not unusual in the severer forms of neurasthenia. One female patient who had been confined to bed for many months, fainted on being propped up in bed, and after regaining the power to walk she would faint if she walked rapidly or a little farther than usual. These cases of heart debility are found in those in which the prostration is extreme, and also where the patient has been confined to bed for some time.

Chills, followed by high fever, are not infrequent in cases of nervous exhaustion or more properly in cases of brain exhaustion. By brain exhaustion I refer to a class of cases, usually men, in which overwork has resulted in a set of symptoms referable almost entirely to the brain, the bodily health remaining good. There is usually cerebral congestion, sleeplessness, despondency, inability to apply the mind to work, or to consecutive thought, and loss of interest in usual occupations. This condition is generally curable, though it is sometimes the first step in the long descent of mental deterioration. The chills may recur at regular intervals and, with the fever, simulate malaria; and in fact are sometimes mistaken for it. I have seen a number of cases where this form of nervous chill had been considered malarial, and treated for it.

A gentleman sixty-three years of age, who was under my care with chronic cerebral congestion and slight loss of mental power, had severe chills for a period of six months, recurring about twice a month, and each chill followed by high fever. The chills were caused by anything that tended to exhaust him, over-exertion, worry or excitement. The fever that succeeded the chills usually reached a temperature of 102 and abated in about six or eight hours. The fever was accompanied by rapid and full pulse, and all the symptoms of marked cerebral congestion. On several occasions he was partially unconscious for a number of hours during the continuance of the fever, and he was always confined to bed on the succeeding day. It

is interesting to note that this gentleman entirely recovered, and is now, at sixty-eight years of age, in good health.

Another patient, a lady, had severe attacks of congestion of the brain, during which she was frequently unconscious for several hours. These attacks were sometimes, though not always, preceded by a chill, and were always accompanied by severe headache, so that they might have been properly called congestive headaches. Though she was benefited she was not relieved of these attacks by treatment; and now, after the lapse of twelve years, she still has them though they are not so frequent nor so severe as formerly. The attacks were occasionally accompanied by some strange and interesting mental phenomena, which I may detail at some future time.

Local congestions and anæmias are frequent in neurasthenia, for in these cases the circulation is unstable, irregular and inefficient. Patients have symptoms of bronchitis or congestion of one lung, that will appear and disappear in a few hours. Congestions elsewhere are frequent.

Bloating of the hands and feet occur where the circulation is feeble, and I have known it mistaken for Bright's disease. Bloating of the skin of the entire body is not uncommon. All these conditions of bloating of the body are worse in the evening, and appear and disappear irregularly during the disease. In two or three cases I have observed bloating of one limb while the other remained perfectly normal.

In speaking of functional cardiac disorders mention should have been made of the paroxysm of sudden, rapid action of the heart that occur without any immediate exciting cause. In one such case I discovered a valvular murmur, though in intervals of the paroxysm the heart sounds were normal. This was observed not only once but many times. This phenomenon has been observed by others, but I know of no explanation of its cause.

An abnormally slow pulse is occasionally observed in neurasthenia. This is usually associated with evidences of deficient blood supply to the body generally, and is accompanied by cold hands and feet and feeling of chilliness in a room that is comfortably warm for persons in health. Some neurasthenics have a persistently rapid pulse, and it is usually weak in proportion to its rapidity. The heart in such cases

being weak, it attempts to make up in rapid action for its lack of vigor. In other cases the rapid action is apparently due to lessened arterial tension, which removes the peripheral resistance, and therefore the heart works more easily and more rapidly.

In regard to the sensory disorders of neurasthenia one is embarrassed with the multitude of facts that even a limited experience will furnish. If a record were made of all the morbid sensations of neurasthenics, volumes would be necessary to contain it. Certain peculiar sensations are associated with headache. One patient who was subject to congestive headaches had a feeling of having her skull filled with crumpled paper, as she called it. She said she could hear the paper-like substance rattling as the headache came on; and she desired to know if it were not possible for the membranes to become dry, so that the sensation could be thus produced.

These various sensory disorders are especially annoying, and in those cases where the prostration is extreme and the mind is somewhat weak and impressible, they assume in the estimation of the patient a degree of reality that approaches the delusional.

A feeling of tire in the head is a common sensation. It occurs most frequently in men who suffer from brain exhaustion from overwork. One may be entirely free from this feeling of head weariness during the day, but the exhaustion of the little excitements of reading or conversing causes it to return toward evening. Those who are troubled with this feeling find that it is especially apt to be excited by reading, or anything that requires even a trifling mental effort, such as card-playing or listening to an interesting conversation. Many patients have a feeling of a band around the head, that seems to compress it, and it is often a persistent and distressing symptom. It more frequently occurs in association with brain congestion and in persons of full habit. In a few cases I have observed it in persons in whom there was no apparent tendency to congestion.

