Mental Aberrations

displayed during the Insane Confinement

& the Period of Lactation.

Thesis

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It is remarkable in reviewing series of cases of the various forms of mental illness, how constantly it is found that previous to the appearance of the mental symptoms, the patient has been labouring under some bodily disease, or impairment of the general health, more or less well marked; that the constitution has been subjected to some severe trial, by which its natural vigour has been diminished; so that the circumstances which are looked upon by those about the patient as the primary cause of Insanity, in themselves frequently of trifling importance, in respect of the gravity of their imputed effects, may with greater propriety be looked upon as merely the incidents which have excited the insane manifestations of an organ incompetent under any excitement to render other than insane effects.

To draw at all a satisfactory conclusion as to the causation of morbid manifestations displayed by any organ of the body: it is first necessary that the inquirer should, as far as possible, gain a knowledge of the process of action in that organ during its healthy manifestations: then noting under what conditions, external or internal to the body, the healthy manifestations of that organ become slightly
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and temporarily impaired, gradually advance to the comprehension of more complex and lasting aberrations from the healthy standard.

If this mode of procedure be judicious in regard to the study of those organs whose natural constitution is better known, and whose actual morbid conditions, within limits, can be diagnosed, and demonstrated to the senses, by physical signs during life and post-mortem appearances after death, much more is it necessary to pay accurate attention to any circumstances in their causation, which can throw light upon the frequently obscure origin of the morbid manifestations displayed by that complex and comparatively ill-understood organ, the organ of the mind: manifestations which, frequently occur without apparent cause; and if death supervene, so frequently leave no trace behind, appreciate by our senses, or the means at present at our command.

The healthy mind may be compared to some machine, which receives a certain supply of crude material, and gives in return, a greater or less quantity, a more or less excellent quality of manufactured ware: the nature of
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the product depending on the suitability of the supply and the capability of the machine. The mind from its feeders the various organs of sense receives an unflagging supply of impressions, which produce under the regulating and controlling power of a healthy judgment & will, corresponding ideas, finding their manifestation in appropriate expressions, words, & actions. But, if it be supposed that the machine is in original composition defective, or that anything interfere with the balance of supply & regulating power; then, the material produced will be certainly found defective; the defective produce being symptomatic of disturbance of its internal economy.

So in the action of that most complex machine, the mind of man. The machine may be originally defective, and therefore easily put out of order; witness the slightness of the cause which suffices to pervert the action of a mind predisposed to Insanity by strong hereditary tint. Something may occur to interfere with the balance of power; again the quality of the product is impaired. As an example of this form of alteration from the healthy standard, where some interference with the normal working of the mental machine is of sudden occurrence,
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may be cited the extraordinary sequence of insane ideas, which the mind of a man under the influence of certain drugs of the hypnotic class, will receive, the controlling power being lulled to rest. As again, in those cases of Insanity of a different type, where the sudden suppression of some secretion is immediately followed by evidence of its deleterious effect on the mental processes; an example is afforded where the controlling power is overcome by the overwhelming force of the disturbing cause.

The quality of the machinery may have become impaired, that it is easily over-driven, being incompetent to perform even its normal work. Such a condition is analogous to the state of the mental organ, produced by long periods of starvation, or ill-health.

The material supplied may be of such quality that the delicately-constituted machine, unable to grapple with its coarse texture, is in the attempt more or less irretrievably damaged, and unfitted to produce satisfactory results of any kind. In such a case the immediate cause of disorder is from without. It may thus sometimes happen that external influences are sufficiently sudden and severe, to cause disorder of the faculties of a healthy mind; but in the
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great majority of cases, impairment of the mental vigor is a preliminary step.
In the body every organ, for its preservation in a state of health, is more or less dependent on the well-being of its neighbours. This is most notably true in regard to the effect produced by impairment of the condition of various organs on the healthy working of the brain. As in other forms of disease, organs which are congenitally weak, or whose original capability has become impaired, may continue to perform their functions with a certain accuracy until they are exposed to the test of some sudden excitement; when, having no reserve of vigour to meet the occasion, they are thrown off their balance and become absolutely morbid in their action, unhealthy, insane, so in like manner with regard to Insanity of the mind. The mind and nervous system, which are naturally weak, or have been weakened by any exhausting cause, are in a condition to which Insanity is imminent, and if an exciting cause supervene, the mental vigor being impaired, the healthy mental balance is overthrown, and morbid mental manifestations ensue.

The production of mental results has been likened to the working of some machine: the brain is a
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mechanism liable to be perverted from its normal action by various causes. Now all machinery when in good working order, has provided for it a certain regulating power, ready at a moment’s notice to correct any irregularities, which may occur in its operations. This governor, as it is called, is represented in the mental machine by the power of the will & judgment, whose province it is, exercising a salutary supervision of all departments of the mental functions, to correct a tendency to insane or extravagant action in any one of them by balancing the importance of the various impressions to which the mind is subjected, by regulating & restraining the expression of sentiments to which these impressions give rise.

Advancing from the healthy process to the more simple forms of aberration from it, it is very interesting to note even the most transitory & simple forms of departure from perfect sanity, and the relation these simple forms bear to those of greater gravity, the difference being one of degree. Take the case of a man, an ardent student, an
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active mind in a not very robust frame of body: Such a man has been engaged for a considerable time, before retiring to rest, on some subject of engaging interest. In severe bodily & mental fatigue, he retires to bed, but not to sleep; in vain he courts repose; he strives in vain to banish the constantly recurring mental processes in which he has lately been engaged. Through overtasking, the controlling power of the will is in abeyance; and however he may strive to will otherwise, despite his wishes, his mind insists on presenting to him over and over again the same weary chain of argument or harassing series of calculation.

Compare this with the following report of Insanity displayed by a woman after delivery.

Jane J., act 26, was a woman, in whose case there was the predisposition to mental pain, airmayed by former attacks two in number. This woman was seduced under promise of marriage; as her hopes of preserving at least the appearance of a virtues respectability burned, she became more and more mentally depressed. Sleep
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After delivery she became restless, incoherent, talked incessantly, and had delusions of one form, "that her lover was not faithless, but would still return, & marry her." She planned marriages for those about her; and raved about her children.

In both these cases there was a history of exhaustion of the system, specially the brain and nervous system, previous to the betrayal of mental disorder: in the one case by long continued mental toil; in the other by great mental disquiet, followed by loss of sleep during pregnancy, which, supervening on the constitutional delicacy, always more or less common during that time, formed but an ill preparation for the trial of postpartum to follow. This in a person predisposed to mental disease. In both cases the controlling power became suspended, and more or less unhealthy manifestations (i.e., Insanity) ensued.

In the former of these examples, the state of mind which led to loss of control was of a very temporary and curable nature; in the second, the degree of constitutional impairment, which produced Insanity, being
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of greater gravity, led to more prolonged mental impairment. Both cases terminated in the reestablishment of a perfect equanimity.

Again take the case where there is alteration of the healthy condition of some one organ, or class of organ, and note the effects of such alteration on the mind of the patient.

"For example": The influence exerted by disorder of the digestive organs on the mental operations. A man has been somewhat indiscreet in his diet at supper; he goes to bed, and falls into a restless troubled sleep: after a disturbed night he awakes with a sensation of epigastric uneasiness, a dry mouth, and a furrowed tongue. Is a man, whose digestive organs are in a state to give rise to these symptoms, disposed to take a particularly hopeful view of the progress of affairs? Assuredly not. He is in fact suffering from mild hypochondriasis. But let his dyspepsia be relieved, and with magical rapidity his mental prospect clears. Matters, which to his impaired powers, presented apparently insuperable difficulties, now appear not only possible, but easy of accomplishment.

Instead of being merely transitory, let the cause of
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mental ill-health become chronic disease of the abdominal organs: here the origo mali is of a permanent character, and therefore unhappily the mental Insanity arising from it is permanent also. The unhappy patient is a prey to profound melancholy; his wretchedness of mind frequently goading him to the commission of suicide, or he is the victim of constant delusions of the most extraordinary nature, as suggested the seat and form of disease originating the mental symptoms.

Esquirol, in speaking of Melancholia, quotes, among others, two cases: one of which affords an example of intense Suicidal Melancholia, traceable to a diseased condition of the Oesophagus; the other is an instance where a curious specific delusion had its origin in disease of the coats of the stomach. I shall quote them as nearly as possible in his own words.

Case 1. "I have seen a merchant, who was plunged in profound melancholy, with refusal of food, and attempts to commit suicide, being assured that a foreign body was sticking in his throat, and preventing him from swallowing. His parents were sure that he could have taken nothing
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to cause inflammation of the Resophagus: inspection put an end to all doubts in that respect: the sick man immersed in profound melancholy constantly desired that the foreign body should be removed. After a period of three months, he fell into a state of Morasimus and died. At the Sectio Caravseris I found a syphilitic ulcer occupying the upper part of the Resophagus.

Case 2 "Bonet speaks of a countryman who was persuaded, that he had a crab in his stomach; that he heard it cry out, that he felt it move, etc. After death a cancer was found in his stomach." Between the feeling of incapacity for mental execution, slight despondency brought on by a fit of indigestion, and cases of the gravity of the above quoted, resulting from organic disease of the abdominal viscera, all shades and degrees of mental impairment may be displayed.

From the foregoing considerations, I think it would appear, that anything which tends to impair the mental vigour, and to weaken the controlling power of the will, may be looked upon as predisposing to Insanity, inasmuch as it reduces the mind
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and nervous system to a condition in which they are less able to resist the effect of any sudden excitement.

In the following remarks then, when speaking of causation of Insanity.

By predisposing cause is meant any influence or series of influences, by which the mind and nervous system are brought into a condition, which makes them unusually susceptible of taking on morbid action.

By exciting cause is meant any influence which, acting upon such susceptibility, urges the mind to the betrayal of its Insanity.

The predisposition to mental disorder and the severity of the excitement necessary for its production are interchangeable in degree. A person whose mental vigour is not naturally great, who has inherited an insane taint, or whose constitution has been weakened by depressing influences, will be urged beyond the bounds of sanity by the irritation of comparatively slight excitement, while another person with less liability to mental disease will nevertheless become insane, on his mind being
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exposed to severe trial.

Mental impairment as manifested during the puerperal state. In speaking of the Insanity which frequently manifests itself after parturition, I shall do so in the following manner.

I shall in the first place engage in a short examination of those circumstances or general morbid conditions, which, preceding the manifestation of mental symptoms, predispose to their occurrence.

Secondly, I shall endeavour to describe the symptoms, etiology of the disease, its course, and modes of termination.

What are the conditions which may be considered as favourable the development of puerperal Insanity? I have attempted to make a summary of these conditions as they occurred in one hundred and three cases.
Perinatal Insanity:

Predisposing Causes:

Table I.

(A) (B) (C) (D) (E) (F) (G)
Table 1.

A1. History of serious constitutional impairment previous to confinement was the only conceivable predisposing cause.

B1. Hereditary predisposition

C1. History, former Insanity

D1. Two patients are described as of naturally extremely vicious and abandoned disposition.

E1. As having "a mother of a very irritable disposition who died of palsy," it is stated that the patient's own mental health has been suspicious since her father's death.

F1. As naturally morbidly melancholic

G1. Two cases are mentioned where Insanity took the form of Epileptic Mania: these patients were formerly epileptic, the one at an early period of life with no recurrence till partition. The other suffered a series of fits on her Mother refusing to let her see her lover; never before or since till her confinement.
Postnatal Insanity.
Predispensing Causes.
Table I Continued.

(K. I. K. L. M.)
H.1. One whose mother is especially described as a very nervous woman, and she herself, as nervous.

I.1. One case is mentioned where the patient at her menstrual periods had always been subject to hysterical fits, in duration and violence, almost bordering on temporary Insanity.

II.1. One is a case where the patient, manner, since the birth of a dead child, has been changed.

I.1. One is a case where the patient had formerly displayed symptoms of mental disorder after parturition: who has since had children without the supervision of Insanity; but who, previous to her last confinement, after which her mind again became disordered, had been very drunken in her habits.

M.1. One is a case where since receiving a blow on the head, the patient has suffered from severe headaches: in
Puerperal Insanity.

Predisposing Causes.

Table I. Continued.

(N) (Q) (P) (D)
In the above cases the special circumstances of the several cases from (B) onwards are only mentioned, whereas strictly speaking many of these patients were the subjects of constitutional impairment of a general nature, as indeed the presence of the more special maladies would imply.

P. 8. Seven were cases where the patients had been the victims of seduction, constitutional impairment being also generally present.

P. 9. Three are cases where the patient was in same before partition: but after its occurrence the mental malady was markedly increased.

P. 1. One is a case of chronic Insanity. This case I am induced to add from the interest attaching to its history. The account given is that the
Puerperal Insanity.
Pre-disposing causes.
Table I continued.
(R.) (R.)
patient is a woman very deficient in nervous energy. She has had several still-born children, and is paralyzed on one side. In fact being once become insane she seems never to have had energy to recover.

RJ. One is a case where the habits of the patient had been lately very intemperate.

