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PSYCHONEUROSIS
in the
PRACTICE of GENERAL MEDICINE

Martin P. Williams

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the
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Introduction

From time immemorial some type of healing has been practiced upon human beings (10). Influence upon the mind has occupied an important position in the armamentarium of the distinguished practitioner until quite recent years (17). The power of suggestion no doubt has been responsible for some of the remarkable cures which have been recorded in medical history (1,2). It seems improbable that some of the unwholesome mixtures used as a treatment in the now known specific diseases could have, by themselves, performed the miracles ascribed to them. With the advent of modern science the art of healing has been sadly disregarded by most members of our noble profession only to be profitably practiced by some other cult. It is regrettable that pharmaco-biochemical treatment is so frequently practiced as an entity. The curriculum of a medical college is emphatically materialistic. The laboratory has revolutionized medicine. During the past decade rapid advances in chemistry, physiology, pathology and roentgenology have so intrigued the medical student that he has paid little or no attention to the study of psychology or psychobiology. From all corners of the world have come methods which have enabled us to get a much more exact idea of human mechanisms and the various interruptions that may occur,
but the tendency has been to overlook psychic changes during our search for physical manifestations of a disease. Frequently clinical and physical signs are exhausted; chemical and pathological examination of the organism reveal nothing — such an experience is puzzling to many young practitioners. The exclusion of psychology and psychiatry often leads the physician into gross error. It is commendable that the natural sciences have furnished so many exacting methods whereby the body may be examined; the physiological activities directly and indirectly observed and evaluated; the more remote spaces explored by radioscopie or illumination. Due credit is given the electrocardiographer for the recording of electromotive variances in heart action. Another intricacy of modern medicine is neuro-surgery; its advent has restored to normalcy many sufferers of central nervous system pathology that exhibited symptoms of somatic disturbance. The recent advances of the physical phases of medicine have been recalled merely to contrast them with the psychic presentations that are to be introduced immediately. When delving into the bodily disorders the average physician does not explore the patient's "psyche". The mind is the apparatus in maintaining balanced and synergistic response to all external and internal stimuli, that is, it is the all important silent operating median of adaptation acting as a buffer between the body and its surroundings; adjusting amicably the individual to his environment and to himself. Failure of adaptation (2) gives rise to
complexes which, as I will later show, are definite etiological factors in disease of the soma. Search into the psyche then not only reveals the etiology but suggests the therapy. With the development of a system of complexes (18. 31) a physician is apt to misjudge their appearance as a complication of the disease and to subordinate the psychic disturbances to those of a physical character. It is my endeavor to show that a distinct disruption occurs between physiological somatic mechanisms and the mental processes of the psychic, and further, there is a group of diseases (15, 20) which have as their earliest manifestation mental disturbances and complexities. These are followed by secondary somatic changes and symptoms. It is proper that psychoanalysis be a part of the inquiry in a vast majority of the cases.
Psychoneurosis in General

No attempt will be made to give an infallible definition of psychoneurosis (31) or to classify the various syndromes with which it is grouped. To thoroughly understand the role of psychoneurotic individual in clinical medicine and all its branches, we must endeavor to form some conception of the underlying factors capable of producing functional dissociations within the network of the nervous system. That there is a striking lack of opinion as to the etiology will be brought out later in the discussion.

A brief sketch of the development of the nervous system is apropos at this time. The nervous system of the human being is a relatively recent development. Biologists (32) tell us that its precursor was a chemical mechanism. When the central nervous system was developed it formed an alliance with pre-existing chemical mechanism particularly through its lowest level, the visceral nervous system. The visceral nervous system may be subdivided into the sympathetic and parasympathetic, each cooperates with a group of endocrines (11). Endocrines are the elaboration of a survival of those chemical mechanisms to which animals responded before the central nervous system was developed. The sympathetic is largely katabalic in its activity and is associated with the thyroid, pituitary, and adrenals. The parasympathetic (or, extended vagus, as it is frequently called) is
largely anabolic in its activities, and is associated with the pancreas, although there is no direct evidence of their control by the vagus. The gonads interact particularly with the sympathetic endocrine group. The pineal body and the thymus are not true endocrines, as they are not known to form an internal secretion. They can, however, through some agency, not at present understood, influence the endocrine system. This influence, generally, is in the nature of a retardation of endocrine activity; particularly do they retard the onset of sexual maturity in favor of somatic development. This view as to the etiology of neurosis was advanced by endocrinologists in their early works.

