Cases illustrative of the insanity of pregnancy, puerperal mania, and insanity of lactation / by John B. Tuke, Esq.

CASES

ILLUSTRATIVE OF

THE INSANITY OF PREGNANCY,

PUERPERAL MANIA,

AND

INSANITY OF LACTATION.

BY

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THE INSANITY OF PREGNANCY, ETC.

THE object in compiling the following series of cases is to illustrate, as far as possible, the facts which seem to me to have been êduced from the statistical inquiry into the symptoms and peculiarities of puerperal insanity, as observed in the Royal Edinburgh Asylum, published in a former number of this Journal.[1] Since that time I have met with several cases which have strongly confirmed my opinions based on that inquiry, and strengthened especially the more important results as to diagnosis, treatment, and prognosis. Further consideration and observation of this series of diseases, generally classed under the one head of puerperal insanity, viz., insanity of pregnancy, puerperal insanity, and insanity of lactation, have led me to further conclusions which were not embodied in the original paper, conclusions which tend to point out more fully the necessity for considering them as separate and distinct forms of disease. It is not presumed that these observations are entirely original; there is little doubt that the same remarks have been made by physicians under whose care such cases are placed, but no notice is taken in any systematic work on mental affections of many of the salient points of the disease, and some have been omitted in the pamphlets especially devoted to the subject.

On reflection, a difficulty suggested itself in the fact that these diseases very often run one into the other,—that the insanity of pregnancy does not generally cease with labour, and that mental symptoms occasionally occur within two or three months after delivery, before the system of the patient could be so exhausted by nursing as to induce insanity from anæmia,—thus rendering accurate classification difficult or impossible. Again, the variety in the form of aberration in each class militated against the idea of pathognomonic symptoms. But a careful revision of the tables obviated these difficulties to a very considerable extent, and proved beneficial in demonstrating more fully that, with very rare exceptions, the

[1] May 1865, p. 1013.

several diseases are evidenced by well-marked, peculiar, and persistent indications.

On glancing over the tables (pp. 1025–1028, vol. x.), it will be seen that there is a marked preponderance of certain mental symptoms in the aggregate of each class. Thus, in insanity of pregnancy 20 are reported as cases of melancholia, 6 as moral perversion and dipsomania; in puerperal insanity proper 53 as cases of acute mania, 15 melancholia; in insanity of lactation, melancholia 39, acute mania 10. The balance of exceptional cases, dementia and epileptic insanity, seemed so slight as to lead to the suggestion that they were not exceptional, but that circumstances connected with them had not been ascertained, or that material symptoms had been overlooked in the report. In many instances this proved to be true, in others the lapse of time was so great as to make inquiry impossible.

To a certain extent there always exists a source of fallacy in observations based on the case-books of a public hospital. This depends on the imperfect, at times false, information obtained with the patient. This remark extends to all classes of the insane, rich or poor, as regards the obtaining of a history of previous attacks, hereditary predisposition, and even the earlier symptoms of the disease. I reiterate this common complaint of all asylum physicians, partly in order to excuse us from a not unfrequent accusation, that of not inquiring into the previous history of patients, and of ignorance of very important facts tending to an accurate diagnosis of cases placed under our charge. The fault seldom lies with us. Amongst the higher classes relatives suppress the truth, or even pervert it. In the case of paupers, inspectors of poor frequently, from negligence, ignorance, or carelessness, do not furnish the information demanded in the statutory statement, which is in itself insufficient. It is careful in its inquiries as to the age, sex, and religious denomination of the patient, but does not insist on important points, such as previous habits, state of health, disposition, and character. This statement not only does no good, but often misleads, but could be rendered of great benefit if, more particularly in the case of paupers, the parochial surgeon were required to furnish such information instead of the inspector of poor. In certain cases this is impossible; but in a large number, the medical man of the parish is acquainted with the whole history of the patient, but has no opportunity of notifying to the asylum physician facts material to the proper treatment of the case. In a disease dependent upon actual structural derangement, but which is often only characterized by mental alienation, too close inquiry is impossible; and were we furnished in every case with a full and particular report, there can be little doubt that a larger proportion of recoveries would ensue. It must consist with the experience of every alienist that where an accurate history of the bodily ailments has been furnished, the patient has soonest recovered mental health, or if such was not the happy result the minds of friends have been satisfied by a distinct prognosis.

These observations may seem beside the mark; they were, however, suggested by the consideration of those cases whose symptoms seemed exceptional to the mass. But it may be well to examine separately each of the diseases referred to.

Insanity of Pregnancy.

Out of a series of 28 cases of this form of disease, only two are reported as characterized by mania. On more particular inquiry, it was discovered that one of these women had suffered from an attack of true puerperal insanity after a previous confinement, of which no history had been afforded, and which was only ascertained by the merest accident. Moreover, she had been subject to recurrent attacks at intervals, and therefore it was to be expected that the affection, with the symptoms of mania, should reappear during pregnancy, predisposed as she was to insanity in that form. The other case occurred too long ago for inquiry; but as it stands solitary in a long series, there is presumptive evidence that it was of a similar nature with the one last alluded to. Mania is not the symptom one would expect to appear during pregnancy; melancholy, with or without moral perversion, seem not unnatural consequences. There are few fecund women who do not evince some symptoms, however slight, of a reflex affection of the faculties in the form of morbid appetites or longings, or change of temper and disposition; should these go on to actual insanity, moral perversion or melancholy are the most *likely* results, and, as shown by experience, are so. I think it will be found that in those rare instances where mania occurs, the patient has previously been the subject of insanity in that form, and therefore that we are justified in laying down that melancholy, occasionally associated with moral insanity, is *the* mental symptom characterizing the insanity of pregnancy.

