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THE prominence which the question of the so-called *puerperal* insanity has lately attained through the medium of one of our law courts, in one of the most startling cases that have been tried form any years, is of itself sufficient warrant for now bringing it up for discussion, irrespective of its own special interest on scientific grounds. It is, however, in its scientific aspect, rather than its legal bearing, that I purpose to present the subject to you, but I propose not to lose sight entirely of its legal interest.

I have, in the outset, used the term insanity rather than mania. *Puerperal mania* is commonly spoken of and discussed in books and treatises as the form of madness attendant upon child-bed, but certainly in this there is some error of term, for puerperal insanity often has not a single maniacal symptom. It is quite true that mania is often the form assumed, but I think that melancholia is almost or quite as frequent, while delusional insanity and acute dementia are as common as any, or perhaps almost always more or less complicate the other forms.

The adjectival expression "puerperal" certainly complicates our nomenclature, and in conversation lately I have, strange to say, found several practitioners who have very curiously mixed puerperal insanity and puerperal fever together, as though they were one and the same malady. It is hardly necessary for me to enter upon the last-named subject, it being so perfectly distinct from the former. The two diseases

may co-exist in one individual, but puerperal fever is not secondary to, or dependent upon, puerperal insanity. It cannot, however, be said that the converse of this is altogether absolutely true, though puerperal insanity and puerperal fever may co-exist, and the former arise from causes wholly independent of the latter.

Puerperal fever is a very definite pyrexia, due to a poison analagous to or perhaps identical with erysipelas; and, like all fevers, has a tendency to expend itself; after which the patients recover.

It not unfrequently happens that while the mother suffers from so-called puerperal fever the child suffers from erysipelas. It thus appears that the disease is one not peculiar to women only, but is a common form of disease, modified perhaps slightly by reason of the puerperal state. It will be my endeavour to show, likewise, that there is nothing peculiar in the insanity of child-bed, rendering it a disease peculiar to women, that the adjectival expression considerably complicates our nomenclature, and that the so-called *puerperal* insanity is ordinary insanity, appearing at, and only slightly modified by the child-bearing circumstance.

The first case which I shall relate is that of Emma F——, æt. 25, who was admitted about 12 months ago into St. Luke's Hospital. I received a letter on the morning of the day of the patient's admission, from a medical practitioner, telling me that the wife of his coachman was suffering from puerperal mania, the first evidences having appeared 14 days after confinement, and stating that her symptoms were excessive talking, an impression that the devil was tearing her up, disaffection towards her husband and baby—and great violence, such as to require restraint at night. I ascertained that she had had three previous confinements, and that on the occasion of each she had suffered from maniacal symptoms, but I failed in eliciting any history which made evident a predisposing cause. When the patient was brought to the hospital she certainly had very little appearance of insanity, beyond a meaningless expression of countenance; her conversation was perfectly rational. I asked her what was the matter with her? She said she had been confined. I then asked her if she knew where she was? She answered, Yes, she knew quite well she was at St. Luke's Hospital, that she had been a patient on two former occasions, and regretted very much the necessity of being brought back again. I asked her then if she was mad, and she said not at that moment, but that