Another early explanation of neurotic manifestations was presented by the histo-neurologists. Their line of reasoning followed those of Virchow (10) who supported the theory that every mental disorder has a definite physical pathology and that evidence of pathology must precede the development of mental symptoms. This view was assailed immediately and later proven to be erroneous by the psychologists and psychiatrists (1, 10).

It had been noticed that neurotic tendencies appeared in the family tree. Much stress was then laid upon the hereditary and congenital psychoneurosis which were misinterpreted as being reproduced as a clinical entity. This view is partially right if the same limitations are placed upon the significance of inheritance here as has been given it in the organic diseases (24).
The conclusion that psychoneurosis has a genetic basis opened the way for the psychologists. They modified the genetic theory by assuming that every child when born has a number of instincts upon which are imposed his emotional make-up. By attaching these instinctive emotions to objects and experiences which are encountered in his early developmental environment a group of complexes arise. Some of these are unpleasant and painful and are held in obeyance as unacceptable. Such a conflict of complexes with an increasing amount of attention centered upon the previous purposely repressed thought lead to psychoneurosis. Conflicts between repressed complexes are easily satisfied by the development of a symptom which closely satisfies both.

Hunt, a New York neurologist (21), first worked out the repression theory and satisfied himself that the human body is an integral unit, a marked contrast to the views taken by most modern specialists who have sharply divided the bodily activities. He stressed the fact that it is through the integrity and coordination of functions by the central nervous system and associated endocrines that the body performs as a unit. He further points out that the various structures of the nervous and regulatory systems and that the more recently developed and higher levels exert a controlling influence upon the lower levels. Of the higher levels of mental activity the psychological predominates over all mental activity. It is logical that the bizarre conditions of the mind associated with fear, depression and conflict should
cause impulses to be discharged over the peripheral nervous system and influence visceral and somatic functions (13). The physiological and psychological levels of the nervous system are manifested in its role of centralizing biopsychological activity of the organism. The activities are grouped as motion, sensation, glandular activity, metabolism and the more purely psychic activities, emotion, perception, memory and thought. The flow of nervous energy is initiated by stimulation. In response to the stimulation, activity of the organism may be increased or inhibited. The nervous functions of excitation and inhibition are complementary or antagonistic in scope. Their balance or coordination in all somatic and psychic functions is harmonious being particularly so in the psychic sphere. Every act (13) and every decision of man is the outcome of a mental conflict. In the struggle of higher nature of man with his instinctive tendencies, desire and repression are the psychic forces underlying the greatest conflicts of the individual. It is in the realm of repression, the region of complexes where dissociation plays so important a part in the field of medicine, and here psychic inhibition may cause a repression into the subconscious of a conflicting group of ideas. Repressed ideas generally have a strong emotional content which tends to function independently or pseudo-instinctively. The repression of primitive instincts from consciousness is harmful. The energy underlying the instinct is dammed back beyond the control of the conscious self-expression.
Physical energy may find an outlet from the unconscious in a variety of ways. There are two more common pathways for the expression of psychic energy. One is through the psyche and the other is through somatic channels. The psychic conditions are definite problems for the specialist. Our problems concern chiefly the conversion of psychic energy into somatic channels where they give rise to visceral symptoms.

Hunt is not alone in adherence to the "repression" theory. At a recent meeting of the New York Society of Neurologists, Doctors L.S. Wechsler (31) and Bernard Glueck (18) referred to mental disease as a disorder of the personality as a whole. The personality embraces all those structures and integrations of functions which are familiar to us in the fields of anatomy, physiology and biochemistry, and also those higher integrations which are seasoned by inheritances. These tendencies emerge at the birth of the individual and his first contact with other human beings. The higher integrations at the psychic level are intended not only to serve the immediate requirements of man in his impacts with reality, but are engaged from the moment of birth until death in the important task of maintaining a satisfactory adjustment between two sets of forces which contend for the mastery of the individual and his conduct. These forces are those of nature or instinct and those of culture. Disease or maladjustment of the personality as a whole, from the common place hysterical headache to the most profound insanity, reveal evidence of unsatisfactory solution of the conflict kept alive within the
soul of man by these conflicting forces. Then comes the dis-

ability of the individual to deal adequately with the intra-

psychic conflict. This disability is unusually precipitated by

some event, which is given credit of being the proximal cause of

the psychic upheaval.

