On the statistics of puerperal insanity as observed in the Royal Edinburgh Asylum, Morningside / [by J. Batty Tuke].

ON THE

STATISTICS OF PUERPERAL INSANITY

AS OBSERVED IN THE

ROYAL EDINBURGH ASYLUM, MORNINGSIDE.

By J. Batty Tuke, M.D.

THE following paper was drawn up a short time ago, more for the purpose of satisfying my own curiosity than for publication. I was anxious to discover how far the records of our own asylum corresponded with the published results of other hospitals for the insane, and therefore gathered together from the case-books of the Royal Edinburgh Asylum, 155 cases of so-called puerperal mania. All these cases have been admitted within the last eighteen years, and, with very few exceptions, the history of each patient has been most carefully reported in the case-books of the institution by the various resident physicians. As an earnest for the accuracy of the details, I may mention the names of Drs Skae, Howden, Wingate, Sherlock, Yellowlees, Clouston, etc., as those attending and reporting the several cases. Having collated these 155 cases of puerperal mania, it appeared to me that it might not be unimportant to place the results on the records of this Society; and I therefore submit to you an unambitious paper, as it lays claim to no originality, but one, I trust, not entirely uninteresting, as illustrating the practice of our metropolitan lunatic asylum in one of the most interesting forms of insanity.

Before proceeding further, I must state that a very large proportion of the puerperal cases here spoken of were of the most severe character, such as could not be treated at home, whose violence or long continuance necessitated their removal to an asylum. The milder forms of the disease we seldom, if ever, see, such being treated at home under the care of the family medical attendant. The results of treatment, therefore, of puerperal insanity *as a whole*, are not set forth in this paper; it merely demonstrates the lesson to be learnt from the experience of a hospital, whose patients have suffered from the malady in its full force.

Although these 155 cases have been spoken of generally as suffering from puerperal insanity, I do not propose to regard them all as such, but rather to divide and arrange them into three groups,—a step, I cannot help thinking, warranted by a variety in symptoms and pathology.

In works on Midwifery and Mental Diseases we find the several forms of insanity which occur during pregnancy, follow parturition, and supervene on lactation, all arranged under the common head of Puerperal Mania. This, with regard to the first and third divisions, is of course a misnomer, a contradiction in terms; and it seems rather curious that it should have been so long adhered to, more particularly as it tends to confuse and almost stultify deductions from the few statistics of puerperal mania of which we are possessed. For instance, any comparison drawn between any given number of labours and any given number of so-called puerperal cases, must lead to erroneous conclusions, if the insanity of pregnancy is confounded with pure puerperal mania, or if, as is the case, the anæmic insanity of lactation is confounded with either. To obviate this mistake, I have drawn up a series of tables, in which the particulars of the three forms of insanity are separately tabulated under the heads of—

Insanity of Pregnancy.
Puerperal Insanity.
Insanity of Lactation.

That almost all authors on this subject, from Gooch downwards, and more especially Pritchard, have admitted this distinction, I do not deny; but I think I may venture to say, that no series of cases has as yet been recorded in such a way as to bring out prominently the characteristics of each group distinctively. All the cases in which well-marked insanity occurred during pregnancy are placed under the first head. In many of the cases of the second class, or true puerperal insanity, a slight depression of spirits previous to confinement is recorded, but not more than is so frequently observable amongst expectant mothers, and not sufficient to prove the actual existence of insanity. There are, on the other hand, cases in which insanity was fully developed prior to, but became aggravated after confinement. These are all classed under the head of Insanity of Pregnancy, as the cause was, we are entitled to hold, the systematic changes of that period, although the further disturbance set up by childbed may have changed the type of symptoms, and, as occurred in four cases, violent mania supervened on the melancholia of pregnancy.

Between the 1st of January 1846 and the 31st of December 1864, there were 2181 female cases of insanity treated in the Royal Edinburgh Asylum. As above stated, 155 were so-called puerperal cases, making a per-centage of 7·1; but, after careful revision of each case, and acting on the principle of classification just alluded to, the following appears to be the correct subdivision:—

Insanity of Pregnancy,	28
Puerperal Insanity,	73
Insanity of Lactation,	54

The first group, Insanity of Pregnancy, thus bearing a per-centage of 18·06 on the total of 155: the second, Puerperal Insanity proper, 47·09; and the third, Insanity of Lactation, 34·8.