S. One where the patient is specially mentioned as much depressed by her husband's desertion before confinement.

Of the rest of the 103 cases a very imperfect or no account is given of their condition previous to insanity.
Puerperal Insanity.

Predisposing Causes.

Examination of Heads in Table 1.

(A)
In examining 103 cases where mental impairment has occurred after delivery, it is found that in 28 cases, 27.18 p.c., there is a history of markedly impaired general health during utero-gestation, the chief forms of ill-health being affections of the stomach and bowels & sleeplessness. This series does not include those cases where other facts are mentioned in the history of the case which might be supposed to have a marked influence in forming the predisposition to mental abstraction.

The puerperal state is at all times a precarious one. It is a physiological condition, during which there is great liability to the development of morbid action in any part of the organism, which may be naturally most susceptible, or have a special exciting cause applied to it.

The patient's constitution during gestation has for a prolonged period imposed a constant draft on its resources to support the vitality of the fetus in utero; and has also in the great majority of cases suffered more or less from the occurrence
Onset of Insanity:
Predispensing Causes
Examination of Heads in Table I.
(A)
of some of the many secondary affections incidental to the pregnant state. Among which may be enumerated derangements of the digestive and excretory apparatus; disorders productive in many instances of the gravest constitutional effects; as well as various affections of the nervous system, cramps, neuralgias, etc., which may often be traced to an origin in the former derangements.

These impairments of the health of particular parts of the organism produce a certain deteriorating effect on the constitution generally. Indeed Dr. Marshall Hall considers derangement of the digestive apparatus to be of the gravest importance in the case of pregnant women. In his book "On Female Diseases, speaking of the effect of previous disorder on the prepueral state, he says," This is a most important & interesting question. A state of disorder of the general health, if long continued and attended by much pallor or pale uteroidal hue, involves in itself a state approaching to loss of blood; and it has been sufficiently shown, that this form of general disorder itself depends upon a
Puerperal Insanity.
Predisposing Causes.
Examination of Heads in Table I.
(A.)
deranged state of the function of the intestinal canal, and of the other digestive organs. So that it is obvious, that such a condition before confinement predisposes to the effects both of intestinal irritation and of exhaustion."

And again further on he says, "In neglected cases of this description, death has quickly and unexpectedly ensued from a far less shock than of parturition."

The secondary effects of such a state of things, even when occurring in a very moderate degree, are evidenced by the increased mental mobility so common during pregnancy, showing itself in preternatural irritability, capriciousness; moreover there is generally super-added, previous to confinement, more or less apprehension of the result. And finally to crown all these agents for deterioration of the constitutional vigour, the patient in the process of parturition undergoes perhaps the severest trial, to which, in the natural course of events, a human being can be subjected; to be accompanied or followed immediately, by certain important
Puerperal Insanity.

Predisposing Causes

Examination of Heads in Table 1.

(A.)
constitutional changes, as more or less loss of blood during delivery, the sudden stoppage of the arrangements for the foetal circulation, leading to a suddenly increased stress on the maternal circulation proper.

Altogether the system of the puerperal patient is in such a condition, that were any excitement to occur, it would be extremely likely to develop morbid action in some one of its parts. This general susceptibility of impressions is abundantly proved by the readiness with which puerperal women become affected by various infectious disorders, and the frequency with which various chronic complaints, especially those connected with diseases of the digestive apparatus, have their origin in the puerperal state. The susceptibility of the mind & nervous system is sufficiently evident, not only from the slowness of exciting cause which produces insone mental manifestations during this time, and which will afterwards be adverted to. But the nervous impressibility of newly-delivered women is also the subject of general remark. All authorities on obstetric medicine, however
Periperal Insanity.
Example of cases under Head A.
Table 1.
much they may differ in other departments of treatment, agree as to the absolute necessity of ensuring quietude and the avoidance of all topics of a nature calculated to harass the mind, if a satisfactory convalescence from parturi-
tion would be attained.

As an example of Insanity following parturition in the case of a woman whose bo-
dily health at the time was considerably im-
paired, and where the consummatory trial of parturition seems to have been the princi-
pal exciting cause of the mental symptoms, I shall quote the following case of Sophia-
Walker. " But little information is given of this woman's case. She was confined some
weeks before her admission, and since confi-
finement she has gradually become un-
settled and unfit to attend to her domestic
duties. She is a tall, largely-made woman, pale
complexion, leucophlegmatic temperament,
rather thin cheeks, and lips blanched,
with a general appearance of delicate health;
Puerperal Insanity

Summary of information derived from cases under Head. (A.) Table I.
skin dry, pulse full but jerking. Talks languidly and with an expression of anxiety and apprehension; fears she has done something very wrong, for which she will not be pardoned."

This is, I think, a fair sample of a class of cases where Insanity occurs through want of the rigorous bodily & mental, necessary for the preservation of Sanity. This woman's history is that of generally impaired health, involving depression of the mental powers; to this state of things parturition supervened, acting as the proverbial "last straw", and the overwearied mind then became absolutely insane.

In the foregoing remarks I have endeavored to show that a condition of the mind & nervous system, predisposing to mental derangement, may be produced by more or less prolonged impairment of the general health of a woman, in the history of whose case no mention is made of a special tendency to mental disorder.
Postnatal Insanity.

Examination of Heads in Table I.

(8.)
I shall now proceed to discuss some other conditions, which, when present, may be considered as likely to predispose or strengthen the tendency to mental disorder in a weakened constitution.

I have already mentioned that serious constitutional impairment was the obvious predisposing cause in 28 out of 103 cases.

B. In 32 of the remaining 75 it was found that more or less well-marked hereditary predisposition was present in 9 cases; so that in addition to the causes which dispose perinatal women generally to mental aberration, these nine had a congenital bias to contend with; these all carried weight in the race. In some of these cases no other history of the causation is given, than that the patient was of a family liable to mental disease; and that after parturition she became insane. The tendency to the disease was such, that probably on the first occasion her constitution had to undergo an
Prosperal Insanity.

Examination of Heads in Table 1.

(6) & (G)
extraordinary trial, her mind, the weak part of her way.

In other of these cases it is stated that the patient had undergone hardship, or suffered from want of sleep during Utro-gestation.

Cf. In 13 of the 103 Cases there was history of former Insanity. That is, mental disorder having once occurred, would in all probability be more likely to recur, than if the mind had not previously been affected. Also, having once before been insane, the patient would tend to be apprehensive of anything that might cause a recurrence of her calamity: especially if, as in several of these cases, Insanity had formerly supervened on the same trial she was now again about to undergo.

Of the other cases mentioned in the Table 1, I would specially draw attention to Case G.1. which is, I think, interesting not only as showing the tendency that nervous disease has to recur in the same
(Prenatal) Insanity.

Predisposing Causes.

Examination of Heads in Table I.

($\text{G}$) & ($\text{H}$)
person under circumstances favoring its development, but also the share that a constitutional trait has in determining the form of the disease.

Here we have two women of the epileptic diathesis, who under certain favoring circumstances after parturition, displayed symptoms of mental impairment, pathognomonic of any present condition, but of a nervous disease to which under trying conditions of a different nature, they had been subject at a former period.

Case No. is also interesting: in the history of this case it is mentioned, that there was a change in manner, ever since the birth some time before of a dead child; showing that at that time there was great lack of constitutional energy; the mother's vitality was not only insufficient to maintain the vitality of her foetus, but was incapable of rallying its own force after the drain of its maintenance was removed.
Perpetual Insanity.
Predispousing Causes.
Examination of Heads in Table I.
"O."
One more consideration concludes the first division of the subject: the primary causation of Perinatal Insanity. — As to influence which seduction exerts in increasing the liability to Insanity after delivery. Of the 103, 7 were cases of unmarried mothers. These seven girls, for they were all young, but, as is specially mentioned in the reports of their cases, suffered much mental disquiet from a sense of their guilt and dread of the consequences of their folly. Then as their worst suspicions became confirmed, new anxieties as to the result of their pregnancy, coupled with the wearing dread of exposure, constantly preying upon the mind, would cooperate with the delicate state of health which usually ensues as pregnancy advances, to produce a mental and physical condition but ill-fitted to meet the further trial of parturition.

I have in these preceding remarks endeavoured to show,
Premonial Insanity.

Conclusions drawn from the Study of Cases referred to in Table 1.
That in all cases where mental aberration occurs, more or less impairment of the general vigour of the constitution has preceded it. That the ordinary incidents of pregnancy & parturition contribute to this end; but that in many instances where Insanity occurs after delivery, a marked constitutional impairment is present.

That other constitutional conditions, hereditary or acquired, when present, tend to strengthen & determine the tendency to nervous disease at this hour of trial.

And that finally mental influences in many instances have a large share in disordering the mental balance.

It is, I think, evident that the causes enumerated produce a directly weakening effect on the brain. But whether in these cases there is impairment in the structure of the brain elements by a prolonged period of deficient nutrition; or that the brain elements are normal as regards their structure, but fail to perform this function from deficiency of pressure in the cerebral circulation is a question for minute & laborious research.
Perpetual Insanity.
Minor Forms.
Hitherto in tracing the causation of Periperal Insanity attention has been directed alone to circumstances, which, preceding the symptoms of absolute mental disorder may be considered as inducing in many instances the state of mind productive of insane results.

I shall now proceed to the discussion of those occurrences which are the final agents in overturning the mental balance.

Proceeding as hitherto from the lesser to the greater, it is remarkable that not unfrequently, in the progress of labour, a form of mental aberration, slight, and of short duration, is manifested. This form of Periperal Insanity clearly connected with two periods in the course of the labour: it occurs either, as the head of the child finally dilates, and passes through the os uteri; or, at a later stage in the process of delivery, when the head is pressing on the floor of the Pia-neum, and distending it and the os externum, principally during the latter period: a moment perhaps when the patient suffers more extreme anguish than at any other time of
Puerperal Insanity.
A Minor Form.
Observations of various Authors,
bearing on Puerperal Insanity.
her labour.
The mode in which the mental aberration displays itself is usually that of "talking nonsense": the patient pours forth a string of the most ludicrous & disconnected sayings, sometimes oaths & blasphemies; and, what is curious, she is herself often conscious that she is talking nonsense, but cannot restrain the expression of her insane imaginings. Here is a noteworthy instance, where Insanity is clearly owing to the temporary absence of the controlling power.

In reference to this and those more serious forms of Insanity which occur immediately after delivery, it is interesting to note an observation of Dr. Churchill's in his chapter, "On convalescence after parturition", as to certain variations during that time, which occur in the state of the pulse. "I have," he says, "carefully investigated the state of the pulse in a number of cases, and in the majority I have found the following alteration to take place during the second stage of labour; that is
Puerperal Insanity.
Observations of various Authors, bearing on Puerperal Insanity.
while the head is passing through the os uteri, when temporary mental disorder is often manifested, "the pulse always increases in frequency, though the amount varies in different persons." "Shortly after delivery it falls nearly but not quite in proportion to its former frequency." "After the lapse of a few hours a reaction takes place, the amount of which is nearly but not quite in proportion to the original increase and subsequent collapse."

Dr. Churchill further states that "this elevation of the pulse lasts from 12-14 hours, when it subsides and again increases on the secretion of the milk; after which it gradually resumes its natural frequency."

Nor is this increase of the pulse-rate, an insignificant one: the variation between the time of the lowest and highest rate is frequently one of 60 beats.

From these statements it would appear that during parturition, there is a period at which a sudden excitement of the circulation occurs: the rate being frequently as high as 120 beats per minute. The pressure of the cerebral circulation is doubtless suddenly increased; and
Puerperal Insanity.
Observations of Various Authors,
bearing on Puerperal Insanity.
Exciting Cause of Puerperal Insanity.
the brain sharing in the general constitution(al debility, which is more or less present in all cases of parturition is in those instances where there is peculiar nervous susceptibility, urged beyond control, and temporary Insanity occurs.

I have only been able to discover one case where Insanity appearing during delivery was lasting; in this case there was hereditary predisposition to the disease.

I shall now endeavour as far as possible to ascertain the nature of the immediately exciting cause, after which the more ordinary forms of puerperal Insanity occur.

This is a part of the subject on which it is extremely difficult to get adequate information. In the reports of cases although an account of the condition of patients previous to confinement has been elicited; in many instances no particulars of the state of matters at the time when Insanity appeared is given; probably either because no skilled witness was
Perpetual Insanity.
Exciting Cause.
Explanation of the grounds on which the following remarks are founded.
present, or that the patient's friends were too much agitated by the occurrence of such a calamity, to take note of circumstances which they might consider of little importance; even if they were in a condition to do so. In some cases distinct account is given of the conditions under which Insanity appeared; in others I have been reduced to form an opinion from the account of the patient's state on admission and the effect which the treatment of her bodily condition produced on the mental symptoms. Thus when it is reported, that on the patient's admission she was extremely weak, and that her general or special female health was disordered; that Insanity came on after labor; and further, that as her bodily health improved so did her mental aberration cease; it is, I think, fair to assume that in such a case the bodily condition was one predisposing to Insanity, and that the trial of parturition; the occurrence or non-occurrence of the subsequent physiological changes acted as exciting or final causes of the mental
Recipiental Insanity

Table II.