Intrapsychic conflict, the tension and anxiety produced by

opposing forces within the constitution of man, is thus, seen to

be the natural destiny of man. So-called normality reflects the

achievement of a satisfactory adjustment between these contending

forces. That this so-called normality ordinarily goes hand in

hand with somatic integrity does not signify at all that struc-
tural and physical health is an absolute guarantee against those

failure of adjustment which are found in the field of psychopa-

thology. The diagnosis of functional disorder, so called by

exclusion, after a most meticulous search for somatic factors

is often disappointing even to the most experienced psychoana-

lyst. This takes us into the realm of patients seen in the prac-
tice of general medicine who complain of varying degrees of symp-
toms without any evidence of somatic disintegration (4). This

type of patient will present symptoms of disturbances which are

obscure. Reference is made to no particular organ or group of

organs. There is a dissociation in the normal inter-relation-

ship between mental and somatic factors which enter into the har-

monious display by the interconnected organs. Greater empha-

sis should be placed on the study of this class of patients.
Approaching disease from the organic point of view there is no disease which can be explained wholly on a definite pathological basis. In any disease, period and degree of morbidity would be lessened if greater attention could be focused upon the condition producing the symptom, instead of the treatment offered being symptomatic. It is well recognized that in a vast majority of cases that etiological factor in precipitating a group of symptoms is seldom found.

Freud is another supporter of the repression theory, basing all psychoneurosis ultimately upon sexuality. He believed all mental conflict to be brought about by incompatible desires which were usually of a sexual content. These desires or experiences occur at or before adolescence and although quite natural in occurrence are believed by the individual to be too lewd, obnoxious or immoral to be entertained within the realm of consciousness. The obnoxious interpretations are either given a fanciful trend which can be more wholesomely accepted or the whole desire is repressed or dismissed, split up into parts which become dissociated in the consciousness. Complete separation from the personality seldom occurs. The sexual theories are well established and accepted in medical practice. To confirm this, one has only to note the constancy with which histories of sexual insult abound in the psychoneurotic cases (33). Its prevalence does not warrant giving it a place as the etiological factor in all mental diseases, but it should be looked for in the taking
of all histories.

Late reviews and studies of Freud's sexuality theory (3) conclude that in psychoneurosis, sexuality does play a part but is not entirely responsible for it. Even with the broadening of sexuality to cover the primary appetite or desires a large number of symptoms remain unexplainable.

For practical purposes the basic instincts are those which are forceful in maintaining self preservation, race perpetuation, expression of one's self, social harmony, and growth to maturity.

Environmental difficulties or personal limitations often preclude the fulfilling of all or part of these desires. Battles are waged among each other for supremacy in the activity of the individual. The tension and pain aroused by the unfilled desires pile up until the situation in the conscious mind becomes acute and unbearable. The energy then is either discharged in activity regardless of reality and other desires or else is repressed into subconscious mind by the conquering elements. Often the repression is incomplete and the idea is kept submerged only by constant attempts to forget it. This type of repression is termed suppression, true repression being an unconscious mechanism. It is impossible for the individual to attain mental equilibrium and freedom from stress or pain without his fulfilling in some way all of the basic instincts. Complete satisfaction is a primary need of the mind as shown by Gestalt's
psychology.

We will now investigate the psychology of Adler (2, 3, 10). The distinctive feature of Adler's approach to the problem of the neurotic character traits is its attack from the organic rather than the functional side, and, in this way, it offers a very valuable viewpoint since it tends to bring together the organicist and the functionalist, who have been long separated by the misconception of irreconcilable differences between the mind and body. A large part of the opposition to the whole psychological movement, as represented by psychoanalysis, has come from the inability of the man—who has been brought up to look at things from the viewpoint of the internist—to accept many of the clinical observations which were offered, and which tended to show the development of clearly organic disorders as a result of disturbance to the psyche. Adler's approach to psychoanalytical problems breaks down such prejudices.

In working out the significance of the various neurotic character traits he put the changes on the basic formulation of what he calls the masculine protest (3). This protest arises on the basis of a feeling of inferiority and an effort upon the part of the neurotic to correct this feeling, which he does by so ordering his life, so regulating his every act that he may find the security which his feeling of inferiority has robbed him. This is the fictitious goal of the neurotic and the fun-
damental and ultimate cause of the symptoms which develop spontaneously when he is no longer able to succeed. To Adler the neurosis or psychosis is comparable to a work of art, that has been built up in response to a fictitious goal which collects and unites into a group those psychic elements of which it can make use, collecting only those that promise results in the effort of attaining security. The attempt to arrive at the maximization of his ego fails because it is directed along a false path. The neurosis or psychosis is therefore a constructive creation, a compensation product, which fails because of its false direction.