Cases are on record in which the insanity of pregnany is said to have disappeared with labour. This does not seem to be a common result; in fact, even if the mental symptoms abate or entirely disappear before confinement, the rule is that they again present themselves. If they persist up to that period, an improvement is often noticeable for a week or more; but, as far as my observation goes, and it is confirmed by that of others, they generally crop out again for a shorter or longer space of time. This tendency to recurrence will, however, be more fully alluded to when considering puerperal insanity proper.

The following cases seem to me to illustrate the insanity of pregnancy pretty fully:—

A. B., married, æt. 23, wife of labourer. Her mother became insane late in life.

This woman was naturally of cheerful disposition, steady, and industrious. During the third month of her first pregnancy she

became very much depressed in spirits, and took a strong aversion to her husband. She suffered much from the usual symptoms of pregnancy. The melancholy rapidly became more intense. She attempted suicide by cutting her throat, but did not succeed in hurting herself severely. She never evinced any definite delusion. She was for three months under treatment, and improved so much as to be to all appearance well, and was discharged recovered. She was confined in due course; the labour was natural, although somewhat prolonged. Three weeks after, the depression and melancholy returned, and she was again sent to the asylum, where she remained for three months, gradually improving, and was again discharged recovered. She has born two children since then, but no recurrence of the malady has been observed.

A. C., æt. 21, married, wife of tradesman. Her sister and maternal aunt have been insane, the latter under treatment on three several occasions in an asylum.

During the fifth month of her first confinement she became very low-spirited and depressed. She attempted suicide by drowning, but did not succeed in her intention, from the shallowness of the water, although she persevered for several hours. The attempt was made in the sea, where the sands were not deeply covered, and extended so far out as to make it difficult or impossible for her to reach deep water, so that as the tide receded she was always left high, if not dry, after each effort to effect her purpose. From this melancholy state she partially recovered, and her baby was born in due course. Eleven weeks after its birth she deliberately strangled it, and then attempted to poison herself with laudanum. At the instance of the Procurator-fiscal she was visited in prison by Drs Maclagan and Skae, who reported on her case. On the various occasions these gentlemen saw her she seemed happy and contented, exhibiting symptoms of a morbid exaltation, talking of the prison being a palace to her, and was occasionally mildly excitable. On certificates being granted that she was convalescent from an attack of "suicidal and homicidal insanity," she was removed to Morningside. On admission she seemed perfectly happy, made herself quite at home, and settled at once to work. Her mind was evidently very weak, she was facile and reserved. A few weeks after her admission, I got her to converse about her child, and her motives for destroying it. She was not in the least confused, nor did she seem to appreciate her position. She said that her impression at the time was that it would be happier if it was dead, and that she attempted suicide so that her husband might not be taunted with having a murderess for a wife. She expressed no remorse or regret. She continued in this state for nearly two months, when she again became depressed and melancholy, crying bitterly at times, as she said, about her child, but in no way alluding to her own guilt. At the next menstrual period she again took a low turn, but not so severely as on the former occasion.

Both attacks lasted about a week. She soon afterwards began to improve, her expression brightened, she worked cheerfully, saw her husband frequently, and joined in all the amusements. She became a great favourite both with attendants and patients. Menstruation was always regular. Six months after admission she was discharged, on the authority of the Procurator-fiscal, recovered. Within two years after her discharge she was again confined. She passed through her pregnancy without a bad symptom, and made a good and perfect recovery. Her mind was not affected.

B. E., æt. 35, wife of tradesman; naturally cheerful, although thoughtful and reserved; steady and industrious; educated in one of the public hospitals; mother of several children. There exists strong hereditary predisposition, her mother having died in one of the Musselburgh asylums, which event, and the death of one of her children, are the alleged causes of her insanity.

She admits that, during the third month of her last pregnancy, she took morphia with the intention of committing suicide, and also bought oxalic acid for the same purpose; the oxalic acid she threw away, and now has the delusion that she thereby caused the death of ten children; she also thinks that she is constantly watched by the police, and must suffer a public death for her crimes. Bodily health weak; pale and bilious.

These delusions she seems to have kept to herself till a month after her confinement. On her admitting them to her friends she was sent to the asylum. It is possible that they never existed till subsequent to delivery, and that not till then delusion complicated the symptoms of melancholy. On admission she was dull, anxious, and fearful, had a vague dread that she was to be taken away somewhere, was idle, listless, and desponding. When asked how she was, she only answered, "miserable." She was ordered nourishing diet, iron, and other tonics. No great improvement manifested itself for upwards of four months, when she began to work a little, and occasionally admitted that she had no real cause for anxiety. A marked change for the better, however, came over her after a very severe attack of influenza, the delusions were much more under her control, and the lucid intervals became more frequent and prolonged. Seven months after admission, she was discharged on the sanction of the General Board of Lunacy, although not quite well, but it was thought that change might be beneficial. It happily was so, and she is now in the full possession of her faculties.