she should be at night; and she kept her promise. Between ten and eleven at night she was furious, and commenced beating the side of her bed violently with her hands. The next morning she was quiet. She desired to get up and dress, and I allowed her to do so; and she sat by the fire in a listless, dejected condition. Her lacteal secretion had disappeared on the invasion of the attack, but her breasts were healthy. Her pulse was very feeble, her skin dry and hot, her bowels confined, and she had a distaste for food. I asked her how she was, and she said she was uncomfortable; that her head felt as though full of wool; that she could not help the noise she made, as she thought in the night that the devil was tearing her up. I ordered her a mild purge, and additional diet of brandy, eggs, milk, and beef-tea; a portion of the brandy and milk to be given at bed time. The next night she was less noisy, and the following morning she consented to remain in bed. In ten days I allowed her to get up, and in sixteen days, though still very weak, she was quite free from delusions, was sleeping well at night, her secreting and excreting organs were acting fairly well; her bowels alone requiring every few days the stimulus of a little castor oil. After twenty-four days' residence she had quite recovered from her insanity; but as she continued very weak she remained nearly a month afterwards in the hospital. One day she asked me if I would allow her to see a patient in another ward, who she heard was very ill. The patient she asked to see was the subject of mania, and was dying of phthisis. I asked her why she wished to see her, when she told me that the patient was her mother. Her friends had kept her in ignorance of her mother's insanity, fearing that the knowledge of it might increase her own liability to attack on her confinement. The patient herself suggested that she should put on her bonnet and shawl before visiting her mother, in order that the latter might be saved from any excitement that might be engendered from a knowledge that she (the daughter) had been an inmate of the hospital. The relatives of these patients had studiously kept me in ignorance of the relationship until I heard it from the daughter. The fact of the relationship, however, is in the highest degree instructive and important, as pointing to the potentiality of insanity in the daughter, which became manifest whenever her general condition was low and reduced. Her insanity thus was traceable to a potentiality. She became insane not because of her confinement, or from any circumstance connected with it,

beyond the physical weakness resulting therefrom, but having a predisposition to insanity, she became insane when her general condition was that of physical weakness.

The next case I propose detailing is one of singular interest. The patient, aged 27, had had one previous attack on the occasion of a confinement. It was stated as a supposed cause of the one for which she was last admitted into St. Luke's that she had been the subject of considerable anxiety two weeks after confinement, consequent upon the loss for some hours of her elder child.

Admission was not asked for her until the attack was of three months' standing. When brought to the hospital she told me that "her body was bloodless," that "she had lost her soul," and that "she had deceived God and man;" that "all the world would be lost through her;" that "she would kill her husband;" that "she was dead in the flesh, and wished to be put in a coffin and be buried." She was remarkably small, but symmetrically proportioned. She was very imperfectly nourished, and was very weak, though in her paroxysm she exhibited great muscular activity. I ordered her to be kept in bed, and on the following day she informed me that she had not any intention of taking food, that "she was dead in the flesh, and had no soul," that "her body was bloodless." I was, however, able to feed her with two spoons. On the following morning, when I made my early visit, she uncovered her arm, and withdrew from it a pin, which she stated "she had run into it in order to prove to me that she had no blood in her body, for the wound would not bleed." She said "she was determined to die."

She was always on the alert to escape if possible, and on one occasion, owing to her remarkable smallness, succeeded in getting through the bars of a window. She was, however, on the ground floor, and the window opened into a court-yard, from which there was no means of escape.

After seven days I allowed her to get up, and she steadily improved for a week, and told me that she began to think the ideas she had entertained regarding her soul were nonsense, and asked if she could not go home. I told her that she should go home when she was quite well, but on the eighth day she relapsed, and was worse than she had been before, maintaining her delusion that she was bloodless, and obstinately resisting food. Her bowels were confined, but she readily took purgative medicine, having a hope that it would poison her. She had a profusion of luxuriant black hair,

which often, in the exceedingly difficult process of feeding her, became soaked with beef-tea, milk, brandy, and other organic substances ; consequently it became extremely difficult to keep it clean, and I said to her one morning that I should order her hair to be cut short.

The effect of the threat was almost like magic. She recommenced to feed herself, asked for fish, and asked to see her husband, which I promised she should do if she continued to take her food. She kept her promise, and I desired her husband to see her. She had, however, pre-formed a conclusion that her husband would take her home, and as she was disappointed. she again obstinately resisted food, and so determined was her resistance that for several days I was forced to feed her with the stomach pump, a process she found so disagreeable that she at length yielded, again commenced to feed herself, and again began steadily to improve. She, however, became more and more restless of control, and at last persuaded her husband to take her home, promising that she would not give any trouble if he would do so. I heard afterwards that she continued to improve, and I have very little doubt has quite recovered. The point of greatest interest in the case is that although I failed to obtain a satisfactory history from the husband, I learnt from an aunt of the patient who called one day at the hospital, that several members of her family had been insane. So that in this case we can trace the potentiality developing into actuality when the patient became debilitated through the exhausting effect of child-bearing.

