THE PSYCHOLOGICAL ANALYSIS OF SO-CALLED NEURASTHENIC AND ALLIED STATES — A FRAGMENT¹

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THE profession of medicine has long been a prey to certain deep-seated prepossessions in regard to the constitution of so-called neurasthenic and allied states, but we are now beginning to feel that the time has come when we must test these conditions with other controls than those falling ordinarily within the ken of conventional medical criteria.

Etymologically, of course, neurasthenia means an exhaustion of the nerve structure — a condition involving actual physiological modifications within the neural elements. It is a fatigue-state, induced by chemical or molecular alterations of the substance of the neurones. Neurasthenia is then essentially an anatomical process.

This description based upon specific tissue changes is, from the standpoint of physiological pathology, a sufficient definition. But clinically, we do not actually find in neurasthenia a constancy of symptom manifestations corresponding to this theoretically uniform physiological substrate, and the sequence between the imputed physiological alterations and the observed clinical phenomena is not always sufficiently consistent to admit of our assuming a causal correlation between them. In other words, we hold that the definition of neurasthenia here formulated is not always appropriate to the various aberrant states which are at present universally subsumed under this generic head.

The question then is whether we are longer to remain satisfied with the prevailing static, neurological conception of this widely variable disease-complex, or whether we

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ought not rather to press for a more restricted, individual, dynamic interpretation, such as may be yielded through a psychological analysis of the particular case.

As evidence tending to support this more characterological conception of the process in question, the writer ventures to submit certain observations, which, though made for the most part under the inadequate conditions of a crowded, out-patient dispensary, where opportunity was afforded for but weekly instead of daily consultations with the patient, yet offer data which are highly significant.

The case we wish to consider is that of a woman forty-five years of age, presenting the typical syndrome commonly described as "neurasthenic." It is of psychological interest that the patient has, from her childhood, lived a peculiarly narrow, restricted life. As a girl she was never permitted the pleasures normal to her age, but was early inured to hard work, tedious cares and premature responsibilities. As she herself expressed it, she was never permitted to be "like other girls."

Until four years ago the patient had always been well, but at that time she began to show a decline in strength and to feel considerable physical distress which was assigned to the strain attendant upon the care of a sick sister and her sister's two young children:

This married sister, with her children, had always lived at home with her mother, and as the patient is one of those traditional elder sisters to whose lot it falls to bear the burdens of the household, the care and responsibilities of this family, as well as her own, devolved almost wholly upon her.

At the beginning of her illness, the patient's chief complaints were general weakness, indigestion, and pain in the back and groin. An examination at that time having failed to elicit the cause of the discomfort, suspicion immediately fell, as it usually does in such cases, upon the pelvic organs, and the penalty commonly incurred by women manifesting inscrutable complaints was imposed.

The operation consisted of the removal of the uterus and of the appendix; in addition, a movable kidney was rendered stable. Yet all this did not abate the symptoms in the slightest degree.

This case, therefore, presents symptoms which are noteworthy in respect to two important features: First, because of the lack of that coherence and systematization, which we are wont to demand in the recognized clinical disease-entities; and second, because of the absence of such objective morphological findings, as might have borne out the patient's subjective complaints.

Clearly, in such a case, we are confronted with an apparent discrepancy. Here is a patient who obviously experiences great distress, being indeed incapacitated in consequence of her illness, with very serious personal loss and inconvenience, yet whose symptoms lack a consistency sufficient to allow of their explanation upon a satisfactory organic basis.

In strict observance of established medical precepts, such a patient should be excluded from the clinical pale.

To escape this alternative, neurology has invoked the conception of functional changes having their basis in dis-integrations occurring within the elements of the nervous system, presumably so minute as to be impalpable to ordinary objective tests. This conception, indeed, affords a comforting subterfuge. For, since the neural tissues constitute a unit whose extensions are systemic in their distribution, one may justly feel that having incriminated the nervous system in general, very nearly anything in particular may be accounted for with entire propriety. And so it has been the custom to attach to such cases the tag of "neurasthenia," and there the matter ends, in so far, at least, as concerns the study of the causative factors responsible for such processes. This seems, however, an insincere dodging of issues which is unworthy of the scientific ideal.

