ANHEDONIA.*

BY ABRAHAM MYERSON, M. D., BOSTON, MASS.

PART I.—THE LOSS OF DESIRE AND SATISFACTION.

The symptom complex which I am here describing occurs in many mental diseases and in the various forms of the psychoneuroses. It is, therefore, not a disease entity and has the same kind of standing as the symptom complex of epilepsy. Just as there is a type of epilepsy which cannot be traced backward to some cause such as tumor, neurosyphilis, arteriosclerosis, etc., which we, therefore, call idiopathic epilepsy, so there exist cases of anhedonia having no definite relationship to known causes and which seem to present the pictures of a definite disease.

The term anhedonia was first used by Ribot to describe the case of a young girl who suffered from a loss of the pleasure sense in the course of a disorder of the liver. James used the term to describe those sick souls of whom he speaks so eloquently in "The Varieties of Religious Experience," whose trouble lies with a distaste for life and for the things of this world and who find neither motive nor pleasure in existence.

Though I have used the term anhedonia, the symptom complex here described is elaborated so that the distinguished Frenchman might disclaim my right to the use of the term. Briefly, anhedonia seems to be a kind of organic anæsthesia, or is, to put it differently, a dropping out from consciousness of desire and satisfaction based, possibly, on a disappearance of those coenesthetic impulses which are basic in desire and satisfaction. Associated with this anæsthesia and the group of symptoms which develop as a result, is another factor, which I call the disorganized spread of excitement. These two groups of symptoms relating to some condition to me unknown, which remains in the background, occur in varying proportions in the different individuals who are anhedonic and are fundamental

* Read by title at the seventy-eighth annual meeting of The American Psychiatric Association, Quebec, Canada, June 6, 7, 8, 9, 1922.

to the symptom complex of anhedonia. Because they are fundamental, certain preliminary discussions of the nature of desire, satisfaction and excitement are necessary.

However we may regard man and his purposes, we know that some of the fundamental driving forces in his life are the need of food, the need of drink, the need of sex gratification, the need of rest, and the feeling of energy. The need of food is heralded in health by the feeling that we call appetite, and appetite is caused by changes in the gastro-intestinal tract, viscera and probably by changes throughout the entire organism. In the state of health a desire, an appetite, is felt for food, it is taken in, and the appeasement of the desire for food is followed by, or associated with, an indefinable state called satisfaction. That is to say, desire is brought about by some organic changes concerning which we need not go into detail except to state that they are vaso-visceral chemic matters, endocrine and vegetative nervous system changes, and these give rise to a state of consciousness linked up with the need and longing for food. The organism, including in this term intelligence as well as the automatic activities, is spurred into action. The action brings about changes in the vaso-visceral relations through the ingestion of the food, but of all these vaso-visceral relations the individual himself knows nothing. Naively he is interested in nothing but the appetite and the state of satisfaction and comfort that follow ingestion. The human being seeking food is not seeking nutrition except as he becomes a cultured scientific person. *He is spurred on by appetite to the seeking of satisfaction.*¹

In anhedonia this desire for food either is greatly impaired or disappears. Sometimes the desire is merely fitful and easily lost, and after eating there is none of that pleasurable afterglow called satisfaction. The food itself as ingested lacks flavor and gives no pleasure. It therefore becomes an effort to eat and the pleasures of the table which are so looked forward to by the average individual, and which form the basis of both coarse and refined social life, are lost, and with them much of the pleasure in living. Associated with this loss of pleasure is a displeasure and disgust for food which in extreme form becomes nausea and vomiting. As is well known,

¹ This does not differ materially from the formula of Kempf, which is, however, by no means original with him.

unless food is desired, unless one is hungry, the sight and smell of food are rather disagreeable, and there is thus added to the loss of appetite and pleasure in eating the pain and disgust of being obliged to eat against desire.

