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THE PSYCHIATRIC ASPECTS OF PREGNANCY.

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But for the habitual, almost absolute, separation of mind from body, the sympathies and mutual dependence of body and mind would not have been so little understood as now. A disordered liver will sadden the mood and a sad mood in turn will disorder the liver. In like manner fear will cause heart anguish, and, conversely, heart anguish will produce fright. A constant to and fro communication kept up between each organ and the brain, the derangement of any part produces a disturbance in its cerebral matter, from which place the unrest is diffused, reacting in turn upon the organ deranged. Considering the close interdependence of the various organs of the body it is inconceivable that a disorder or any material change of any one part of the body can exist without affecting the whole, surely not without producing a mental effect. It is not strange, therefore, that when the greatest of all known physiological changes is taking place, as in pregnancy, that the mentality of the woman is invariably affected to a greater or less extent. When the mind is but slightly affected the perversions of thought and conduct are passed by with the sufficient explanation that "the woman is pregnant." But when, by reason of any unusually severe drain upon the woman's moral or physical strength, or of an inherited or acquired mental instability the woman in any great measure ceases thinking the thoughts, feeling the feelings, and doing the things that are normal to her, we call her insane; although the only essential distinction between the two conditions is one of degree. Notwithstanding the great stress which the changes of pregnancy place upon the mind, the number of women who become insane under it are proportionately exceedingly small when compared with the number of parturient woman.

In explaining this comparative rarity of insanity in pregnancy we must recognize that the parturient state is a natural one, that woman was born to that end, and that her system has heen prepared for it and is consequently better fitted to

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withstand its depletions than the other strains placed upon her by unfavorable or vicious external conditions. It is indeed exceptional that a woman who does not inherit an unstable nervous system or has not been subjected previously to great moral or physical strains becomes insane during any of the stages of childbirth. While the sympathetic or reflex effect of the uterine changes upon an unstable brain, the changes in the quality and circulation of the blood and the processes of nutrition or accidental moral or physical shock appear to be the determining cause of an insanity; the fundamental basis of the psychosis is laid, with rarely an exception, by inheritance or hardships experienced earlier in life.

Insanity of Pregnancy.—The psychosis which commonly develops during gestation is melancholia. Ushered in by a gradually deepening depression with timidity and vague forebodings, *later* profound depression, undefined fear and despair, suicidal tendencies, refusal of food, and sometimes positive stupor, become the most prominent mental symptoms, but cannot be distinguished from those found in melancholia otherwise produced. In these cases the *prognosis* is of especial interest. When the psychosis is not the result or sequel of a previously existing mental disorder, but is purely accidental or primary the majority of patients recover before delivery. When secondary there is usually a gradual decline into dementia which may be either quickened or temporarily retarded by pregnancy. A few instantaneous recoveries upon parturition have been reported but abortion has not been found to cut short or in any way change the course of the disease. On the other hand a few patients continue melancholic up to the time of parturition, when they become acutely maniacal although recovering ultimately. In some cases of depression during the later months of pregnancy delivery may take place without any apparent pain and the child may die untended without there being any infanticidal intent.

It is very rare to have the onset of an acute insanity develop during labor although it be the time of greatest stress. When psychosis develops at this time it consists of a delirium usually transient and maniacal, with sudden impulses and a marked tendency to infanticide.

Puerperal insanity is more frequent than either the insan-

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ity of pregnancy or lactation. While the psychoses developing in pregnancy and during lactation are chiefly melancholias, about two-thirds of the cases occurring during the puerperium are manias. The mania is most often characterized by an intense excitement, incoherence, garrulity with occasional outbursts of extreme violence of conduct. It is interesting to note that in all such cases there is a tendency to obscenity of language, indecent exposure, and lascivious conduct. The majority show delusions of persecution or intrigue, which often lead to ideas of suicide and homicide. Many mothers seriously attempt to take their own lives and many make fierce attempts to kill their children or husbands. Attempts to murder the offspring are most frequent, and no woman suffering from this form of insanity should be brought in close relationship with her child. A determined aversion or at least an indifference to the newly born offspring is present in almost every case, and it often is so dominating as to lead to deceitful cunning acts to procure possession of the infant only to kill it.

Seventy-five to eighty per cent. recover in puerperal insanity in from two to nine months, but occasionally recoveries are delayed for from two to three years. About 10 per cent. die and the remainder become chronically insane.

Lactational insanity may be any form of derangement, but is oftener melancholia from exhaustion, particularly if another pregnancy or the return of the menses combine to deplete the nutritional supply of the system. The onset is usually sudden but is most commonly preceded by sleeplessness and a vague fear of impending danger together with the common physical signs of exhaustion. The aversion to the husband is more marked than that toward the child. In all other respects the disease differs in no essential from the insanity of pregnancy. About 80 per cent. recover. The course is from three months to 12 months and occasionally a case does not recover under two or three years. Hallucinations are common.

The treatment and management of the psychoses occurring in the course of childbirth should differ in no essential manner from that of mental changes occurring at other times, excepting that much more can be expected of prophylactic treatment.

The tendency for insanity to recur with each successive

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pregnancy is marked, and by not permitting conception, a second attack can usually be avoided. Wherever a tendency to mental disease is suspected great promptness should be exercised in anticipating and correcting errors of nutrition and elimination. The patient should be made to follow out a prescribed course of rigid self-discipline, in which worry, anger, hypersensitiveness, and capriciousness should be directly and indirectly combated. This can commonly best be done by prescribing a definite course of physical exercise, reading, social intercourse, and recreation, adapted to the patient and her environment, with special instruction as to how to overcome irritability, worry, and anger.

Fits of worry and anger are most depleting and often occasion an outbreak of an acute insanity.

The husband and family should not be forgotten, for often they will be found to need more severe discipline than the patient.

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