The next case I propose to speak of is that of M. S., a young woman of four and twenty, the wife of a mate of a merchant vessel that has not been heard of for some months, and, in consequence, the patient has laboured under much anxiety, and has fretted much. Eight days after her confinement, on the 28th of February last, she gave evidence that she was labouring under delusions ; she stated that she had been poisoned ; that her child would die also, as it had taken the breast since she had taken the poison, and that if it did not die she would cut its throat, as "life was of no avail." She also said that "they" were throwing her baby out of the window, and in consequence she screamed, and maintained the screaming almost all night. It was necessary to remove her baby from her, and I saw her the following day. She again made the statements above detailed to me. I found her sweating considerably, her lips parched, her breath foul, her tongue furred, but dry, with an ominous

ulcer upon the left side. The lacteal secretion was almost entirely suspended, and she was refusing food.

The next day she was brought to St. Luke's Hospital by her father and a nurse. She said she remembered seeing me the day before, and that the people who were with her had tried to poison her, and that she did not want to go away again with them. She went most willingly into the ward, when she was at once put to bed. On visiting her shortly afterwards I found that her powers of conversation were very limited. She looked at me for some moments, trying to speak. She then burst out crying, and asked me, "Are you a doctor?" She at first refused food, but after a little persuasion allowed herself to be fed with a spoon.

The next day she again endeavoured to give expression to her sensations or thoughts, but she was unable to proceed beyond the delusion of the poison, and the throwing of her child out of window. I encouraged her to speak, but she was quite unable to do so, beyond asking the question, "Are you a doctor?" As I was leaving her room she said, "Don't go, and I'll tell you all." She began to cry, and upon my returning to her bedside she said, "Am I a married woman?" and "Have I had a baby?" but she was unable to say more.

She continued very much in this state for several days, exhibiting an anxiety to speak, but unable to give utterance to more than a set of stock phrases. The excessive sweating abated, the skin became more natural, the breath less foul, and the tongue more healthy, with the exception of the ulcer, which appeared sluggish and inactive. She seemed free from pain, nevertheless she did not understand very much of anything said to her, and was almost incapable of grasping any idea or of answering any questions. She was constantly wet, and passed her motions in bed. After two or three days she said to me one morning, "Am I Lady Mordaunt?" "Are you my husband?" "Am I a married woman?" "Where are my rings?" Her rings had been taken charge of, as she had taken them off her finger and dropped them in her bed. A few days afterwards she became depressed, and would not speak at all, and every time I went into her room she either covered over her face or else began to cry. In two or three days more she became very restless, and would not keep in bed unless watched. She then became more melancholy and depressed, and one night attempted to tear her eyes out. The following morning, and for two or three succeeding

mornings, she had an attack of excitement, in which she broke the jug and basin on her wash-stand. The paroxysms, however, passed very quickly away, but left her very much depressed. After three or four mornings they ceased to recur, and she, though very melancholy and frequently giving way to tears, began to occupy herself with a book. She became clean in her habits, and from that time has steadily improved in body and mind. She is now free from delusions, and, though still very weak, is beginning to gain the power of mentally grasping an idea. The melancholy has gone, and she is cheerful, and I have every hope that she will soon be quite well.*

This case certainly is not one of *mania*, though a most perfect example of insanity, and if we must give it a specific name, it would more properly be called "Acute Dementia."