It would be needless to cite more cases of a similar nature, although I could easily do so. No two cases are *exactly* alike, but the great leading symptoms agree, differing no more than is observable in every disease according to idiosyncrasy or circumstances.

The case of A. C. was certified as one of "suicidal and homicidal insanity," but this was done solely for the purpose of giving a name. The act of homicide was distinctly recognised by the eminent

physicians, who certified as the result of a perverted train of thought consequent upon a peculiar bodily condition. Homicidal impulse accompanies many other well-marked forms of insanity, —*e.g.*, epileptic insanity,—but no one would consider a homicidal epileptic a case of "homicidal insanity," any more than he would designate the albuminuria of scarlatina "Bright's disease," simply from the fact that this symptom is common to both maladies. The cases stand apart. A homicide is committed by a puerperal female, —hers is a case of puerperal insanity. A similar act is committed by an epileptic,—his is a case of epileptic insanity. Albuminuria supervenes on scarlatina; this does not make the case one of Bright's disease, although the same symptom results. No insane impulse can exist independent of a causating structural change. To class all homicidal lunatics together is simply begging the question; we might as well content ourselves with calling all exanthemata by the common name of spotted diseases without further distinction.

The last case I shall instance of this form of disease is one in which melancholy was associated with moral perversion in the form of dipsomania. It seems doubtful whether the latter ever exists by itself; if so, it is rare. The strong probability is, that it is the result of the depression—the patient takes to stimulants to alleviate her distressing sensations, and in so doing becomes subject to the usual results of drunkenness. Should the case not improve, the moral perversion overrides the original melancholy, and, as in the following instance, becomes the leading characteristic of the insanity.

J. M. B., æt. 26, married; of limited education; naturally of cheerful temperament. Her mind was affected after her second pregnancy, but she made a good recovery. She had also a slight return after her third and fourth confinements. On her becoming pregnant for the fifth time, a great change came over her whole nature; she became at first irritable, unsettled, and excitable, and then untruthful and intemperate, pawning or selling her household effects, her own, husband's, and children's clothes to procure drink; was lost to all sense of decency. As gestation advanced, she exhibited suicidal tendencies, and at last became so dangerous to her husband as to make her removal to an asylum imperative. This state of matters was directly opposed to her natural disposition. From being cheerful, she had become melancholy and depressed, on which the more serious symptoms had supervened in the order above described.

On her admission she soon showed the character of her disease in lying, stealing, annoying her fellow-patients, pretending various ailments, and generally making as much fuss and getting as much attention as possible. On several occasions she tried the effect of hysterics, but soon gave them up when she found that they did not attract much sympathy or notice. She invented the most ingeniously contrived stories reflecting on the character of all around her, fully understanding the "lie with a circumstance." This state

of matters continued for nearly three months with but slight amelioration, when a sudden improvement took place; she began to work a little in the gallery, ceased to steal and lie, and her conduct and demeanour became quite natural, kind, pleasant, and agreeable. Her recovery took place at the commencement of the fifth month of pregnancy.

She was confined in due course, but shortly afterwards the melancholy returned, and she made a most determined attempt at suicide by taking a considerable quantity of black hellebore. From the effects of this drug she was saved by the use of the stomach-pump. On her readmission she was deeply melancholy, and suffered much from the milk. By the usual appliances she was soon relieved from this; and tonics, iron, and good diet were administered, with such good effects as to enable her to leave the asylum in two months, quite well.

Three months after her discharge she again became pregnant, and again the moral perversion returned in, if possible, greater force than on the previous occasion. To it was now superadded a series of delusions as to her husband and neighbours of a suspicious character. From this it was prognosed that the disease would be much less amenable to treatment. This state of matters went on with little intermission till her child was born, a fine healthy boy; the labour was tedious, but she made a good recovery. The following is the entry in the case-book three months afterwards:—"No improvement in her mental condition. A more complete moral perversion could not exist in any one. She lies, steals, tells the nastiest stories without a blush, has not a grain of gratitude in her composition, invents the most dangerous stories against those who have been kindest to her, and seems, in fact, to be an incarnation of evil. She became quite unbearable in the sick-room, so her baby was weaned, and she was removed to another part of the house." Again, four months after,—"She broke a number of panes of glass to-day. Judgment, powers of reflection, and self-control much impaired. Neat and tidy." Subsequently, she again improved, and was removed by her husband; but it has since been ascertained that, being again pregnant, her old malady has reappeared. She is now a patient in the asylum.

Puerperal Insanity.

There is no section of the tables illustrative of puerperal insanity which I am so anxious to amend as Section 5, Table II., page 1026, May 1865. Out of 73 cases of puerperal insanity, 53 are there stated to have been characterized by acute mania, 15 by melancholia, 4 acute dementia, and 1 epileptic insanity.