Insanity of Pregnancy.

Column 1 of Table I. (p. 15), shows the ages at which the attack took place. The proportion of cases occurring between 30 and 40, as compared with those between 15 and 30, is somewhat remarkable, as showing that the tendency to insanity does not decrease with the age of the fertile woman. In the last two cases, occurring at 43 and 44, the patients had suffered from previous attacks of like nature, the latter having recurred after a lapse of thirteen years.

Of more importance perhaps is column 2, which shows during which pregnancy insanity developed itself. It will here be seen that primiparæ are by far the most liable, a circumstance which might have been expected, when we take into consideration the moral exciting causes, anxiety and dread of the coming event, which exist to a greater degree in the inexperienced woman. The case occurring at the eighth confinement was a recurrent one, the patient having suffered from two previous attacks of puerperal insanity.

In only 19 cases was it possible to ascertain with certainty the exact month of pregnancy at which the mental symptons first appeared. Of those not tabulated, 4 are reported as having begun to be insane during the last months of pregnancy. Of the remaining 19, 3 showed symptoms of mental derangement during the third month, 5 during the fifth, 1 during the sixth, 9 during the seventh, and 1 during the eighth. The fact is not without interest, that the great majority of the attacks occurred at those periods of utero-gestation which are generally considered critical.

In the insanity of pregnancy the symptoms are as a rule of a melancholic type, 15 out of the 28 cases being recorded as melancholia, and 5 as dementia with melancholia. In no form of insanity is the suicidal tendency so well marked: 13 patients, or nearly half, had either attempted or meditated suicide. In some the attempts were most determined, a loathing of life and intense desire to get rid of it being the actuating motives. In the melancholic cases we can frequently trace back the delusions to the morbid fears, restlessness, capriciousness, and irritability of the pregnant woman, which, becoming exacerbated, amount to actual insanity, and prompt the unhappy victim to self-destruction. One patient, who was admitted after attempting suicide, and who made a rapid recovery, became insane during her next pregnancy; her friends

hoped to be able to manage her at home; the result was she succeeded in poisoning herself. In another case the patient came to the asylum praying for protection against herself, and another felt the strongest desire to kill her child. Mania with exaltation is reported twice, and both these cases are unpromising. One is now under treatment, and although a slight improvement manifested itself immediately after labour, the mania soon returned, and, it is feared, is now degenerating into dementia.

Moral insanity is by no means unfrequent, dipsomania being the most common symptom. This generally occurs during the earlier months of gestation, and is probably also only an aggravated form of the well-known morbid craving or longing for particular articles of food which characterizes the earlier months of pregnancy. As it advances it increases in intensity, and gives rise to actual delusion and attempts at suicide. In two cases the moral perversion was evinced by a homicidal impulse. I might enumerate the particulars of many other cases, but content myself with reiterating the statement, that melancholy and moral perversion are the leading symptoms in the insanity of pregnancy.

Another interesting fact connected with the mental derangement of pregnancy is, that hereditary tendency has been recorded in 12 out of 28 cases. The predisposition in 9 out of these 12 was ascertained to be on the female side of the family in the following relationships: in 3 cases the patient's mother either was or had been insane; in 2, maternal aunts had been similarly affected; in 3, sisters had been patients in lunatic asylums; and in 1, several members of both sides of the house were liable to attacks of mental derangement. It is not improbable that the predisposition existed in some of the other cases, but was either not admitted by the relations or could not be ascertained.

As to the liability of recurrence. In 18 cases the existing attack was the first, in 5 it was the second, in 2 the third. Of these 7 recurring cases, 3 were known to have suffered from melancholia during previous pregnancies, 3 from pure puerperal mania, and 1 from insanity during her last nursing.

This form of insanity is very amenable to moral treatment in its earlier stages; on referring to column 5, you will see that 19 cases recovered under six months. The assurance of protection, the regularity, amusements, and employment alone to be found in an asylum,—above all, the freedom from domestic anxiety and the misapplied sympathy of relatives,—in a large majority of cases are productive of the best results. It is impossible for the class from which the large proportion of our patients is derived to obtain these advantages elsewhere, and I am by no means certain that change of scene, procurable by those of the higher class, is not counterbalanced by the home influence, and the craving for sympathy only increased by the efforts the patient knows are being made in her behalf.