In this case a history of mental and nervous disease was not obtainable from the father, but I was astonished, on the second day after the patient's admission, at seeing the father and with him the mother, who had travelled from Lancashire on hearing of her daughter's alienation. The father had brought his wife to the hospital, being unable himself to reason with her or to deal with her. She demanded in a most excited manner to see her daughter, and upon my endeavour to point out to her the inadvisability of visiting a patient so soon after admission, she exclaimed, "Oh! I cannot reason." "I am mad myself." "You will have to take care of me." It was evident to me that, if not actually insane, her mind was as nearly as possible off its balance, and that at all events there was a potentiality of insanity in her, and I have little doubt, had I been afforded the opportunity of a more search-

* Since the above was written the patient has completely recovered. The sequel to the story is very sad. The husband had gone to sea soon after his marriage, leaving his wife in the charge of her mother, to whom he gave money for her maintenance. He, through a series of misfortunes, was not heard of for many months, and the funds being exhausted the mother recommended her child to marry again, but failing in persuading her to do so, suggested to her the streets as a source of income, and afterwards encouraged the advances of a lodger, to whose perfidy the poor creature fell a victim. The husband returned while his wife was in the hospital, nineteen months after his departure. The scene which occurred when he heard that his wife had shortly before been confined is not easy to describe, and it was intensely painful. It became my duty to impart the information to him, and I did so in the presence of the wife's father. A greater moral shock, than for a young man of a generous and noble spirit to return, inspired with hope, after a long and necessary absence, to a young wife, and find her the mother of another man's child and an inmate of a lunatic asylum, could I think hardly occur.

ing enquiry, I should have found a clear history of hereditary insanity.

A most interesting case was that of a woman, aged 32, A. A——-, who was attacked after the birth and loss of her fourth child. The case was in the highest degree remarkable. She was certainly not maniacal. At her own home she used to wander about the house without object, would not converse when spoken to, or would answer, pettishly, "Don't know." She would not notice her children, and when asked about them would answer "Don't know," as though in these words she expressed all that she was mentally capable of. She did not know the number or the names of her children, and when asked the names of some pieces of money was often unsuccessful in giving them their designation. The calculation of the sum of two or three small coins was a matter of impossibility with her, and with most extraordinary child-like simplicity she would answer "Yes," inquiringly, to anything, but as though she accepted the truth of every statement made to her, however absurd; such, for instance, as misnomers in coins and errors in addition, which were put before her in order to test whether or not she had the power of comparison or correction.

This patient almost daily asked me whether I was not her husband, and she used to follow me about the ward and sometimes say, "Surely you are Mr. A. A——." I learnt from her husband that she was very fond of playing cards, but that often in the middle of a game she would become abstracted, and altogether forgetful that she was playing. He stated, however, that after a little while she again awoke, as it were, to the consciousness of her play. At the time she was admitted into the hospital she was too demented to play cards, or in fact to do anything.

She died of acute tuberculosis, which ran its course in fourteen days. She had, during her last illness, some lucid moments, in which she recognised her husband and some of her other relatives, and spoke of and remembered the names of her children. In this case it was maintained throughout that there was not any hereditary taint. The post-mortem examination, however, disclosed the fact of an ossific Falx Major and three or four bony nodules, very like cauliflowers in form, projecting inwards from the inner table of the frontal bone. They had perforated the dura mater, and were encroaching on the anterior face of the right lobe of the cerebrum, which was indented by the projections.

I afterwards saw the husband again, and on pressing him he admitted that his wife had been the subject of epilepsy; and here of course is a potentiality of insanity.

Another case was pitiable to the degree, on account of the great amount of reason left to the patient, L. D., who was 27 years, and was dying of phthisis. She was perfectly aware that she was dying, but was labouring under the delusion that "wrong medicine had been given to her after her confinement," and that "her consumption was the result of it." She also imagined that she had a dead child in her womb, and made several attempts at suicide. The phthisis rapidly killed her, but her delusion remained fixed and immovable till the last. The post-mortem examination exhibited tuberculous and cavernous lungs as diagnosed, but no special condition of brain was found beyond atrophy, which is a common state in insanity.

The case all through had been one of melancholy, without a symptom of mania. All history leading up to a predisposition was at first denied on the part of her relatives, who afterwards stated that she had been strange for at least a year before the attack. So then in this instance also the evidence points to a potentiality, and there was some evidence of insanity before her confinement.

I could continue to detail cases at length, but time does not permit. I must therefore be content to briefly sketch in outline the others I wish to bring forward.