Leaving aside, then, hypothetical constructions, based upon mere abstract generalizations, and abandoning the artificial attempt to explain the various psycho-physical reactions of the neurasthenic upon the ground of supposititious anatomical changes, we turn now to look for such objective psychological data as may be furnished through an analysis of the patient's unconscious affects, as presented chiefly in the symptoms and in the dreams, and so we seek

to correlate these phenomena with such basic trends as belong to the sphere of the individual's inherent instincts and emotions.

The use of the psycho-analytic method compels the recognition of important underlying affective trends, such as seem ever insatiably pressing for satisfaction, and it would appear that in the event of obstruction to the natural course of such instinctive tendencies, there occur vicarious gratifications in unconsciously motivated reactions, such as are allied with the former through what may be called *organic associative connections*. It is precisely these *organic associations*¹ which constitute, in this view, the so-called symptoms of the patient.

The phenomenon furnishing strongest support in the present case for such an interpretation is the persistent reiteration revealed through analysis of one and the same unconscious trend throughout the patient's dreams, and the very striking analogy between the psychological imagery of the patient as presented in her dreams and *the organic imagery*, if I may use this expression, as presented in her symptoms, the former appearing at times to merge into the latter. This fact was noted where opportunity was afforded of observing the transition between the dream- and the waking-state.

An analysis of the patient's dreams presents marriage and maternity as their unremitting theme. That is to say, the patient's complexes pertain predominantly to the

¹It might at first appear that what I here call an *organic association* is but another name for Freud's "hysterical conversion." Essentially it is so. That is, we are dealing here, as there, with precisely the same psycho-biological mechanism. There is, however, between such organic associations and the conversions of hysteria, a difference of degree that is noteworthy, the former pertaining, in my conception, to an earlier, remoter developmental mode; *i. e.*, they belong, biologically, to a lower ontogenetic level. In other words, the processes characteristic of so-called neurasthenic states are a sort of *metabolic hysteria*, the vicarious reactions of neurasthenia representing mechanisms which have been transposed to more organic equivalents than those presented in the more obvious *i. e.*, recent symbolic substitutions of hysteria. We may, therefore, say that the processes occurring in neurasthenia represent mechanisms of repression involving conversions that entail associations which are so far remote from consciousness as to have become *molecular*, and which for this reason we may designate *organic associations*.

sexual and reproductive spheres; to illustrate, she dreams constantly of receiving attentions, gifts, flowers, missives and love-tokens from a young man, and as constantly she dreams that she is holding a child in her arms, that a child is given to her, that she is carrying a child, that she is pregnant, and that she is giving birth to a child, etc.

Frequently in her dreams she will impersonate her sister, representing herself as occupying her sister's room, and like her sister, having her husband and her child with her.

Indeed, of all the dreams which the patient has submitted up to date, amounting to above one hundred, there is not one that does not reveal, on analysis, this ever recurrent tendency.

Observing her symptoms closely, one sees in them a striking resemblance to the symptoms of pregnancy: headaches and nausea, especially in the morning; a feeling of weakness, pain in the back and abdomen, a sense of weight and fulness in the abdomen and in the legs, which causes difficulty in going up and down stairs, etc.

Compare the significance of these symptoms with the implication of the patient's dreams. She dreams of a fruit which attains so enormous a size that the tree which bears it is bent under it, and finally can no longer support its weight. As the fruit falls, it is suddenly transformed into a child which she recognizes as her own. Again she dreams of a long black silk coat suitable to wear during times of pregnancy. She remarks that the coat fits her perfectly and she puts it on, when straightway a child appears, etc.

We have here instances of what seems, on the hypothesis, an immediate replacement of the dream phantasies by the symptoms of the waking state — instances in which the psychic content of the dream appears to pass directly over into the *psychic content* of the symptom — an interesting concomitance which frequently furnishes a convenient key to the direct interpretation of the dream.

The following dream,¹ besides reproducing in scenic

¹It should be said that throughout the analysis, which, let it be understood, is at best but partial, I was confined almost exclusively to the method of *analogy*, as the external conditions together with the patient's cultural limitations quite precluded the more adequately controlled method of *association*. However, as in general, the transparency of dream symbolization varies inversely as the intellectual attainment of the subject, the inferential interpretation in the present case, supported by the scant associations obtained, will perhaps prove sufficient.

