

Observations on Puerperal Mania. By J. MACDONALD, M. D. Physician to the Bloomingdale Asylum for the Insane.

THE mental disease to which lying-in women are subject, is commonly known by the name of "Puerperal Mania." This implies that all cases of insanity occurring at the puerperal period, are in character really maniacal. But as they are as variable in their forms, as those arising from other causes, it will be more correct to employ the generic term puerperal insanity. Dr. Burrows, in his late very able commentaries on insanity, has devoted a chapter to the investigation of this subject. "Puerperal mania," says this author, "is certainly inappropriate, since the symptoms developed are as often those of melancholia." As puerperal insanity, in the cases that have fallen under my observation, assumed the different characters of mania, monomania and dementia, I would go a step further, and add dementia as a species. As all instances of mental disorder of this kind, with a few exceptions, in which moral influences may have some weight, arise from similar causes, their variety of forms must be attributed to peculiarities of temperament. Each one of these may be said to have its individual trait, by which it may be distinguished from its like form, arising from other causes; thus, in *puerperal mania* there is a peculiar, wandering incoherency of mind, with obscenity of language, and indelicacy of conduct; in *puerperal monomania*, a singular propensity to suicide or infanticide; and in *puerperal dementia*, a sudden and extreme prostration of mental power, equal to that which follows months, or even years, of intense excitement.

The following cases of the different forms of puerperal insanity, are perhaps not so strongly marked as some others that might be selected. It is possible, that the latter might be recognised by the friends of the parties, and it is, therefore, improper to report them.

1st. A Case of Puerperal Mania.

B. G. *ætat.* 19.—No hereditary predisposition to insanity, and never insane before—married almost two years—first child either still-born, or died soon after birth—sanguine temperament:—entered the Asylum May 1st. Five weeks previously, after a natural labor, was delivered of a healthy child; for six days after confinement, “was doing well.” At the expiration of this time, she became suddenly maniacal. Her treatment, adds the attending physician, was antiphlogistic without relief.

Symptoms when admitted.—General excitement; though unable to examine her pulse critically, we found it to be quick and full. Skin hot, as is common in this form of puerperal insanity—general disordered state of stomach and bowels—tongue coated in the centre, with red edges—bowels costive—no stool for several days—mind a perfect chaos, language obscene, and incoherent—conduct furious—entire absence of moral propriety.

The first and most pressing indication was to remove the morbid condition of the *primæ viæ*. This was answered by repeated purging, with *sub. mur. hyd.* both in large and small doses. *pulv. purg.* and *infus. sen. comp.*; and when she refused these, *ol. tiglin.* During this course, however, typhoid symptoms manifested themselves, but subsided under its continuance. It may here be observed, that it is remarkable to what an extent it is necessary, in some cases of this kind, to pursue this method of treatment. Diet during this period—panada, gruel, arrow-root, light broths.

After the restoration of biliary and other secretions, the nervous excitement manifested by *pervigilium*, boisterous conduct, &c., next called the attention. From her aversion to medicine, our remedies were directed to the dermoid system alone. Tepid baths and frictions were used with the most tranquillizing effect, inducing quietude and sleep, after days of commotion and nights of *pervigilium*. Counter-irritation was now produced by *ung. ant. tart.* extensively applied to the hypochondria and extremities.

June 8th.—The bowels having resumed their natural action, cathartic medicines are no longer exhibited. The baths proving still soothing, continue them. Being still highly excitable, it is necessary to confine her to her room, (except when exercising with the nurse,) entirely secluded from every thing calculated to call forth excitement. Mind still very incoherent, and, as is common in this form of puerperal insanity, conduct indelicate, and language exceedingly obscene.

July 1st.—The digestive functions being now restored to a healthy condition, improvement in general health followed. This, however, being impaired by the heat of summer, a relapse of mental disorder ensued—inflammation of the mammæ, with symptomatic fever supervened. The subsidence of inflammation and fever, was succeeded by a tranquil mind—improvement in general health again took place, her mind daily and uninterruptedly gained strength, and she was discharged *cured*, October 5th, after five months residence in the Asylum.

2d. A Case of Puerperal Monomania.

S. B. admitted into the B. A., July 15th, ætat. 27, married—temperament melancholic—has always been subject to headache at the catamenial period—gave birth to her second child, four months since; and six weeks ago was observed to be palpably insane—ever since delivery, however, her conduct had been marked by many peculiarities, such as general torpor, loss of spirits, disinclination to mental and bodily exertion. She continued to nurse her child, until ten days previous to removal to this institution, when, in consequence of an attempt on his life, he was taken from her. She subsequently made several attempts at self-destruction. Before these occurrences, functional disorder was discovered in the mammæ, her milk had diminished in quantity, and had become watery. Two other circumstances point out the existence of some latent disorder long prior to the development of insanity, viz.: the entire absence of an erysipelatous inflammation, to which she had been long subject, particularly after her first confinement; and looseness of bowels, instead of habitual costiveness.

