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Puerperal Insanity. Cause, Symptoms and Treatment.

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THE term Puerperal Insanity is somewhat misleading. The fact of the mental trouble coming on during the puerperal period adds to the disease, few if any distinctive features which may be accounted for by the conditions peculiar to that period. The delusions are apt to involve husband and child and may include sexual matters. The peculiar physical conditions must also be borne in mind. Aside from these points, puerperal mania and melancholia present no distinctive features from mania and melancholia of other periods of life.

Etiology:—Many theories have been advanced as to the cause of insanity during the puerperal period. The nervous system of the pregnant woman is more or less impressed by her condition during the entire time of her pregnancy. The degree of this impression depends in a considerable measure on the stability of the mental make-up of the expectant mother. Heredity doubtless is an important element in the causation. A neurotic inheritance causes grave havoc when other conditions are furnished. The anxiety as to the possible accidents of labor, the insomnia which is often a trouble-

some symptom of the later weeks, the depression and irritability often present—these symptoms occurring in a pregnant woman of neurotic heredity are predisposing causes of insanity in the puerperal period. Indeed such a patient not infrequently becomes insane before confinement—the so-called insanity of pregnancy. Some writers state that 25 per cent. of all cases of insanity in the puerperal patient is due to heredity, or to constitutional predisposition. Probably if statistics could be obtained the percentage would be greater. Unfortunately there is usually a determination on the part of friends when pressed for particulars, to evade the question of heredity. Moral influences seem to have a bearing as causative elements in these cases. It has been claimed that the mothers of illegitimate children are more likely to become insane, but this is open to question. It is however most probable that the conditions surrounding a patient, such as may disturb her and cause her moral shock, anxiety, or distress may aggravate any tendency to insanity.

Age is to be considered in this connection. The majority of cases occur in women between twenty and thirty years of age, and most frequently in the first confinement.

Sudden suppression of the secretion of milk, the abrupt cessation of the lochial discharge, lacerations occurring during labor, mastitis, metritis, septic infection, etc., may each have an influence in these cases of insanity, but can scarcely be considered as causes of the disease, for many cases occur in which all such conditions are absent. On the other hand every physician has seen many patients in whom one or several of these conditions have existed at the puerperal period without mental disturbance being manifested.

Not infrequently causes, moral or physical are not obtainable. The disease seems to be one of irritation rather than of inflammation, and has been said to be analagous to delirium tremens.

No class is exempt. The rich and poor, the educated and ignorant are liable to suffer from this sad condition.

Pathology:—Nothing definite has been recorded as to the particular pathology of insanity of the puerperal period. Many peculiar theories have been suggested in times past. One writer thought it probable that the milk went to the brain; another that there existed a milk diathesis. Still another writing later, gravely remarks that as milk is not

found in the peritoneal cavity in cases of puerperal peritonitis, there is no reason for suspecting its existence in the brain in puerperal insanity. Post mortem examinations have discovered no uniform lesions so far as the writer could learn. This subject is on the program for the meeting of the Medico-Psychological Society this year and we hope something definite may be presented.

Frequency:—Some writers place the frequency of puerperal insanity at 8 per cent. of all cases, which is a large percentage. Omitting from the calculation all cases of mental alienation occurring in women who have passed the child-bearing period, and the cases occurring before that period, the percentage would be even greater.

Time:—Insanity of the puerperal period comes on within the first six weeks or two months after confinement. Fifty per cent. of all cases occur within the first week or ten days; and eighty per cent. within the first two weeks after labor.

Symptoms:—One of the first symptoms noticed in these cases is an indifference on the part of the mother toward her child. This indifference gradually includes other matters and the mother appears self-absorbed and dull. Her eyes are unnaturally bright, and she becomes restless, seemingly losing all sense of exhaustion. She is sleepless, active, loquacious, noisy. She becomes suspicious of those about her, and often accuses them of evil intentions and grossest crimes. Homicidal and suicidal threats are not infrequently made. She becomes resistive, violent, aggressive—is by turns joyous, scolding, irritable and quite incoherent. She seems to have supernatural strength and it frequently requires the combined strength of several to hold her in bed. These changes may all occur within a few hours after the first symptoms are noticed. The pulse is usually small, the temperature not necessarily high. The degree of temperature depends upon the amount of septic infection if such exists. There may be local tenderness, but the patient does not as a rule, complain of pain. She soon ceases to recognize her friends, and calls them by other names. The tongue and lips soon become dry and the teeth covered with sordes. The condition of the mouth added to her suspicions of those about her, cause her to persistently refuse all food. She will not even permit a drop of water to pass her lips. Unless

prompt measures are taken at this point the patient soon becomes exhausted and dies in a few days. Under proper treatment she will become more quiet, but mental improvement will be gradual. It is a very rare occurrence to have a patient emerge from the mental darkness as suddenly as it came upon her. But gradually, as physical health is restored, and conditions favorable to mental improvement are utilized, the delusions disappear, and the patient is once more in her right mind.

In septic cases the temperature is often very high and the mental symptoms resemble acute delirium rather than mania. It is impossible to obtain any recognition from the patient who is constantly muttering and restless.