condensation the essential gist of the neurosis, well illustrates the transition just mentioned. These dreams were for the most part submitted in writing, as necessitated by the infrequent sessions. The patient writes: "I dreamed I went to the grocery store, where we deal (when a girl the patient assisted her father, now dead, in conducting a small grocery shop over which the family resided), and the man asked me what I wanted. I said I would like to have a pair of bedroom slippers. (Patient associates with "bedroom" slippers a pair worn by her married sister when confined to the house in later weeks of pregnancy.) He said, 'The lady is not here to-day,' that I would see her at her home, yet she lives where he has the store. When I got to her home, I walked right into the house, and saw a lady standing in the dining-room; she said something to me I did not understand. I walked out into the kitchen and saw the lady who lives at the store. I think she was polishing the stove-pipe. The stove was a large and square one, not built in the wall. This lady said, 'How are you?' I said 'I feel very bad to-day.' I was trembling and I noticed that my stomach was very swollen. I then noticed how I was dressed. I wore a white skirt and a long, black cape. (This outfit again recalls her sister's mode of dress during terminal weeks of pregnancy.) All of a sudden I saw a large brown dog (patient is a brunette) lying at my feet. He was wild looking, as if he were ready to tear me to pieces, if I would move. (This expression 'to tear to pieces' recalls to patient's mind the idea of tearing some one to pieces out of the intensity of one's affection.) He also showed some teeth; I felt like I would drop. I was very nervous when he showed his teeth. Then something white fell down right in front of me, which I thought was a large piece of white paper. The dog quickly tore it to pieces, as if he were perfectly wild over it. I did not see the dog after that. Then I saw a white napkin fall in front of me, which, falling, I saw that the four corners spread open (association with napkin is an infant's napkin) as it was folded like a square but opened at one corner. I then had a package in my left arm which I held close to me; I also had a small roll of linen bandage in the same arm.

(The patient associates with the package, held close to her, a child — a frequent symbolism throughout her dreams — and the linen roll she associates with a bandage used for swathing a new-born infant.) I dropped it and tried to pick it up but could not (because of the swollen and weighty abdomen). Then I awoke and felt terribly 'nervous' and with pain and weight in my stomach and back which have lasted all day."

These symptoms, it will be seen, are but exaggerations of the patient's habitual complaints.

Another one of this patient's dreams, pertinent in this connection, is the following: "I dreamed I went into a drug store which was R—'s (the nearest drug store to my house, and quite remote from the section of the city in which the patient lives). When I got in the store I did not see anything but a counter and I asked for ten cents' worth of cold cream in a jar — I use it for chapped hands — and he showed me a tube which contained the cold cream, and it had a little screw on the top and he took that off and asked me to taste it. I didn't want to take it, but he said it was the best. I said it wasn't the kind I wanted and I had never tasted cold cream — called, I think, 'Colgate's Dental Cream' — then I went out of the store and came back again and there was a crowd of ladies in the store and a lady came to wait on me. She was standing back of the counter, so I asked her for cold cream. I woke up," she adds, "lying on my back and I was *so* uncomfortable and had a pain in my back, because I never lie on my back, but always on my right side."

Again: "I dreamed I was standing at the corner waiting for a car, when the car came around the corner another car followed. I was surprised to see what the car looked like. It was short and high and was made of electric wires" (a frequent sexual symbolization throughout the patient's dreams and fancies). "A lady was sitting in the car and a man was standing on the steps. He wanted to help me on; as I put my foot on the step I awoke as nervous as I could be."

The following characteristic fragment of the patient's general nosological complex is a rather interesting element

of the whole. Coming into the room one day she said: "Yesterday I ate some candy and right straight I had an awful pain in my head and eyes. The candy was French candy belonging to my sister — one piece was oval and one crescent shaped. When my head aches, every now and then my heart thumps a hard thump." One day she complained that her heart felt as though it were "hanging by a string and swinging about inside of her like a pendulum."

In one of her dreams she sees a small pond before her. It is surrounded by low shrubs reminding her of "maiden-hair ferns." Opposite her and across the pond there is a tent in which a small child is seated, the child just fitting into the tent snugly. The child has a handkerchief wound several times around its neck.

It should be said that in speaking of the pain in the eyes the patient remarked on one occasion that "it felt just like an electric wire were being bored right into the pupil." Asked for associations she said: "It's like an operation — a surgical operation — you do not want me to tell you about *my* operation, do you?" She then describes her operation, concluding with, "I know it isn't necessary to tell you that I vomited as long as the wire was in me, but I stopped as soon as they took it out!"