The above explanation has been psychological and does not bear out what I have said to the effect that Adler's approach is from the organic side. His earlier work (2) on organ inferiority brings out that the feeling of inferiority, which underlies the masculine protest, has its origin in an inferior organ. He made extensive studies of the psychological characteristics of persons who demonstrated inferior organs at autopsy. He believes that he has been able to show that the predominant traits of character are the result of an effort on the part of the individual to overcome a feeling of inferiority resulting from an inferior organ. Many examples might be given, and in fact they come within the ken of everyone, which demonstrate the validity of this point of view. Adler believes that defects of this sort nucleate the feeling of inferiority and force the individual to
make supreme efforts to overcome his particular defect and in this way he develops a highly differentiated nervous super-structure, which may actually become super-normal. An example of this, one with which we are all familiar --- is the remarkable facility in which blind people gain information through their super-sensitized tough organs.

The two works of Adler, therefore, give an organic basis and the psychological elaboration of his opinions. The neurotic constitution founds in an inferior organ, the inferior organ produces a feeling of inferiority. This feeling of inferiority --- the masculine protest --- becomes a fictitious goal of the neurotic, whose symptoms result from an effort to mould reality along a false pathway. The helpfulness of Adler's theories is in the orientation which the physician gets toward the problem presented by the patient whether he approaches it from the point of view of the internist or the psychologist.

Some conception as to the etiology of psychoneurosis is an invaluable aid in treating the neurotic individual (23). When persons, who have spent their lives in speculating as to the cause of these abnormal behaviors, are at variance, it is not surprising that the general practitioner should feel that his task is done when he discovers that his patient is "off". Probably it is the attitude on the part of the internist, who looks upon psychoneurosis as a complex mechanism, which is so impossible of
solution, that has caused so great a disrepute to fall on the medical profession during the past years. The fact that a case of distorted psyche exists should be recognized whether we are able to assign as its genesis the theories of Binet (9), Adler, Freud or Dyerine or others (23, 26, 32), it matters not. If we assume that the fundamental characteristic is a mental conflict, we now have a basis upon which we can further inquire into the history and upon this a cure can be affected in a large number of cases.

Betwixt and between the definitely psychoneurotic individuals and those whose mental states accompany almost any pathologic disease lies a group of border-line cases which upon careful check-up are found to be the beginning of a well organized psychosis. This was the experience of the Clifton Springs Sanitarium and Clinic (34). A diagnosis of neurosis was made 2,659 times during the past five years and although such a diagnosis was made with great care and after careful observation, follow up showed the report to be in error in some instances. It has been impressed upon us that we are apt to underestimate the seriousness and gravity of a mental disorder. It is not difficult to recognize that a neurosis is present, but the prognosis is exceedingly hard to make.

It is worth while at this time to review a few of the criteria sometimes used to differentiate the neurotic from the
psychotic. The former is supposed to have insight, to understand that something is wrong, and to seek outside help; while the psychotic does not realize that anything untoward is happening. No such difference exists. Many psychotics have a complete understanding and even correctly diagnose their own condition, while a clear understanding is often the last thing a neurotic desires. It is often stated that a neurotic will never become psychotic. This, of course, is not true. Many psychoses give the history of previous so-called nervous break-downs. The involution depression case has often had frequent stages of mild depression and acute agitation which simulate neurotic states very closely. In the onset of schizophrenia a great number have shown for years before the break, clear signs of coming trouble (30). A large number are brought to notice by the outcropping of a behavior of a simple psychoneurotic sort, hysterical incapacitation not only preceded many psychoses, but make up much of the psychotic picture in some cases. Reactions by obsessive substitutions are seen in a small number of cases to have preceded for years frank schizophrenia, a mingling of doubts and scruples of a simple psychoneurotic nature. The graduations from the neurasthenia picture into schizophrenic would be easy to observe if we paid more attention to the mental state of the apparently normal adolescent. Anxiety conditions which deepen into schizophrenia panic occur in numbers. These conditions are seen too often in the end rather than at the beginning.
The distinction therefore between the two mental mechanisms is often impossible and is made without ample differences. Hysterical and schizophrenic reactions, manic states, mild depressions, hallucinations and delusions, ideas of reference and stupors are found in both classes. They are maladjustments of the individual of varying degree and kind, depending upon the severity of the intropsychic conflict and the reacting strength of the individual. There is no border-line, between the psychoses and psychoneurosis, one fuses into the other.