What is here but a sketch of the appetite for food is as true of thirst and of sex. Especially in the case of sex activities the racial aims must be carefully separated from the aims of the individual. Whatever that metaphysical entity, the race, has for its purpose, the purpose of the average individual in active sex life is not propagation; that enters as an accessory and specialized purpose. Sex desire is caused by many factors, chief of which are changes in the vaso-visceral chemic relationships of the body. In the male the seminal vesicles become tense, in the female ovulation takes place, menstrual periods appear; in both sexes desire is stirred up by memories or ideas which in turn change vaso-visceral chemic relationships. This crude native stuff of sex desire may become intellectualized, made esthetic and specialized, and brought into harmony and conformity with social purposes, but fundamentally sex desire remains an uneasiness brought about by coenesthetic tensions. This desire then spurs the organism into action to the end that the desire, emotion or feeling be replaced by that loss of desire plus something else called satisfaction. The pleasure in sex as in eating and drinking is largely the disappearance of an uneasiness, though there is an afterglow of the excitement and pleasure experienced during the action itself. This need not last long and may be, in some cases is, immediately replaced by a feeling of disgust which is closely associated with satiety.

The anhedonic patient, when his symptom complex is fully developed, has neither sex desire nor pleasure in the sex act if he still remains potent. Very frequently he is impotent, and this brings about the fear that something serious is happening, because there is widely diffused throughout every community a belief that potency is associated with the essential manhood of the individual, and its loss involves fear that a grave disease is taking place and great humiliation as well.

Just how the desire for sleep arises and what it means to be sleepy I do not attempt to trace in detail here, but refer the reader to the works of Claraparede, Mosso, Boris Sidis and others. Our conception of sleep must be that it is a great restorative procedure,

during which the organism makes up for the damage incurred during the day and prepares for the activities of another day. In man especially there is relief from consciousness itself. The deeper the unconsciousness on the whole the more satisfactory the sleep. The average human being finds 16 hours of consciousness about as great a burden as he can stand, and sleep is a method of escape from the burden of living. In anhedonia the desire and capacity for sleep are critically impaired. Though the patient may be exceedingly and aching tired, there is lacking that drowsiness at night which prepares one for sleep. Sometimes this sleeplessness is associated with the second group of symptoms later described, to wit, the increased reaction to excitement and the disorganization manifested by the spread of excitement, so that as the patient tries to sleep every noise stirs him into wakefulness, and every discomfort experienced in the posture of the limbs and the body is enhanced into fidgetiness. On the other hand there is sometimes no such restlessness physically, but the patient is conscious of an incapacity to stop thinking, and the events of the day pass through the mind in a restless purposeless manner. Such a patient is at the mercy of every irrelevant association, and sleep becomes impossible because of this uncontrolled mental activity. However, if sleep takes place, as it usually does in some degree or other, then there is no restful feeling as a result. That is, to link up the disorder of sleep with the disorder of appetite and of sex, neither desire for sleep nor the satisfaction of sleep are fully felt, and the patient starts each day with a feeling of fatigue which on the whole is greater than that with which he went to bed.

This brings us to a central symptom in anhedonia and one which in its ramifications is responsible for many of the other symptoms. The feeling of energy is the stock-in-trade of the activities of the human being. Regardless of whether the feeling of energy corresponds to the actual energy capacity of the individual, it is this feeling upon which we estimate our capacities. When the energy feeling is high, due to whatever cause, enterprises are undertaken, effort is made for distant goals, purposes become centralized, and the affairs of life are on the whole made pleasant. Aside therefore from the actual pleasures of gratified desires, one of the largest factors in the feeling of wellbeing is the feeling of energy. In anhedonia the feeling of energy is low so that effort is painful, fatigue following rap-

idly upon exertion and having a peculiar painful component not present in ordinary fatigue. Furthermore, this fatigue is not only physical, but extends to all the purposes of life and to the mental activities. It is difficult for the patient with anhedonia to maintain interest. He finds it hard to concentrate because the capacity to concentrate and to feel interest is to a large extent dependent upon the feeling of energy. Pep, zeal, courage, concentration, interest, and a very large part of pleasure are injured by the injury to the feeling of energy, and the anhedonic patient complains bitterly of these matters. He does not claim to be depressed in the sense that he is sad, *although it is probable that what we call sadness is to a large extent the disappearance of the energy feeling*. In a typical case, however, the depth of depression is not such that the individual definitely calls himself depressed.

