"NERVOUSNESS"

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"Nervousness" is probably the most misused term in medicine. The adjective nervous, properly defined, means "pertaining to or composed of, nerves; having weak nerves; easily agitated; vigorous in style." Through common usage both physicians and laymen have by habit employed this word to denote a multitude of poorly defined and poorly differentiated subjective and objective situations. In obtaining psychiatric histories "nervousness" is used to connote anything from extremely mild degrees of restlessness to the most severe psychoses.

"Nervousness" far outnumbers any other presenting symptom encountered in a neuropsychiatric practice. If a statistical study were made of presenting or dominant symptoms in all fields of medicine, "nervousness" would be near the top of the list, if not far ahead of all others.

"Nervousness" is actually a symptom which is a response to physical disease or signifies an aberrant reaction to a situation or a combination of circumstances to which the person may be or has been subjected. Constitutional inclinations are often responsible for the reaction patterns that may be developed. The most benign types of responses to critical situations are only rarely encountered in medical practice, since most persons so affected achieve a satisfactory solution to their problems with a resultant abatement of symptoms in a minimum of time. However, similar circumstances imposed upon a person having different constitutional tendencies might create a clinical picture severe enough to warrant medical attention.

It should be remembered that "nervousness" is frequently a genuine part or concomitant of physical diseases. The anxiety, apprehension, tension, and tremor seen in the most severe anxiety states are rarely as marked as those observed in a well defined hyperthyroidism. The lassitude, mental depression, and fatigability associated with post-malarial, post-influenzal, and dengue fever are often as pronounced as those experienced in the true endogenous depressions. Rarely does a physical disorder, especially that having reached chronicity, fail to present some anxiety, apprehension, tension, or disturbance in sleep rhythm. As these symptoms become manifest, they should be dealt with just as promptly as complications of other types. It may only take a few moments to reassure or encourage such a patient at the onset of this trouble, whereas, if permitted to go unnoticed for weeks or months, the successful treatment of these complications may require many hours of intensive work.

Never does a day pass in the life of a physician that he does not encounter a functional problem. The current medical periodicals contain many articles concerning psychosomatic problems. Psychiatrists revel in the belief that they have discovered something new in this fashionable term, "psychosomatic". In writing on the *Psychosomatic Aspects of Allergy* Karnosh has aptly referred to this condition: "In some respects, this new branch of medicine is a little presumptuous because it purports to demonstrate something new, when actually, a good deal of it is merely 'new cackling over an old egg'."

The family physician is in a most opportune position to deal with such problems. Having ministered to the family from the medical standpoint and as an advisor, he has knowledge or facts which frequently consume hours for a psychiatrist to obtain. Many patients confronted with emotional conflicts seek only an understanding ear, some sound advice, and judicious use of medication to gain relief from their illness.

At present I have under treatment a woman who has an anxiety state produced by an untenable domestic situation of years' duration. I regret that after several hours of interviews and psychiatric treatment she stated that her physician was no longer interested once she became "nervous". This particular problem does not involve any deep-seated psychological barriers and could be adequately dealt with by any competent physician, providing he gave the patient sufficient time to relate her story.

Psychoneuroses, whether they be major or minor, are nosologic entities having definite causative bases. Unfortunately it has become too common a practice to denote as a neurotic disorder a series or group of somatic symptoms for which there is no apparent physical basis. Once the condition has been labeled a functional disorder or a psychoneurosis, it too frequently ceases to be a therapeutic problem or to hold further interest as a diagnostic enigma. After the clinical entity is placed in such a category, the physician's next move often consists of nothing more than telling the patient not to worry about it, "forget it!", administering sedation, mild suggestion, and reassurance. No surgeon would consider that acute appendicitis had been adequately treated by merely giving aspirin, applying palliative measures to the external surface of the abdomen, and suggesting to the patient that recovery would result, nor would the internist treat pneumonia by administering analgesics, cough syrup, and reassurance. In the same light, it is incorrect to stop in the treatment of neuroses without ferreting out "the area of acute infection", which might consist of any one of a multitude of emotional conflicts, financial worry, maladjustments in life or occupation, marital or domestic discord, or sexual incompatabilities.

In dealing with the neuroses, it is well to remember that, as in treating neoplasms, there are benign and malignant conditions. The benign neuroses readily lend themselves to the various therapeutic technics at our disposal. Many of the psychoneuroses of long standing and of "deep-seated origin" can be classified as malignant.

In this latter group, after the psychiatrist has employed all the tools at his disposal without relief, or determines that the condition is "inoperable", one can expect only temporary relief from periodic mental catharsis on the part of the patient, and reassurance from the physician. It may be comparable to giving morphine to relieve the pain of a metastatic tumor.

The treatment of the psychoneuroses is, in general, about as poorly conducted as the condition is poorly understood. Common practice for years has been to give the patient a bottle of sedative, preferably bromide, and to tell him to "go home and forget it or take a nice, long rest." Fortunately, in a number of cases, this routine produces results because, as in general medicine, many pathologic situations of a mild degree will right themselves in spite of any measures that we physicians employ.