There is another class of symptoms met with by every physician and which are assumed to be a part of "the disease". I refer to those functional diseases, that state of mind which accompanies almost every disease in which there are pathological changes. How often does not the physician treat only the organic changes due to that disease, and not treat the patient himself? We have only to pursue Osler (25) to find there is not a single disease in which all symptoms are solely attributed to organic changes. Tuberculosis, for example, with its mental anguish, its fears, and its profound nervous exhaustion is a good example of an organic disease which may manifest psychoneurotic symptoms. It has been the experience of many medicine men that tuberculous patients show a large number of symptoms of a varying nature which are assumed to be the result of organic changes, but which are functional in character. Not only the patholo-
gical processes should be treated but those symptoms which are prolonging the course of the disease and adding to the discomfort of the disease. Osler stresses the importance of rest as a therapeutic measure --- rest not only in the physical sense, but also mental rest. And just as medicaments are an adjunct to the physical rest, so should psychotherapy be brought into play to accomplish the much desired mental rest (23, 15).

Another striking example of a dreaded disease, which often presents symptoms unrelated to the pathology present, is diabetes melletus. The suppressed desire for restricted foods; the fear, anxiety and dread of the disease that has been built up in the past all lead to psychic symptoms which do not disappear when proper sugar levels are maintained. The physician has not completed his task when he has prescribed a dietary regime without restoring peace in the troubled mind of the patient.

There is perhaps no more common site of psychoneurotic manifestations than in the gastrointestinal tract (6, 13, 26). There is a group of people who consult the physician because of chronic indigestion. In one-half of this group no organic disease can be demonstrated. This condition must, therefore, be classified as functional and labeled "nervous indigestion".

It is not difficult to realize that in view of what has previously been presented in this paper, social conditions of the
past few years have been, naturally, conducive to an increase in the number of mental disorders. When we think of the large numbers of our population who have been more or less affected by the period of financial distress with its resultant worry, insomnia, brain fog, and mental stress and --- that the younger generation seems intent on burning the candle at both ends --- we recognize conditions which, necessarily, result in an increase in nervous and mental problems. Mental anorexia (9) may be and is the source of a large number of gastro-intestinal conditions. As to the causes of mental anorexia, we must seek it according to the theories which we care to accept. Usually it will be found, in its inception, to be caused by worry about something far remote from the gastro-intestinal tract. Patients with this disease are reduced to frightful gauntness as a result of their misery. The question that first arises is, "Are they tuberculous or carcinomatous?" We find no accountable pathology. It is purely a psychic effect. The patient often gives a history of going on a subnormal diet either voluntarily or because of abnormal symptoms. Gastric-intestinal symptoms frequently arise from the patient's concentration upon the stomach or digestive system. Many such cases are nursed along and even aggravated by physicians who are devoted to dietetic treatment. Medical advise as well as suggestions from any other outside source can likewise give impetus to the symptoms. Once attention is focused on an organ, faithful treatment and frequent examination keeps
the patient in a constant state of self-observation.

The person who has nervous indigestion is suffering just as surely as the patient with gall stones or appendicitis. He cannot be dismissed with the advise that he is merely nervous. He cannot be cured by appendectomy, cholecystectomy or Sippy diet. Complete examination, laboratory and X-ray do much to rule out organic changes. That having been done, further developing of the history will establish functional disorder.

The next common site of functional disturbances is in the genito-urinary tract. The commonest ailment here is nervous polyuria (30). It is generally experienced during the stages of fearful anxiety and may become a source of great psychic and physical disturbance in the individual who is susceptible. Bladder neurosis, those bladder symptoms which occur in spite of normal or slightly altered urinalysis, negative cystoscopic findings, and negative physical examinations. It has been the custom and it is still prevalent to find patients who have their mind on the bladder. Many cases of extreme bladder discomfort with pain reflected to the pelvis and lower abdomen, frequently, nocturnal and diurnal incontinence have been diagnosed as post gonorrheal (30). Many of these cases are now known to be either nervous or rheumatic in character. This aspect of urethritis was brought to light in 1911 when Guy L. Hunner of Baltimore was treating a urethritis by silver nitrate irrigation of three-per cent and ten-
per cent solutions. The patients would become sore and inflamed for one day after the three-per cent and for three days after the ten-per cent application to the urethra. Examination showed a pair of unusually large and inflamed tonsils. These were removed. The patient's symptoms cleared up and later there was only a slight granular redness over the inner third of the urethra. She stated that she never had to get up to void at night, and that she often went without voiding for the entire day. All abdominal soreness cleared up and she claimed to be in perfect health. This case is cited to remind one that great disturbances may occur in genito-urinary tract if pathology exists in some remote part of it.