Of itself it is not fatal. One patient died three years after admission of phthisis. What is most to be dreaded is the attack becoming chronic, or degenerating into dementia. Of the five cases in which this last was the result, acute mania supervened on labour, and terminated in hopeless imbecility. None of these cases, however, were admitted into the asylum till some months after their confinements, when the disease was firmly seated and incurable.

II. Puerperal Insanity.

The number of cases of pure puerperal insanity amounts to 73. On glancing at the first column of Table II. (on page 16), you will see that the same remark as to the increase of mental alienation in proportion to advancing age holds good in puerperal insanity as well as in that of pregnancy. Of the 28 cases whose age was 30 and upwards, 8 were primiparæ,—a fact suggesting the increased liability to mental derangement of women who become mothers for the first time at that somewhat advanced period of life. I endeavoured to elaborate column 1 so as to show the relation of age to confinement, but found that it would cover pages of print. The general result, however, was, that if we take into consideration the rarity of first confinements after 30 years of age as compared with those occurring previous to that period, an increase of liability is shown to exist. Again, if we compare the amount of cases between 20 and 30 (forty-one) and those between 30 and 43 (twenty-eight), we come to the same conclusion as to this form of insanity as a whole.

Column 2 confirms the observation so often repeated that the first confinement is the most dangerous, and also that the peril diminishes with each subsequent labour. In 9 cases the exact confinement was not recorded, but the fact that they were multiparæ was ascertained.

In 15 cases the attack was recurrent. In 1 case the patient had suffered in a like manner after 3 previous confinements, in 4 cases from 2 previous attacks, and in 10 from 1. There is a female at present resident in the asylum who was the subject of an attack of puerperal insanity many years ago. She has subsequently suffered from derangement in the shape of acute mania on 6 occasions, but none of these could be traced to any form of so-called puerperal mania, although she has born several children in the interim. The attack for which she is now under treatment appeared five years after the birth of her last child. There are other instances of a like nature in the case-books of the asylum, which prove that an attack of puerperal insanity tends to produce a constitutional susceptibility to other forms of mental alienation.

In column 4 (on page 16), you will find tabulated the period after birth at which insanity developed itself. You will see that in only 2 instances were the mental symptoms evinced at a later

period than one month; thus confirming the observations of most writers on the subject. In one case, 6 and in another 10 weeks elapsed between labour and the commencement of the maniacal symptoms; both these patients had suffered from profuse hæmorrhage following labour, and were admitted in a very weak state, a considerable discharge from the vagina helping to exhaust their systems. Of course it is open to question how far these patients should be regarded as the subjects of puerperal insanity, as it is possible that asthenic insanity would more properly designate their ailment, but still, from the strong presumptive evidence, I have classed them under the former head.

This table, taken into consideration along with the following one, shows some curious results. All the cases where melancholia was the prevailing symptom developed their insanity beyond sixteen days after labour, all occurring before that period being evidenced by acute mania; dementia and melancholia characterized the derangement appearing towards the end of the month after labour, and proved the most incurable form of the disease. Mania, as a rule, was violent, the patient being noisy, restless, sleepless, and occasionally afflicted with hallucinations of the various senses. The suicidal tendency was very strongly marked, 25 patients having either attempted or expressed a desire to commit self-destruction. As a rule, however, this propensity did not last long, but abated with the violence of the symptoms. The suicidal tendency of the puerperal differed also from that of the pregnant patient in assuming the character more of impulse than the result of a perverted train of thought. In three violent cases of puerperal mania I have noticed an extraordinary amount of salacity a very few days after labour; masturbation was excessive in all these patients, but whether this was the result of the irritation consequent on the labour causing perverted sensation or actual salacity, I cannot say.

In three cases also I have found albumen in the urine. These cases were all admitted within a week of confinement, and were all of the most violent class of maniacs. In one, profuse hæmorrhage had followed labour. She was perhaps the most violent of any; in the other two, the labours had been quite natural. The urine was only slightly clouded with albumen, and disappeared within eight days in each case. They all had rapid pulse, moist skin, and violent delirium, and were in imminent danger of life on admission. The symptoms abated in from ten days to a fortnight, and although in each instance the mind remained affected for some months, they all recovered. Unluckily, I could never obtain any very accurate history of the symptoms in these cases, and the mania was so extreme when I first saw them as to mask any head symptoms, and prevent the patient from giving any account of herself. Notwithstanding this they agree in many respects with the cases reported by Dr Donkin of Newcastle (reported in the Edinburgh Medical Journal for May 1863), illustrative of Professor

Simpson's theory, that a certain type of puerperal mania is produced by uræmic poisoning. They are by no means conclusive, from the deficiency of the history previous to admission, but afford strong presumptive evidence as to the truth of the doctrine.