Because appetite, thirst, sleep, sex desire, and the energy feeling are impaired; because what has interested the individual in the past lacks interest, and because life itself lacks desire and satisfaction, there arises in many cases a restless cogitation which takes in some the form of the obsession of unreality. The feeling of reality is not intellectual in its origin, it is coenesthetic, it is purposive. Things seem real when we are hungry and food gives us satisfaction, when we are thirsty and drink is a pleasure, when the association of persons of the opposite sex arouses the excitement of desire and when sex relationship brings satisfaction. (In fact, the rebellion against impotence or loss of desire is a rebellion against the threat to reality.) When purposes seem no longer worth while or when we question the validity of our purposes, reality commences to disappear. So in the anhedonic patient whose desires and satisfactions are impaired there commences to appear the internal questioning and scrutiny which finally brings about the feeling of unreality. It is to be remembered that most of the things of life are symbols accepted as realities. When their symbolism disappears their reality disappears. Take, for example, any symbol, the word "woman," for example, and look at it objectively, "w-o-m-a-n" and if one persists a curious feeling of unreality appears, a feeling that this cannot mean anything and the thing for which it stands possibly does not exist. If one looks in the looking-glass to comb his hair or to see if his tie is on straight, there is nothing unreal in the image reflected because there is a purpose in the act, but if one scrutinizes

the image and studies the nose for example, objectively, as a bit of flesh protruding from the rest of a curiously made up mass, then the whole face commences to appear unreal. It then becomes difficult to realize that the face is held to be the symbol of personality and the basis upon which attractiveness and unattractiveness are judged. The anhedonic patient becomes an anxious scrutinizer of himself and others and of his purposes and of the world because the things by which he formerly judged himself and the world are disappearing. And the so-called psychasthenic obsession of doubt in the great majority of cases will be found to have behind it the loss of appetite and sleep, the loss of energy feeling, the loss of sex desire here described as anhedonic.

PART II.—THE INCREASED REACTION TO EXCITEMENT.

It is here pertinent to discuss the nature of excitement and its meaning in neuropsychiatry.

No matter what happens in the outside world, be it something we see, hear or feel, or experience in any sense-field, there is an internal reverberation in our bodies—excitement. Excitement is the undifferentiated result of stimuli, whether these come from without or from within. A change in the glands of the body heaps up changes within us, which, when felt, become excitement. Thus at the mating period of animals, at the puberty of man, there is a quite evident excitement demonstrated in the conduct of the animal and the adolescent. He who remembers his own adolescence, or who watches the boy or girl of that age, sees the excitement in the readiness to laugh, cry, fight or love that is so striking.

Undoubtedly the mother-stuff of all emotion is the feeling of excitement. Before any emotion reaches its characteristic expression, there is the preparatory tension of excitement. Joy, sorrow, anger, fear, wonder, surprise, etc., have in them as a basis the same consciousness of an internal activity, of a world within us beginning to seethe. Heart, lungs, blood stream, the great viscera and the internal glands, cerebrum and sympathetic nervous system, all participate in this activity, and the outward visage of excitement is always the wide-open eye, the slightly parted lips, the flaring nostrils and the slightly tensed muscles of the whole body. Shouts, cries, the waving of arms and legs, taking the specific direction of

some emotion, make of excitement a fierce discharger of energy, a fact of great importance in the understanding of social and pathological phenomena. On the other hand, excitement may be so intensely internal that it shifts the blood supply too vigorously from the head and the result is a swoon. This is more especially true of the excitement that accompanies sorrow and fear than joy or anger, but even in these emotions it occurs.

There are some very important phases of excitement that have not been given sufficient weight in most of the discussions.