There is not any system of medical nomenclature which leaves such a wide margin for the taste and fancy as the existing one of mental diseases; and, consequently, we often find one man

calling a case one of melancholia which another designates dementia, or a difference of opinion arising as to acute dementia and mania. The distinction between the last two forms of aberration is so very slight and ill-defined as to render them mere matters of degree. Unluckily, in compiling the tables, the nomenclature of each reporter was adopted, and thus this section became complicated, as it was found, on further inquiry, that the symptoms in the four cases of so-called acute dementia were equally those of mania,—in fact, in some respects preponderated strongly in favour of puerperal mania. I would therefore amend this section by classing these 4 acute dements under the head of acute mania, hus making 57 cases of acute mania out of a total of 73. The one instance of epileptic insanity is certainly exceptional, and must be regarded as such. 15 cases remain under the head of melancholia. Regarding these, the curious fact was made out that none showed symptoms of insanity until sixteen days after labour. The liability to recurrence of the melancholy originating during pregnancy, after labour, suggested the strong probability that not a few, at least, of these melancholy puerperal patients might have been the subjects of morbid depression previous to confinement. Inquiry was made in the very few cases in which it was possible to do so, and the conviction was strengthened, although not positively confirmed. My opinion on this point is based on cases which have been under my own observation, and it is that the insanity of pregnancy frequently recurs after labour, and that it never does so in any other form than that of melancholy. Within the last few weeks two cases have come under my care which bear out this idea. Both were much depressed (one suicidal) during pregnancy; in both the same symptom returned about a month after confinement. I believe puerperal insanity to be a thing by itself, characterized by a constant train of symptoms of a maniacal character, and that the melancholy which occasionally supervenes some time after labour is but the recurrence of the insanity of pregnancy. This seems the more likely when we consider that the excitement consequent on confinement has almost abated by the time when this symptom presents itself, that the patient has, in the large majority of cases, returned after sixteen days to the condition she was in previous to labour, and that her constitution has not had time to be debilitated by nursing.

It has been said by no less an authority than Dr Gooch that no physician could, by simply looking at and examining a patient, diagnose that hers was a case of puerperal insanity, unless her history was at the same time afforded him. This I take the liberty of doubting, and will instance a case in point. A woman was brought some months ago to the Royal Edinburgh Asylum by the police, under a certificate of emergency, in a highly maniacal condition. No information could be afforded further

than that she had been found in this state by the police, and had been at once removed to the asylum. There was no other evidence whatever; but the physicians who saw her on admission, before she was taken to the ward, immediately came to the conclusion that she was suffering from puerperal mania. Within a few days the inspector of poor of her parish informed them that she had been confined five days previous to her admission.

The puerperal maniac has symptoms which, as a rule, cannot be mistaken for any other form of insanity, with perhaps one exception,—mania *a potu;* but even here there are points of diagnosis which are very prominent. The bodily symptoms are at direct variance with the mental. She is pale, cold, often clammy, with a quick, small, irritable pulse, features pinched, generally weak in the extreme, at times almost collapsed-looking. But withal she is blatantly noisy, incoherent in word and gesture; she seems to have hallucinations of vision, staring wildly at imaginary objects, seizes on any word spoken by those near her which suggests for a moment a new volume of words, catches at anything or anyone about her, picks at the bed-clothes, curses and swears, will not lie in bed, starts up constantly as if vaguely anxious to wander away, and over all there is a characteristic obscenity and lasciviousness. Suicide is often attempted, but in a manner which shows that it is not the result of any direct cerebration; she may wildly throw herself on the floor, attempt to jump from the window, or draw her cap-strings round her throat, but there is no method about it, it is an impulse, the incentive of which is purely abstract.

This description of course applies to the severest class of cases, but it is taken from the recollection of not a few. Even where the symptoms are not so acute the same *tone* exists; and the shorter the time after its supervention, the more acute and marked the mania, and more rapid the recovery. As was remarked in the original paper, masturbation is sometimes noticed, but this is the result more of a wish to allay than excite irritation. The obscenity of word and manner often continues for a time during convalescence.

Since the first paper was published, several cases of puerperal insanity have come under my notice. In these particular attention was directed to the state of the urine, and in none was the presence of albumen detected, with one exception, and in that the lochial discharge was excessive. It has been said in describing the symptoms of puerperal insanity that the patient "is pale, cold, often clammy, with a quick, small, irritable pulse, features pinched, generally weak in the extreme, at times almost collapsed-looking." In the work of Drs Tuke and Bucknill on "Psychological Medicine," p. 259, it is stated as follows:—"There is, however, a class of cases in which the pulse and other symptoms indicate an inflammatory condition of the system, and such cases are of a

