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Perpetual Insanity

by

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It is acknowledged by those who have written on the Subject of puerperal insanity, that the mental state of the patient does not differ from that exhibited in those who are suffering from ordinary forms of insanity. Dr. Good remarks on this point that, "if a physician were taken into the Chamber of a patient whose mind had become disordered from lying in, or nursing, he could not tell by the mere condition of her mind that the disease had originated in these causes."

Sir James Simpson says, "There is nothing special in the symptoms or character of puerperal insanity as distinguished from other forms of insanity. The symptoms when the disease is established are simply those of common mania, or common melancholia,

In the cases of purpural mania which I have
witnessed, I failed to find any trace of Albumen
in the urine

or of some intermediate type of mental disorder."

It seems to me that the tendency of the latest writers on this subject has been to advance as the causation of puerperal insanity, something different from the recognised causes of insanity in its ordinary forms. Thus we have the 'toxaemic theory' suggested probably by the discovery by Sir James Simpson, of albuminuria in some cases, and arguing from this that there would be a retention of urea in the blood, and a secondary formation from this of some other poison, which has hitherto baffled the attempts of the chemist to discover. I consider that the association of albuminuria with these disorders of the mind cannot now be looked upon as cause and effect. Albuminuria is certainly not associated with all cases of puerperal insanity. * When we find albuminuria during pregnancy, and more especially when

it is associated with anasarca, the fear we entertain is best preserved convulsions should supervene; and I presume that the coexistence of albuminuria and puerperal convulsions is now an established fact. It is true that some instances have been published of mania following convulsions during the puerperal state. This fact might seem to indicate some connection as to their causation. I think however, that the explanation which those who have witnessed such cases have put on them, that the exhaustive bleedings, which were resorted to to relieve the convulsions was the cause, contains more of the truth.

Again, when we consider that twenty per cent. of all cases of pregnancy are attended with albuminuria, and that the majority of these cases exhibit no bad symptoms, the urine becoming normal in constitution after delivery, I think it is evident that we cannot depend on albuminuria of pregnancy.

as a rule, of serious import

I therefore do not accept the term 'lunatic-puerperal-mania', which has been applied to it by Dr. Donkin of Newcastle, as an explanation of the causation of the disease.

Dr. Donkin like Dr. Goode and others recognises a twofold division of these disorders of the mind, according as there is the presence or absence of grand constitutional symptoms, and defines them as follows:—

"Class I. In this class the mania is essentially acute, and has a brief course.

It is always accompanied by a very rapid pulse, sthenic or asthenic, and, generally, a moist skin. The attack is usually ushered in and attended by pain and heat of head, great intolerance of light, sound, or movement in the room, *trinitus aurium*, and *pervergelium*, and with a strong tendency to a fatal issue, death taking place by way of coma or asthenia.

Class II. This class is characterised by complete absence of constitutional

disorder, The pulse uterine, or occasionally, exceeds very slightly its natural frequency. There is no danger to life, and the mental derangement is generally more or less chronic, and frequently merges into hopeless insanity."

The first class is that to which Dr Donkin applies the term 'Uteral-puerperal-mania'. In fact, he recognises it as a mental disorder, symptomatic of disease in the kidney. As a type of this class, he describes a most interesting and instructive case, accompanied with Dropsy and abundance of albumen in the urine, in fact such a case as would suggest to a physician the probable onset of puerperal convulsions. Indeed Dr. Donkin believed this to be the danger, and adopted vigorous antiphlogistic treatment, in the form of blood-letting. Convulsions did not arise, but violent maniacal symptoms and delusions exhibited themselves, and therefore, Dr Donkin

Assumes that the carbonate of Ammonium which he found so largely in the blood of his patient and which, presumably, arose from the urea which was not eliminated by the disordered kidney was the cause of the mania, for as the albuminuria disappeared the mania gave way.

If all cases of puerperal mania coming under the definition of the first class were accompanied with renal disorder, as exhibited by albumen in the urine and dropsy; and if carbonate of Ammonium were present in the blood of such patients, then there might be great reason for our adopting this theory. But it seems to me, that the majority of cases of puerperal mania have no symptoms pointing to the kidney as the origin of the disease, yet would come under the definition of Class I. So far as the mental phenomena are concerned, with attendant high fever, and danger of a fatal issue. The following

Case which came under my notice, was of that nature, and was accompanied hitherto by albuminuria non dropsy.

Mrs B — about to be confined for the first time, was a woman of a very nervous, and excitable nature, and had been in rather delicate health during the period of her pregnancy. Labour came on at the full term, and was comparatively easy and speedy, and for a few days everything went on well, except that there had been little or no sleep. On the afternoon of the fifth day, there was a complaint of pain over the abdomen, and patient thinking there was inflammation and that her life was in danger, soon became very much excited. The temperature rapidly rose, till at midnight it was 105° Fah. There was no tenderness on pressure over the abdomen, there was no tympanites and the loeal discharge and secretion of milk seemed to be only slightly diminished. The uterine