Hereditary tendency was proved in 22 cases, and as in the insanity of pregnancy, was traceable to the female side of the family much more frequently than to the male.

In 9 cases the labour had been instrumental, in 4 tedious, in 2 twins had been born, in 6 profuse hæmorrhage had succeeded labour, and in 2 the child was stillborn.

This large proportion of 23 complicated labours out of a total of 73 indicates the tendency of unnatural parturition to produce insanity. The various irregularities doubtless operate in different ways, those where the suffering has been long continued depressing the nervous system directly, those in which large quantities of blood have been lost, producing anæmia of the brain, and in the case of the child being stillborn, a moral shock acting on a mind naturally predisposed to the affection. In the patients where this latter was the result, insanity appeared very shortly after the termination of the confinement.

You will see in the table of symptoms one case set down as epileptic mania. This patient took a fit immediately after the birth of the child, a maniacal paroxysm followed, and at every menstrual period since she has been similarly affected.

Two cases are reported as having had chloroform administered during childbed, a number so small as to give the strongest denial to any absurd theory regarding the danger of its exhibition.

The relative proportion of unmarried to married women afflicted with this disease is less than that reported by most asylums. They stand as 13 to 73, nearly a sixth. This may be accidental, but the moral causes, shame and disgrace, must have considerable influence over the development of this affection. Curiously enough no single patient is reported as having an hereditary predisposition.

The Table of Results shows a per-centage of 76·7 of recoveries, 10·9 of deaths from all causes, and 9·5 of patients who became demented. Two were discharged relieved, both of whom recovered, thus raising the per-centage of cures to 79·4. The period of residence in the recovered you will find in column 7; the very large proportion were discharged before six months; some of the 10 whose stay in the asylum amounted to nine months might have been dismissed sooner, but remained voluntarily as a matter of precaution. The chances of recovery of reason at a later period than six months rapidly diminish. Generally speaking, if the mania is prolonged more than a month, or at the outside six weeks after confinement, the probabilities of ultimate cure are very faint. Within my own experience, the following is the most usual train of symptoms in cases who recover their reason. Within three

weeks, or more frequently earlier, the mania gradually subsides, and is replaced by a state of dementia, generally accompanied by delusions, which almost invariably assume the form of mistaken identity. These gradually disappear, leaving a haziness of apprehension and a state suggesting the idea of waking from a dream. The patient can now generally be induced to work, and otherwise employ herself. From that moment you may look with almost certainty to ultimate recovery.

I have inquired of several convalescent patients how much they recollect of the incidents of the last few months or weeks. The account usually given was, that memory was lost for a time, —the period of the maniacal paroxysm,—but they have always given a wonderfully accurate account of proceeding subsequent to its disappearance. The delusions are very vividly impressed on the recollection, and I have been told by convalescents that it was a long time before they could argue themselves out of them. It is intensely interesting to watch the gradual re-assertion of reason; to me it is difficult to conceive a greater amount of satisfaction to be derived from the successful treatment of any other disease. In the four patients who recovered after a period longer than nine months the delusions were peculiarly persistent, but ultimately disappeared. Three of them were cases of melancholia. I may here mention that this symptom is much less amenable to treatment than acute mania, and more frequently degenerates into dementia. Puerperal melancholia amongst the cases now under consideration appeared far on in the month succeeding labour, and was not, except in two instances, accompanied by a suicidal tendency, the majority of the patients being weak anæmic women with a tendency to phthisis. The train of symptoms was eminently asthenic, and the proportion of recoveries much lower than where mania was the leading symptom. Within the last two months, and since this report was commenced, 2 cases of puerperal insanity have been admitted into the asylum, both of which give me the impression of being subjects of a degree of congenital imbecility. One is maniacal, the other demented, and both are, I fear, incurable. They have small badly-shaped heads, and bear the stamp of a low type of organization. Puerperal insanity in cases like these is most hopeless, and renders the subject of it the inmate of an asylum for life.