much more serious character. Dr Burrows noticed them chiefly in connexion with the first secretion of milk, on the fourth or fifth day. Some of these are examples of phrenitis, and not properly of mania. Frequency of pulse is a symptom of primary importance." An *inflammatory* state of the pulse is indeed a most serious symptom; and why? Because it indicates, not phrenitis, which is *excessively* rare, but inflammation of some internal organ, of which the usual symptoms are masked by the mental affection. The latency of the symptoms of acute and chronic diseases amongst the insane is one of the great difficulties asylum physicians have to contend against. Phthisis may exist for years undetected, were it not for the stethoscope, without cough, sweats, emaciation, or hectic, till the disease is very far advanced. Tuberculosis of other organs may run its course without any indication of its presence. Caries and necrosis kill without pain, most extensive abscesses collect without causing inconvenience. I have known dements die of typhoid fever without any symptom but diarrhœa. This peculiarity extends to inflammation of all the internal organs. Reflex action is impaired amongst the insane;—this is exemplified in a small way by the idiot as he sits with a drop hanging from his nose without any irritation of that organ; in a greater, by the dement or chronic maniac dying of consumption, bronchitis, or pleurisy, without cough or pain, however extensive the internal disturbance may be. This remark applies equally to the subject of puerperal insanity, in whom inflammation of vital organs may exist *without a symptom further than a slightly inflammatory pulse;* and I have known even this symptom absent. But where it is present the prognosis must be most unfavourable. I am sorry to admit that, in my experience, which extends to four cases complicated with internal inflammation,—two of bronchitis, one each of peritonitis and pelvic cellulitis,—the result was invariably fatal. There may have been circumstances in these cases which tended to such an issue, such as aggravation of the disease produced by the moving of the patient from her home, and consequent cold and exposure; nevertheless it justifies the conclusion that any such combination must be looked upon as serious in the extreme.[1]

On the other hand, puerperal mania of itself does not kill, and, where you have to combat it alone, not only death need not be dreaded, but, in the very large proportion of cases, a return to sanity may be prognosticated. It is, perhaps, *the* most curable form of insanity. This statement is made advisedly, but does not extend to those cases which are placed under asylum treatment as a *dernier ressort.*

[1] Puerperal paraphrenitis is by no means denied. Two probable cases are alluded to in the previous paper. But it is of rare occurrence, and may be mistaken for puerperal insanity associated with internal inflammation. Marked *head symptoms* always, however, indicate the diagnosis.

A strong protest must be here entered against the routine treatment which we so often see, more especially in the country, carried out quite indiscriminately. To shave and apply cold to the head, administer tartar emetic, purge and blister, are not uncommon remedies (!) applied where mania exists. In puerperal insanity this (bad) treatment insures a lapse into dementia,—the patient can resist the disease, but not the remedy; each dose of antimony, each cold application, each blister puts the case further and further beyond the control of the physician. In the Fife and Kinross Asylum are some sad instances of women slightly but hopelessly demented, of whom there can be no doubt that if they had been treated in any of our public asylums they would now be useful members of society.

Drugs seem of no avail; opiates, more especially, do more harm than good. A large dose given at the very first indication of insanity is said to have the effect of cutting short the attack; this I cannot speak to, but repeat the statement previously made,—that when it has fairly established itself, although large doses of opium *may* moderate the intensity, they tend to prolong the period of the mania. Stimulants seem to feed the excitement without increasing the bodily strength. The best calmative is food which can be easily assimilated; it should be administered frequently, in small quantities. The patient has a better chance of sleep after a dose of beef-tea than after a dose of morphia. The bowels are often in a very constipated state,—this condition must be attended to cautiously. Above all, careful nursing is the great element of success,—the patient should never be left for a moment till a sound sleep indicates approaching convalescence.

The following cases are extracted from the records of the Edinburgh Royal Asylum, and were reported by myself:—

B. C., æt. 32, married; in good circumstances; naturally frank and cheerful; mother of five children.

The following history of her case was sent with her. She received a great shock when she was three months gone in pregnancy with her fifth child, from an attempt at burglary being made on her house when her husband was absent, but no symptoms of anything like insanity supervened. She was doing well up to the seventh day after her confinement, which was a somewhat protracted one, and succeeded by considerable hæmorrhage. On that day, however, when sitting up in bed, a few friends being present, the discharges suddenly ceased, and shortly afterwards she became maniacal.

On admission she was so weak as to be considered almost moribund, but fearfully excited, causing astonishment as to how so much noise could be produced by one so debilitated. The face was blanched, eyes wild and staring, pulse small and quick, surface cold and clammy; she was so exhausted as to necessitate her being carried to bed. Her mania was of the wildest description, she

incoherently raved that she had brought forth dogs instead of children, recognised old friends in the strangers now around her, cried that her food had been poisoned, pointed to imaginary objects, and at intervals screamed loudly. She could with difficulty be restrained in bed, requiring the constant attendance of two nurses to control her. During the first night of her residence she was utterly sleepless, the mental symptoms not in the least abating. She was ordered drachm doses of the solution of the muriate of morphia which were persevered in till she had taken one ounce, but sleep was not produced. Brandy, custard, and beef-tea were administered. Date of admission, January 26th.

29*th January.*—No improvement; mental excitement has continued since admission; to-day ʒ i. doses of Squire's tincture of Indian hemp, pushed to half an ounce, produced sleep for a short time, and some degree of composure. (*Doubtful; more likely to be the result of exhaustion and the beneficial effect of nutriment and nursing.*)

30*th.*—Nervously excited, screams fearfully at the slightest sound. (*Probably the result of the cannabis.*)

31*st.*—Somewhat stronger, but still in a most precarious condition, as the excitement continues, though not to such an extent as on admission. To take 15 drops of tincture of steel three times a-day.