A few days since a patient, E. H., left the hospital recovered,after an attack of mania following child-birth. She had had four previous attacks, three of them occurring shortly after child-birth, and the other following the decease of one of her children. She was destructive, noisy, and blasphemous in her language, during the attack, which lasted about four months. In this case the patient's mother had suffered two or three times from insanity at the puerperal season. The father is insane, also a brother and a sister, while another sister committed suicide.

A case alternating between melancholia and mania occurred in J. G., a patient who has been some time in the hospital, having been admitted ten months after the invasion of the attack. The case does not promise well, apparently having become chronic before she came under treatment. All history of family insanity was distinctly denied at the time of her admission. Her husband has, however, since discovered

and informed me that she has several brothers who are insane.

A remarkable case was that of a patient, M. W., aged 40 at the time of the attack, who about three weeks after the birth of her first child became disaffected towards the infant, and threatened to throw it into the fire. The treatment of the case was very difficult, on account of the obstinate refusal of food. However, the patient was fed with two spoons, made a rapid recovery, and was about to be discharged, when she broke down on meeting her husband, who came to take her away. On the following day she was more insane than she had been previously. The melancholy which characterised the first attack gave place to mania in the second. She stripped herself in the ward, and attempted to destroy herself by striking her head on the floor and gouging out her eyes. She, however, made an excellent and rapid recovery, and the only missing link in the chain is the absence of hereditary history. If, however, approximations furnish any grounds for conclusions, I might judge, from a brother and two sisters, whom I saw on several occasions, that insanity was a family disorder, for in none of them, particularly the brother, would it have been difficult to shew that their minds were imperfectly balanced, and good certificates regarding any of them would have been forthcoming had they been required.

The case of a patient, E. R., æt. 24, becoming insane about four weeks after the birth of her second child, is interesting from the history of the manner of the invasion of the malady. She appears to have misunderstood a conversation of her husband, and fancied that he said that "he was likely to lose his situation." She ran to her mother, who was in the house, and said she had a pain in her breast, describing it "as though her milk was dried up," and commenced screaming. The lacteal secretion became at once suspended, and she continued maniacal and destructive for some weeks afterwards. She made a good recovery. I was unable to get any previous history of her case.

The last I shall mention is that of a woman, A. S., aged 34, in whom the first attack of insanity appeared a month after the birth of her seventh child. I was unable in her case to obtain any previous history. The patient had extensive suppuration of both breasts, was extremely weak, sweating profusely on admission, sometimes delirious, sometimes noisy, alternately singing hymns and laughing, very

incoherent, and apparently in pain. The maniacal stage was followed by one of depression, amounting to dementia, from which she, by steady, progressive stages, quite recovered, in about three months.

The cases I have related have all an interest in themselves, yet from them I think we may draw some instructive conclusions.

1st. It is evident that a per-centage only of the cases of insanity attendant upon parturition take the form of mania; and that almost any variety, or two or three varieties, of insanity may appear in such a patient.

2nd. In almost all instances, perhaps in all, there is a potentiality of insanity either from hereditary transmission or specially and accidentally induced, but not associated with the parturient condition. It seems highly probable, though the evidence on this point is as yet incomplete, that without the potentiality above spoken of, a patient will not become insane as a consequence of parturition; and it appears much more correct to speak of the cases as insanity appearing at the puerperal season, than to use the term "puerperal" in an adjectival sense, as though the insanity was a special form peculiar to child-bearing.

3rd, and lastly. There is one practical conclusion of considerable value, viz., early treatment will generally be followed with happy results, and one essential of the treatment is removal from home influences. One of the earliest symptoms of insanity attendant upon child-bed is the disaffection of the patient towards her relatives, child, nurse and other attendants, and also a prejudice against her room, her house, and surroundings. The continuance of any source of irritation only tends to increase the disorder, and ought to be removed without delay.

The limit of this paper being the nomenclature, I must reserve for another the detail of the associated phenomena, and actual pathology. I may, however, here state that in treating insanity following parturition prompt and complete change of surroundings, absolute rest, nutritious diet and stimulants judiciously administered, will in most cases ensure recovery.