

Much was written about "shell shock." This was merely an aggravated traumatic neurosis, except in cases in which organic injury was done to the brain. But to differentiate the organic from the so-called functional affections was not always easy or even possible. Fatal instances occurred in which organic lesions in the brain were not easily found at autopsy. The usual cases were probably similar to the severe traumatic cases seen in civil life; and Head was doubtless right when he wrote that no new morbid phenomena were evoked by the war.¹ The treatment was the same as for other forms; namely, by time, rest, and re-education. In civil life the *traumatic neuroses* have assumed great importance because they figure largely in claims for damages and compensation. Some of these cases are pure instances of traumatic hysteria, but most of them are properly described as forms of neurasthenia. In the terminology now in vogue, the primitive instincts are disordered in neurasthenia; and in these litigants the chief primitive instincts are those of self-preservation and acquisitiveness, the disorder of which shows itself in a desire to obtain money for their injuries. Treatment is futile so long as their claims are unsettled. Afterwards it is plain sailing for the patient, no longer having need of a "defense reaction," quickly resumes his normal attitude towards the problems of life, and has no further use for a physician.

XXXIX. PSYCHASTHENIA.

Under this heading is included a series of mental affections in which the patients are dominated by fixed imperative ideas or obsessions. The term, indeed, has been rather loosely used, and does not admit very readily of an exact definition. It literally means mental weakness, or asthenia, and is sometimes confused with neurasthenia. But the definition given above, namely, a psychosis of obsessions, will best answer our present purpose.

The obsessions arrange themselves naturally in several groups or classes. There are the *phobias*, or morbid fears; the *doubts*, or morbid indecisions; and the *impulses*, or tics, by which the patient is driven against his will to perform some useless or even grotesque act. These last named have been described more in detail elsewhere (Vol. II, p. 838). It is necessary to understand the obsessional, or fixed, character of these various stigmata, for it is this character that gives these affections their individuality and serves to group them together. The reactions of the patients to these morbid ideas may be different, but this fixed and imperative character presents the chief problem in therapeutics. Anxiety, restlessness, inability to concentrate upon any useful task, despondency, and, in some cases, very marked disorder of the physical health, are among the results. The patient's conduct and mode of life may be entirely controlled by some morbid fear, as of crowds, open spaces, contamination, etc., or he may engage in endless repetitions and preposterous devices as a result of his morbid doubts, such as dressing and undressing himself, locking and unlocking a door, or putting out and relighting the gas. His morbid impulses, or tics, make him an

¹H. Head, Brit. Med. Jr. Mar. 20, 1920.

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TREATMENT

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"The whole Art of Medicine is in Observation."



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In affectionate appreciation of
NATHANIEL BOWDITCH POTTER,
Physician and Teacher, his integrity of mind,
accuracy of observation, and tenacious adherence
to the solution of obscure problems in Medicine,
were an inspiration to his one-time assistant.

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