In the very young, as Lotze so well pointed out in the magnificent "Microcosmus," excitement is diffuse and spreads throughout the organism. An infant starts with a jump at a sudden sound and shivers at a bright light. A young child is unrestrained and general in his expression of excitement, no matter what emotional direction that excitement takes. Bring about any tension of expectation in a child—have him wait for your head to appear around the corner as you play peek-a-boo, or delay opening the box of candy, or pretend you are one thing or another—and the excitement of the child is manifested in what is known as eagerness. Attention in children is accompanied by excitement and is wearying as a natural result, since excitement means a physical discharge of energy. A child laughs all over and weeps with his entire body; his anger involves every muscle of his body and his fear is an explosion. The young organism cannot inhibit excitement.

As life goes on, the capacity for localizing or limiting excitement increases. We become better organized, and the *disrupting force* of a stimulus becomes less. Attention becomes less painful, less tense, *i. e.*, there is less general muscular and emotional reaction. Expectation is less a physical matter—perhaps because we have been so often disappointed—and is more cerebral and the emotions are more reflective and introspective in their expression and less a physical outburst. Indeed, the process often enough goes too far, and we long for the excitement of anticipation and realization. We do not start at a noise, and though a great crowd will "stir our blood" (excitement popularly phrased and accurately), we still limit that excitement so that though we cheer or shout there is a core of us that is quiet.

Seeking excitement becomes one of the great pleasure-trends of life. In moderation, tension, expectation and the diffuse bodily

reactions are agreeable ; there is a feeling of vigor, the attention is drawn from one's self and there is a feeling of being alive that is pleasurable. The tension must not be too long sustained, nor the bodily reaction too intense ; relaxation and lowered attention must relieve the excitement from time to time ; but with these kept in mind, it is true that Man is a seeker of excitement.

This is a factor neglected in the study of great social phenomena. The growth of cities is not only a result of the economic forces of the time ; it is made permanent by the fact that the cities are exciting. The multiplicity and variety of the stimuli of a city—social, sexual, its stir and bustle—make it difficult for those once habituated ever to tolerate the quiet of the country. Excitement follows the great law of stimulation ; to evoke the same internal effect, the same feeling, requires a greater and greater stimulus, as well as new stimuli. So, the cities grow larger, increase their modes of excitement and the dweller in the city, unless fortified by a steady purpose, becomes a desperate seeker of excitement.

If the seeking of excitement, as such, is one of the prime pleasures of life, organized excitement in the form of interest is the directing and guiding principle of activity. At the outset of life interest is in the main involuntary and is aroused by the sights, sounds and happenings of the outer world. As times goes on, as the organism develops, as memories of past experiences become active, as peculiarities of personality develop, and as instincts reach activity, interest commences to take definite direction, to become canalized, so to speak. In fact, the development of interest is from the diffuse involuntary form of early childhood to a specialization, a condensation into definite voluntary channels. This development goes on unevenly, and is a very variable feature in the lives of all of us. Great ability expresses itself in a sustained interest ; a narrow character is one with over-deformed, too narrow interest ; failure is often the retention of the childish character of diffuse, involuntary interest. And the capacity to sustain interest depends not only on the special strength of the various abilities of the individual, but remarkably on his energy and health. Sustained " voluntary interest " is far more fatiguing than involuntary interest, and where fatigue is already present it becomes difficult and perhaps impossible. Thus after much work, whether physical or mental, during and after illness—especially in influenza, in neurasthenic states gen-

ally, or where there is an inner conflict—interest in its adult form at a low ebb.