Here are other dreams which he who runs may read. I offer them quite at random. "I dreamed that I was going to a dentist and when I knocked at the — I mean when I rang the bell a young girl opened the door, and I asked her if the dentist was in, and she said, 'No.' So she asked me to come up-stairs and wait for him (I have to laugh because it seems so silly, and I don't understand it), which I did. So she opened a door and told me to look in that room. Then I saw a large white bed on one side and a small bed on the opposite side of the room — enamel bed, too. The room looked like it was nicely furnished, and I waited a while, but he didn't come, and so I went home. That's all of that."

"I dreamed I was sitting in my bedroom, working at some fancy work — it was a centerpiece — when I heard somebody coming up the steps. I looked up and saw a tall young man standing in the doorway. He said 'I would

like to introduce this gentleman to you.' I gave no answer, but thought he looked rather strange; his face looked blurred, and he wore a dark suit. At the same time a little child ran up to me and sat on my lap, and said, 'I was looking for you,' putting her arms around my neck, then resting her head on my shoulder."

In the following dream, there is again afforded an instance of that organic continuity, as we may call it, between the psychic symbolism underlying the dream and the somatic symbolism presented in the symptoms.

"I dreamed I was in another home asleep in bed, and when I awoke I saw that the bed was close against the wall and that the covers of the bed were all laid over the foot. The mattress was blue and white striped, and was very wet." (Blue and white is the color combination usual for girl infants, as distinguished from pink and white commonly associated with boys; the two children of patient's sister are girls.) "I stepped out of bed; I saw a lady walk toward me; she disappeared. I then walked out on the porch, which had no railing, and I saw a lily-pond wherein were three lilies. I put my foot in the water to see how deep the water was; it was not very deep; one could walk through it. But I thought 'I had better walk over on the board.' I walked half-way, a man walked toward me on the same board. When we reached the center of the board, it was too narrow for both of us to pass, so he said nothing and stepped into the water. Then I awoke with a very bad headache."

Another dream of a like nature is the following: "I saw a steamer crossing the bay while I was standing on the pier, and when I looked about I saw lots of elevators on the pier. I was going up and down on every one of them alone, when suddenly a man came along and got on one of them. Then I awoke and felt terribly nervous."

One morning the patient came in, complaining particularly of a severe headache, which was especially intense through the eyes. She had felt it, she said, ever since she had awakened in the morning after the following dream: "I dreamed that somebody handed me three sealed envelopes; one had something printed on it, but I could not understand what it was; they were handed to me in the

shape of a fan. I did not see who handed them to me, as it was very dark. I remember it was on the street; I went into the house and saw some fruit on the table in a dish, and the dish broke *while I was looking at it.*" (The italics are mine.) Consider above-mentioned fancy of "an electric wire being bored right into the pupil." Of the electric wire more anon.

Still another dream showing the consanguinity between the psychological content of the dream-imagery and that of the nosological manifestation with which it is contiguous is this:

"I took my sister's two children to see a parade, when, getting off the car, which was very crowded, I lost my little nephew. Suddenly he stood before me, crying bitterly; then I took him and my little niece to see the parade. I took them to the dispensary with me, and to my surprise the parade was held there. They were all officers. I do not know what became of the children after that, but I went up town to buy a coffee strainer. Then I saw some nice blankets in the store, but because they were red and white striped, I did not buy them but asked if they had blue and white striped." (See observation above as to symbolism expressed in this color distinction.) "The saleslady said she would have them in on Friday (the day appointed for the next session in the analysis). I looked about and saw a pair of slippers which I thought I would buy for my sister. When I picked them up I looked at the soles; the one had a very large patch on it, so I did not buy them. I went to another counter, then looked in my basket, and saw a very large thimble in there. It rather surprised me, because I did not know who put it in the basket, and because it was too large for anybody to wear. Then I awoke with terrible burning pains and feeling very exhausted."

The following dream is interesting because of the very naive sexual symbolization it embodies.

The patient says: "I dreamed that the table was set in the kitchen, but did not see anything on the table. Mother, two ladies and myself, were sitting at the table talking, but I do not know what we were talking about. Then I heard two very loud knocks at the door. I went

there and opened the door and a young man handed me an open envelope with a white sheet of paper lying across it with nothing written on it, and said, 'Put this in your pocket,' which I did. I then saw something hanging out of my pocket. It looked like the size of the piece of paper, but dark green looking. I had on a house-dress which had a pocket on the side. This seemed to be in the evening, as the lights were lit. It seemed to me I came down-stairs and walked out in the kitchen and said to my mother, 'I feel as if I would like to have something to eat.' She said, 'Go out into the store (father's store) and get whatever you want.' I saw a glass case on the counter with a half of a custard pie in it and a small piece was cut off, but I did not take it."