The starting point of many functional manifestations in the genital tract lies in the psychic fixation of the subject on his genital (27). Sexual importance often has its origin in the perpetual state of self-reproach leading to a state of depression. Nocturnal pollution, spermatorrhea, and many allied phenomena do not present a medical or surgical problem, but one to be attacked by way of the psyche.

Gynecologists as well as internists have been led to serious error by hysterical and other neuropathic manifestations. Thousands of pelvic operations have been performed, ovaries removed, etc., by conscientious physicians and surgeons who would now perform only a limited number of laparotomies when confronted
with similar symptoms; and then justly as an exploratory pro¬
decure.

Innocent suggestion by a physician may precipitate psychogenic symptoms (12). Often menses that are irregular, or leuco¬
corrhea discharges which are scant and of no significance, are
the starting of a prolonged course of treatment all of which
tends to bring to the surface a host of subjective symptoms.
The paramount importances of the reproductive system in the mind
of women is the reason for the prevalence of pelvis symptoms, and
of these the most marked are those of menstrual disorder.

Pain for several days before the period is felt in the back,
abdomen, thighs, with headache and breastache, followed by pain
during and after menstration. The persistence of pain throughout
the period is characteristic of the functional type of dysmenor¬
rhea. Another feature of the dysmenorrhea (12) of the menstrual
invalid is the existence of other aches and pains all over the
body, often with nausea and vomiting, and frequency and pain on
micturation. Menstruation may last longer than usual, return in
three or even two weeks. The loss is described as excessive, w
with large clots --- and yet these patients do not appear to be
anemic. The intermenstral interval is a period of recovery
from debility produced by the last menstration, followed by a
few days of fear and preparation for the next. During this time
she is likely to complain of fatigue, backache and lower abdominal
pain. These vague pains are commonly unrelated to the ordinary causes of discomfort, and an attempt to trace their origin fails. Backache (9) is one of their chief complaints, but instead of conforming to what we should expect, it may be worse on lying or sitting down.

This array of symptoms is found among married and single, parous and nulliparous, and at any age between twenty and menopause. They are represented in all social groups. In the dispensary one recalls the tired middle-aged woman with lax abdomen and perineum resulting from having many confinements. Poverty forces her to work away from home, where again she will find no rest with a family of young children. Prolapse, pain, menstrual excess and frequency, visceroptosis, flatulence and constipation all reduce her to a state of mental misery.

On the other hand, we have the young women who because of foolish upbringing and little real occupation, has become a menstrual invalid. Or again, the unmarried woman in the thirties and early forties who has been disappointed in love or starved of sex, and who lives a life of weariness as a household drudge to tedious and exacting parents.

There are other examples in the nature of emotional stresses, but I have given enough to illustrate my purpose. It is not really within my intention, at the beginning, to delve in
detail with all of the clinical aspects of neurasthenia, however, all of us -- especially those who deal with women in general practice -- should have a sufficient knowledge to enable us to recognize a neuroses and to treat the simple. Perhaps in no other branch of medicine are the baleful effects of specialism more plainly seen than in the attitude of mind of the gynecologist who regards his work as a branch of surgery. Regardless of surgical dexterity, no man should practice gynecology unless he is fully aware of the reality and importance of its association with neuroses. Only with wide outlook, can we regard the diseases of women as a whole, involving not only a knowledge of surgical technique, but also a sympathetic familiarity with the emotional structure of a woman's mind and temperament (12).

In dealing with any mental stress, it is well to remember, first, that resistance to emotional stresses varies according to the mental constitution. Some are made of poor material and will bend easily, while others are so strong that they yield only under the utmost provocation. It is important, therefore, to estimate how much below normal is the patient's mental and nervous make-up in order to ascertain her ability to suffer strain.