Explanation of Table II.
disorder which disappeared as the constitution of the patient recovered from their effects.

In 53 of the 103 cases of puerperal insanity which I have examined an account is given of a definite time after delivery, at which insanity appeared. I have tabulated these cases under six heads as follows:

Table II.

Insanity occurred
A. Immediately after delivery 8
B. Within three days 5
C. Within one week 28
D. Within two weeks 7
E. Within three weeks 4
F. Seven weeks after 1

It may seem on glancing at the above table that 53 cases is a small number from which to draw any conclusion, as to the times at which insanity is apt to supervene on parturition. But it must be remer-
Bereveral Insanity.
Explanation of Table II.
bered that the cases represented by these numbers are selected as those in which the time at which insane symptoms first appeared is precisely stated. These cases in which the period of supervision is not precisely stated, but where nevertheless an account is given leading to the supposition that the insane manifestations occurred very soon after delivery, have been excluded from this list. Where for instance it is stated, that the patient was admitted to the Asylum shortly after delivery; or that shortly after confinement she became peculiar, both facts indicating a time of occurrence closely approximating to delivery; upon these grounds I think considerable value may be attached to the periods shown in this table; and the numbers therein given may be held fairly to represent different periods at which the liability to mental disease arising from post-partum causes is greatest; although it does not represent the comparative frequency with which
Reoperal Insanity

Table II

Examination of sledings (A)
Insanity occurs at these times.

I shall shortly examine the divisions given in this table.

A. Eight cases are described as occurring immediately after labour; in five of these, a circumstantial account is given of a very great amount of bodily ill-health, especially disorders of the stomach and bowels, with protracted sleeplessness before parturition. Of the three remaining cases two had been insane before, one being that of a patient recently discharged cured from the Royal Edinburgh Asylum. Of the remainder no history is given save that insanity manifested itself immediately after parturition.

In these cases it would appear that either the trial of parturition itself acted as the exciting cause of insanity; or that the process reduced the mental vigour to so low an ebb that almost any irritation, however trivial, might act as the final
Prefered Insanity.

Table II.

Examination of Headings.

(A.)
Churchill of such extreme gravity as not infrequently to result in a fatal issue on the supervision of parturition; and whose systems, from the effects of labour alone, were reduced to a condition of general prostration described as "Shock."

Here it may not be considered as out of place to advert to a case, where sudden stress thrown upon the cerebral circulation was, I think, indubitably the cause of a sudden manifestation of mental disorder. The patient was a fish-wife of dissipated habits, and, like many of her arduous calling, the victim of chronic bronchitis and its frequent accompaniment an emphysematous condition of the lungs. She was confined in the poorhouse, and on the eighth day of her convalescence became acutely maniacal. Immediately before these violent symptoms of mental uncontrol appeared, she had suffered a severe exacerbation of her pulmonary disorder. On admission it is reported that her
agent in overthrowing the mental balance.

The time of occurrence immediately after labour is also interesting in connection with the second period spoken of by Dr. Churchill in the extract already given (page 30), i.e. that portion referring to an elevation of the pulse from 12-14 hours after delivery.

In addition to the exhaustion following labour in a healthy constitution, which is by Dr. Hamilton & other writers described as partaking of the nature of shock; the constitution of these patients was in a previously debilitated condition; and if, as is conceivable, the increased pressure of the cerebral circulation may at a certain stage of labour stimulate the mind of a previously healthy woman to manifestations beyond the control of her will, I think it is not impossible that a like cause may have a like effect after delivery on the minds of women, many of whom, from protracted intestinal disorder previous to confinement, were in a constitutional state considered by Dr.
Perinatal Insanity.
Table II.
Examination of Readings.
(A)
Case in Point.
Perpetual Insanity

Table II

Examination of Headings

(A)

Case in Point

Introduction to Heading (B.)
breathing was very rapid and difficult, her speech difficult, and her face dusty; on careful examination, a pneumatic condition of both lungs was discovered; she was in a state of great prostration. In such a case the constitution was always working at a disadvantage, from impairment of the respiratory apparatus; the nervous system that of an habitual drunkard, convalescent from parturition was specially susceptible of impression, and finally a sudden stress was thrown upon the cerebral circulation by a severe accession of the pulmonary mischief. She became very violently insane; her brain being goaded far beyond the bounds of mental control.

Before proceeding to examine those cases in which insanity occurred at a period somewhat later than in those mentioned in the table under the heading "immediately," it is advisable to review the changes that occur in the system of a newly-delivered woman.

After the child has been separated, the stress of that portion of the circulation, which during gestation was appropriated to the nourishment
Perpetual Insanity.
Table II.
Remarks on matters connected with Heading (A.)
of the foetus, is at once thrown on the maternal circu-
lation proper.

After the lapse of twenty-four hours or so, the se-
cretion of the mamma begins; the flow of the milk
not being fully established for four or five days.
This is always accompanied by a considerable
amount of constitutional disturbance, quickness
of pulse, and sometimes rigors.

From the time of delivery another secretion begins
to come into operation; the lobular discharge con-
mences, and continues for a fortnight or 3 weeks;
at first bearing the character of a sanguineous dis-
charge, but very shortly presenting that of a true
secretion.

The non-appearance of one of these secretions is
very frequently found to precede immediately the
appearance of insanity. A woman after delivery
goes on without accident for a day or two; (I speak
from facts afforded by actual cases) she is noticed
to be peculiar, and shortly after perpetrates some
act of wilful mischief, or loses control over herself,
and on special enquiry it is found, that the
lobular discharge is scanty, or has not appeared.
Again, the patient has been going on well for
Necropetal Insanity.

Table II.

Remarks on matters connected with Heading (A.)
several days, and while sitting up in bed, presiding at a social gathering to celebrate her recovery, suddenly breaks out into Acute Mania, and it is found that the lochixae have suddenly ceased to flow.

The secretion of the milk may be suddenly checked, the character of the Insanity is the same, a sudden outbreak of excitement. In some of these cases of disordered excretion or secretion, for these discharges partake of both characters, the Insanity seems to incubate, so to speak, for some time; the patient is noticed to be peculiar, 
and gradually the insane condition of the mind manifests itself.

Again in some cases, the occurrence of a specific affection of some one organ initiates the insane symptoms, or the superintervention of some general disorder of a febrile nature, in addition to the effect it produces on the system generally, also produces insane action of the weakened brain.

And finally in a large number of cases Insanity has been present before or is present
Perinatal Insanity.

Table II.

Remarks on matters connected with Heading (A.)
at the time of confinement in a minor degree, and if not roused into prominence at the time of parturition, is developed by some one of the slight irritations incidental to the puerperal state.

After delivery it is very advisable, that in due time care should be taken, that the patient's bladder be emptied and her bowels relieved, indeed the newly-delivered woman should be studiously guarded from everything that might in any way excite or discompose her.

Again I quote from Dr. Hamilton: "From the moment of delivery it is of the utmost importance to attend to the state of the nervous system. In some individuals slight circumstances increase in a wonderful degree the susceptibility of impression, and if this be overlooked, very serious consequences follow."

It is needless here to do more than merely advert to a fact so universally admitted, as that of the intimate dependence of the nervous and intestinal systems upon one
Operculum Incavatum.

Table II.

Examination of Headings: (A) v (B).
another. And indeed not a few cases of puerperal insanity, if not caused, may be at least considered as perpetuated by neglect of the state of the bowels and bladder, and date their amendment from a due regulation of these matters.

Another consideration for the due realizing of the constitution from a state of great exhaustion is the procuration of sleep. In how many cases of all forms of disease, especially those where the brain and nervous system are implicated, is the first step on the road to improvement recognised in the occurrence of a refreshing sleep!

After these preparatory remarks, a few words on the cases comprised under the second heading in the table.

3. The second division in Table 2 comprises those cases, five in number, in which insanity appeared within three days after delivery; during that time the peculiar excitement of the pulse spoken of by Dr. Churchill occurs, as the patient begins to sly...
Peripher:al Insanity.

Table II.

Heading (13).

Case in Point.
from the exhaustion preceding labour. At the
time the secretions lacteal and lochial ap-
pear. I shall quote the case of Mrs. P., one
of the five cases.
Three weeks ago this woman was deliver-
ed of a child: the labour was tedious, but
terminated well; she was under chloroform
part of the time. She continued doing
well for two days, when she exhibited symp-
toms of great anxiety, could not sleep at
night, and kept herself in continual misery
about the state of the house; she has be-
come gradually more excited, and latter-
ly it was found impossible to control her at
home.
Up to the present time, she has suckled her
child, although the milk was very scanty.
The lochial discharge has been very scanty,
and for some weeks previous to labour,
she was in very delicate health.
When admitted her pulse was full and
jerking, and beat at the rate of 90 in a minute. She is described as naturally
Perpetual Insanity

Table II.

Heading (B.)

Case-in-Point.

Remarks on Case.
of a nervous temperament. There are four entries in the case of this woman.

1. It is stated that she plays well, is much better, and talks rationally.

2. That she has relapsed, and has been removed to the sickroom.

3. That she is mischievous, but her bodily health is improved.

4. That her bodily health is robust, and her mental condition much improved.

5. That she is perfectly well, and is on the day of the entry discharged recovered. Her illness lasted five months.

If the facts of this case be recapitulated, they are as follows:

This is a case, where there was no history of mental disorder previous to the present attack; where the general health was very delicate before parturition; where the labour was tedious entailing on an already weakened constitution correspondingly great exhaustion; where the lobial discharge was scanty as also the secretion of the milk,
Perpetual Insanity

Table II.

Heading (3.)

Case in Point.

Remarks on Case.
attended in all probability with some constitutional disturbance, though this is not stated. At the end of the second day the patient showed symptoms of excitement, became sleepless, and from that time till her admission the excitement continued.

Extract 3 from this case is descriptive of a very interesting phase of the disease, which will be afterwards alluded to at somewhat greater length.

It is to be regretted that it is almost impossible in many cases to get a minute account of the constitutional condition, which intervenes between the termination of the labour and the first symptoms of mental alienation, in cases of prepartal insanity. But I think it may be considered certain that the changes and variations which occur in the constitution of a newly-delivered woman are such as under favouring circumstances are very likely to produce disorders of the mental faculties.
Periperal Insanity

Table II.

Heading (b.)
61. The next class of cases mentioned in the Table, those in which Insanity appears within "a week," are, I think, chiefly connected with variations in the lochial discharge. In them, disturbance of the mental equilibrium is due to the effect produced on the mind by disturbing causes, while the patient is in the susceptible condition, which attends the presence of that temporary secretion, the lochial discharge.

Speaking of the influence that changes in the lochial discharge have upon the production of Insanity, Esquirol says, "When physical or moral causes, separate or combined, exercise their influence on a newly-delivered woman, the lochiae diminish or disappear, the milk does not rise to the mammae, or the breasts do not distend, and mental alienation occurs." "It does not always happen thus; it happens that Insanity may be manifested, although there is no suppression, but the lochiae flow badly, and are scanty." "There are cases very rare indeed, where the lochiae flow well, and have even a haeorrhagic character, and
Puerperal Insanity.

Table II.

Heading (C.)

Case in Point.
nevertheless the reason of newly delivered women becomes over-balanced.

The suppression of the Lochial discharge seems to act in the same way, as that of any other secretion, which by its suppression throws additional stress on the general circulation, and tends to cause unhealthy manifestation of the weaker parts of the organism.

In these cases of puerperal women the mind and nervous system are decidedly the most susceptible of impression, and consequently most liable to suffer, i.e. become insane.

In several cases effect has followed cause with striking rapidity; the Lochial discharge was suppressed, Insanity appeared. Again a case in point.

The case of Mrs. J. is one which has been already referred to, when speaking of the functional changes which occur imme
Puerperal Insanity.

Table II.

Heading (C.)
diately after delivery. This woman during pregnancy when three months gone received a severe shock from the attempt of burglars to break into the house while her husband was absent. She was pretty well up to seven days after confinement, which was a somewhat protracted one, and accompanied by considerable post-partum haemorrhage. On the seventh day however while sitting up in bed taking tea, a few friends being present, the discharge suddenly ceased, and shortly after she became maniacal. I have quoted the above, nearly in the words in which it is reported, as affording a fair example of the effect that a sudden cessation of the menstrual discharge may have on the state of the patient’s mind, and the promptness with which symptoms of the mental disorder thereby effected may be manifested.

In the foregoing pages I have endeavoured to ascertain the predisposing and some of the
Perpetual Insanity.
Remarks on the method of studying Insanity.
constant exciting causes of insanity after childbirth.

The next division of this subject which naturally suggests itself is, when insanity does occur, what are its symptoms & course. I have reviewed ninety-one cases in order to inform myself on these matters, and have been led to the following conclusions.

The sequence of the symptoms and the course of the insanity present a wonderful uniformity in all the cases I have examined.

In forming a diagnosis in a case of insanity with the design of adopting a rational course of treatment; the bodily condition as well as the morbid mental manifestations of the patient must always be kept in view.