Moral causes are frequently assigned for the attack: fright and sudden shocks being the most common. In two instances where this is reported the lochial discharge was said to have been arrested, and mania to have set in shortly afterwards.

Cold, chills, the taking of spirits shortly after confinment, are also reasons given for the appearance of insanity.

Of itself, puerperal insanity has been by no means fatal in the practice of the Royal Edinburgh Asylum, only 2 deaths being clearly traceable to it, both of which took place within a week of admission. They both presented the unpromising symptoms of quick

pulse, jactitation, intolerance of sound, and that rapid catching at trifles said or done which is frequently seen in delirium tremens. They died of exhaustion, one in three, the other in seven days after admission. No post-mortem examination was permitted. These cases were in all probability instances of the puerperal paraphrenitis first mentioned by William Hunter, but as no post-mortem examination was permitted of either patient, the diagnosis could not be verified. Another patient died in two days after admission from pelvic cellulitis, and eleven days after labour. In her case the latency of symptoms so common in disease amongst the insane was very remarkable; no evidence of inflammation was afforded after her admission, and the eminent physicians who had attended her previously, did not suspect the existence of the cellulitis, but to such an extent had it advanced, that, on post-mortem examination, a large quantity of pus was found in the pelvic cavity. The brain presented no abnormal features. A thin deposit of osteophyte was present. Two more patients died shortly after admission, both cases complicated with inflammatory affections: in one bronchitis, in the other peritonitis, was the immediate cause of death. This must induce one to look upon cases of puerperal insanity complicated with inflammatory diseases with great suspicion, and to be most guarded in making a prognosis.

The remaining fatal cases succumbed to phthisis after a prolonged residence in the asylum, and cannot be fairly taken as resulting from the primary disorder.

I have, lastly, placed in your hands a table, which, I think, illustrates the necessity for early hospital treatment in this disease. With the exception of those who were actually moribund on admission, and 2 who became demented, all the patients who were placed under treatment within one month after the development of insanity recovered. The statistics of this form of mental alienation would present much more favourable results, if the patients were removed early to the shelter of an asylum, if we could induce the public to give up old-fashioned prejudices, and look upon such institutions as hospitals for the cure of a disease by no means unamenable to treatment in its earlier stages.

The system of treatment in the Royal Edinburgh Asylum has been very uniform. The support of nature to withstand the wear and tear of the disease is, of course, the most important; for this purpose the constant administration, artificially if necessary, of custard and beef-tea, little and often, has been found the most effective and convenient. Of late stimulants have been to a great degree discontinued in excited cases, as they appear to aggravate the mania, without affording any permanent support to the system. In melancholic cases, on the other hand, a limited amount of wine or whisky is most beneficial. Sedatives in whatever shape are looked upon with distrust, for, however much they may subdue the intensity of the symptoms, it is believed that they prolong the duration of

the paroxysm. In one case, in which cannabis indica was exhibited in large doses, I have to confess that it is my belief that the patient was far from benefited; on the contrary the period of dementia with delusions was unusually long, although she ultimately recovered her reason. But again, on the contrary, in some of the women whose cases are characterized by restless melancholy or dementia, the administration of large doses of morphia has been accompanied by the very best results; under this treatment a few cases of this nature have recovered rapidly. Nature seems to indicate the remedy; in those where there is great intolerance, as evidenced by sickness and vomiting, I have rarely seen happy effects produced by pressing the drug. Sedatives in large doses have been strongly recommended by some authors at the commencement of the attack, with the view of arresting it; of this I cannot speak, but feel certain that such a course, pursued after the mania has established itself, will not be found successful in the great majority of cases.

Insanity of Lactation.

Having gone perhaps rather too much into detail in the cases of pure puerperal insanity, I will run over more quickly the various columns of the table illustrating the insanity of lactation.

In this form also I must direct your attention to the large proportion of cases occurring after thirty years of age, and likewise to the rarity of the disease supervening on the first nursing, as seen in columns 1 and 2 of Table III. (p. 18). Unluckily no record has been kept in 14 cases as to the nursing during which the attack appeared, but all these patients are spoken of as multiparæ. In 2 of the cases where the insanity appeared during the first nursing, profuse hæmorrhage had succeeded labour, and in 4 others the patient was described as a weak, phthisical, or anæmic woman.