In anhedonia *excitement of any kind tends to become painful*, and to become disorganized. Control of excitement becomes difficult. What formerly was pleasurable excitement, such as the tension of the theater or the stir and bustle of a crowd, the stimulation arising from friendly gatherings, parties and crowds, become unpleasant, painful, and is attended by a restlessness and incapacity to sit still or to maintain concentrated interest, which finally makes the unfortunate patient shun theaters, movies and concerts, avoid his friends, avoid crowds, etc. This stage may be preceded by a period in which the patient seeks excitement in order to see if he cannot find pleasure, but he finds not only no pleasure, but positive displeasure, and finally becomes seclusive. There are no delusions connected with the seclusiveness, though there may be a mild feeling of inferiority. Routinely, the patient will state that noises most make him sick, that he gets worked up beyond endurance if he has to sit still in a concert or theater, that he becomes confused in a crowd, apparently because the stimuli that come in cannot be tended to in a regular, orderly fashion and because there is a diffuse excitement as a result.³ Here is an important phase of the anhedonic reaction; the competing stimuli *make choice difficult* and the patient with anhedonia finds it difficult to make up his mind what to do in any given situation, in part at least because of his unfused and excited feeling.

PART III.—CAUSES OF ANHEDONIA.

We have here a symptom complex in which certain of the basic desires of the organism and certain of the great pleasure trends of life disappear or are impaired. Food, rest, sex are of extraordinary importance to the individual. The energy feeling is the keystone of purpose and will. The limitation of excitement and the orderly reaction to stimuli are fundamental in their value to the individual.

³Very frequently what the patient calls dizziness is a confusion and disorganized excitement resulting from the non-localization of stimuli. In other words, the anhedonic patient is assailed by stimuli in a non-selective way and his reaction is the same feeling we have when overwhelmed by rapidly moving visual stimuli.

Under what situations does their impairment or disorder appear ; in other words, under what circumstances does this symptom complex tend to appear ?

I should say that first of all it occurs in acute form as an accompaniment of many of the infectious diseases. Here, however, the situation is masked because of the general sickness of the patient, and we are dealing with a toxic state in which the accessories of life such as the desire for food, sex feeling, etc., disappear because there is no real need for them. We shall, therefore, neglect this situation and speak of those situations where the anhedonic response is without any definite acute illness, and is itself the main and important feature.

1. It is seen in its most exquisite form after an acute infection, typically influenza. Here we commonly speak of it as neurasthenia, and I am not attempting to separate it from that disease complex ; perhaps I am merely describing neurasthenia in a different way. Frequently after influenza or other acute infections there gradually develop a loss of appetite and loss of sleep, a lowered energy feeling, a loss of desire and satisfaction in everything in life, feelings of unreality, and the increased reaction to excitement which I have made cardinal in anhedonia. Something has happened to the organism as a result of which desire and satisfaction are injured, energy goes and restlessness supervenes. The condition may be short in duration or long, and may resist all efforts at treatment.

Of importance in my mind in the development of this type of post-infectious anhedonia is the fact that our ideas of therapy have swung from excessive medication in the treatment of every symptom as if it were a disease and had specific remedies, to no treatment whatever. Under the influence of the fallacy that self-limited diseases need no treatment, we allow the patient who is sleepless to go without sleep for an indefinite length of time without making efforts to overcome his insomnia. For example, in the influenza epidemic of 1918 insomnia was a common accompaniment of the disease. Patients suffering from a mild infection would lie awake night after night tense with fear that they would die, and so formed a habit of sleeplessness that persisted after recovery, and which in my opinion was an important factor in bringing about the anhedonic syndrome. There would have been no harm whatever in giving these patients some veronal or bromides, or some sedatives, in order

to insure a good night's rest. As it is, the habit of sleeplessness was formed when it might have been prevented.

2. Similar to the type of anhedonia which follows infections is the type following surgical operations and pregnancy. The surgeon of today is too anxious to get his patient up on his feet in record-breaking time. He seems to feel a personal glory in stating that his appendectomies are ambulatory at the end of a week; that brings up his batting average as a surgeon, but it increases the amount of neurasthenia and anhedonia found later.

The nursing period in certain types of women acts to bring about typical cases of anhedonia. Just why the savor and zest of life should disappear under such circumstances is not often easy to determine, for it occurs sometimes in women who seem to have abundant milk and who formerly were sturdy and strong. Perhaps some psychological factors such as the wish to give up nursing plays a part and perhaps the disturbed sleep is important. At any rate it seems common in the young nursing mother of today.

