A HUNDRED YEARS AGO

Extracted from a 1921 issue of *The Practitioner*

A SOMATIC CAUSE FOR ANXIETY

By W.J. Jago, M.R.C.S., L.R.C.P., Neurological Specialist, E.E. Region, Ministry of Pensions

ANXIETY NEUROSIS IS NOW BECOMING recognised as a definite syndrome. The anxiety may be overlooked or disregarded. In order more fully to understand this condition let us consider what may occur in a state of real fear.

1. Apprehension of danger.
2. Sensation of stoppage of the heart's action, sometimes leading to an actual faint or a fear of impending death. This is followed by palpitation and giddiness.
3. Spasm of the respiratory muscles followed by dyspnoea
4. Muscular tremblings.
5. Excretory activity; sweating, desire to micturate or defaecate.
6. Increased acuity of the special senses.

Potential for misdiagnosis

As some of the symptoms of anxiety neurosis may also be present in physical conditions there is a good chance for error in diagnosis.

"As some symptoms of anxiety neurosis may also be present in physical conditions there is a good chance for error in diagnosis"

To enumerate the more usual symptoms:

1. Anxiety under trivial circumstances. A jolting bus, a creaking board at night, may create a feeling of mild fear in the patient.
2. Palpitation, sometimes with precordial pain (diffuse alveolar haemorrhage, pseudo-angina), sudden feelings of faintness (suggesting cardiovascular disease) or brief mental confusion (giving rise to a suspicion of petit-mal).
3. Dyspnoea and asthma-like attacks. These often happen at night after the patient has been resting some time, whilst true cardiac or respiratory symptoms usually occur after effort.
4. Shakiness on exertion or excitement.
5. Periods of frequency of micturition or diarrhoea.
6. Increased acuity of the special senses is shown in the excessive reaction to sudden noises; increased sensibility to light giving rise to photophobia and a suspicion of ocular disease. The hyperacusis, especially when accompanied by apprehension, is a cause of insomnia, for these patients are awakened by the slightest sound.
7. Dreams, often of a terrifying nature, though sometimes the dreams either do not, or only momentarily, come into consciousness and the patient wakes in a "fright," or "with a start." The so-called war-dreams are of this kind, and, incidentally, are not the prerogative of the "shell-shocker." It must be remembered that dreaming may be the result of bodily stimuli, of which the nightmares of indigestion and the sleep-starts of aortic regurgitation are well-known examples.

Morbid anxiety, like true anxiety, is often a defence mechanism, for if a patient ignores the warning of his phobia, he would soon find himself in a much worse mental state as a result of his temerity. So may an organically determined anxiety-state act as a defensive measure.

"A painter and decorator, 55 years of age, had been troubled for six months by a phobia of ascending ladders, the mere thought of having to do so brought on an acute anxiety-state. His occupation suggested a reason: paint; so arteriosclerosis due to the lead in paint, so giddiness"

A painter and decorator, 55 years of age, had been troubled for six months by a phobia of ascending ladders, the mere thought of having to do so brought on an acute anxiety-state. His occupation suggested a reason: paint; so arteriosclerosis due to the lead in paint, so giddiness.

"He was found to have markedly thickened and tortuous arteries. He admitted that for two years past he had been subject to transitory attacks of giddiness .... It would appear that the phobia prevented him from putting himself in a position of danger"

The suspicion was justified, for he was found to have markedly thickened and tortuous arteries. He admitted that for two years past he had been subject to transitory attacks of giddiness, especially as might be expected, after the effort of climbing a ladder and had several times feared that he might fall from the scaffolding. It would appear that the phobia prevented him from putting himself in a position of danger.

There is one source of anxiety which is so often overlooked – home worries, family or financial. But even here the question arises, is there any reason in the patient's mental or physical condition why he is unable to adjust himself to the circumstances?