State when admitted.—Entire absence of mental excitement, mind apparently correct upon every subject, except that of her recent conduct. This she speaks of in the most dispassionate manner—says that she is not, and has not been insane—that moral turpitude alone induced her to kill her child—that she deserves death; that she must be hung; that it was under such expectations she consented to come here; believing this to be the penitentiary, where she was to await her trial, which would result in capital punishment. When told that her child was still alive and well, she replied, it was her *intention* to commit murder, and that she was equally as culpable as if he were dead. As soon as she found herself in the Asylum, she begged to be taken to the strongest cell in the house, chained to the floor, and treated in the harshest manner. Her bodily functions were not materially disturbed, but her eye bore the impress of a disordered mind; it was clouded, fixed and unob-

servant of external objects—its conjunctiva slightly tinged with yellow; tongue partially furred.

Management.—She was partially indulged in her severe course of self-prescribed moral treatment, and with the happiest effects.

Her medical treatment was, a full emetic every third or fourth day, and counter-irritation by ung. ant. tart. extensively applied to the surface. Her improvement was so considerable under this course, that her friends thought it expedient to remove her in about two weeks. Although her subsequent convalescence was less rapid, she ultimately recovered.

3d. *A Case of Puerperal Dementia.*

P. M. admitted into the B. A. 16th July—age 29—married, and the mother of four children—temperament phlegmatic—became deranged for the first time immediately after parturition, and continued so for a year previous to being removed to this institution; of this period of insanity, there is no detailed account. At the time of admission, the more active stage had of course long since subsided, and had been succeeded by one of apathy, amounting to an almost entire cessation of mental action. From her general idiotic appearance, she was considered incurable, and but for a gleam of intelligence that occasionally shone from her countenance, would have been deemed unworthy the trial of any curative means. The only impulse that gave rise to any degree of mental or physical exertion, was an attempt to give her medicine. Her husband and child, who now visited her, attracted no more attention than surrounding inanimate objects. She would sit or stand in the same posture for hours—her daily walk, if she took any at all, was confined to the gallery between her bed-chamber and the day-room. Towards all she observed the most stubborn taciturnity. Her countenance, from the long absence of passion and emotion, had assumed an inflexible, and for the most part vacant cast.

A most active course of moral, as well as medical treatment, was now adopted. She was obliged to make use of great muscular exertion, and was placed under the influence of various medicinal agents, but without radical change. The cloud would, indeed, at times seem to be driven from her mind, but was invariably succeeded by another, equally impenetrable. In this manner six months wore away, with an alternate dissipation and revival of hope. At this period, her thyroid gland was observed to be much enlarged. Supposing that her malady might possibly be connected with glandular obstruction, and judging from the effects of iodine in paralysis, it was thought advisable

to commence a course of this medicine. Notwithstanding her extreme aversion to it, this remedy was faithfully exhibited, (though compulsion was necessary,) till its effects were evident in the glandular system, reducing the tumor in the neck, and restoring the menses, which had been suppressed from the onset of her insanity. Her mind now alternately gained and lost strength; its energies, however, seeming to increase with every successive effort. Every moral agent that would in the least tend to arouse her, was put in requisition. Besides the exercises of walking and riding, it was found useful to excite her in any way that would rouse her resentment.

The recovery of her affections kept pace with that of her mind, and was encouraged by a visit from her child. She now began to inquire into the nature of her situation, and asked after her husband and children. She soon wrote a letter to the former, who immediately visited and removed her. The journey home, and restoration to family, entirely reinstated her mind. Soon after arriving home, she addressed a letter to an individual connected with the Asylum, in which she says, "she felt like a person raised from the dead; that the two last years of her life had been a complete blank; of the transactions of which she had not the slightest recollection." Her residence in the Asylum was just one year.

4th. A Case of Puerperal Mania.

Mrs. S. ætat 20, of a sanguine temperament—a short time previous to admission into the B. A., (a few weeks at the farthest,) gave birth to her first child, immediately after which, we were informed in general terms, she became maniacal.

State when admitted.—Countenance animated, and when most so, flushed; at other times pale; eye exhibiting in an unusual degree, the characteristic wildness and lustre of mania—nervous system to the greatest extent morbidly sensible; the opening of a door starts her from her seat, while the presence of a stranger seems to throw her into convulsive motions—manner playful and mischievous—mind in constant action—conversation incoherent and indelicate—pulse frequent—evidences of uterine irritation—tongue partially covered with a brown-coat—bowels torpid. The lochial discharge flowing, though at first suppressed.