3. The menopause in women and the involution period in general in the male, the senium, are prolific breeders of anhedonia. A man or woman who has been strong and energetic up until the time of the change of life suddenly finds that the vital appetites have disappeared and that he takes no pleasure in anything. Sometimes this condition is preliminary to a true melancholia, but often it persists without an active depression. In middle-aged men it is especially found with the sudden loss of sex power and a harassing realization that old age has arrived. Sometimes it is associated with the feeling that success can never come. It is most marked in those who have been exceptionally vigorous and powerful, and have passed very quickly either into middle life or into old age. The most persistent case I have seen and the most typical was in a woman at the menopause, and in her case the condition lasted continuously for years.

4. As a reaction to circumstances one sees a very important type of anhedonia. Thus a man whose purposes have become centralized so that his interests all lie in one field may become deeply anhedonic when that purpose is hopelessly blocked. A man intent on promotion from one job to another finds his organic and social appetites and pleasures disappear when the desired job is given

somebody else. A man or woman wrapped in some other person, the mate, a son or daughter, is robbed by death of the one in whom purposes and affections center, and one sees a deep anhedonia.

In regard to this group of cases one finds that frequently after the emotional distress has passed the habit of sleeplessness and the habit of anorexia may continue the anhedonia. This is a point which I wish to emphasize as of great importance, viz.: a person may suffer mentally as the result of some adequate cause and that mental suffering is indissolubly associated with sleeplessness, loss of appetite, loss of energy feeling, loss of sex desire, etc.; then the emotional cause ceases to operate, but the condition persists through the habit inertia of the organism. Therapeutics must then be directed vigorously towards breaking up of the pathological habits.

5. The most characteristic cases of anhedonia are seen as preliminary and early stages of mental diseases. Thus in manic depressive insanity the depressed phase may be ushered in by a long period where the symptoms described are characteristic and are often called neurasthenic. In dementia præcox this is commonly seen. Long before there is true apathy the patient who will later become demented suffers acutely because he feels this change in himself, this loss of desire and satisfaction together with a restless reaction to stimuli. In these cases of dementia præcox the unreality feeling is extremely prominent.

6. There is a type of recurrent mental disease which might well be called *idiopathic anhedonia*, where there is no development of symptoms going on to those of manic depressive or dementia præcox, where there is no history of preceding illness and where there exists none of the ordinary causes for the syndrome. This type of anhedonia develops slowly as a rule and the patient presents the characteristic symptoms of lost desire and satisfaction, together with restlessness and a torturing introspective life in which the unreality feeling is a chief component. The symptoms gradually grow worse, but they never reach a depression in the sense that the patient is self-accusatory, retarded, or for that matter suffers from what might be called sorrow in any of its forms. His depression, if any exists at all, arises from the fact that he no longer can feel pleasure. This mental state may persist for weeks, even months, and then gradually goes away and the patient gets well just as in a

manic depressive attack, and then later without any adequate cause there again develops the syndrome. There never occurs anything like an excited phase. This type of recurrent anhedonia deserves, in my opinion, a separate place amongst psychiatric entities and is far more common than true manic depressive insanity.

7. Finally, it must be stated there are types of people who are anhedonic by nature. Human beings are widely variable in all their capacities and interests. In intelligence, the range is from the idiot to the genius, in manual skill from the one whose fingers are all thumbs to the one who can shape resistant metal, wood and stone into things of serviceability, ingenuity and beauty. In emotions people range from those, *e. g.*, whose prevailing emotional state is fear to those who may be said to be fearless. We may easily divide up mankind into the hearty types whose appetites are vigorous and whose sense of satisfaction is robust to those whose appetites are, on the whole, evanescent and finicky, and whose satisfactions are easily turned to dissatisfaction and unsatisfaction. Unquestionably our culture and the whole of the process of our civilization tends to refine our tastes, which merely serves to lessen the heartiness of appetite and desire and to make more difficult satisfaction. When people ate with their fingers there was little that could disgust any man in table manners. When people require a dozen implements with as many changes of dishes for their calories, a slip up in the service rendered may take away the appetite. However this may be in regard to civilization, there remains no doubt that in no factors of development are people more variable than in the factors of desire and satisfaction. Of two children lying side by side in the crib, the one will cry vigorously for his food and smack his lips with gusto while eating it. The other has to be coaxed into appetite and apparently receives no pleasure from his food. The same will be true of the zeal with which these children play with their toys and their apparent happiness in so doing. The hearty folk pass through life eating of the good things of life by mouthfuls while the anhedonic nibble and are constantly on the verge of disgust and dissatisfaction.