It is not sufficient to pay of a woman whose mental manifestations prior to confinement have been of a gloomy cast, and who has attempted to destroy herself, that she is suffering from pure mental suicidal melancholia, and set the case so to speak labelled on its appropriate
Puerperal Insanity.
Remarks on the method of studying Insanity.
shelf. To form a scientific diagnosis of any morbid state, it is indispensable as far as possible to ascertain any deviations from the healthy standard, temporary or structural, which are present in the organ displaying the most prominently unhealthy manifestations. If this be difficult or impossible, it is right to carefully weigh any unhealthy conditions of other organs which may possibly indirectly influence the working of that, with whose disorder we have more particularly to do.

In Insanity following Childbed, such a course is peculiarly judicious; the tendencies displayed by the constitution of the puerperal woman towards ill-health are many & various, as adverted to when speaking of consumption; and the acuteness of the Insanity is in most cases so evidently closely connected with the bodily state, that it may indeed be almost considered as symptomatic of bodily ill-health.

In tracing the course of puerperal Insanity, it is very necessary to consider the
Puerperal Insanity.

Symptoms.

Typical Case.
bodily condition of the patient at the time when insanity appeared. The bodily condition in these cases I have examined was one of ill-health; the ill-health consisting of more or less impairment of the general constitutional condition (the brain doubtless sharing in the general debility, though what was the actual condition of the organ it is impossible to say) in most instances, although in some cases affections of special organs were also present.

I mentioned when speaking of causation, that affections of the stomach, bladder and bowels, suppression of the lochial discharge, and variations in the lacteal secretion were fruitful causes of puerperal insanity; they are also constant supporters of it. A constant history of an attack of puerperal insanity is something as follows. The patient's constitution has been weakened by ill-health during gestation, or from other causes rendered susceptible of impression after delivery; the bowels and bladder have been
Puerperal Insanity.

Typical Case.
neglected, the lacteal secretion is scanty, or the lochial discharge has failed. The patient becomes restless, her pulse increases in frequency, is small and jarring, sleep fails, and a state of nervous irritability ensues, and is followed by excitement of the mental faculties: the woman loses control over her mental operations, becomes incoherent, violent, the victim of delusions, hallucinations, etc.; and is sent to an Asylum from the impossibility of controlling her at home. There she is put under a course of treatment suited to the requirements of her, and as her bodily health is restored, the symptoms of mental disorder disappear pari passu.

The above is of course but a sketch of a very ordinary case; the varieties of insane manifestations are endless, and differ more or less in every patient: every case of mental, as of other disease must in great measure be looked to, and treated on its own merits. All that can be hoped in such a thesis as the present, is to draw attention to the principal
Puerperal Insanity
Detailed Symptoms.
Symptoms of Bodily Disorder.
and general features of this disordered constitutional condition, and note some of the most striking forms of mental aberration displayed in its course.

I shall now examine the different symptoms of puerperal insanity, somewhat more in detail. First— a few words as to what in contradistinction to the mental manifestations, may be spoken of as the bodily symptoms of this disorder.

A disordered state of the bowels has been frequently alluded to, in speaking of the conception of puerperal insanity: not only does such a state of affairs precede and predispose to insanity, but by its obstinate persistence favors the continuance of the mental disturbance.

A constive state of the bowels is often accompanied by retention of urine; and both seem frequently to depend on want of power in the viscera to perform their proper function,
Perpetual Insanity.
Detailed Symptoms
Symptoms of Bodily Disorder.
Case in Point.
An overcharged condition of the lower Bowel is not

may not be overlooked, from the fact, that in
cases where a hardened mass of feces occupies
the bowel, fecal matter may be discharged
past the indurated mass of such consistence, as
even to simulate diarrhea.

The state of over-distension of the bladder may
also escape observation, as after being dis-
tended to a certain extent, the resistance of
the Sphincter Urethrae is overcome, and a
certain quantity of urine dribbles away at in-
tervals, although the bladder remains greatly dis-
tended.

Sometimes the inactivity of the bladder seems to be
sympathetic with the state of the bowels; as when the
bowels are relieved, the bladder frequently empties
itself voluntarily.

As showing the intimate relation that frequently ex-
ists between the state of the abdominal viscera
and the condition of the mind; in Physical Insanity,
I may mention the case of Mrs. B. This woman
became insane gradually after her confinement, and
was admitted to the Asylum in a state of great
Postpartum Insanity.
Detailed Symptoms
Symptoms of Bodily Disorder
Case in Point
Lochial Discharge & Lacteal Secretion
excitement. Her bodily constitution is thus described:
"Her pulse was very weak. Tongue brown & loaded; Teeth covered with sores; Bowels confined; Surface cold, clammy, and exhaling an offensive effluvium; her breasts are not very full or painful." A week after this report, she is described as being much better in bodily health, and as sleeping at night. Three weeks after, as much improved mentally and bodily, and finally as discharged in perfect mental & bodily health.

This case is not chosen as a typical one of the effect that attention to the condition of the Primaire Bile has in restoring from mental aberration, but merely as fairly representing the general conditions of recovery in many cases of this form of Insanity.

The lacteal discharge is very often suppressed or scant, and not infrequently the reestablishment of this secretion, or the appearance of the regular menstrual discharge is shortly followed by a restoration of mental soundness.

The condition of the lacteal secretion is also of great importance; its suppression or diminution always
Puerperal Insanity.
Detailed Symptoms.
Nervous as distinguished from strictly mental symptoms.
Illustration.
tends to produce a feverish state of the system, and excitement of the general, and with it of the cerebrovascular circulation.

The state of the nervous system generally as distinguished from the more strictly mental condition must be considered.

It is necessary in order to form an opinion as to the gravity of any one case of mental aberration, to ascertain not only the present condition of the patient's nervous system, but also its disposition hereditary or acquired, so that it may be judged how far the present state is a deviation from the normal standard.

Thus the epileptiform diathesis is one whose mechanism is little understood; but it is liable to be excited into active operation by certain exciting causes, and these fits are preceded & followed by great irritability of the nervous system and mental faculties tending towards Insanity. When a case of pure fits Insanity is met with under such circumstances, the diagnosis would be that Insanity was owing to the excitation of a peculiarly irritable organ; and the prognosis would be modified by the consideration...
Puerperal Insanity.
Strictly Mental Symptoms.
Restlessness, Mental Irritability, Melancholy, Excitement, Violence.
that in many such cases it is found Insanity is produced by comparatively trifling excitement; the attack is not usually of long duration, but tends to recur either at the time of another parturition, or on the supervision of any other stimulant of the impaired nervous stability.

Passing from the consideration of the accompanying bodily condition: the next group of symptoms which calls for a few remarks is one of a character more purely mental, Restlessness and mental irritability, Melancholia, excitement, violence.

The characteristic of Preparal Insanity, especially in the more recent cases is excitement of the mental operations with loss of the mental force necessary for their due regulation: the pulse is quick, sometimes very quick (120 & upwards), but not strong; and frequently the bodily weakness is such that the greatest care and most assiduous nursing are requisite to preserve life.

The weakened brain, unable to sustain any excitement, becomes under its application, first-
Puerperal Insanity.
Strictly Mental Symptoms.
irritable; this irritability passes into a condition where there is excitement of the mental operations, but where self-control is not wholly lost; then control fails and incoherence of expression occurs. The mind receives numerous impressions of which it is but too susceptible, but exercises no discerning or comparing power, and gives utterance to ideas as they are suggested by the impression of the moment.

Violence is the result of a still further & complete loss of control; in this state of the mind the suggestive idea is followed by its appropriate manifestation with a rapidity resembling a reflex action.

It is interesting to note that in many of these cases the excitement is reported as increasing towards night-fall.

This nocturnal excitation of the nervous system, and with it of the mental state for the time being is not peculiar to this or any other form of Insanity; but in healthy women before labour, and in patients suffering from various forms of disease, diseases of the tru-
Buccal Insanity.
Strictly Mental Symptoms.
The peculiar cachexy especially, it is a well recognized occurrence.

The pregnant woman or fever patient becomes anxious and fearful at this time, and sends for the doctor, who, on his arrival, finds himself called upon to play the part of an accredited consoler, rather than to afford professional assistance.

In the consumptive patient, diaphoresis chiefly of the upper chest, neck, and face is a frequent symptom as well of the early stage of the disease, when considerable constitutional irritability caused by the commencing tubercular deposit is present; as in the later stages.

At both periods in the progress of the disease, the action of the skin is increased in the evening, and is often accompanied by a cheerful flow of spirits; both depending doubtless on the same cause, a temporary excitement of the circulation.

It will be noticed that in enumerating the mental symptoms of this disease (Preranal Insanity) Excitement and Melancholia have been bracketed. On comparing the accounts of several
Puerperal Insanity.
Strictly mental symptoms.
cases I have found that Melancholia & manifestations of mental excitement succeed each other with great rapidity, and are in great measure inter-changeable. They may, I think, with reason be considered as merely phases of the same mental condition.

The organ of the mind, as has been so often repeated, in a condition of incompetence, especially as regards the controlling powers, will not only be unduly excited by causes of an exciting nature, but will also be unduly depressed by occurrences of a depressing kind. A mind in such a condition is not capable of adjudging to each class of impressions its due importance, and is therefore somewhat like that of a young child, at one moment unduly elated, at another unduly depressed.

Many cases of Corporal Insanity begin with a Melancholic state, which is succeeded by excitement; and in many of these cases where the mental alienation is most marked, it is found that this alternation of Melancholic and excitement is present.
Puerperal Insanity.
Strictly Mental Symptoms.
Perversion of special
Parts of the Mind.
Delusions, Hallucinations, Perversion of the
Moral Faculties, Perversion of the Natural
Affections, Homicidal & Suicidal Impulses.
Filthy Habits.
Like treatment also is efficacious in both mental states, as is exemplified by the case of Mr. G., in the report of whose state previous to admission to an Asylum it is mentioned, that she was oppressed with religious broodings & suicidal impulse, alternating with excitement, and when purged, and bled by the application of leeches to the head, her Insanity was partially relieved.

In this woman's case, as in many others of the same kind, a combined purgative, sedative, & stimulant treatment was found efficacious; and as she progressed towards health, she did not pass from excitement to Melancholia or the reverse, but gradually regained her mental control.

In addition to general mental exaltation: excitement of special parts of the mind gives rise to special insane manifestations, such as Delusions, Hallucinations, Perversion of the moral faculties, Perversion of the natural affections, Homicidal and Suicidal impulse,
Puerperal Insanity.
Strictly Mental Symptoms.
Delusions & Hallucinations.
Filthy habits. Delusions and Hallucinations would both appear to be the product of an unbridled imagination of a morbidly impressionable mind. As when a patient imagines that near and dear friends are plotting against her life, or that she has been delivered of dogs instead of a human infant. In the case of Delusions the senses are implicated, and various perversions of sight, hearing, smelling are manifested.

In both cases of mental deception a greater or less nucleus of truth is present, which being seized upon by a disordered mind is exaggerated and creased to the most extraordinary meanings. Delusions & Hallucinations are not constant manifestations in periperal Insanity, but are nevertheless frequently present.

Their presence does not seem to be symptomatic of general mental aberration, but depends more upon uncontrolled manifestations of special faculties. In their ordinary forms Delusions seem to be results of the impressions of a weakened mind exaggerated by an excited and uncontrolled imagination.

Insane Delusions, especially in this form of the
Puerperal Insanity.
Strictly Mental Symptoms.
Delusions.
mental disease, may, if not constantly, still very frequently, be traced to the operation of some distinct impression or series of impressions physical or physiological. The case of Mr. J. affords an illustration. After delivery this woman became insane; she had slight paralysis of the right hand and foot; and had the delusions that attempts were made on her life, that she was poisoned with strychnia, and that the paralysis was due to the hurtful action of the drug. She also entertained an insane hatred of her husband, whom she very probably connected with the supposed attempt on her life: although this is not distinctly stated. In other cases the patient thought she had been delivered of dogs; that animals were tearing her womb; that she had devoured her own breasts, that her friends neglected her; and that her husband was married to another woman. In all these examples it will be noted that the delusions were not abstract; but connected more or less with the circumstances of the case. A very common Delusion in puerperal Insanity is, that the patient imagines herself the mother of Christ.
Physical Insanity.
Strictly Mental Symptoms.
Delusions.
In one case where this delusion was present the patient also believed that she was tempted by Satan to destroy herself; here the circumstances of the Insanity had an evident influence in determining the form of the delusions. The patient was a mother, and her excited and unbridled imagination suggested to her the idea, that she was the most blessed among all mothers, the mother of Christ; afterwards the other idea of self-destruction took such urgent hold of her enfeebled mind, as to suggest the idea that promptings to evil so strong could only occur through the direct agency of Satan. When the disease assumes the depressed form, a common form of delusion is despair of the soul's salvation.