Treatment.—Stomach freely evacuated by an emetic; followed by a cathartic course, and almost entire seclusion by confinement to her room. After remaining here nine days, was injudiciously removed home; but returned next day, her case so much aggravated, that severe personal restraint became necessary.

December 4th, day after re-admission, found her raving violently; language incoherent and obscene, constant delirium and pervigilium, tongue furred;—was freely vomited without relief.

5th. R. Sub. mur. hydr. gr. xii., pulv. antimon. gr. xvi. M. et divid. in part. iv.—un. quaque 4ta hora.

6th. With an improved state of secretions, found her much more tranquil.

8th. Bowels torpid. Hab. infus. sen. comp., and continue its occasional use.

13th. Has been more tranquil for several days, but is still highly susceptible of external impressions; to-day much more excited, mind confused, face flushed, pulse accelerated—tongue pale.—Hab. pill. gamb. comp. un. quaque hora ad operand.

16th. Cathartic operated copiously, without any alleviation of mental symptoms.

20th. Mind still variable and susceptible—begin counter-irritation, by the application of ungu. ant. tart.

January 2d. Insanity remitting in character—after lucid intervals has paroxysms of frenzy, during which she is entirely destitute of moral propriety. Hab. solut. antimon. gr. iij. ꝑ. aqua ꝑ. viij.

Jan. 15th. For the last five or six days, has improved rapidly and uninterruptedly; her malady till this period having been remittent.

Under the constant use of the antimonial solution, which at the same time subdued vascular excitement, and rendered the bowels sufficiently lax, an uninterrupted convalescence succeeded.

Discharged, recovered, Jan. 31st, about ten weeks after admission.

5th. A Case of Puerperal Dementia.

A. Y. admitted 4th August, with puerperal dementia, age 30—married—temperament phlegmatic. The only facts ascertained in relation to the history of her case were, that the attack was recent, that it succeeded parturition, and that her insanity, from its onset to the period of her admission, has observed the same character.

Condition when admitted.—She is in a state of apathy, bordering on complete fatuity; sits for hours together in the same posture, without moving a muscle; is perfectly taciturn; is disinclined even to the exertion of taking food; and with this general prostration of mental and physical power, has lost every vestige of natural affection.

Her stomach, liver, and all organs connected with chyification, are in a corresponding state of torpor; skin sallow, conjunctiva yellow, breath oppressive, bowels costive, muscles placid.

Was immediately subjected to an active emetic, and cathartic course, with counter-irritation.

August 21st. Somewhat improved under this plan—eats more willingly, and speaks occasionally. Hab. baln. tepid. quaque die tert. vel quart.

Aug. 25. No advantage gained by use of the warm bath. Still manifests great disinclination to motion and mental exertion. Hab. baln. pluviale.

Aug 26th. Is considerably benefited by showering—answers when spoken to, and uses food more freely. Repeat shower bath twice a week, omitting, of course, the tepid bath, and using eccoprotics every second day.

Sept. 9th. Under the above plan, she continues to improve—the functions of stomach and liver restored—menses, however, still suppressed.

Omit the above treatment. To restore the functions of the uterus, Hab. tinct. senn. comp. ʒ j. bis in die, et baln. tepid. quaque die 4ta.

Let her also exercise freely, both by riding and walking. Diet nutritive. Under this course, the menses were re-established, and mind restored. Discharged, recovered, in October, between two and three months after admission. This was undoubtedly an idiopathic case of dementia, and not the result of previous excitement, since no such condition existed during any stage of the disorder.

Physicians, particularly those attached to public institutions, seldom witness the incipient stage of puerperal insanity, and this portion of the history of our cases, it is to be regretted, is necessarily either entirely omitted, or very imperfectly delineated.

Among all the causes of insanity in females, no single one perhaps is so frequent, as that arising from the puerperal period. Twenty-five cases of this kind have fallen under our observation at the Asylum, and in order to present them all with some of their more interesting circumstances, they will be arranged in a synoptical table, in which,

1st. The age at which women are most obnoxious to this malady will be seen.

2d. At the birth of which child they are most liable to it;—Whether more so at that of the first, than at that of subsequent children. The former has been asserted. It is probable, that if there be any predisposition to insanity, it is then more frequently developed, than at succeeding births.

3d. Whether there exist any predisposition, either *hereditary* or *acquired*.