The anhedonic type of individual is introspective by nature, continually examining his own emotions and his own bodily states. He becomes as a result easily bored and pessimistic. Usually of low

energy, he is often not capable of sustained effort and through failure the vicious circle is maintained and intensified. Let an accident or a disease supervene and the anhedonia becomes more or less organized into a syndrome. For it is characteristic of the anhedonic patient easily to lose his appetite and his reaction to fatigue takes on two particularly important directions; first, he becomes restless, that is, unable to rest, and thus prolongs his fatigue, and second, sleep disappears. One might divide people into two groups in their sleep potentialities, the first who after fatigue and exertion sleep well and the other who react to the same situation by sleeplessness. The capacity to sleep well is one of the assets of success in life.³

I am firmly of the belief that the heaping up of needs and desires which is one of the chief processes at work in civilization breeds anhedonia. Furthermore, as excitement becomes a commonplace, as cities grow larger the effort to find satisfying excitement becomes a frantic pursuit and in many cases results in that disorganized reaction to excitement and that lack of satisfaction in all excitement which are central factors in anhedonia.

PART IV.—THERAPEUTICS.

It is obvious that the therapeutics of such a condition will depend on many things, chief of which will be, first, the relationship of the syndrome to other mental conditions in the patient such as the possibility of early manic depressive or dementia præcox; second, the cause, whether definitely related to some physical disturbance such as sickness, menopause, etc., or to some so-called psychical disturbance such as the blocking of an aim or a bitter loss, deprivation, humiliation, etc.; third, the original temperament of the patient, and fourth, the nature of the symptoms presented.

³ Dr. Charles W. Eliot in a recent review laid especial emphasis upon the value to him throughout his busy and successful career of the capacity to sleep well. He says that he falls asleep as soon as his head touches the pillow, and that no matter what the stress and strain of his existence he was restored by a night's rest. Thus neurologists and psychiatrists who tell a patient it is of little importance whether he sleeps or not as long as he rests, apparently have never had the torture of one night of insomnia. Sleeplessness constitutes a major disability and must be given urgent attention since upon its continuance there arises a chain of symptoms of distressing nature.

I must confess that I pretend to make no psychoanalysis, in the Freudian sense, of my patients, and I shall be iconoclastic and crude enough to say that no matter whether there be a psychical starting point or not in such a syndrome as this, the main thing to treat, at least at first, is the organic condition of the patient, meaning by that his appetite, his sleep, his feeling of energy and his restlessness. In the first place, the separation into psychical and physical is totally artificial in so far as physicians are concerned. We have no more reason to separate sharply the influence of the environment as its events stream in through our eyes and our ears, and through the bodily contacts of our skin, from those that are imbibed through the gastro-intestinal tract. In other words, the things that result when we hear or see something are organic, as organic as the events which transpire when we eat, drink, or take drugs. Furthermore, even if the individual is depressed or anhedonic because of an unhappy love affair or a serious inferiority situation or some complex arising through the social, economic, psychological state in which he happens to be, you can change his attitude toward these circumstances by physical means just as surely as you can change his digestion by distressing thought. Still more important, habit-formation plays so prominent a part in all mental symptoms and in all such disorders as loss of appetite or loss of sleep, that the technique of therapy must be to break up these habits as rapidly and as energetically as possible, and to do this psychical re-education and readjustment are not nearly as effective as drugs and physical therapeutics. *In other words, drugs and physical therapeutics are just as much psychic agents as good advice and analysis* and must be used together with these latter agents of cure.