Delusion as to the identity of persons has been pointed out to me by Dr. Shaw of the Royal Edinburgh Asylum as of frequent occurrence in paroxysmal Insanity. It is mentioned as a symptom in three of the cases I have examined; it may however have been present in more, but not remarked, as it is comparatively recently that Dr. Shaw has directed attention to it. That the patient in some cases actually mistake
Periperal Insanity.
Strictly Mental Symptoms.
Delusions.
the personality of those around her, and is not merely attracted by a resemblance is certain; as such a patient will address a stranger abruptly by name as "her Johnny," etc. and lavish terms of endearment or abuse, as the case may be, on the object of her attentions.

This delusion as to personal identity, appears to me strongly to resemble the experience of a near relative of my own, when making himself the subject of experiment as to the effects of Indian hemp taken in large doses. "I imagined," he said, "that I was lighter and more buoyant than usual and indescribably happy; that I was walking in the midst of a spacious and beautiful garden. Suddenly I perceived advancing to meet me a beautiful maiden who accosted me; and her accent dissipating somewhat the effects of the drug, I awoke to find the paradise I had been enjoying the fruits of imagination, and in the beautiful maiden I recognized my wife. Her then the mind’s judging power had been lulled by the drug, and the imagination
Puerperal Insanity.
Strictly Mental Symptoms.
Delusions.
excited with the above results.

I cannot think that this form of delusion is distinctive of insanity occurring after delivery, as stated by Dr. [incomplete sentence], as I have found it present as a symptom in cases of insanity occurring under totally different circumstances, and in cases where the patients were of the opposite sex, and therefore could not at any time, it must be allowed, have had their minds affected by parturient causes.

In the case of Mrs. W (age 40), a widow laboring under a mental alienation, which occurred about the time of her grand climacteric, this symptom was present. This patient's insanity was characterized by a constant apprehension of coming ill. She became affected with erysipelas of which she died; but shortly before her death she had the delusion that a young girl, her fellow-patient, was her son; the consequences of this mistake in identity were so disagreeable to the object of it, that after enduring for some time a series of caresses and endearments she lost patience, and repaid the old woman's attentions with a severe thrashing.
Sperperal Insanity.
Strictly Mental Symptoms.
Hallucinations.
from the effect of which the patient did not for some time recover.

Again, in the case of a man aged about 35, the delusion as to the identity of persons displayed itself. One evening, while present at an entertainment given at the asylum, of which he was an inmate for the amusement of the patients; he insisted that a woman sitting on the opposite side of the room was his wife, and though reasoned with and assured that the idea was a delusion, he obstinately maintained that it was so, and that his wife was sitting opposite him. This man was not short-sighted.

Hallucinations sometimes manifest themselves in the course of puerperal insanity. In the cases I have examined they are merely mentioned as hallucinations of hearing and seeing, “hearing voices in the wall,” etc., but no more detailed account is given.

The material afforded by the cases in which I have found this symptom present is not sufficiently great to warrant the formation of any opinion as to the causation of these
Puerperal Insanity.
Strictly Mental Symptoms.
Hallucinations.

Table III.
phenomena in this form of Insanity. But judging from those cases of other and kindred forms of mental disorder in which hallucinations occur, I think it not improbable that in many instances hallucinations are the results of impressions conveyed by the various organs of special sense to the insane mind, and morbidly interpreted by it; the excited imaginative faculty being as in the case of delusions materially concerned in their production.

It would however be wrong not to state that Esquirol considers hallucinations to be entirely and purely mental manifestations.

I have appended a table showing the frequency of occurrence of Delusions and Hallucinations in sixty-one cases of puerperal Insanity which recovered.

In 61 cases of puerperal Insanity which recovered

Delusions were present
of a general character in 29 cases
Delusions as to personal identity in 4
Hallucinations

9
Puerperal Insanity.
Strictly Mental Symptoms.
Homicidal & Suicidal Impulses.
Of the first mentioned twenty-nine cases: the delusions present were traceable to some definite cause or series of causes in fifteen; in three of the series delusion as to the hopelessness of the soul's salvation was present; in eleven the delusion was not traceable to any determinate cause; and in three the history of the cases previous to admission was very admission.

Homicidal and Suicidal impulses.
It seems extremely probable to judge from the study of cases in which insane impulses have manifested themselves as symptoms, that they are anterior effects of insane imaginations and delusions on the mind; as where a patient destroys some person, whom she imagines to be compassing her own destruction, or kills some dear friend, in order that she may secure for the object of her affection the enjoyment of celestial bliss. Or again, where the melancholic patient in despair of any good, laying her in agony of mind, welcoming
Querperal Insanity.
Strictly Mental Symptoms.
Homicidal & Suicidal Impulses.
any expedient which promises to release her from present misery, with her own hand attempts the remedy and commits suicide.

The occurrence of some hallucination may lead to the commission of the fatal act, in a case given by Sir A. Morrison in his "Letters on Insanity", which is not indeed of puerperal Insanity, but where the state of mind in the patient closely resembles the corresponding state in this form of mental disease. The case is as follows:

A young man fancied he saw a luminous car waiting outside his window, to convey him to heaven; attempting to jump into this vehicle he fell on the pavement from a height of two storeys, and was killed.

Of ninety-one cases of Puerperal Insanity, Suicidal and Homicidal Impulses were present in six. I have tabulated these manifestations as they occurred in conjunction with elevation of the mental faculties or in their depressed state.
Peroperal Insanity.
Strictly Mental Symptoms.
Homicidal & Suicidal Impulses.
Table showing, in ninety-one cases of Maniacal Insanity, the the number in which Homicidal and Suicidal Impulses were present and the mode of their Suppression in reference to an excited or depressed state of the mind.

In conjunction with excitement. In conj. with depression.

Suicidal Impulse 3 (1 very doubtful)

Homicidal Impulse 2

H & S. Impulse 1

6 1?

In these cases it will be noticed that only one instance of Suicidal impulse is mentioned in connection with Melancholic symptoms; & in that it is doubtful whether the intention was seriously entertained.

Perversion of the natural affections and moral faculties.

Perversion of the natural affections is occasionally a symptom in this form of Insanity, and displays itself in the manifestation of apparently groundless dislike towards former
Table IV: Reversion of the Natural Affections

Physiological Anatomy of Mental Disorders
objects of attachment, or persons who have never in any palpable way given cause of offence.

The objects of insane aversion are generally those very persons who would naturally be to the patient subjects of the tenderest solicitude; witness the insane hatred displayed by puerperal women to their husbands, children, and especially their newly-born infants.

These abnormal states of feeling seem only explicable on the same grounds, as mentioned when speaking of the occurrence of homicidal and suicidal impulse.

General perversion of the moral faculties, shown by obscenity of speech & gesture; blasphemous & indecent language, shameless & abandoned acts of women, who have, while pious born and unimpeachable character for upright & virtuous conduct, are mentioned as being in nine cases out of ninety-one.
Puerperal Insanity.
Strictly Mental Symptoms.
Filthy Habits.
FILTHY habits were present in only two of the series of ninety-one cases; they occurred in conjunction with excitement.

This condition is to be distinguished from general perversion of the moral faculties. When perversion of the moral faculties is displayed, the patient is not necessarily filthy in her habits; the phrase filthy habits does not refer to lewdness of expression & action, but to that condition when the patient in an aimless purposeless plasters herself with all sorts of filth, & makes no provision for the calls of nature. Obtneness of these feelings which suggest the decencies of life, expresses better, I think, than the term "filthy habits" the nature of the symptoms of these patients. When present this condition occurred in conjunction with excitement, and very much resembled the state of a very drunk man, who while in that bestial plight, rendered oblivious of all considerations of decency, exposes his person & voids his excrement in the public
Bereaved Insanity.
Table V.
Filthy Habits.
streets; if he still retain sufficient power of voluntary action to obviate an involuntary discharge into his nether garments.

I append a table showing in ninety-one cases
The number in which Perversion of natural affection; of moral faculties; and a condition described as "Filthy habits were present as symptoms.

\[
\begin{align*}
\text{Perversion of husband} & \quad 2 \\
\text{Natural affection} & \quad 4.3\% \\
\text{as shown by hatred} & \quad 4.3\% \\
\text{friends} & \quad 4.3\% \\
\text{general perversion of Moral faculties} & \quad 5.4\% \\
\text{condition of Filthy habits} & \quad 2.1\% \\
\end{align*}
\]

In no instance were these symptoms found to co-exist with depression.

The query which naturally arises from the detailed consideration of the symptoms of puerperal insanity is, What is the progress of these symptoms?
Inferior Incomit.

Paraditia of the Parrot,
Does their progress tend to recovery? Does the disordered mind, as general health returns, tend to recover itself, or to sink into a state of hopeless aberration from its normal standard? Is this form of Insanity like some others apt to terminate fatally?

It appears to me that the duration of the mental symptoms varies according to the severity and continuance of the morbid state which induced them, and the constitutional susceptibility of the patient to mental impressions.

Annexed is a table showing the duration, within the periods mentioned, of sixty-two recoveries in a series of ninety-seven cases.

<table>
<thead>
<tr>
<th>Recovery Period</th>
<th>Number of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td>24</td>
<td>24.7</td>
</tr>
<tr>
<td>Over 3 months</td>
<td>25</td>
<td>25.7</td>
</tr>
<tr>
<td>Over 6 months</td>
<td>13</td>
<td>13.4</td>
</tr>
</tbody>
</table>

62 in 97 = 63.9

Three weeks is the shortest period within which recovery is reported as having taken
Querperal Insanity.

Curability of the Disease.
It is, I think, admitted by most authors on this subject, that Insanity occurring after childbirth is an eminently recoverable form of mental disorder; it will be seen from the above table, that in ninety seven cases sixty-two recoveries took place within the year, being in the ratio of

In this form of Insanity, when uncomplicated by organic disease or strong insane predisposition, the chances in favour of recovery are strong. In those cases which do prove fatal, the fatal issue, specially in recent cases, is owing either to inability of the patient to recover from the constitutional state of exhaustion which favoured the occurrence of Insanity; or is the result of some intercurrent disease, not of any special disease affecting the brain or nervous system.

In those cases where recovery takes place, as the insane symptoms were preceded and accompanied by bodily disease, so their gradual disappearance kept pace with the recovery of the
Puerperal Insanity.

Dementia occurring in Puerperal Insanity.
patient from her bodily complaints, and the reestablishment of her constitutional tone.

In many cases a period of Dementia supervenes on this cessation of excitement, or other acute symptoms from which the patient gradually emerges to the full possession of her faculties.

It is a question of great interest whether this demented or incompetent state of the mind after an acute attack of mental disorder is a curative process; whether during the progress of active insanity, the waste of brain tissue has been greater than the repair, and, as is the case with the other tissues of the body after exhaustive disease of long continuance, this dormant state of the mental energies is not symptomatic of a process of new formation of tissue.

Several facts would seem to support this view. First, the Dementia succeeding a period of excitement does not at all resemble the condition of the mind prior to excitement, when Insanity of a depressed type and want of mental energy depend upon derivative causes.
Puerperal Insanity.
Dementia occurring in Puerperal Insanity.
Case in point.
There is never purpose shown by the dement; she acts impulsively, and is wantonly mischievous.

During the stage of depression sleep is frequently absent; during the demented stage, the patient sleeps soundly & well.

In this stage (the demented), the memory often shares in the general impairment, and gradually regains strength.

During Dementia the patient generally gains flesh.

In chronic Dementia the patient sometimes becomes immense; and this increase of person may be ascribed to the removal of the wearing effects of mental disturbance.

In dementia following Periperal Insanity the mental state is not stationary, but progressive. For an instance of this form of Dementia being progressive in its nature towards restoration of the mental faculties, take the case of Mrs. B——, who in the course of her disorder and recovery from it, manifested first Melancholia, then excited mental operations; both conditions depending on incompetency of the mental organ, through the effect of general
Puerperal Insanity.

Dementia occurring

in Puerperal Insanity.
constitutional or derivative causes, to produce same results; then after the continuance for some time of this condition of mind sunk into Dementia; or an incompetent state depending on impairment of the organism of the brain from the effects of the over-trial to which it was exposed during the first phase of her complaint. From this Dementia she gradually emerged to the full exercise & control of her original mental powers. Her illness lasted ten weeks in all.

I do not mean by the foregoing to infer that Paraphratal Insanity never merges into incurable Dementia: I merely wish to suggest that the fact of a patient sinking into a demented condition should not be looked upon as a bad or hopeless symptom, since it is of frequent occurrence in this form of Insanity that Dementia is a stage towards recovery.

In several cases which I have examined where the patient did not emerge from her Dementia; but
Puerperal Insanity.
Dementia occurring
in Puerperal Insanity.
Case in point.
where a fatal termination of her illness occurred, the result was to be ascribed to the superintendence of some exacerbate disease. Tubercular Pithisis frequently develops itself on the cessation of the acute stage; the Dementia in such cases is not permanently recovered from; in other cases again the patient dies of exhaustion, and the Dementia is not recovered from. In these cases it is reported that the bodily health remained weak, and emaciation continued; the constitution was in a condition incapable of repair, or of forming new tissues. The supposition that the persistency of Dementia occurring after great mental disturbance is owing to constitutional inability of repair, is, I think, supported by the case of Mrs. S. In this woman's case there was no melancholic period: excitement supervened on severe haemorrhage after an abortion, so severe as to induce syncope, and great lowering of the general vitality. After a period of great excitement this woman became demented, in which state she is described as rather weak and infirm; again she is reported as gaining flesh, and being cheery.
Puerperal Insanity.
Dementia occurring in
Puerperal Insanity.
Conditions of Recovery
from Puerperal Insanity.
ful and improved in her mental health; she is then mentioned as being excited at her menstrual periods; finally she became demented and died of Phthisis: she was demented to the last.