Column 3 demonstrates the danger of too prolonged lactation; the very large proportion of cases having occurred after the sixth month of nursing. In only 41 cases do the books show the period of lactation at which insanity developed itself, the expression "during the last nursing" being merely used; but in every case the mental derangement is traceable to over-lactation. In not a few patients one labour had succeeded another so rapidly as to have weakened the constitution, and in others, the immunity from pregnancy sought for by keeping the child long at the breast, had been dearly paid for by an attack of insanity.

Acute mania evidenced the insanity in 10 cases, melancholia in 39, and dementia in 5. The acute mania, as a rule, in this form of insanity is severe but evanescent; it rarely lasts more than 10 days or a fortnight, and is generally attended with hallucinations of the different senses, and delusions, as in puerperal mania, of mistaken identity. A patient lately discharged from

the asylum was excessively noisy, violent, and sleepless. On admission she mistook me for a doctor who had been attending her, and whom she much disliked, and accordingly, whenever I visited her, I was the object of her most unlimited abuse. This continued until the tenth day. On the evening of that day, on paying my last visit, I saw that a change had taken place; on speaking to her I found she was perfectly calm and composed, and, as far as I could judge, sane; she apologized for all the bad language and abuse she had given me, and said that she recollected perfectly well the incidents of the last few days, and explained her reasons for her apparent dislike of me. She never showed another bad symptom, and was discharged in three weeks perfectly recovered. Of course, this is an exceptional case, a degree of dementia almost invariably being left for a few weeks after the acute mania passes off.

The melancholia which characterizes the insanity of lactation is of various degrees of intensity; but where a suicidal tendency is evinced the attempts to carry out the purpose are most determined. Occasionally the duration of the attack is not greater than three weeks or a month; in such cases a degree of hysteria is generally present.

In almost all cases of insanity of lactation which have come under my notice during the last two years, exophthalmia and bruit de diable have been marked symptoms, increasing in intensity with the period of nursing. As these bodily symptoms disappeared, so did the mental, such cases almost always recovering.

Of itself, this form of insanity is not fatal, only one patient having died after several years' residence. The degeneration of the mental symptoms into dementia is more to be feared, as that was the result in 12 out of the 54 instances; and the two who are returned as still under treatment are not promising cases. Here, for the third time, I must reiterate the statement, that unnecessary delay in sending the patient to an asylum was the chief cause of this unhappy result. In a disease so essentially anæmic as the insanity of lactation, hospital treatment is absolutely necessary amongst patients derived from the lower or lower middle classes of society. It is somewhat surprising to see the marks of treatment on many patients on admission. One of the cases mentioned in column 4 as now under treatment came to the asylum about six months ago. She had the marks of blisters behind her ears, on the nape of her neck, on her temples and forehead, and she was profusely salivated. We had long great hopes of her recovery, but I very much fear her wits have been blistered and calomeled away. This of course is an extreme case, but we not unfrequently meet with gross ignorance of the nature of the disease; for instance, tartar emetic is frequently reported to have been given to reduce the violence of the paroxysm in this and other anæmic forms of insanity. The period of residence of those recovered is seen in

column 6; they all recovered within a year. The length of time under treatment was generally proportioned to the degree of anæmia under which the patient laboured on admission.

In conclusion, I will merely recapitulate the leading points which appear to me to be brought out by the tables under consideration.

1*st*, That an increase of liability to insanity exists between the ages of 30 and 40 in child-bearing women, and that first confinements occurring at that period are peculiarly frequently followed by true puerperal insanity.

2*d*, That primiparæ are more commonly the subjects of the insanity of pregnancy and puerperal insanity than multiparæ.

3*d*, That the insanity of pregnancy in the majority of cases is developed during the third, fifth, or seventh months.

4*th*, That the insanity of pregnancy is generally evidenced by melancholia or moral perversion, and that it is very curable.

5*th*, That the hereditary tendency is peculiarly traceable in these three forms of insanity, and that in a large proportion of cases it exists on the female side of the family.

6*th*, That puerperal insanity leaves a tendency to other forms of insanity.

7*th*, That the puerperal insanity characterized by melancholia rarely commences until nearly a month after labour.