10*th February.*—Since last entry this patient has gradually improved, but is still very weak. A small abscess has formed over the right nipple, also on both thumbs; on being opened they discharged healthy pus.

13*th.*—To-day she menstruated,—the discharge was not great, but the pain was considerable. The skin over the sacrum shows symptoms of breaking. Tincture of arnica to be applied. Attendant still to be constantly with her. She now takes her food ravenously, and her general health is much stronger. Her mind is also much more composed, although she requires the cannabis at night. She spoke quite rationally to-day for the first time. Oleum morrhuæ prescribed, but it produced diarrhœa.

15*th.*—To-day, rose from bed for a couple of hours. Very weak still. Skin over sacrum quite healed. She now takes a pint of porter and four ounces of wine daily. Nervousness continues, and the delusions occasionally return, more particularly when she wakes suddenly; they are assuming a religious character.

21*st.*—Sleeps well without opiates.

23*d.*—Not so well, rather restless at night. Draught to be continued.

25*th.*—So restless as to require the nurse to sleep with her in the same bed. Saw her husband to-day with no bad result.

3*d March.*—Nurse still sleeping with her; requires the draught at night. To-day ordered valerianate of zinc and quinine, a a gr. ii.

4*th.*—Attempted suicide to-day by sticking knitting-needles into

her neck, but did not succeed in injuring herself much. Still very noisy at times; ordered a slight shower-bath morning and evening.

9th.—Sleeps about three hours each night; on awakening is very noisy.

1st April.—Since last entry has improved very much in mind and body. The narcotics have been discontinued.

28th.—Still improving although slowly. Tonics have been continued.

20th May.—Is slowly but gradually recovering. Still very childish, and occasionally plays very puerile pranks.

For the next two months her progression towards sanity seemed to be effected by fits and starts. She would improve a little, continue in that state for a fortnight, and then make another step in the right direction. About the end of June she was sent out on trial, but returned of her own accord in a few days, saying that she preferred the asylum. She on two occasions subsequently wrote letters containing incoherent nonsense bearing on religion, and at times would dress herself fantastically, but, notwithstanding, her recovery progressed favourably step by step, and on the 20th of August she was discharged recovered. She has since been confined twice, with no bad results.

This case is reported *in extenso* to illustrate that the treatment by narcotics was a mistake; the continuance and recurrence of the mania was long and frequent, and I very much fear it was the result of the large doses of opiates. This opinion is confirmed by the fact that all subsequent cases under my care have recovered comparatively rapidly without their employment. Nor did the destimulants produce any lasting good: the ultimate recovery depended much more on careful and nutritious diet, nursing, quiet, and absence of exciting influences.

Case 2.—E. R., æt. 25., married; trade, hat-binder; eight days insane; first attack; her aunt is an inmate of Morningside Asylum.

This woman became violently maniacal two days after the birth of her first child, and was sent to the asylum eight days after the appearance of insanity. She was exceedingly weak on admission, small quick pulse, pale and blanched. She was noisy, and, as far as she could be, violent, cursing and swearing, obscene in speech and action. On being put to bed appeared to masturbate violently, and could with difficulty be restrained. Sent to sick-room. Ordered beef-tea and custard, to be frequently administered in small quantities; attendant to be constantly with her. She was utterly sleepless: the excitement continuing without intermission, and of a character resembling that of delirium tremens. She had distinct delusions as to personal identity. On the third night, she slept for four hours, and the symptoms abated markedly afterwards, the obscenity persisting longest. A fortnight after admission

she was up, her strength having materially improved, as also the mental condition; she was, however, mischievous and erotic for two months, with a slight degree of exaltation. Tonics and careful dieting were the only remedies employed. The insanity gradually disappeared, and she was discharged recovered in less than four months.

Case 3.—A. B., married; formerly a teacher. Immediately after her first confinement she was attacked with acute maniacal symptoms, the labour was natural, but the child died a fortnight afterwards. Her mother states that she was exceedingly violent, and attempted to destroy her child, and subsequently her own life. This condition lasted for five weeks when she was brought to the asylum. On admission she was excited, though taciturn, and attempted to swallow a brooch during the first night of her residence. She walked up and down, and even when induced to sit could not stay quiet for a moment, jumping about and fidgetting. She had delusions as to personal identity. Quite sleepless. An attendant was ordered to be constantly with her. An abscess of the right mamma was discharging freely. Tonics and nourishing diet were prescribed. After a few days she began to sleep better, and the restlessness decreased; she took to singing and playing the piano. Her manner was characterized by a considerable degree of amativeness; when moving about she grimaced and conducted herself in a playfully ludicrous fashion. A marked change came over her for the better shortly after the sinus of the breast had been freely laid open, and the wound commenced to heal. The expression of her face, which had previously been rather repulsive, became pleasant and agreeable, she gradually gave up her restless habits altogether, and was at last induced to sew. When the breast had quite healed, the old symptoms disappeared, a little waywardness and intolerance of control excepted, and she soon became the life of the gallery and a great favourite. She subsequently had one or two slight melancholy fits, but within six months of her admission she was discharged perfectly recovered.

