One hundred years ago

Neurasthenia and melancholia

The subject of the various reflex nasal neauroses has received much attention of late years, and there has been a tendency, I think, to exaggerate the effect of the various intranasal lesions.

As I frequently examine the noses of patients – no matter what their complaint – I have come across numerous instances of deflected septa, nasal crests, and spurs in patients in whom there is no symptom of any nasal or reflex nasal affection. On the other hand, there is no doubt that these same conditions in neurotic or neurasthenic patients would produce symptoms of a reflex character curable by local treatment in conjunction with suitable general treatment. Some patients become quite hypochondriacal as to the state of the nose, and are constantly craving for an application of some kind or the other to be made to it.

It unfortunately happens occasionally that the very condition for which intranasal treatment is undertaken becomes aggravated. The case of a man 26 years of age suffering from depression is recorded. As there was a moderate amount of hypertrophic rhinitis the cautery and chromic acid were employed for its reduction. This was effected, but the depression instead of lessening became increased, possibly on account of the nerve terminal being included in the cicatrix produced by the cauterisations. Rethi, of Vienna, has cured these neuroses by extirpating the circatrical tissue which had formed as a result of the treatment.

I have recently had under my care a lady, 40 years of age, who, on account paroxysmal sneezing, in the language of her general practitioner, "suffered many things in the way of removal of bone, cautery, etc." She certainly lost the sneezing, but since it disappeared she has suffered from flatulent dyspepsia, acidity, intestinal catarrh, and constipation, accompanied by neuralgia and various sensations referred to the pelvic viscera. She has lost flesh, is terribly depressed, and is a typical example of neurasthenia. She dates all her present symptoms from the time she ceased to sneeze, and attributes them to the shock of the numerous and severe operative procedures carried out in her nose. Her medical man takes the same view, and I am disposed to agree with him.

Dr. Hamilton Potter has also observed a certain number of cases in which surgical interference in the nasal cavities has given rise to the symptoms of neurasthenia. On the other hand, there are numerous observations in which the cure of the nasal malady has led to a cessation of the neurasthenic symptoms. A remarkable case of melancholia, cured by intranasal operation, is reported by Dr. Bosworth.

REFERENCE

British Medical Journal, 6 March, 1897, 582–583.

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