In this case great excitement was produced in an exhausted constitution; to this a stage of Dementia succeeded; the constitution then made certain efforts at repair, giving results in the recovery of a certain amount of mental capacity; these efforts proved abortive from the constitutional tendency to wasting disease; and the patient's mind again sank gradually into a condition of irrecoverable Dementia, in which state she died (of Phthisis).

I have mentioned before that very frequently the mental balance is restored as the bodily health returns. In some cases there seems almost to be a crisis so to speak; that is the amendment of the mental ill-health may be traced as beginning by the remedy of some one special defect, the occurrence of some constitutional disorder, as the re-establishment of some faulty secretion, or the occurrence of a sharp febrile or inflammatory attack. Many cases date their
Puerperal Insanity.
Conditions of Recovery from Puerperal Insanity.
Table VII.
recovery from the restoration of the menstrual discharge, and I have cases where a return to sanity was commensurate with convalescence from Typhoid fever, with recovery from phlegmonous erysipelas, from suppuration of the breasts, etc.

I have endeavoured to give an idea of the relative frequency of the different modes of recovery by tabulating the results of ninety-seven cases.

Table VII.

In 97 cases of Insane Insanity

Recovered. By gradual return of self-control 10 - 10.3 %

Pari passu with restoration of bodily health 42 - 43.2 %

Where the patient passed through a demented stage 10 - 10.3 %

In these cases there was marked bodily ill-health.

Acute stage severe prolonged with the peculiarly exhausotive nature.

62 Recovered 63.9 %
Precipital Insanity.

Conditions of a fatal issue in this form of Insanity compared with a fatal issue in other forms in General Paralysis.
Became chronic or removed uncert 21 6 p.m.
Had a fatal termination 14 4 1/2 p.m.

When death interrupts the course of a recent case of
puerperal Insanity, a post-mortem examination of
the brain affords but little information as to the causation
of the mental symptoms during life. In other
forms of Insanity, certain morbid changes are more or
less constantly noticeable on postmortem examination.

Dr. Shag of the Royal Edinburgh Hospital, as well when speak-
ing of the pathology of General Paralysis in his valu-
able paper on that disease, published in the Edinburgh
Medical Journal, and also more fully to myself, has
stated, that on post-mortem examination of the brain
in such cases certain granular excrescences resembling
in appearance grains of fine sand, scattered over the
floor of the ventricles are of so frequent occurrence,
that they may be considered almost pathognomonic
of the disease to which during life the patient was a
victim. And also evidence of inflammatory changes
of a low very chronic type: thickening & opaqueness of
the pia mater; gelatinous infiltration
Puerperal Insanity.
Conditions of a fatal issue in
this form of Insanity compared
with a fatal issue in other forms:
in Insanity of the Tubercular
Cachexy: in Traumatic Insanity.
Post-Mortem Appearances where a
fatal issue occurs in Cases of Puer-
peral Insanity.
and adhesion of the Peri-Mater; a peculiar softening of
the cortical layer of the Brain substances, as well as
evidences of gangrene, when taken in conjunction
with the first-mentioned appearances, form a group
of symptoms which stamp the mental disease as depend-
ing on structural impairment & organic change of
the Brain.

In the Insanity of the tubercular cachexy, as described
by Dr. Clinton, the familiar deposits of a lowly-or-
ganised type are frequently met with, if not in
the Brain, in those portions of the organism where
they are of most constant occurrence.

In certain other cases of Traumatic Insanity appro-
priate lesions of the normal structure are
met with.

But here, in the case of Periperal Insanity, when
uncomplicated by the evidence of special consti-
tutional affections, after death, the Brain substance
affords no appearances of morbid change, no modi-
fications of the healthy structure which can be con-
sidered as the "origo malii."

In some cases there has been noticed a certain in-
crease of the puncta vasculosa, and general en-
Periperal Insanity
Post-Mortem Appearances
where a fatal issue
occurs in Cases of Peri-
peral Insanity.
gorgement of the cerebral vessels; but these are appearances not by any means peculiar to a brain the manifestations of which have been abnormal during life.

How is it then, that in uncomplicated cases of Parturial Insanity, no information can be gained from post-mortem examination? Clearly because the insane manifestations occurring after Parturition do not depend upon organic change in the substance of the brain of a nature at present appreciable to the means of investigation. They depend upon want of power in the organ sufficient to enable it, to perform its functions duly: this impaired condition depending, as already described, when speaking of predisposing causes, on bodily disease of an exhaustive nature & want of sleep in the later time of pregnancy, operating as some authorities conceive by impairing the nutrition of the brain and diminishing its powers of repairation.

This atoxicity is in a great measure shared in by all parts of the patient's organism: indeed, general constitutional debility and disorder first occur, and the brain, as I have endeavoured
Puerperal Insanity.

Post-Mortem Appearances
where a fatal issue occurs
in cases of Puerperal
Insanity.
to show, becomes secondarily affected; the mental condition is in a great measure the effect of derivative causes, and is dependant on the more bist constitutional state.

Of fourteen cases in the series in which the issue was fatal; or post-mortem examination of the body was made in eight with the following results.

The first postmortem examination on the list of fatal puerperal cases was that of a patient whose symptoms during life were those of long-standing chronic dementia, which supervened on excitement during the puerperal state. The cause of death was pulmonary Phthisis.

In examining the brain the Grey Matter was found to be hardly distinguishable from the White. In this case had a degenerate tissue replaced the healthy brain substance destroyed during the period of excitement; the constitutional powers being unequal to the task of producing brain tissue of the normal healthy standard.
Post-Mortem Appearances
where a fatal issue occurs
in cases of Periperal Insanity.

Table VIII.
The post-mortem appearances in the remainder of these cases were merely the changes in certain organs distinctive of diseased conditions, which led to the patient's demise; diseases of a class apt to supervene in an exhausted state of the constitution.

Of fourteen fatal cases, which occurred in a series of ninety-seven, a post-mortem examination was held in eight. In the remaining six, though no examination was made, the cause of death was indisputable.

### Table VIII.

In eight cases of Puerperal Insanity, the cause of death as ascertained by post-mortem examination was

- Peritonitis — 2
- Dysentery — 1
- Bronchitis & Emaciation — 2
- Cardiac disease (Mitral Valve) — 1
- Phthisis — 1
- Pneumonia — 8
Puerperal Insanity.

Table VIII.

Post-Mortem Appearances where a fatal issue occurs in Cases of Puerperal Insanity.
Cause of death in cases where no post-mortem examination was held:

Bronchitis & Exhaustion  3
Exhaustion  2
Pus in urine; pain in ovaries  1
& steady emaciation  6

14.44 p.c. proved fatal.

It would appear then that death in these cases resulted chiefly from diseases proving fatal by reason of the weakened constitutional state, which rendered the patients at once liable to their occurrence, and ill able to resist their attack.

In none except the first quoted, a chronic case, was there any evidence of organic change in the substance of the brain, in those cases in which the brain was examined; although in two cases mention is made that the puncte paresæ were increased.
Treatment of Perpetual Insanity.
Treatment of Puerperal Insanity

I have been led to believe, as indeed the whole pur-
port of the Thesis tends to show, that treatment of
the general constitutional ill-health, at least in
the earlier and more acute stages of this form of
Insanity, is the best and only treatment of the
mental symptoms. It has been shown that in
the great majority, if not indeed in all cases, se-
rious constitutional disorder is present, and that
the disappearance of the mental symptoms is in-
timately connected with reestablishment of the
general health.

If I have at all succeeded in making myself un-
derstood, it must have been noticed that I
have striven to express the great features of
this condition of mind as those of excitement
without power produced by the action of certain
stimuli on a brain already weakened and ren-
dered irritable by bodily ill-health.

The first overt symptoms of mental disorder
are very frequently preceded by prolonged Inso-
mnia; there then is an indication for treat-
ment; first let sleep the greatest of all re-
Treatment of
Postnatal Insanity.
storatives in all forms of nervous and mental disorder be procured; then after due consideration, let a plan of medical treatment and regimen be laid down for the regulation of the bodily disorder, and its conduct to a healthy condition.

When I say procure sleep, I should rather say procure sleep and tranquillity; it is not sufficient or indeed advisable to procure by a single large dose of soporific a heavy sleep. In these cases of puerperal Insanity the irritable condition has been of some continuance, its treatment therefore must be a matter of time and careful regulation.

Opium is a sheet-anchor in all diseases connected with or dependent upon nervous irritability and exhaustion, complicated as this condition usually is with Insomnia; and is most advantageously administered in frequently repeated small doses; in which form its stimulant & tonic effects are also obtained.

A form of administration which has been found very useful is that commencing operations by giving in a little warm brandy and water a single large
Treatment of
Buerperal Insanity.
dose of opiate, say of Néphanthe, a most excellent preparation, from 40 to 60 mps; the medicine to be repeated in doses of from 15 to 20 mps every two hours till sleep be induced. The medicine should not be pushed beyond 120 mps in all without a longer interval than two hours being allowed to elapse. Afterwards the medicine must be regularly administered in doses adapted to the requirements of each particular case.

A combined gently purgative and stimulant treatment is generally advisable. After the bowel have been cleared by the action of some carminative purgative as Aloes, the effect should be kept up gently and a regular action produced by repeated small doses of castor-oil; a medicine which in its operation closely resembles the natural process, and when given in frequently repeated small doses does not tend to disorder the digestion, a result much to be deprecated.
Treatment of
Puerperal Insanity.
being obtained at least once by artificial means if necessary. It is impossible to speak too strongly of the absolute necessity of attending to the condition of the Primaer Visc, if a desire be entertained of benefiting the patients under treatment.

Of late another calmative and hypnotic medicine, the Hydrate of Chloral has been extensively and advantageously used in many cases of nervous affections, where Insomnia has been a prominent symptom. Under Dr. Shaw's directions I have used this drug extensively in the Royal Edinburgh Asylum and in many cases have seen great benefit accruing from its use. It is not, I think, applicable to the ordinary type of periperal cases, where an exhausted state of the system is present to a grave degree, as it has a decidedly depressant action. In such cases the stimulant and tonic effects of the opiate treatment are, I consider, of great value. The Hydrate of Chloral seems useful when excitement arises from the superintention of
Treatment of Periperal Insanity.
a feverish attack, where the pulse is at all bounding, the eyes suffused, and the skin acting very freely. In such cases a single dose of 40 gzs. of the Hydrate of Chloral, followed by the use of opiates, will, I think, be found of advantage. The use of the warm bath is often of great use in these cases; it has frequently a very soothing effect, and encourages the action of the skin.

As the mind begins to recover its simple occupation should be provided, calculated to engage the patient's attention and interest; but of such a nature as not at all to induce a too concentrated attention, or in any way harass her. In many cases, among the earliest signs of a return to the exercise of the patient's normal mental capacities, is the renewed interest she evinces in objects that in her former health engaged her attention. Simple amusements should also be provided and the expression of any desire for either occupation or rational relaxation encouraged, and, if possible, gratified. Many patients
Treatment of Periperal Insanity.
after attaining a certain stage of advancement tend to fall into a listless moping condition of mind, accompanied by a sluggishness of their systems generally. The best remedy for this phase in the convalescence is change of air and scene. Let the patient, if the season be suitable, adjourn under the conduct of a nurse or judicious friend to the sea-side. While there, she should be encouraged to be much in the open air. If the weather be very mild, bathing in the open sea is often productive of good effects. But sponging with warm sea-water, once or twice daily, in the morning and again at night, immediately before retiring to bed, is quite as invigorating, and lessens the chance of the patient sustaining any chill during the exposure which open-air bathing necessarily entails.

The visits of friends may be considered as playing not an unimportant part in the treatment of cases of Periperal Insanity. It is, I think, very doubtful whether these visits in
Treatment of Puerperal Insanity.
the earlier acute stages of the disease can at all promote recovery; frequently they certainly retard it. It seems very hard when a patient in great distress of mind assures you that her children are murdered, or are suffering on her account, to refuse so evident a method of disproving her self-tormenting imaginations, as that of allowing her to see her children alive and well. But experience has proved that no lasting good effect is ever produced by visits when the mind is in such a state. On the contrary numerous instances prove that the delusions, if even momentarily removed, return with renewed extravagance and increase of the mental disorder after such interviews.

In some cases when the mental powers seem to lie in a sort of torpid condition, making no advance either towards improvement or the reverse, an interview with members of her family, specially with children, might be tried with a view to rousing the patient. I have been informed by Dr. Shae of the Royal Edinburgh Asylum that his extensive ex-
Treatment of Prepareral Insanity.
Case in Point.
experience of the treatment of this phase in the convalescence from Insanity indicates that not infrequently in this torpid condition the visits of friends are of great benefit, especially the visits of children, as they are calculated to call into operation its maternal sympathies, frequently the most powerful sentiments of the female mind.