It is in my power to bring forward a long series of such cases, but the above seem to illustrate the general characteristics and successful treatment of the disease. The period of excitement lasted from five days to three weeks, always leaving behind a degree of dementia, the last delusions to disappear being those as to personal identity; in some a slight melancholy was observed, but not deep seated. The treatment seldom altered, except as to the nature of the tonics. As the mind re-established itself and the more violent symptoms were overcome, porter or wine was administered, and at this stage proved highly beneficial.

The following cases illustrate a non-successful issue.

J. H., æt. 30., "married; formerly house-servant; three days insane; first attack; cause, childbirth. Respectable education, cheerful disposition, habits steady and industrious. A sister is

said to have suffered in the same way after childbirth." Admitted 20th May.

Bodily health reported as "weaker than usual, health as good as possible, having been only confined of her first child after an easy labour."

The history of this case, beyond that given in the statement, is, that a fortnight ago she was confined and continued very well until three days ago, when symptoms of insanity set in. On admission she was fearfully violent and destructive, noisy and loquacious. The pulse was *somewhat low.* She was very weak. We were informed that previous to admission she had been treated with antimony for the purpose of allaying the excitement. She was put to bed in the sick-room, and ordered wine, beef-tea, and custard. To be under special observation. During the afternoon the pulse became of better character, and the patient seemed stronger. She complained of pain over the abdomen, but not more than might have been expected in a woman so recently confined; the bowels were opened by an enema.

21*st May.*—Has not slept during the night, still noisy, swearing and cursing, with difficulty kept in bed. To continue on the same diet and stimulants. During the day the symptoms did not abate. Towards the evening she was somewhat quieter, and seemed inclined to sleep. Pulse improved.

22*d.*—Early this morning symptoms of sinking set in, which were not relieved by the administration of stimulants. At 7 A.M., the extremities were quite cold, but the excitement was not abated. At 9, she was evidently fast sinking,—there was a lucid interval of about an hour. She died at 10 A.M.

On post-mortem examination, extensive pelvic cellulitis was found; several ounces of pus were discovered. A thin plate of osteophyte was observed on the dura mater, under frontal and parietal bones. Grey matter congested; white matter œdematous.

Mrs B. B., æt. 25, admitted 15th April; "married; kept house; protestant; first attack; insane for four days; supposed cause, childbed. No hereditary predisposition."

This lady was admitted in a state of great exhaustion and considerably excited. Her appearance was typically one of puerperal insanity,—the wild staring eyes, catching at trifles, resembling somewhat delirium tremens, were very characteristic. She had delusions as to personal identity. Her movements were often indecent. She had been confined nine days when the mania appeared. It was her third child; all her family having been born within four years. She was very anæmic. The confinement had been natural, with only slight hæmorrhage.

16*th April.*—Is very excited,—has not slept. She is fed with Liebig's extract, jelly, milk, etc.

17*th.*—As yet no sleep; still excited; picking at bedclothes. Her eyes follow imaginary objects.

18*th.*—Slept a little this morning. After she awoke, her pulse was found to be 140, tongue dry. About 4 P.M. she took a fit of syncope, so profound that she was thought to be dead.

19*th.*—Symptoms of bronchitis have set in, her pulse is very quick, small, weak, 160; at times so rapid that it cannot be counted. Dr M. Duncan was called in to see her.

18*th.*—Ordered mustard to the chest, and an expectorant mixture; to get wine.

20*th.*—She has great difficulty in expectorating; weaker; has had another attack of syncope.

21*st.*—Much weaker.

22*d.*—No better,—worse in fact; to get brandy in small quantities, and often.

23*d.*—At times is nearly suffocated by the bronchitic discharge; very weak; sinking; still very insane.

24*th.*—Moribund from suffocation.

25*th.*—Died this afternoon at 5 P.M. Post-mortem examination was not allowed.

There exists a small class of cases midway between puerperal mania and insanity of lactation, viz., those whose insanity supervenes between one and three months after confinement. A large number of these, as has been already said, are dependent on a recurrence of the insanity developed during pregnancy, but there do occur instances where no such previous aberration has been noticed. These are complicated cases, usually dependent on a weakened state of the system from too rapid child-bearing. For instance, a woman of naturally weak constitution bears three children in four years, and early in the nursing of her last child shows symptoms of insanity. Mania is the usual symptom, but bears a stronger affinity to that consequent on lactation than to puerperal mania. Still these are doubtful cases, and it is difficult to assign them to either class, but, on the whole, it seems most probable that they belong to the former. Profuse hæmorrhage also, in some rare instances, tends to the production of insanity at a lengthened period after labour; an anæmic condition being produced which is very liable to affect the mind.

Insanity of Lactation.