Not only may the raw material be poor and weak or strong and resistant, but the upbringing throughout childhood may have implanted a wrong view of life. The child may have been spoiled and pampered, and thus have become egocentric in adult life.
with a mental gaze turned inward. If in addition to a childhood and adolescence of excessive mother-care, the individual becomes a pampered adult shielded from life's normal stress and without mental ability and resources to provide external interests, the stage is indeed set for a succession of functional symptoms that may well defy all attempts at treatment. If we can trace pains and other symptoms to the operation of emotional stresses then let us consider what these may be.

As I have said, social, family and sex relations play a very important part in the life of a woman. Perhaps the most common distress arising from these conditions is that which results from marital infidelity and from the ordinary conjugal coolness which will follow after a few years of domestic monotony. Even the lack of demonstrative affection which is obvious during the first months of married life, naturally diminishes in intensity as the years pass, may to some women, be a source of constant daily unhappiness. They feel that love and romance are buried under a weight of daily routine, with its petty cares and worries and therefore, that life now hold little or nothing of what they had hoped for during the opening months of married life. Women who suffer from the effects of this worm of sex monotony are often childless. The normal hunger for affection is satisfied by demands made by the helplessness of young children entirely dependent upon them. The care of children will also help save such a woman by providing a work which will afford little opportunity
for dwelling too much on her own imagined misfortunes. Childlessness also affords the opportunity for critical self-examination and self-accusation that she cannot be like other women. It is natural then that a series of symptoms may arise in the pelvic organs. If emotional discord is set up by lack of love, or by active dislike of her husband, especially if the affections are placed elsewhere, we find the chief complaint to be dyspareunia, which is an unconscious defense against sexual attentions that have become unattractive or are even resented. A brief discussion on the psychology of married life and family relations have been presented because I believe they very often perplex the family doctor.

Experience teaches us that the gastro-intestinal tract and the pelvis are the most common foci of attention, therefore a greater amount of space has been devoted to those systems (12).

In a similar way disturbances of psychic origin are manifested in every system of the body. It is not necessary to elaborate upon all the functional disturbances. It suffices to say that there is no organic condition that cannot be simulated by a functional disturbance (20).
Diagnosis

A little clinical experience will enable one to see, almost at once, the possibility of a "functional" origin to a particular set of symptoms, but it is not always easy to confirm this opinion. In the present state of our knowledge it is necessarily a diagnosis by exclusion of every thing else (15). This puts the case in the same category as any other case upon which a complete history has been taken, to wit: A complete and thorough physical examination is the next step. This must be as complete as possible in order that the physician may satisfy himself as to the absence of any gross organic disease, and secondarily because the patient must feel assured that a serious attempt is being made to grasp his problem, for unless we gain his confidence it is useless to attempt any treatment. This is perhaps the most difficult task of all, because the busy doctor is naturally irritated by a man whom he feels is shirking his responsibilities. There are two ways of allaying this irritation: First, I repeat that this person is truly an invalid even though he may have no physical ailment; and one must realize that because of the absence of physical disability it is worth some effort to place him back into useful living. Second, one must remember that the man has come to you because he wants help, and is paying you a compliment by seeking your skill.

The important point is that one must make an effort to for-
get one's own irritation at having to listen to a long, drawn-out monotonous story and to make it clear by one's manner that the patient's statements are being carefully considered.

It is essential to obtain a clear account of how the symptoms first became manifest; what are the normal habits, surroundings and home life of the patient as well as the educational standard; whether there are any antagonistic influences at work, either in the patient's employment or domestic surroundings. On one's ability to eke out answers to these questions depends as insight into the patient's condition -- the etiology, diagnosis and treatment (5).
Treatment

It must be confessed that many cases are untreatable, or at any rate are incurable since the cause -- a particular mental dilemma -- cannot be removed; but at the worst one can always attempt to explain what the condition is. At times this has a finite value, as it helps the patient to take a more detached view of his condition. Generally cases whose emotional background is an occupational dilemma are curable, as are also the so-called cases of traumatic neurasthenia depending upon an accidentally sustained injury. The most difficult cases are those where an irreconcilable domestic difference exists -- a complete marital compatibility. Then the problem is often insoluble, however, even here a completely frank interview with both parties separately and together may make the conditions a little less intolerable (12).