Mania is the most common form of insanity of the puerperal period and the condition is rather that of excitement than depression.

It is often stated that there is a peculiar tendency to lewdness in the actions and language of such patients. This is more apparent than real. The frequency of these cases and the fact that they require more attention, may account for such language receiving more notice and hence being considered as peculiarly characteristic of them. The writer has had cases under her care who have never by word or action in the remotest way shown any suggestion of coarseness.

Diagnosis:—Diagnosis is not difficult. There may be some prodromal symptoms, but frequently no suspicion of the impending storm is noticed until the patient manifests unmistakable symptoms of mental alienation.

Prognosis:—The outcome both as to life and as to mental health must be considered in giving a prognosis. Cases complicated by septic infection present grave features in that the patient has not only to combat the exhaustion incident to the excitement of mania or melancholia but also the poison in her circulation. In such cases it often a mere matter of physical endurance—of vital force. The exhaustion incident to mania of severe type or to melancholia accompanied by intense agitation is in itself grave and a guarded prognosis should be given.

The death rate is variously estimated at from 5 to 8 percent. Mental trouble sometimes occurs in connection

with eclampsia and is then of three or four days duration, —terminating in speedy recovery or death.

Prognosis as to mental health is good. A large percentage make a good recovery. Different writers place the percentage of recoveries at from 60 to 75 percent. The more acute the attack the better the prognosis all things considered. In the milder or more chronic type of the disease, the prognosis is less favorable as to complete recovery.

Duration:—Most of the recoverable cases are well within six months. About fifty percent recover within three months. Cases have been known to recover after several years of mental darkness. Time is however, an important element; and hope fails as months pass without signs of improvement. Improved physical health as indicated by increase in weight, when accompanied by some improvement in mental condition is a favorable indication. Restoration of the menstrual function often occurs simultaneously with mental improvement and is an indication of the general building up of the patient's health.

Treatment:—All conditions peculiar to the puerperal period should receive such attention as is given to similar cases not mentally ill.

It is often difficult to carry out such treatment, but with nurses trained in caring for the insane it can be done fairly well.

The patient must be given food and rest. When food is persistently refused, mechanical feeding by nasal or stomach tube must be resorted to and persisted in. For this purpose a good rich egg-nogg is perhaps the best nourishment. This can be varied by different food preparations readily obtainable. The patient must be *sufficiently nourished* if she is to be restored to health.

Should the stomach reject food lavage may quiet the trouble and should be made use of. If the patient is weak some good wine or brandy may be added to the food or any other form of stimulation which may be preferred. The bowels must be kept in good condition, and cathartics given when necessary.

To secure rest there are many drugs to choose from. But before trying drugs the bath should be tried. The judicious use of water is often very efficacious in producing sleep. A warm bath with cold applications to the head will

often be followed by a period of quiet and sleep. When the temperature is high, a cold pack with heat applied to the feet will often secure the desired rest.

Among hypnotics, sulfonal, trional, paraldehyd, chloral-mid, chloral, are all useful, and are named here in the order of the writer's preference. The first three are perhaps the safest. Any of them may be added to the food mixture if the patient refuses to take medicine.

As soon as the condition of the patient will permit, if the weather is favorable she should be taken out for exercise and fresh air, and her attention diverted from her delusions by amusements and occupation.

The question of home or hospital treatment must be early decided if the welfare of the patient is considered. If all necessary means are available for the care of the patient she should be kept at home. Of course it is not essential that reasons be given for preferring home treatment for such cases. But the care of a puerperal case of insanity in her home means such a trial of endurance as no other circumstances could bring into a family. Two or three competent nurses will be required for a disturbed case and if intensely excited, more help may be needed. And this may be necessary for several weeks. If this care can not be given at home the patient should be removed to a hospital as soon as possible, in order that no time be lost in giving her every chance of recovery. The writer has often in her experience had great reason to deplore serious delay in placing such cases under conditions favorable for treatment.

A word might be added with reference to methods of treating cases of insanity in puerperal women in times past. Chloroform was formerly much used to quiet maniacal cases, and might perhaps prove useful in an emergency. But we have much safer means at the present time.

Blood letting too was in great favor in former times. Few cases present features which would justify that procedure to-day. The patient has usually lost as much blood as she can spare before the mental trouble appeared. There may be exceptional cases however in which it would be beneficial to the patient to be relieved of more blood and then of course the operation should be done.

In the milder and more depressed cases, opium has been

used with good results and remains a preferred method of treating these cases to-day.

Of all the accidents and ills which may befall the puerperal woman, the saddest is mental alienation. Fortunately it is infrequently dreaded by the expectant mother although her mind often dwells on the other possibilities attending her approaching confinement.

The shadow which such a calamity brings into the home is deeper than that of death. As the cloud which shuts the young mother away from those who love her most comes between them and her, a feeling of horror and despair takes the place of the joy and tenderness which marked her advent into motherhood.

On the other hand there is no more gratifying experience in the work of a physician than that of assisting such a patient to emerge from the mental darkness and to see her restored, well in body and mind, to her family and friends.