8*th*, That a tendency to suicide is a very frequent symptom.

9*th*, That complicated labours are more frequently followed by puerperal insanity than natural ones.

10*th*, That cases of puerperal insanity, in which acute mania is the leading symptom, are more amenable to treatment than those in which melancholia exists.

11*th*, That the insanity of lactation does not ensue on the first nursing so frequently as on subsequent ones, and the longer the child is kept to the breast the liability necessarily increases.

12*th*, That the insanity of lactation is more transient than either of the other forms, and that where evidenced by acute mania is less persistent than where melancholia exists.

13*th*, That delusions as to personal identity are very common symptoms in the three forms of insanity.

14*th*, That none of these forms of insanity are of themselves very fatal, except when complicated with other and especially inflammatory diseases. That they are all very amenable to treatment when such treatment is adopted early, and that the longer the patient is deprived of the benefits of an asylum the chances of recovery decrease.

15*th*, That this type of disease was anæmic in these three forms of insanity, which indicated the administration of a highly nourishing diet, but a very cautious use of stimulants.

16*th*, That the exhibition of narcotics is not beneficial where the leading symptom is acute mania.

Tables illustrative of Puerperal Insanity in the Royal Edinburgh Asylum.

Total of so-called Puerperal Cases, . 155

SUBDIVISION.

Insanity of Pregnancy, ...	28
True Puerperal Insanity, ...	73
Insanity of Lactation, ...	54
	155

Table I.—*Insanity of Pregnancy.*

1. Ages at which Attack occurred.	2. Pregnancy during which Insanity supervened.	3. Month of Pregnancy during which Insanity supervened.
15 years, 1	In 9 cases during 1st pregnancy	In 3 cases during 3d month
19 " 2	4 " " 2d "	5 " " 5th "
21 " 2	3 " " 3d "	1 " " 6th "
22 " 3	2 " " 4th "	9 " " 7th "
23 " 1	2 " " 5th "	1 " " 8th "
25 " 1	1 " " 6th "	9 not recorded
26 " 3	1 " " 8th "	—
29 " 4	6 multiparæ the number of	28
31 " 2	— pregnancy not recorded	
32 " 2	28	
34 " 1		
35 " 1		
36 " 1		
39 " 1		
42 " 1		
43 " 1		
44 " 1		
—		
28		

4. Mental Symptoms.	5. Result.	6. Length of Time under Treatment.
Mania, with Exaltation, . 2	Recovered, . 21	Under 3 weeks, 1
Melancholia, . . . 15	Died (3 years after	" 4 " 1
Dementia, with Melancholia, 5	admission), . 1	" 5 " 2
Dipsomania, . . . 4	Under treatment, 1	" 2 months, 5
Moral Perversion, . . 2	Became demented, 5	" 10 weeks, 1
—	—	" 3 months, 2
28	28	" 5 " 2
		" 6 " 3
		" 2 years, 2
		" 3 " 2
		" 4 " 1
		Remain demented, 5
		Died, . . . 1
		—
		28

In 13 cases suicidal tendencies were exhibited.
" 12 cases hereditary predisposition was ascertained to exist.
" 4 cases the patients were unmarried.

Table II.—*Puerperal Insanity.*

1. Age at which Attack occurred.

	Cases.
At 20 in	5
21 "	2
22 "	2
24 "	6
25 "	11
26 "	5
27 "	3
28 "	5
29 "	2
30 "	3
31 "	1
32 "	3
33 "	3
35 "	5
36 "	3
37 "	2
38 "	3
40 "	2
41 "	1
43 "	2
Not known	4
	73

2. Number of Confinement on which Insanity supervened.

	Cases.
On 1st in	34
2d "	16
3d "	5
4th "	3
5th "	2
6th "	2
8th "	1
9th "	1
Multiparæ, but exact number of confinement not recorded, "	9
	73

3. Showing tendency to Recurrence.

In 58 cases the present was 1st attack
10 " " 2d "
4 " " 3d "
1 " " 4th "
73

4. Period after Confinement at which Insanity developed itself.

	Cases.
Under 1 day in	9
" 2 "	6
" 3 "	1
" 4 "	4
" 5 "	4
" 6 "	3
" 7 "	10
" 8 "	3
" 9 "	2
" 10 "	4
" 11 "	1
" 12 "	2
" 13 "	2
" 14 "	4
" 15 "	1
" 16 "	1
" 18 "	2
" 21 "	2
" 24 "	2
" 26 "	1
" 6 weeks in	1
" 10 "	1
In 7 the exact period is not recorded more particularly than "a few days after the birth," &c.	7
	73