4th. The influence of moral causes. On this point, the reports of different physicians are at variance. Thus, some of the English practitioners say, that moral causes are rarely active; while, on the other hand, Esquirol asserts that such causes are operative in the majority of cases which have fallen under his observation.

5th. What may throw some light on this subject, the proportion of *married* and *unmarried*.

6th. At what precise period the first symptoms of mental aberration displayed themselves, and when the broad features of derangement were fully developed. Whether during gestation, or between parturition and the secretion of milk, or during lactation, or immediately following weaning; and what may have been the concomitant symptoms.

7th. The results.

8th. The different forms of this variety of insanity, *thereby* ascertaining that which is the most frequent.

9th. The comparative curability of these different forms.

10th. Duration of the disease.

In the following table, where blanks are left under the heads of predisposition and moral causes, neither of these circumstances could be discovered to exist.

Number.	Age.	Which Child.	Period of Attack.	Predisposition.	Moral Causes.	Married or Single.	Form of Insanity.	Duration of insanity when admitted.	Continuance in the Asylum.	Result.	Observations.
1	21	1st	Labor 3 weeks premature—delivered by instruments—10 days after, became suddenly frantic	Hereditary.		M.	Mania.	1 Month.	3 Mos.	Recovered.	Treatment—Emetics, antimonials, mild laxatives, warm-baths—Counter-irritants, gentle mental and bodily employment.
2	26	3d or 4th	Few days after parturition and exposure to cold.	Hereditary.		M.	Monomania.	5 Mos.	5 Mos.	Recovered.	Treatment—Emetics, cathartics, counter-irritants, tepid baths, with cold affusions of head, soothing moral treatment.
3	20	1st	Two or three days after parturition.	From injury of the head.		M.	Mania.	12 days.	6 weeks.	Improved.	Was prematurely removed by her friends—taken into the country, during the prevalence of an epidemic fever, and died.
4	22	unknown	Two weeks after parturition, suffered by exposure to cold. Checked state of secretions, inflammation and supuration of mamme.			M.	Mania.	4 weeks.	1 Month.	Removed by friends.	Prematurely removed—her friends supposing she would die; it is believed she recovered.
5	13	9th	Ten weeks after natural labor, and nursing her child.			M.	Mania.	2 weeks.	1 Month.	Recovered.	Treatment—Entire seclusion, quietude, laxatives, warm-baths, gentle tonics.
6	27		Three weeks after parturition.			M.	Mania.	6 Mos.	3 weeks.	Recovered.	Treatment—Active purgation and counter-irritation.
7	20	1st	Soon after parturition.		Supposed the sight of her child, with hare lip, had some agency.	M.	Monomania.	2 Mos.	4 Mos.	Improved.	She made several attempts at suicide—was removed before she was entirely sane—has since recovered, it is supposed.

844	unk.	Immediately succeeding parturition.			M. Mania.	2 mos.	4 mos.	Recovered.	Had amenorrhea and treated by tinct. sen. comp.
921	1st	Few days after parturition.			M. Mania.	4 weeks.	6 weeks.	Recovered.	Tonic treatment.
1025	1st	Two or three days after parturition.			M. De- mentia	3 weeks.	6 days.	Removed	prematurely—her case was peculiar—was cataleptic.
1140	4th	Soon after parturition.		Domestic affliction co-operated.	M. Mono- mania.	2½ years.	7 mos.]	Improved.	Discharged, subsequently recovered, no medical treatment, the active stage having passed prior to admission.
1221	1st	During lactation, preceded by inflammation and suppuration of the mammae.			M. Mania.	2 mos.	6 mos.	Recovered.	Treatment—Counter-irritants, tonics, anodynes, generous diet,
1327	1st	Soon after parturition.	Hereditary.		M. De- mentia	8 mos.	1 month.	Removed	prematurely, not allowing time to observe the result of treatment.
1427	3d	Soon after parturition.			M. Mania.	4 weeks.	1 month.	Recovered.	
1529	1st	Two or three days after parturition.	Hereditary.		M. Mono- mania.	4 mos.	4 mos.	Recovered.	Suppression of milk supervened upon derangement, remained many weeks in a passive state, and then attempted suicide,—Treatment pil. aloë. comp. exercise, &c.
1635	4th	A week after parturition.			M. Mania.	Few weeks.	6 mos.	Recovered.	Had a similar attack after the birth of 3d child.
1729	4th	2 or 3 days after parturition.			M. De- mentia	13 mos.	1 year.	Recovered.	Treatment—Chiefly tinct. iodine.
1820	1st	2 or 3 days after parturition.			M. Mania.	2 weeks.	2½ mos.	Recovered.	Treatment—Emetics, mercurial and other cathartics, antimon. counter-irritation.
1932	9th	Some weeks after parturition, preceded by inflammation of the mammae, which terminated in resolution.			M. Mania.	2 mos.	2 mos.	Recovered.	Treatment—Purgatives, anodynes, warm-baths.
2030		Soon after parturition.			M. Mono- mania.	10 weeks.	2 mos.	Recovered.	Melancholy prior to parturition. Treatment—warm-bathing, tinct. sen. comp. emetics.