Dr. G. M. Beard long ago called attention to the frequent occurrence of tender spots on the scalp in neurasthenics, and anyone who has seen much of this disease must have frequently observed the symptom. In some cases the entire scalp is tender, in other cases there are irregular patches of tenderness. It is especially troublesome in combing the hair, and causes more inconvenience to ladies

from the weight of their hair and the manipulations necessary in dressing it. Some ladies who suffer from nervous exhaustion find it necessary to leave the hair undressed, as the irritation of the hair "done up" snugly cannot be borne.

In a few cases I have observed a loss of sensation on one side of the face, occurring after excitement or extreme exhaustion. Anæsthesia occurs in every form and every degree in neurasthenia. One patient who had occasional periods of depression had for about twenty-four hours previous a loss of sensation in the right side of the face, with some trouble in articulating distinctly.

This patient subsequently had hemiplegia, involving the right side and including paralysis of the right side of the face and deviation of the tongue to the right. The previous anæsthesia and difficulty of articulation were doubtless symptoms of the first stage of central degeneracy that finally issued in a sudden hemorrhage and paralysis.

Both pain and anæsthesia occurring in the extremities and in various parts of the body are common. Ladies especially are apt to suffer from pain in the legs at night, and they sometimes simulate the shooting and tearing pains of locomotive ataxia. These pains are sometimes persistent and annoying, and may be among the last symptoms to depart. As an instance of morbid sensations that border upon the delusional the following may be instanced:

A gentleman of fifty-eight was in a state of extreme nervous prostration, and was timid and despondent. After a sleepless night, when he would be nervous and apprehensive, he had a fancy that the air he breathed was hot in one lung and icy cold in the other. At times he had the feeling that the air passed from his lungs down his legs, and though he did not believe it to be a reality yet he would ask if it were not possible for it to occur. At other times he said he felt the air passing from the right lung to the right side and into the right arm. He was troubled with various other sensations of similar nature; all of which would only last an hour or two after rising in the morning. He would then be much amused in recalling them and had no trouble in recognizing that they were not realities. His mind was as vigorous as ever and he was quite capable of judging of the affairs of an extensive business.

Many neurasthenics have numbness of the legs when sitting, due

to pressure upon the edge of the chair. Patients are apt to think this an indication of a tendency to paralysis, but there is no necessary relation between them. Lying on one side in bed may produce numbness of the side and lying on the arm frequently causes entire loss of sensation in it for hours.

Some patients have uncomfortable sensations of heat and cold in different parts of the body. One side of the body may feel cold, while the other is apparently excessively warm, or one side may be normal while the other has a feeling of being very cold or very warm. Others suffer from cold feet; others from their feet being too warm. One lady slept with her feet uncovered in cold weather because of their feeling uncomfortably warm.

The epileptic patient who said that as a fit came on he had a "horrible smell of green thunder," aptly expressed the sensory disorders that separately and transiently afflict many neurasthenics.

One gentleman had what he called a constant "humming noise in his ears," that on over-exertion passed into a familiar tune that would haunt him for hours. Others hear familiar voices speaking to them, and others hear snapping noises as though something had burst in the head. Dr. S. Wier Mitchell has called attention to this phenomenon. The patient on going to sleep is apt to be wakened by a snapping or loud explosive noise, as one patient expressed it, as if a "gun had been fired off inside his head."

Apparently from mere exhaustion of the nerve centers the hearing sometimes becomes dull, and I had one patient who became hard-of-hearing on becoming exhausted and heard again with normal acuteness after resting. Apparently from mental apathy, patients are sometimes dull of hearing in cases of neurasthenia. Weakness and various defects of sight are common, and there are few neurasthenics who can read without suffering from the exertion. Some cannot distinguish letters of ordinary type, apparently from debility in the adjusting apparatus of sight.

Many patients have elaborate visions, and some court them at night to while away the hours of sleeplessness. One patient stated that after any unusual mental exertion his entire field of vision was filled with kaleidoscopic views of changing colors. He would have a confused view of a celebrated landscape painting he had once seen

and which was at first of normal colors, then of confused coloring. This gradually faded to whiteness, and the vision disappeared in a series of flashes like sheet lightning. One patient saw double at a distance, though he could read ordinary print without difficulty. On looking out on the lawn one person appeared as two, and a forest a few rods away appeared as a confused mass of darkness. He had no paralysis, and his defects of vision disappeared as his nervous system regained its vigor.

The above are but a tithe of the peculiar manifestations of neurasthenia but they fairly illustrate the chief disorders of the vascular and sensory systems.

Finally, concerning neurasthenia, it may be observed that there is no disease more generally curable if treated under proper conditions; and it is equally important to observe that there is no disease more rebellious when methods of treatment not exactly suited are adopted.

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For information, address the Medical Superintendent:

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