A case is reported by Dr. Gooch in his book "Diseases of Women", where the visit of the patient's husband was the ostensible cause of her recovery from the condition above referred to, promising that the present was the only example of the kind he had seen; he goes on to describe the case of a lady, whose Insanity gradually assumed the form of most melancholy foreboding; her husband at last insisted on seeing her; the interview was followed by the happiest results. That same evening the patient was perfectly rational, and soon, but not without slight relapses, regained her usual health. In this case Insanity never recurred. It will be noticed that Dr. Gooch mentions the above as a solitary example,
Forms of Mental Aberration displayed during Lactation. Redisposing & Exciting Causes.
and does not recommend it as a precedent.

I shall now proceed to examine very shortly some forms of Insanity kindred to the Puerperal; those which are apt to manifest themselves during the subsequent period of Lactation.

As in the puerperal state, the non-appearance of the first secretion of the milk is found not unfrequently to puzzle the mind, sharing in a general constitutional susceptibility, to insane manifestations: so afterwards, although the immediate dangers of the puerperal state are passed, the mother's constitution has still to support the ones of preparing and affording aliment to the helpless creature of which she has been delivered.

It is of the Symptoms of mental impairment during lactation, of which I would now shortly speak.

like some other functional operations of the organs connected with the reproductive system; Menstruation, Pregnancy, etc; Lactation is doubtless a physiological process, but as is the case of these others it is not one of constant occurrence
Forms of Mental Aberration
displayed during Lactation.
Redispersing & Exciting Causes.
Influence of Lacteal Secre-
tion as a Cause.
in the system. This secretion occurs at a certain time, for a specific purpose; and always exerts a certain modifying effect on the action of the other systems. During the continuance of this secretion, specific affections of various organs, which are naturally susceptible, as well as slight disturbances of the constitution generally; attacks of ephemeral fever, and the like, are of frequent occurrence. Above all in many women, great depression of the whole vital force, anaemia, and nervous irritability are produced, as direct effects of the exhausting demands made upon the constitution; which if naturally delicate is all the more incompetent to withstand their effects.

In order to gain some information as to the causes of the constitutional state which leads to the production of Insanity under these circumstances, I have drawn up the following Table.
Table IX
Table shows in 86 cases the number where a constitutional condition tending to the production of mental aberration was the result of:

A. Influences chiefly affecting the mind by producing general depression of the vital forces 25 - 29.0 pkg.

B. The supervention during lactation of some specific form of ill-health 9 - 10.4 pkg.

C. Variations in the lacteal secretion

1. From prolongation of the ordinary period (8m) 9
2. When the quantity was superabundant 2
3. Where the secretion was scanty or suppressed 2
4. Where death of the occurred during lactation 17 19.7 pkg.

D. The action of moral causes: and where the general health is not described as bad 10 11.6 pkg.

E. The action of causes of a mixed moral and physical nature 10 11.6 pkg.

F. Cases which do not exactly come under any of the above headings 15

G. Cases which come under headings B, C, 2

Total 65

The total 65 is not the total number of cases; it is...
Forms of Mental Aberration displayed during Lactation. Predisposing & Exciting Causes. Table IX. Examination of Headings. (R)
adding the 25 cases under the heading (A), the total would mount up to 90, which is more than the actual number (86) of cases examined. In some cases included under (A), it was impossible to determine whether general constitutional ill-health or special causes had the most to do with the production of Insanity; these cases have been entered under both (A) and subsequent headings: they were two or three in number.

Of the eighty-six cases included in the above table: a description is given of the condition previous to the occurrence of Insanity in twenty-five (see Heading (A)), which is an account of exposure to depressing influences of a physical nature; such as (1) successive long nursings; one woman having on three successive occasions barely weaned one child before she was delivered, and had to provide subsequent nutrition to another; (2) the evil effects of drunken & abandoned habits, which became exaggerated as the constitutional force failed, and the craving for a stimulant
Forms of Mental Aberration displayed during Lactation, Predisposing & Exciting Causes.

Table IX

(13)

Case in Point.
became more urgent. In many of these cases, sleep had failed; and it may be stated that in nervous affections generally from whatever cause it may arise, insomnia is a constant symptom, and promotes the continuance of the nervous atony. I do not think it is so obstinate in the forms of Insanity occurring during Lactation, as in the puerperal forms.

The next series of cases in the table (see B) are those in which some form of specific ill-health local or general supervened during lactation, and so affected the constitution that the mind became incapable of rendering sane mental results.

I shall quote one case, that of Mrs. B—, which is a good example of its class; where a woman, formerly sane and healthy, during the trying time of lactation, became affected by a constitutional disease, which, under the circumstances of her reduced constitutional vigour, reduced her to a state of Insanity.

Mrs. B— is described as of naturally cheerful, steady,
Forms of Mental Aberration displayed during Lactation. 
Predisposing & Exciting Causes. 
Table IX. 

(3) 
Case in Point.
and industrious habits. Her husband's character was unfortunately not at all a congenial one; he being, in fact, a very disreputable scoundrel. Between two and five years ago she had a child; while nursing it her husband affected her with Syphilis, which she in turn communicated to the infant; the child died of the disease; and the mother became insane, dependent, with the hallucination, that she heard her child crying. The further history of this case is very interesting, but would be tedious to insert at length. This woman's Insanity must have lasted at least three years and a half when she gradually recovered. No account is given of the progress of the Syphilitic affection; but in all probability the long continuance of the Insanity depended on the permanency of the diseased state of the constitution, especially as at the end of that period a complete recovery took place.

See Table. I. I have also found that in some instances variations in the lacteal secretion; prolonged lactation; superabundance—
Forms of Mental Aberration displayed during Lactation, Predisposing & Exciting Causes. 
Table IX. (C)
in the quantity of the secretion; suppression or diminution of the supply; death of the child during the period of active secretion, thus depriving the constitution of the natural relief which suckling affords, entail certain constitutional effects, and tend to disturb the balance of health, in all the systems of the organism; but are peculiarly apt to modify the state of the nervous system. Prolongation of the period of lactation or superabundance of secretion would conduces to the production of Insanity by their exhaustive effects, still further impairing the constitutional vigor.

Suppression of the secretion, or death of the child would rather have the effect of increasing the nervous irritability & susceptibility; the last of these two causes would also doubtless in many cases exercise a strong moral influence.

On referring to Table (D) it will be seen that in twelve cases out of eighty six, moral influences are mentioned as pro-
Forms of Mental Aberration
displayed during Lactation.
Pre-disposing & Exciting Causes.
Table IX.
(D.)
during a state of mind, which led to the mani-
festation of insane ideas. These moral influ-
ences were grave no doubt import, but in
many instances would certainly have been
inadequate to produce such a condition, in the
case of a woman in ordinary health. The
value of the cases under this heading lies in
the fact of their showing, that, independent-
ly of marked constitutional debility, lacer-
tation tends to produce a susceptibility of
the mind, and nervous system, which
renders it extremely sensitive to, and mor-
bidly retentive of trying impressions. In
this state impressions do not wear off, as
under ordinary conditions they would: but
on the contrary, from what may be looked upon
as a sort of mental insensitivity, they strike
a deep root, and from the constant mental
disquiet to which they give rise, the mind
already morbidly sensitive is driven fur-
ther and further from sanity, until at
last, under the influence of something
which as unscarcely an exciting cause.


Forms of Mental Aberration displayed during Lactation. Predisposing & Exciting Causes.

Table IX

(D.)

Case in Point.
its Insanity displays itself in a manner which cannot be mistaken.

In several of these cases, the patient either inherited a predisposition to Insanity, or had formerly been insane.

I quote the chief features from the history of one of these cases.

Mrs. S. was by religious persuasion a seceder; at the time at which she became insane she was suckling her child; she had just before this time been attending religious meetings of an exciting character (some of them in her own house). She began to fancy that her husband and friends were plotting against her life; she talked much on religious subjects; said that but for her Edinburgh would be burned by fire; believed her husband would be damned; she was suicidal. A sister was insane. Her bodily health was good. Here we have the principal features of this mode of superintention of Insanity displayed. The general health was good, but the state of mind
Forms of Mental Alteration displayed during Lactation. Predisposing & Exciting Causes.

Table IX.
at the time (during lactation) was such, that the religious exercises in which she engaged were sufficient to overturn her mental balance, and lead to extravagant and insane thoughts, acts, & expressions. There was constitutional tendency to mental affections, which doubtless cooperate with the state produced by lactation in causing her insanity.

Under the next division (2) twelve cases of the eighty-six range themselves; the pre-disposing causes in these instances were of a mixed character, partly moral, partly physical. The general constitutional powers were reduced, the mental energies suffered along with the rest; the mind in consequence became more sensitive to the thousand and one petty annoyances or graver embarrassments of life; and not being in a condition of itself to rally from their influences, sank into a more and more helpless condition. till at last the form of insanity
Forms of Mental Aberration
displayed during Lactation.
Predisposing & Exciting Causes

Table IX.

(F.)
was too great for its controlling power, and Insanity ensued.

The remaining fifteen (15) of these cases come under none of the above headings. These patients became insane while suckling; but they were not subjected to any moral influences that could be justifiably looked upon as conducing to Insanity. They did not suffer from any particular form of disease, local or general: the secretion of the milk ran an ordinary course; their constitutional condition was good. Many of these women laboured under either hereditary predisposition or great nervous susceptibility; being in fact of a constitution

Apart from the irritability and susceptibility depending upon an incipient condition of weak health; there would seem to be during lactation a peculiar irritability of the men
Forms of Mental Aberration displayed during Lactation.

Predisposing & Exciting Causes.

Symptoms of Mental & Nervous Irritability displayed more or less constantly by all women during Lactation.
system, displaying itself in some cases even where
the bounds of sanity are not passed, in fretful-
ness, suspiciousness, and a tendency to sleeplessness,
a sort of unrest. And it is curious that in not
a few cases the first symptom of approaching men-
tal disturbance is the development of a craving
for stimulants in the woman of formerly sober
habits; as if she experienced at this time a
want, which by such means she involuntarily
attempted to relieve.

Apart from their special effects on the mind
such disorders when of long continuance
were described as producing a state of Anax-
This condition is recognizable by the following symptoms.
ania. The most symptoms of this condition are

The patient complains of a general
feeling of uneasiness, feels "very tired"; complains
of a dragging sensation in the lower part of
the abdomen in the thigh region right & left,
wearing pains in her back & loins, various sensa-
tions of heavy pain & tightness in her head, as if
her forehead were bound in a cincture: her ex-
pression is anxious & peevish; the skin & lips
may be occasionally flushed & the pulses in

Forms of Mental Aberration displayed during Lactation. Predisposing & Exciting Causes. Other Circumstances which may predispose to Insanity during this period.
weak & small. On auscultation in many cases the anemic bruit may be heard over the right clavicle.

As in all forms of Insanity, so in the lacteal form, the natural strength of mind and bent of disposition play an important part in the question of predisposing causes. The existence of an hereditary trait, of a naturally susceptible & irritable temperament, the occurrence of former attacks of Insanity, whether under the same circumstances or not, ought always to be looked upon, under any conditions which may be a source of trial to the constitution, as predisposing more or less to the occurrence of mental disorder; and would therefore indicate the taking of anxious caution to avoid ought, that might further and perhaps tend in the same direction, i.e. the production of Insanity.

I have briefly stated what has proved on examining a certain number of cases, where Insanity occurred during lactation, to be the historical causes physical & physical which...
Forms of Mental Aberration displayed during Lactation.
Symptoms of Mental Aberration.
separate or combined, acting on the already susceptible constitution of a suffering woman, either of themselves tended to produce disorder of the mental faculties; or by still further increasing a pre-existing susceptibility, rendered the mind still more helpless to resist any shock or excitement of the common.

What has been said of excitement and depression of the mental faculties, when narrating the symptoms of Periperal Insanity, equally applies to the Lacteal form.

It is, I think, very well seen in many cases of Lacteal Insanity, that excitement and depression are merely phases of the same mental condition; the mind, as has been already so often insisted on, weakened and susceptible, is by contrary impressions rendered depressed or excited; is urged to the insane manifestation of its natural or acquired bents of thought.

In certainly the very great majority of these cases, discussion of the general subject...
Forms of Mental Aberration displayed during Lactation.
Symptoms of Mental Aberration. Condition of the General Constitutional Health in Cases where Mental Aberration occurs.
None of these patients could be considered in robust health; on the contrary the health of many was considerably below par; they were sufferers from disorders chiefly of a gastric and intestinal nature; the gravity of whose effects has been adverted to in the section on the predisposing causes of puerperal Insanity.

It is interesting, as confirming the fact that mental excitement is rarely the result of over-stimulation of a brain of healthy tone, to find in these cases of Lacticd Insanity, it is by no means the patients in most robust bodily health, that are reported as subject to the most violent paroxysms of excitement. Indeed the reverse is the case: many cases which are mentioned as presenting symptoms of great weakness and anemia, are also reported as displaying an extraordinarily violent form of excitement, and great vivification in the expression of Insanity. The case of Mrs. R. affords an example: the report of this woman's state on admission is as follows:
Forms of Mental Aberration displayed during Lactation.