Sedation and hypnotics have, in general, been badly mishandled in the treatment of the functional disorders. The natural desire and expectation of the patient upon consulting his physician is to come out with a bottle of medicine or pills. It is indeed unfortunate that in dealing with the neuroses we have no specific. Many times the patient is led to believe or infers that medication which is actually meant to serve as an aid is being given to cure his nervous ills. It should be common practice, except in rare instances, that the physician, in administering a sedative to a neurotic, should definitely inform the patient that the preparation is being given only to allay some of his tension or improve his sleep. This admonition would prevent many obstacles that arise during psychiatric investigation and treatment. The patient is often reluctant to accept a psychogenic explanation after having received a bottle of "red medicine or white pills" for a period of months. His response is, "I must have something wrong physically or the doctor wouldn't have given me all that medicine!"

A few words regarding prolonged and excessive use of sedatives, chiefly bromides, are not amiss. Bromide intoxication is more common than most of us realize. When the insomnia, tension, weakness, headache, and other symptoms of a neurosis fail to respond to a short period of bromide administration, more of the same preparation is frequently ordered. This may accentuate the original symptoms and produce new and more serious complications. Skin eruptions, irritability, mental con-

fusion, speech and gait disturbances, memory defect, stupor, and evidence of dissociation often become manifest. It behooves all of us to be ever alert for indications of bromidism. Clearing of mental symptoms due to this cause may not be distinguishable for at least two to three weeks following the return of the blood bromide level to normal.

In selected cases, rest is advisable, but on the whole it is a most abused form of treatment in psychiatric disorders. Weir Mitchell influenced the thought in medicine for many years by his teaching that nervous illness was the result of physical exhaustion, and as such required complete bed rest, complete isolation, no letters, reading, or writing, and constant attendance of a nurse. Present day psychiatric teaching considers this form of therapy to be incorrect. The easy fatigability of the neurotic is a symptom of his disorder and not an entity in itself. The cure of the neurosis depends on the removal of the factors that cause the individual to deplete his strength and the direction of his energies into gainful or amusing channels. Occupational therapy is one of the most valuable methods by which such an end is attained.

The successful treatment of psychiatric illness, particularly the psychoneuroses, rests in determination and correction of the etiologic factors. This is accomplished by various types of psychotherapy which have been developed throughout the years. Volumes have been written on psychotherapy, but, to my knowledge, nowhere is there recorded a clear, concise routine of treatment such as may be employed in medical and surgical diseases.

The reason becomes obvious when we consider that we are dealing with personalities, as varied as anything in the universe, on the part of both patient and therapist. Direct questions and answers suffice in some problems, while in others it becomes essential for the psychiatrist to "tease out" the emotional conflicts by having the patient relate the facts as he wishes.

Hypnosis, true or induced by drugs, is a valuable implement in the armamentarium of the present day psychiatrist. Grinker and his associates had success in treating combat neuroses by narco-synthesis. This procedure employs analysis of causative factors, suggestion, and beginning re-synthesis of the personality while the patient is under the influence of an hypnotic drug.

Psychoanalysis typifies psychiatry to many a layman. Every psychiatrist has been asked, professionally and socially, if he would analyze the inquisitor, the assumption being that such a procedure is easily accomplished within a few minutes. Actually, psychoanalysis is a time consuming measure and dangerous unless properly conducted. As such its scope is limited and should be applied only in carefully selected cases.

"Nervousness" is a symptom which may be part of organic disease, or it may constitute the subjective and objective manifestations of functional problems. By necessity, only the latter concepts were touched upon during this discussion. "Nervousness" is not imaginary, as many believe, nor volitional, but a disturbance in re-activity, whether it be overt or implicit. Probably all such symptoms are mediated at subconscious levels and may or may not present physiologic changes of the nervous system, particularly the sympathetic.

Psychiatry is dynamic, consequently the approach to any psychiatric disorder cannot be concerned merely with an analysis of that particular isolated phase in the patient's life. To gain full understanding, longitudinal study must be carried out. Psychiatry is no longer in the realm of the mystic or supernatural.

PAIN AND FEVER ARISING FROM THE COMMON BILE DUCT AND NOT ASSOCIATED WITH JAUNDICE

Report of 2 Cases of Choledocholithiasis Treated by Choledochostomy and 1 of Post-Cholecystectomy Biliary Dyskinesia Relieved by Vagotomy.

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When biliary colic, chills, or fever persist in a patient who has had a cholecystectomy for gall stones, the presence of a calculus in the common bile duct is often suspected. Yet, in the absence of stones in the gall bladder, it is only rarely that stones in the common duct produce these symptoms without causing sufficient obstruction to result in jaundice.

It is the purpose of this article to call attention to the fact that stones in the common duct may produce pain or fever without jaundice and to report 2 illustrative cases. A case of postoperative biliary dyskinesia relieved by vagotomy is also reported.

Case Reports

Case 1. Chills and fever without jaundice caused by a stone in the common duct. A 62-year-old white woman was admitted to the hospital complaining of chills and fever of 105° which had occurred approximately once a week for eighteen months.