In the presence of one of these patients, in addition to finding the etiological background, the physician must ask himself the following questions: "How can I bring about a return of appetite?" for if the physician can bring about the joy of eating he gives the patient a grip on life and living of fundamental importance; second, he must ask, "How can I bring about sleep?" for sleeplessness acts to continue fatigue and through fatigue the other symptoms can easily arise or be perpetuated; third, he must ask himself, "What technique shall I use to restore the energy feeling?" for, as has been stated, back of will and purpose and back in

the last analysis of pleasure and hope is the energy feeling, and fourth, he must ask, "What steps shall be taken to prevent the disorganized excitement?"

In answer to the first question, "How can I bring about appetite?" the reliance must be on re-education, on a graduated system of exercise with out-door living, together with a bitter tonic before meals. I make bold to say that the last is not the least of the methods to be used. Massage and hydrotherapy of a stimulating kind are of value in this regard. Food prepared in a tempting way is important. Change of scene has its place in all psychotherapy.

"How can I bring about sleep?" is answered that first of all the habit of sleeplessness must be broken up, as I have emphasized before, and for this there is no alternative to hydrotherapy and drugs. I use routinely a combination of sodium veronal and sodium bromide, and if this does not work, although it usually does, I utilize other things such as chloral, etc. For physiological therapeutics a quiet place to sleep, hot drinks and hot baths, or a walk perhaps before retiring are of value; on the whole, the avoidance of excitement in any form whatsoever must be enjoined on the patient.

"How bring about the energy feeling?" Hydrotherapeutics and massage are of prime importance. *A resolving of the individual psychological problem*, if there is such an individual problem, and the adoption of a philosophic attitude must of course be brought about. The care of the person as a whole, meaning his nutrition, his exercise, his relationship to other people, his relationship to the social milieu—all these are energy factors of great importance.

The worst type of lost energy feeling is found in former athletes. They become provoked at themselves for their "has been-ness"; they become fiercely self-critical and even self-hostile; they attempt too much and try themselves out too often. I tell them that they must start a system of conditioning beginning with a very small amount of exercise and gradually increasing until they are back, or nearly back, to where they were. The gradual exercise method is, in my opinion, the prime method for restoring energy feeling, but in addition I do not hesitate to use tincture of nux vomica and caffeine especially in the morning, for it is in the morning that the majority of these individuals find themselves apathetic and anhedonic. Towards night they pick up and become so restless that they

cannot sleep, so that in many cases I have found it valuable to give nux vomica and caffeine in the morning and at luncheon; and after supper and before bedtime to give bromides, in this way re-establishing the normal cycle of energy feeling.

The prevention of disorganized excitement when it occurs must be through quiet, through a resolution of the individual psychological problem, if necessary through bromides and sedatives. By the gradual increase of stimulation the patient is trained back to normality.

In emphasizing the physical and drug therapeutics of the situation I am by no means minimizing the value of psychological analysis, advice, of encouragement, and of establishing a philosophy of endurance and hope. I do not believe, and this I say despite the hold that the analytic methods have upon our present-day neuropsychiatry, that an extended analysis of the individual's difficulty helps him in the majority of instances. Having lived and worked with psychoanalysts, I have failed to see that their claims are warranted by their results. I believe that mental wounds heal just as physical wounds do, and to keep probing them, and about them, is as rational in psychiatric therapeutics as continued probing would be in surgical therapeutics. To restore sleep and appetite, to bring back to the patient some of his energy feeling, is to give him the start towards adjusting his own difficulties, towards a successful "forgetting" of them. When he has the pleasure of food, the rest of sleep, and the courage and hope that come from restored energy, he may still need a philosophy of life and an adjustment of his own peculiar difficulties, but in the majority of cases he will then be able to do this for himself better than any psychiatrist can do it for him.