Psychoneuroses connected with visceral functions, the functional dyspepsias, obstinate vomiting, constipation, etc., are generally amenable to treatment if one gets at them sufficiently early. But if the condition has been present for any length of time or the patient is unduly attentive to his condition as is the hypochondriac then as a rule it is incurable. Of the latter group one does not really know what happens to them as their drifting from doctor to doctor breaks the contact with the patient.
Beginning with the first contact, prophylaxis should be the objective. Just as the conception of psychoneuroses has passed through many phases, so has the approach to it. The dynamic nature of the disease has made possible some of the miraculous cures of the past and these may be affected equally as well today. Anything that will suddenly or slowly alter the desires, or through faith, open the personality into outside channels, can make an occasion for a cure. This is the essence of the "transference phenomenon" of Freud, and by redirecting energy gives at least a partial or often most complete relief of craving by which healthy function is restored (17).

The most universal treatment for all psychoneuroses is one of explanation. This may be covered by the term psychotherapy were it not for the fact that it would carry some idea of specific technique. Psychotherapy is capable of wide application and includes every means by which the patient may be helped to attain self-control. It is impossible to lay down general rules. Methods of approach vary with the individual and his environment. The general run of cases are quite easily analysed by a few simple common-sense questions and conversations carried out in one or two interviews. Anxiety complexes are best dealt with by careful attempt at explanation of the mechanism of his symptoms. Once he can get his condition properly focused he soon recovers (10).
The true hysteria, on the other hand, is of lower intelligence, and often quite unresponsive to any explanatory approach. Here one has to fall back on pure suggestion. For example, in a case of hysterical aphonia the patient may be prevailed upon to breathe deeply with the mouth wide open, and after a few moments she is told to growl as she expells the air from her lungs. This will produce quite a distinct sound, and to her surprise she finds herself able to repeat such a sound. Then with her mouth still open tell her to imitate the sound you make yourself, and you may then have her sing a simple scale, which as a rule she can do well.

Simple suggestions often require fortification for some time, for after all one has only replaced one set of suggestions by another.

These methods have dealt with the developing and mature manifestations. They have helped us to understand prophylactic possibilities. Freud has made it plain that these operate chiefly in childhood and consist, mainly, in helping the child to develop in a free and unhindered attitude toward the world of reality in which he must live. This is not an unguided following of impulses; for this would only increase the introversion upon the interests of self and the intensifying of other interests, to the exclusion of others and the outside world. It is at about the age of adolescence, the child finds his interests
must be altered to meet external conditions, he is driven away from the difficulties of present conditions back phantastic unconsciousness, instead of facing problems of reality. The struggle between phantasy and conscious reality could have been avoided had the child been treated with sufficient reserve to keep them out of the limelight of importance, a situation which the immature adult finds hard to forego in facing reality. On the other hand an unwholesome neglect too often musters feeling of deprivation and abuse, a negative sense of self-importance also capable of finding vent in phantasy.

Of most importance is the attitude which the child has to problems and situations of life. The child is confronted with facts and situations which in the light of blissful ignorance is a more weighty problem than parents realize.

Of these the sex problem is always with the child and of profound interest to him. Here more than anywhere, a judicious but frank presentation of facts aids the child to meet the onslaught of the outer world.

Complexes which have arisen from faulty adaptations and interpretations of personality are best treated by re-education. This plan is similar to that of explanation but goes further in that the solution is worked out for the patient. The method is modeled after Freud's complete psychoanalysis and consists of
purging the mind of its thought -- a cathartic unloading the burden. By gaining the patient's confidence and permitting him to view his unconscious mind, the patient loses the barrier between the conscious and unconscious mind. Disagreeable memories are recalled and some insight is had on the repressed ideas. When this is accomplished the patient is on the first step to recovery. Complete rest, i.e., physical and mental relaxation with the body and mind far removed from the causative factors.
Conclusion

In the last analysis, the object of these methods is to restore the inner harmony of the individual, so that free expression in terms of individual and social ideals is possible. If the physician in general practice were as alive to the importance of psychic life and health as he is to the ailments of the physical body there would be far less discontent and mental disorder than is seen today.

Amid the many details of morbid anatomy and physiology and the increasing complexities of laboratory and pharmacologic technic, the physician must never lose sight of the master function of the body, the mind. Many disorders which he is called upon to treat are purely psychic, while many others result from psychic influences but regardless, the burden of all disease, of whatever nature, is borne by the mind.
Bibliography

3. Adler; The Structure of Neuroses, Lancet,1:136, Jan. 27, 1931.


25. Osler: Principles of Medicine, Appleton, 1929.