Number.	Age.	Which Child.	Period of Attack.	Predisposition.	Moral Causes.	Married or Single.	Form of Insanity.	Duration of Insanity when admitted.	Continuance in the Asylum.	Result.	Observations.
21	38	3d	Succeeded a still-born child at 8 months.		Gloomy on subjects of religion, prior to this period.	M.	Monomania.	2 mos.	9 mos.	Improved.	Was removed home in a much improved state of mind, had an operation performed for removal of a large tumor, and died 10 days subsequently.
22	22	1st	36 hours after delivery.		Domestic trouble.	M.	Mania.	2 weeks.	3 mos.	Recovered.	Treatment directed principally to stomach and bowels, alterative calo. cathartics, antimonials, pil. myrrh, &c.
23	19	1st	Six days after parturition.			M.	Mania.	1 month.	5 mos.	Recovered.	Her conduct strikingly characterized by obscenity, so common in this form of puerperal insanity. Treatment directed to stomach and bowels. Tranquillized by baths and antimonials.
24	29	1st	Twelve days after parturition.			M.	Mania.	5 days.	12 weeks	Recovered.	Was in a low typhoid state; treated by alteratives, cathartics, stimulants, tonics; suffered from diarrhea, which was profuse, painful, and continued after recovery. Has been subject through life to periodical head-aches.
25	37	2d	A month after parturition.			M.	Monomania.	2 or 3 mos.	2 weeks.	Recovered.	Her insanity came on gradually—after some weeks of mild melancholy, attempted infanticide. Though she did not entirely recover while in the Asylum, yet she was so far convalescent, that entire recovery succeeded removal.

Of the above cases,

1 was under 20 years of age.
 17 between 20 and 30.
 4 between 30 and 40.
 3 between 40 and 50.

Total 25

Twelve of the cases occurred upon the birth of the first child.

A predisposition to insanity existed in five cases, and in *four* of these it was hereditary—in the remaining one, accidental, owing to an injury of the head.

In none could the disease be distinctly and solely traced to moral causes, and in four cases only could this class of causes be found co-operative with physical causes.

They were all *married* at the period of attack. The exact period could not be ascertained; the largest proportion of cases, however, occurred within 14 days after parturition.

Not a single case succeeded weaning.

One case followed instrumental delivery; and another, the birth of a dead child.

Of the whole number,

18 recovered previous to leaving the Asylum.

6 had so far improved, that their friends thought it expedient to remove them; most of these, it is believed, have since recovered.

1 was rapidly convalescing, but on being removed into a district of country where the autumnal bilious fever prevailed, she was attacked by this disease, and died.

Thus it is seen that the disease has not proved fatal in a single instance, where the patient was under the actual care of the Asylum.

Of those who were cured,

	None recovered within	1 month.
7	"	" 3 months.
5	"	" 6 "
4	"	" 9 "
1	"	" 12 "
1	"	" 25 "

Total 18

Forms of Puerperal Insanity.

15 were cases of Mania.
 7 " " of Monomania.
 3 " " of Dementia.

Curability of the different forms.

13 of the 15 cases of Mania, recovered prior to leaving the Asylum.

4 of the 7 cases of Monomania, recovered.

2 " 3 " Dementia, recovered.

Corollaries deduced from the preceding cases.

1. That young women are much more obnoxious to this malady, than those more advanced, and that the susceptibility of females to it diminishes in about the same ratio that their years increase.
2. That women are more liable to this disease at the first, than at subsequent parturitions.
3. That a hereditary predisposition to insanity exists in less than one sixth of the cases.
4. That moral causes are co-operative only; and *that*, but in four cases out of twenty-five. As in part explanatory of this comparatively limited influence of moral causes, it may be observed, that all the patients were married.
5. That a large proportion of cases occurs within a few days after delivery; and that liability to this disease is found to diminish in proportion to the remoteness of the parturient period.
6. That puerperal insanity is one of the most curable forms of mental disorder.
7. That mania is the most common form of puerperal insanity.
8. And that this is far the most curable form.
9. That two thirds recover within six months, and that in some rare cases, even when the disease is curable, it is protracted beyond two years.
10. That it seldom proves fatal.