

OBSTETRICAL DEPARTMENT.

INSANITY OF PREGNANCY WITH COMPLICATIONS. — REPORT
OF A CASE.

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RS. K., was brought to the Hospital July 21st, 1898.

The entrance examination revealed the following facts:—

HISTORY:—White; aged thirty-four; native of Sweden; occupation that of a housewife; married four years, and has a child three years of age. The mental condition of the patient, together with her inability to understand a fair amount of English, makes history of previous illness a matter of supposition only. She tells us that her abdomen has been much enlarged since the birth of her child three years ago; that the little one has always been "sickly;" that she herself has not menstruated for about seven months, and that she has felt foetal movements which ceased "weeks ago." The mental illness dates over some months at least. There is a story of the patient having been vaguely fearful of her husband, at times calling for the police to come and arrest him. The verdict gives the duration as two weeks.

PHYSICAL CONDITION:—General nutrition, fair; eyes, pupillary and ciliary reflexes normal; pupils unequal, the right being the larger. Tongue coated; bears the impress of the teeth. Gums and teeth, in poor condition. Heart, normal in size; long, loud systolic murmur, most intense at the apex, and transmitted to the left; first sound not wholly lost; pulmonic second sound slightly accentuated and roughened. Pulse, 100; somewhat irregular; arterial tension increased. Lungs, negative; slight dyspoena. Breasts, enlarged; flaccid; a thin milky fluid escapes from the nipples. Abdomen, enlarged; a smooth, round, elastic tumor rises above the umbilicus; all form of its solid contents escapes the palpating hand; manipulation rendered somewhat difficult by presence of fluid in the peritoneal cavity; uterine soufflé loud; neither foetal heart nor movements demonstrated. Legs, marked oedema below the knee. Myostatic irritability normal. Temperature, 99½° F., by the mouth. Catherized specimen of urine, markedly acid; small amount of albumen. Microscopical examination, later, revealed quantities of pus

cells, a fair number of hyaline and granular casts, pavement epithelium and amorphous urates; quantity in twenty-four hours, $\frac{3}{4}$ xxviii sp. gr. 1015.

DIAGNOSIS:—Mittal regurgitation; chronic interstitial nephritis followed by ascites and oedema of legs; pregnancy and hydramnios, with probable dead foetus, this latter supposition being founded on the absence of heart sounds and movements, the condition of the mother's breasts, and her own opinion of the case; slight general sepsis.

MENTAL CONDITION:—Attention to questions, good; general consciousness of self and surroundings, diminished. Reaction to what is going on, diminished. Emotional control, fair. Association and ideation, somewhat inhibited and confused. Reasoning power and volition, decreased. Memory for recent and remote events, fair. Predominant quality of disposition not demonstrated. Mentality, much below par. Hallucinations, aural; has heard voices telling her that her husband would kill her. Delusions, none elicited.

PSYCHOSIS:—Confusional insanity.

TREATMENT:—Confinement to bed; light diet; bowels washed out once in twenty-four hours, followed by two per cent. Creolin enema; light sweats and mild cathartics daily; Basham's mixture. 7-23-'98, oedema of the legs almost disappeared. 7-24-'98, temperature 100° F. At four o'clock in the afternoon she became uneasy. Internal examination revealed nothing as to presentation, the amount of amniotic fluid making diagnosis impossible. The os was patulous, and readily capable of complete dilatation with little manipulation. This comparatively painless opening of the uterus to discharge a dead foetus is typical of such cases.

The usual preparations for confinement were made, and after a few hard pains, a spontaneous delivery was effected at 11:30 p. m., the placenta following twenty minutes later. The position proved to be left occipito-anterior. There was a large haemorrhage, besides the expulsion of some blood clots formed in utero, before delivery. The placenta was small and thick. The foetus was macerated, and had been dead at least two weeks. Judging from its length, and general appearance, pregnancy had existed between seven and eight months.

During the next ten days, there was a constant febrile condition, the height of the temperature being 101.4° F.

After the first two days, the lochia became very offensive, remaining so for a week. The only treatment was antiseptic douches, and Squibb's ergot, gtts. xv three or four times a day. With one or two exceptions, the patient did not urinate while in bed. There is a history of her not having done so when confined with her first child. This inability was due entirely to the recumbent position.

The middle of September found Mrs. K. discharged, recovered mentally, so far as the acute disorder is concerned. Physically, her condition was much improved. The oedema of the legs had entirely disappeared. The ascites had diminished markedly, and while the casts were constant, the pus corpuscles became fewer and fewer. As the urine was always acid, and pus was found in the first specimen after a thorough lavage of the bladder, we presume that the suppuration process was going on in the kidney.

TO SUM UP:—The history being so incomplete, we cannot be accurate, but it is fair to assume that the nephritis antedated the heart lesion; that pregnancy aggravated the nephritis, and in turn the inflammation of the kidney put an end to the life of the foetus and hastened its delivery. As the septic condition preceded and continued for only a short time after labor, it was undoubtedly due, in the most part at least, to the uterine absorption of the products of decomposition. Some intoxication may have been added by retention of urinary solids. The steady decrease of pus in the urine, as well as its first appearance without other known cause, leads us to the opinion that pyelitis was but one of the symptoms of sepsis from the uterus. Hydramnios has an etiology long and varied, each author ascribing some new cause, evolved from his own experience. In this case reason need not be forced. Two sources of liquor amni are to be found in the maternal vessels, and the foetal kidneys. From the first of these we would expect an increased transudation due to their overdistention and increased pressure. In the second place the retention of urinary solids in the mother, would act, through her blood, on the child's kidneys, and irritate them to greater secretion.

In those predisposed to insanity, the pregnant state offers a fertile soil for its development, the usual types being melancholia or mania. We do not know of any hereditary taint in Mrs. K.'s case, and her insanity, with its special feature—confusion—was the product of the extra tax pregnancy imposes, laid this time, not on a normal brain, but on a weak intellect. More than this, was the chronic nephritis, in itself not a worthy cause of insanity?