After a pause, the patient added: "When the young man handed me the envelope, the piece of paper rolled together as I took it in my hand; as I put it in my pocket it seemed to open up and turned dark."

Continuing her unconscious theme, the patient says: "I dreamed I walked into a room, and sat on a chair, feeling very tired,— I put my arm on the chair and rested my head on it, when the door opened and a tall young man came in and sat down at the table resting his head the same as I did. I admired the black suit he had on; I thought to myself 'it looks like it's of good quality.' Neither of us spoke a word, we were both sitting at the table; books were on the table. My youngest sister was sitting on the other side of the room, yet I did not see her, when suddenly the window was opened and somebody threw a letter on the table with my sister's name on it. I handed it to her, yet did not see her, then the postal card which came with it I could not read, the print was not at all clear, and a package which was thrown in also contained no writing, but was tied with a cord." Consider the dream in which the patient sees before her a child fitting snugly in a tent and having a handkerchief wound several times about its neck. Recall also the fancy that her heart was suspended by a string.

The next dream is amusing in its incriminating transparency and affords convincing evidence that behind all

the decorous defenses and squirming protestations of even the demurest old maids there yet lurks the inexpugnable presence of the cosmic instinct of sex. It were well for sociologist and pedagogue to ponder the lesson that is pointed to in such unconscious disclosures.

"I dreamed my youngest sister and I were going to a picnic. While we were standing in the street waiting to cross, lots of wagons passed with men in them, who were shouting. I said to sister, 'This is too much noise for me. I am going somewhere else.' I went alone. Then I found myself in a store walking around some furniture, yet could not see what kind of furniture it was, but saw a banister where a lady was writing, yet do not know who she was. She dropped a drop of black ink with a pen on my white skirt that I wore; then she dropped two more drops on it. I said 'Oh, what is that?' Then it spread rapidly all over the front part of my skirt, until it was one large black spot. This made me feel very nervous. I asked the lady to quickly get me a bucket of water so I could wash out the ink; but it did not come out, so a man said something to her. I saw no man, only heard his voice, but could not understand what he said to her. Then a thought came to my mind, 'Milk washes out ink stains.' Then I awoke."

Again: "I dreamed that a friend of mine came to see me who lives in another city. I said to her, 'Where is your little boy?' She said, 'He wanted to come alone, he is coming by boat.' As she told me that, I looked for him. I saw him coming; he was right in the middle of a large water, in a small row-boat, which I thought looked very pretty. The little boat was made of twisted silver wire; he was sitting in the middle of it, coming along slowly. The boat was raised on both sides."

This child of the patient's friend is nine years old. With "nine years" patient associates "nine months." Patient says that the boat made of silver wire makes her think of "womb" because when she was operated on she was sutured with silver wire. The doctor offered it to her, she says, when it was removed, to have made into a ring. She wishes now she had taken it!

Not having a pencil at hand this day, and wishing to

make some notes, I asked the patient whether she happened to have a pencil. Whereupon she drew from her satchel a much reduced remnant of one, which, smiling and with marked coyness, she said she had carried with her constantly for eleven years. On my later putting the pencil into my pocket under the pretense of inadvertence the patient remonstrated with as much energy as if it had been some relic of rare value.

Characteristically again, she says, "I dreamed I went down to the pier with some lady friends of mine. We saw the steamer coming along slowly, away in the distance, which looked very white. The steamer looked as if it had snow on it. When it was nearing the pier it lay over on the one side of the water, then on the other side, and it kept on steaming along in that manner until it reached the pier. It made me feel very nervous until it arrived safely."

We may cite another dream as being in a sense corroborative of the preceding one.

"I dreamed I was sitting at an open window, when I looked out I saw a deep water, which somebody said was the ocean. The water was very restless. Then I looked on the other side of the water, and I saw a very large lot of grass cut very short, and lots of people walking about, when a lady came up to me and said, 'Let's go down those three steps,' which we did, but I saw that if we had taken another step we would have stepped into the water. Then I went back into that room again where I was sitting, when suddenly a man walked through a narrow hallway. When he came back, to go on the lawn, he brought some children with him; one he carried on his arm. He was also smoking a cigar."