There is little to be added to the remarks made on this form of insanity in the statistical paper. It is distinctly the result of an anæmic state of the system, and in a modified form is not unfrequently noticed among patients applying for advice in general hospitals. Nursing women present themselves complaining of symptoms of hysteria, restlessness at night, and a vague feeling of apprehension, over-action of the heart, bronchocele and exophthalmia frequently are present, anæmic bruits are heard on aus-

cultation, and a morbid condition of the blood detected on microscopic examination.[1]

These physical signs are frequently observable amongst those patients in whom insanity has been developed. The mental symptoms are either mania or melancholy, the latter being the more frequent, and accompanied by delusions either of a suspicious character or as to personal identity, hatred of children, husband, or friends, and a strong suicidal tendency,—it is seldom, however, very profound. The mania is of an evanescent nature, violent whilst it lasts, but not associated with the obscenity observable in puerperal mania. In this form the insanity of lactation is more rapidly amenable to treatment than when melancholy exists; but in both forms, when taken in time, the disease is readily curable.

The following case illustrates the melancholia of the insanity of lactation:—

J. C., æt. 32, married; wife of tradesman; mother of four children; has always been a very devoted mother and wife; first attack; her mother died insane. She has been nursing her baby for eleven months, and for the last few weeks it has been noticed that her manner and appearance have undergone great change. She began to be suspicious of her husband, and at last took a positive dislike to him. On admission a slight scar was observed on her neck, which she admitted she had caused by attempting to cut her throat. Her general appearance indicated anæmia. A distinct bruit was detected, and cervical pulsation; the eyeballs were protruding. She was exceedingly depressed and nervous; said that she "feared herself," that her husband had always been a "guid man" to her, but that she could not overcome her hatred to him. To be under constant observation; ordered nourishing diet and tinct. ferri mur. For a few nights after admission she was sleepless and restless, at times talking and muttering to herself. She was soon induced to sew and otherwise employ herself. Within a month considerable improvement took place in her bodily condition, but the mental symptoms did not materially abate. Shortly afterwards, however, symptoms of convalescence set in; she gradually but slowly became more active and energetic, evinced interest as to her husband and family, and slept soundly at night. A variety of employment was found for her, which she readily undertook, feeling that it was highly beneficial to her case; the melancholy state had quite disappeared five months after admission, when she was discharged recovered.

The following case was characterized by mania:—

N. A., æt. 35, admitted 10th December; "married; wife of labourer; protestant. First attack, which has lasted ten days; cause, nursing a child for eight months." One of the medical

[1] On Vascular Bronchocele and Exophthalmos. Dr J. W. Begbie. Edin. Med. Jour., 1863, p. 217.

certificates stated as follows:—"Incessant talking; now and again furious and difficult of restraint; says she is with God; says she is an angel, and the only one with God in heaven."

This patient, on admission, was acutely maniacal, very violent, cursing and swearing, noisy night and day. She had a delusion as to the visiting physician being a young doctor whom she hated, and, accordingly, swore at and cursed him whenever he came near; she also supposed that the head attendant was his mother, but took very kindly to her. Ordered to be kept in bed, with constant attendance, and to be supplied liberally with beef-tea and other nutritious diet.

16*th December*.—Up to to-night Mrs A. has been very noisy and violent. On the reporter visiting her at about 8 P.M. he found her lying with her face covered up with the sheet. On pulling it down the expression of her face was found to have undergone a great change since the morning,—it was quite natural,—and, on being addressed, she spoke rationally and civilly. Early in the forenoon she had taken a large meal consisting of bread and beef-tea, had slept shortly afterwards, and awoke in the state described.

17*th*.—A slight remission to-day, chiefly evidenced by irritability of manner to other patients.

1*st January*.—Quite convalescent. On conversing with her about her late attack, she said that she recollected perfectly everything which occurred during her illness. She remembered that she entertained the delusion that the reporter was a doctor whom she disliked, and that the attendant was his mother; also that she had sworn at and abused him, apologizing most penitently for so doing.

12*th*.—This day discharged recovered.

Curable as these three diseases are, there exists a class of patients in which permanent bad effects result from the attack,—that in which the patient is congenitally weak-minded. Wretched, half-idiotic girls, whose weakness has been taken advantage of, become maniacal after confinement or during nursing, and, although the mania disappears, a greater degree of imbecility is left after the attack than existed previously. In these patients, also, the disease is almost sure to recur with each confinement.

In conclusion, I would remark that the consideration of this long series of cases has convinced me of the necessity for a more accurate classification of so-called mental diseases. The one at present in use is unsatisfactory, arbitrary, and perplexing. It is a mere begging of the question. We might as well be content with the diagnosis of a disease as "dropsy," irrespective of its cause, as mania unconnected with a specific bodily condition; and if we succeed in so associating a mere symptom with its cause, why not give the disease a specified name? Advances are

being made in the right direction. Dr Skae of Morningside some years ago proposed a scheme of classification based, not on the symptoms individually, but on a system of grouping peculiar symptoms and associating them with peculiar bodily conditions. This had been done already in the case of general paresis, epileptic insanity, puerperal insanity, senile insanity, etc., thus demonstrating that such a classification is possible. Dr Clouston has described another well-marked form,—"The Insanity of Tuberculosis,"—and other papers have been published by Dr Skae's old pupils with a view of elaborating his system. That great difficulties stand in the way, and that the original scheme is imperfect and requires modification is true; but, as our knowledge increases, so will it become evident that this is the true theory on which to found a rational classification.

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