5. Symptoms (Mental).

Acute Mania, .	53
Melancholia, .	15
Acute Dementia, .	4
Epileptic Mania, .	1
	73

6. Results.

Died, . . .	6
Became Demented	7
Discharged Relieved,	2
Recovered, . .	56
	73

7. Period of Residence of those Discharged Recovered.

Under 1 month,	2
" 2 "	7
" 3 "	10
" 4 "	5
" 5 "	6
" 6 "	12
" 9 "	5
" 12 "	3
" 18 "	1
" 1 year,	2
" 2 "	1
	54

8. Causes of Death, and length of Residence of Deceased.

1 Pelvic Cellulitis, .	2 days
2 Exhaustion,	7 "
3 Peritonitis,	2 "
4 Phthisis,	9 months
5 Exhaustion,	3 days
6 Phthisis,	2 years
7 Bronchitis,	8 days
8 Phthisis,	2 years

Puerperal Insanity—Continued.

Showing the Duration of Insanity previous to Admission.

9.

No. of Cases.	Insane previous to Admission.	Recovered.	Relieved.	Became Demented.	Died.
2	For 2 days	0	0	0	2
2	" 3 "	1	0	0	1
3	" 4 "	3	0	0	0
1	" 5 "	1	0	0	0
5	" 6 "	4	0	1	0
4	" 7 "	3	0	0	1
2	" 8 "	1	0	0	1
2	" 9 "	2	0	0	0
1	" 10 "	1	0	0	0
2	" 14 "	2	0	0	0
6	" 21 "	5	0	1	0
4	" 28 "	4	0	0	0
5	" 6 weeks	5	0	0	0
4	" 2 months	3	0	1	0
3	" 3 "	3	0	0	0
4	" 4 "	3	1	0	0
5	" 6 "	3	1	1	0
6	" 9 "	4	0	2	0
2	" 1 year	0	0	1	1
2	" 2 "	0	0	0	2
8	not ascertained, of whom	8	0	0	0
73		56	2	7	8
					73

In 13 cases the patients were unmarried.
" 22 cases hereditary predisposition was ascertained.
" 25 cases suicidal tendencies were evinced.
" 9 cases the labour had been instrumental.
" 4 " " " tedious.
" 2 cases twins had been born.
" 2 cases chloroform had been administered.
" 6 cases profuse hæmorrhage had succeeded labour.
" 2 cases the child was still-born.

TABLE III.—*Insanity of Lactation.*

1. Age at Time of Attack.

Age.	No. of Patients.
19	1
20	1
22	2
25	4
26	4
27	5
28	2
29	5
30	6
31	3
34	4
35	3
36	3
37	2
38	2
39	2
40	2
42	1
Not known,	2
	54

2. Nursing during which Insanity appeared.

In 8 during 1st nursing.
4 " 2d "
9 " 3d "
5 " 4th "
6 " 5th "
2 " 6th "
1 " 7th "
1 " 8th "
2 " 9th "
1 " 10th "
1 " 12th "
14 cases the women were multiparæ, but exact confinement not recorded.

54

3. Month of Nursing during which Insanity appeared.

In 2 during 3d month.
6 " 6th "
4 " 7th "
2 " 8th "
6 " 9th "
6 " 10th "
5 " 11th "
6 " 12th "
2 " 13th "
2 " 16th "
13 cases month not recorded.

54

4. Results.

Died,	1
Became Demented,	12
Under Treatment,	2
Recovered,	39
	54

5. Symptoms.

Acute Mania,	10
Melancholia,	39
Dementia,	5
	54

6. Length of Time under Treatment of those Recovered.

3 weeks	in	2	cases.
1 month	"	3	"
2 "	"	4	"
3 "	"	6	"
5 "	"	4	"
6 "	"	5	"
7 "	"	4	"
8 "	"	4	"
Over 9 "	"	7	"
		39	

In 17 cases suicidal tendencies were evinced.
" 14 cases hereditary predisposition was ascertained.
" 2 cases profuse hæmorrhage had occurred after labour.