Finally, let us look for a moment at a manifest *Uebertragung* dream. The patient comes in saying that she is very "nervous and trembly" this morning. She blushes and betrays marked self-consciousness. Being seated, she says coquettishly, "I dreamed of you last night, doctor," an avowal which she delivers with a characteristically revealing accompaniment of shy, serpentine contortions, offered in modest repudiation of the inherent sexual connotation she unconsciously devines as the underlying

determination of the dream. The patient has here, as frequently is the case, to be encouraged to proceed. At last she resumes. "Well, I dreamed that my mother was standing in the side door, and the side door was open and a man said to her that he wanted to see me, and she said to him, 'Walk in the dining-room'" (laughs suddenly and blushes deeply, then "forgets") "and then she called me. I came in then from the kitchen and she went out of the side door again. When I came in I saw a doctor sitting on the chair with his hat on. So then I took a seat in the rocker on the other side of the room, and neither of us spoke a word. The doctor was you again." (Much laughter and blushing.) "We sat there awhile and then I went up-stairs to dress to take a walk. Then when I came down the steps I met Dr. Burrow at the door.

"(I have to tell you this dream because you asked me.) Then I was surprised to see a lady waiting outside for you. She was very light complexioned; I do not know who she was. Then the doctor walked off with her. Then I watched you walk a short distance. Then you took your cane (I didn't see you have a cane before that) and struck a gray, oval stone in the sidewalk just in front of my house." At the close of this recital patient showed extreme embarrassment.

This is, as you perceive, a fragmentary presentation selected from the large mass of the unconscious material submitted. It affords, after all, but the merest snapshot of the phenomenon it is intended to illustrate, viz.: the close analogy between the patient's dreams and her symptomatology. It would not be possible, however, to give to these coincident manifestations the correlative value they deserve without tracing in detail the entire course of the analysis. Even then effort would still fall far short of performance. For, as we know, the data obtained through the very varied and complicated technique of psychoanalysis are too intimately bound up with the delicate psychological *rapport* existing between physician and patient to be separable from it. The many tenuous phases in the play of thought constituting the peculiar social situation that obtains in the psychoanalytic relation are too subtle and impalpable to admit of objective statement. Though

each manifestation on the part of the patient's unconscious conveys its own nameless *nuance* of meaning that is of the utmost import to the psychoanalyst, yet such subjective intimations of their very nature elude all efforts toward objective systematization. In their impermanence they defy formulation. Too intangible to capture, they must remain with us as a merely esoteric impression. I wish, however, that space permitted the inclusion here of all the patient's dreams. A review of the complete material of the analysis would in the present case, it is believed, set a permanent quietus upon the harsh and unfair impugnment of the Freudian method so often heard, namely,—that its adherents make a point of submitting for publication only such material as they may judiciously compress into the mould of their arbitrary presuppositions.

Now, as we consider the trend of these implications, are we not justified, despite admitted shortcomings, in bringing into question the sweeping neurological interpretation of so-called neurasthenic and allied states, and, in view of the parallelism here indicated between the content of the patient's dreams and the content of her objective symptoms, may we not regard the latter as also answering, in a sense, the purpose of an unconscious charade and as constituting like the dreams, an associative or symbolic representation of an inherent biological trend, which seeks satisfaction in such functional surrogates, because external circumstances have denied it an outlet through the avenues of normal fruition?

The argument, however, does not in the present case, repose upon analogy alone. Of far greater significance is the fact that the patient herself has gradually awakened to a realization of the void of normal interests and incentives in her life, and that she has begun to recognize in the functional manifestations she presents the element of self-propitiation that pervades them. The result of this stock-taking is to clear the way for new beginnings. It is a preparation for the readjustments to be found in suitable directions of sublimation.

From the patient's kindling responsiveness to normal, healthy demands, it is plain that she is on the way to re-

covery. The possibility that this altered condition is due to a simultaneous dispensary régime of quinine and bromides may be readily excluded by reason of the fact that these pharmaceutical resources had proved utterly unavailing during the three years that preceded the attempt to treat the case by the method of psychoanalysis.

From these considerations, it seems justifiable to suggest that the etiology of neurasthenia be more carefully studied from the standpoint of its psychological mechanisms so that through the establishment of the psychogenic factors involved in these conditions a more systematized knowledge may at last be resolved out of the present chaos of uncoordinated anatomical assumptions.