Symptoms of Mental Aberration.

Condition of the general Constitutional Health in cases where Mental Aberration occurs.

Different Modes in which the Mental Unsoundness displays itself.
This patient was admitted in a state of Violent Mania, although very weak. For the first three days and nights, she was incessantly noisy, never slept, was dangerous when approached, etc. Again four days after admission she settled and fell asleep after taking a full meal.

In this case the violence was attributable to some exciting cause producing mental effects, which her weakened powers were not able to control; but on a counter-stimulation being applied to her stomach, a derivative effect was produced, which displayed itself in abatement of the mental excitement.

Though the mechanism of the Insanity is the same in all cases of this form; an exciting cause stimulating to insane manifestations a weakened organ; still there is an interesting variety in the mode in which these minds betray their impairment. In some instances, as the strain on the constitution makes itself felt, a sense of general depression gradually steals over the patient, of which she is herself conscious, but which she cannot shake off; as in the case of Mrs. L. who herself stated that a melancholy came over her as she was
Forms of Mental Aberration displayed during Lactation.

Symptoms of Mental Aberration.

Different Modes in which the Mental Unsoundness displays itself where a period of so-called Incubation occurs.

Case in Point.
nursing; and that she began to think she was not fit to live.

I think I have good evidence, that in other cases, in which at a later period undoubted insane manifestations are displayed, Insanity may exist for some time in a veiled form; that is the mind may in its weakened condition receive and brood over impressions morbidly; then bit by bit and day by day the barriers of control may be sapped, until the patient no longer able to command her Insanity, renders patent the impaired working of her mental machinery by some extravagant act or expression. In these cases there is often one fixed delusion from which the other symptoms of Insanity take form and colour, as for example in the case of Mr. W. — where it is specially mentioned that there is nothing in her recent or more remote history which gives a clue to the causation of her Insanity; except the fact that lactation had been prolonged. The Insanity consisted of an apprehension of dreadful punishment for a falsehood which she had told some time before. Now the consciousness of this falsehood must have taken
Forms of Mental Aberration displayed during Lactation.
Symptoms of Mental Aberration.
Different Modes in which the Mental Unsoundness displays itself.
Modes where the Mental Unsoundness displays itself in an exaggerated apprehensiveness.
Form of Invasion of this Trinity.
a morbidly strong hold on her mind, and by its persistent wearing effect, gradually given rise to a sequence of delusions, as to the gravity of her offence and the severity of its due punishment. As the judging powers became weakened, this crime loomed larger, and its deserved punishment was proportionately exaggerated.

Again, in this Lacteal Insanity, there is a result of mental uncontrol frequently manifested, which is, I think, sufficiently distinct from other forms to merit a special notice. In such cases mental disorder displays itself in insane terror of everything and everybody; the patient lives in hourly terror of her life.

I do not mean that in these cases fearfulness was the only symptom of mental incapacity to restrain within the bounds of reason the force of impressions. But I wish to draw attention to the fact that exaggerated apprehensiveness, nervousness, and fear were dominant symptoms.

It is also interesting and very important to note
Forms of Mental Aberration displayed during Lactation.

 Symptoms of Mental Aberration.
 Different Modes in which the Mental Unsoundness displays itself.
 Modes where the Mental Unsoundness displays itself in an exaggerated apprehensiveness.
 Form of Inversion of this Variety.
 Case in Point.
 Delusions.
that in many of these cases, the patients are described as first becoming very nervous; a fact which cannot but induce the reflection that had these beginnings of a morbid state been combated, the graver results which followed might have been obviated. As well showing this terror-haunted condition, I quote the following case of Mrs. G. This woman was naturally rather reserved and irritable, but very steady and industrious. She gave birth to a child about two months before admission, and while nursing became very nervous and thought she was dying. Latterly she has believed that she was to be killed, and has been in great terror for a fortnight; she has not been violent, nor has she attempted suicide.

Delusions in Lacteal Insanity differ but little from those met with in the puerperal form. In the great majority of instances the delusions bear reference to the patient's own condition: she fancies her soul is lost, or that she is an object of indifference to all around her. I have drawn up a table in which I have arranged those cases in which delusions occurred, in an
Table X.
Delusions. Hallucinations.
Perversion of the Natural Affections.
order which shows whether these delusions bore reference to the patient's self, her husband and family, herself and child, or were of a general nature.

Table X shows the nature of the delusions displayed in eighty-six cases of Lacteal Insanity, and the frequency with which they occurred.

<table>
<thead>
<tr>
<th>Delusion Concerned</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Patient herself</td>
<td>26</td>
</tr>
<tr>
<td>Husband and family</td>
<td>6</td>
</tr>
<tr>
<td>Self and Child</td>
<td>2</td>
</tr>
<tr>
<td>Of a general nature</td>
<td>3</td>
</tr>
</tbody>
</table>

37 in 86 = 43.13%.

Hallucinations were present in 12 of the 86 cases, but did not display any special tendencies distinctive of this form of mental disorder.

Conversion of the natural affections was present in three cases; this mental manifestation differed in its permanence, being either paroxysmal or continuing till the general condition of the mind had undergone a marked improvement.
Suicidal & Homicidal Impulses.
Suicidal & Homicidal Impulses.

In speaking of Suicidal and Homicidal impulses as a symptom of Puerperal Insanity, I appended a table, showing that it was a symptom in six of ninety-one cases; and that with one very doubtful exception it was reported as concurring with a state of excitement in contradistinction to Melancholia.

I have found that in Insanity occurring during Lactation, these impulses are of comparatively more frequent occurrence as far as the number of the cases shows.

I have drawn up a table showing the number in which the mental processes were of an excited nature and the number in which Melancholia was manifested at the time of the occurrence of these impulses. I don't think that Suicidal and Homicidal attempts ever occur, without increase of the mental state at the time being; and very frequently, tremulousness, diaphoresis and various minor affections of the general sensory nervous arrangements precede or accompany the appearance of the impulse.
Table XI.
Suicidal & Homicidal Impulses.
Premonitory Symptoms of these Impulses.
Suicidal & Homicidal Impulses as they occurred in a series of 86 cases of Lacteal Insanity.

Table XI.

<table>
<thead>
<tr>
<th>Impulse</th>
<th>With excitement</th>
<th>With Dep.</th>
<th>With S &amp; E. Rapidly alternating</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impulse</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>Impulse</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>4th Impulse</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

In 86 cases H & S. 29.0 p.c.

It will be noticed that as far as the evidence of these cases goes, these impulses occurred in almost equal numbers in cases where morbid excitement was the chief symptom of the impaired mental state, & where insane Melancholy was the dominating symptom.

The point of interest in regard to these cases is, that in very many of them the symptoms before mentioned of general constitutional disturbance preceded the appearance of the suicidal & homicidal impulses; the patient became restless, anxious, & sleepless. Frequently during the continuance of the paroxysms, obstinate insomnia was present;
Suicidal & Homicidal Impulses.

Premontory Symptoms

of these Impulses.

Case in Point.
and the violence of the impulse abated when sleep was obtained. As showing that suicidal impulse depends upon stimulation for its development, I would draw attention to the following case; that of Mrs. E. This patient's constitutional vigour, as in so many cases, had been greatly impaired; she was nursing at the time of her display of mental symptoms. Insane melancholy was the first symptom of her mental unsoundness; during this time she was not suicidal; she recovered and was discharged. Seven months after she was seduced into an orgie by her mother: she took a large quantity of strong drink, became acutely maniacal, suicidal, & homicidal.

This is the case of a woman who was in a weakened state of health at the time of both attacks, and who also labour under hereditary predisposition to mental disease; on one occasion she laboured under insane melancholy without suicidal or homicidal impulses; at another, being stimulated by drink, the same woman, in much the same state of bodily health, manifested violent symptoms of excitement, it was actuated by impulses of a suicidal & homicidal nature.
Dementia of Lactual Insanity.
Dementia of Lactical Insanity.

In many cases of Periperal Insanity, as in the lactical form, before recovery sets in, the patient frequently passes through a stage of Dementia. Insanity of an acute form, Excitement and Melancholia, is the result of unbridled impressions on a mind whose powers are impaired from derivative causes; Dementia is a mental condition produced by temporary or permanent deterioration of structure.

In eighty-six cases of lactical Insanity
Dementia occurred

After Melancholy  After Excitement  Ex. & Dep. 25.5 p.c.
11 2 9

The above shows the number of cases in sixty-eight in which Dementia occurred; the great majority of these patients recovered.

As in Periperal Insanity, there are many cases of Insanity occurring during lactation which pass through this demented stage where it is not distinctly reported. In many such cases the mind is in a state resembling that of a patient recovering from various forms of acute disease entailing exhaustion of the nervous system; in such cases there is a period during which...
Dementia of Lacteal Insanity.
Form of Recovery in Lacteal Insanity.
Table XII.
weakness of the mental manifestations exists, gradually and imperceptibly giving place to the usual reign of the patient's normal mental power.

I have tabulated sixty-nine cases, so as to give some idea of the ordinary duration of the mental symptoms in Lacteal Insanity.

Of sixty-nine cases of Lacteal Insanity.

<table>
<thead>
<tr>
<th></th>
<th>Recovered</th>
<th>2 m.</th>
<th>11.59</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>under</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>over 2 m.</td>
<td>under</td>
<td>4 m</td>
</tr>
<tr>
<td>8</td>
<td>over 4 m.</td>
<td>under</td>
<td>6 m</td>
</tr>
<tr>
<td>1</td>
<td>over 6 m.</td>
<td>under</td>
<td>1 yr</td>
</tr>
<tr>
<td>3</td>
<td>Discharged much improved</td>
<td></td>
<td>4.0</td>
</tr>
<tr>
<td>18</td>
<td>Removed unremit</td>
<td></td>
<td>26.0</td>
</tr>
<tr>
<td>5</td>
<td>Proved fatal</td>
<td></td>
<td>7.2</td>
</tr>
<tr>
<td>69</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of the sixty-nine cases, forty-three were discharged perfectly recovered; three were discharged much improved at the earnest solicitation of their friends; eighteen were removed unremitting; many of them on the fair way to a perfect recovery, but taken out by their friends against advice; so
Lactose Insanity.
Treatment.
Preventive Treatment.
that it was not considered justifiable to pronounce them cured without further information as to the progress of the case.

The reason I have not included the full number of eighty-six cases given in the other tables is that I could not ascertain the exact time at which some of the patients were discharged.

Treatment. What has been said of Periphrastic Insanity applies almost equally to the treatment of Lacteeal Insanity: I shall here say a few words of the preventive treatment. It is reported, or the history of the Insanity is such that it cannot be doubted, of that certain conditions of a psychical or psychological nature, occurring during the period of Lactation, dispose to disturbance of the mental balance; these have been described at more length elsewhere. A large portion of the treatment of Lacteeal Insanity ought to be of preventive nature. The preventive treatment is partly moral, partly therapeutical in its nature. The patient must be carefully guarded from annoyance, and if she show symptoms of mental instability, together with those symptoms of constitutional disorder & annoyance mentioned at page 105, it should be a subject
Concluding Remarks.
of immediate enquiry, if any morbid condition, as sluggishness of the bowels, or disorder of the lacteal secretion is present; with a view to at once remedying any such deviation from health; and the patient should be in every way assisted as much as possible to bear up against the constitutional trial that is called upon to pendergo.

No one can be more sensible than I am of the incompleteness of the foregoing remarks. Any general description of a disease must be incomplete as regards individual cases; especially where that diseased state is complicated by mental disorder.

As it is a subject of general remark, that though there may be a great general resemblance in the modes in which matters impress certain classes of persons and minds of a certain stamp; still no two persons will think or express themselves in an identical manner on any given subject. So in persons whose mental powers are pended, morbibly susceptible by conditions of a similar nature; although there is a very strong family pr
Concluding Remarks.
semblance both in the symptoms of mental impairment betrayed by them under such circumstances, and the mechanisms of the production of such symptoms is almost identical; still personal idiosyncrasies will tend to modify and individualize the insanity of each particular case, and make it a matter to the psychological physician of separate study and to a certain extent of a distinct mode of treatment.

I have striven principally to give a true sketch of the most constant features of mental disorder displayed during the periods of the Puerperal state, and during Lactation; also adding such suggestions as seem to arise naturally from the data at my command.

It only remains for me now, to thank most sincerely those gentlemen who coming before me have provided me fund of carefully-recorded facts, a store of laboriously collected information, for my profit and use. Nor should I fulfill the most ordinary requirements of courtesy and gratitude, did I fail to acknowledge the frankness with which Dr. Shee has placed the case-books of the Edinburgh
Concluding Remarks.
Royal Asylum at my command for the purpose of this present enquiry; and to acknowledge my obligations to him here as the first instructor who placed in a scientific light, and directed me as to the correct methods of studying, the superlatively important subject of mental disorders.

Sincerely yours,

April 24/71