was badly situated, being immediately
over an open shop, the noises from which,
and from the street did much to increase
the patient's excitement. It soon became
evident that the pain only existed in
the imagination of the patient. They
kept flitting about from one part of the
body to another, appearing suddenly on
one side of the chest, when patient would
insist that there was inflammation of
the lung and as suddenly would they
leave this spot to appear on the other
side of the chest, in the shoulder, or
in the head. When a poultice was
applied patient would, when nurse was
not looking hide it under the bed-clothes
or throw it out of bed. She quite
forgot about her child, and never
asked for it, and imagined that her
husband and the nurse were doing their
utmost to prevent her recovery. She
would at times lie with her head buried
in the bed-clothes, or with her face
turned to the wall, and staring at a

certain part of it. Sudden noises made
her start violently when she thought
that some body was coming to take her
life, but even the slightest noises were
quite sufficient to arouse her, and if
there had been any improvement of the
temperature a sudden start seemed
always to have the effect of raising
it again. The temperature re-
mained at 105° Fah. for about five
days, and I could discover no physical
defect to account for this. The morbid
excitement of the nervous system seemed
to be the only cause of it, for after
periods of quiet it would fall one or
two degrees. To bring down the
temperature, full doses of quinine were
given and frequently repeated. Ten
grains of bromide of potassium were given
every four or five hours, and forty
drops of Batley's solution of opium at
bed-time, to induce sleep. Improvement
dated from the time that a good sleep
was procured, the temperature came

down, and by the end of the second week her mental state had become natural.

I consider that a strong argument against the toxicemic theory is the fact that many cases go on to chronic insanity. The symptoms of the disease at its onset may sometimes resemble the action of a acute poison, as alcohol or some of the narcotic poisons, but, the action of such poisons, if they are not in sufficient quantity to cause death, is temporary, being gradually thrown off by the system. To keep up the action, more of the poison must enter the system, and it is only after years indulgence in the use of alcohol, that chronic insanity results. The condition which in puerperal mania might give rise to a poison in the blood, and only present for a short time after the onset of the disease, when the blood is loaded with the degenerated tissue from the involution of the uterus.

It seems to me, therefore, after consideration of the possible causes of these disorders of the mind, that we cannot ascribe to them a causation, different from that supposed to exist in other forms of insanity.

I would therefore define puerperal mania as a form of insanity occurring in females who are predisposed to disorders of the mind, from the peculiar condition of body which the puerperal state induces, and inasmuch as this condition of body is temporary, so the insanity accompanying it, is as a rule, of less serious import than other forms of insanity, inasmuch as, in most cases it tends shortly towards recovery.

An important state of the system which may have a powerful influence in the production of insanity during the puerperal state, is to be found in the anaemia or exhaustion from loss of blood which follows delivery. If there was one thing more than

Another, which Gooch enforced in his teaching on this subject, it was that the disease was one of excitement without power, and by the cases he relates, he demonstrates most clearly the evil produced by the copious bleedings which were resorted to in his day as the best means of cutting short the attack.

Writing in Quain's Dictionary of Medicine, G. F. Maudsford says, with regard to the causation of insanity, "In anaemia or exhaustion the nerve centres fail to generate from the blood the power necessary for their operation..... The discharge liberated does not ramify throughout the nervous system, calling into action every part of the brain and penetrating to every portion of the muscular structures, and this failing supply is manifested in the gloom of melancholia." "Again, a sudden shock, or strain, or incessant thought especially of a painful kind may wear up the reserve of force, and the in-

ceased molecular discharge, not being duly compensated for by an increased supply from the nutritive sources, insanity is the result."

In the same work, Betty Luke and Shandby insisting on the importance of examining the cerebral vessels remark, "When we examine an injected preparation of the substance of a cerebral convolution, and witness the perfection and delicacy of its circulatory apparatus; and when we reflect on the results of the phenomena of congestion, stasis, and anaemia on the functions of other organs, we have little difficulty in comprehending the influence such conditions must have upon the highly complex elements which make up the organ of the mind. It is certain that in most cases of recent insanity, disturbance of the cerebral circulation is one if not the essential pathological factor, and if such disturbance is of long continuance, permanent lesions of

cells, fibres and nuclei, and as a consequence chronic insanity in some form must result?

We know also that the brain may be in a state of hyperaemia, although the general bodily condition may be one of anaemia. Then Gooch recognised this, and refers to an essay by a certain Dr. Kelly which describes the appearance of animals bled to death, showing that the vessels of the brain were still full of blood when the general circulation had been drained to death.

Granting then the foregoing is a rational explanation of the causation of insanity, so far as we at present know, I think, we must admit that there are many corresponding points or conditions of system, existing during the puerperal state which may not only predispose to, but determine an attack of puerperal mania; and considering that one-half of all cases of puerperal insanity are hereditarily predisposed, we are not entitled to assume that

the conditions which favour the development of insanity are present to a most marked degree during the puerperal state, since that period so frequently calls for the this hereditary tendency?

Giving due importance then to the anxiety which attends child-bearing, and which is of course, more exaggerated, in those who have not borne children, I feel inclined to believe, that the essential condition which induces insanity, is the Anaemia or exhaustion from loss of blood, which follows delivery, bringing about a condition of nerve irritation, as in the melancholia of pregnancy, or causing an unstable condition of the cerebral centres, so that any sudden shock or strong mental emotion may have the effect of throwing the patient's mind off the balance.

Dr James Simpson relates an interesting case, where the lady had so far

progressed in his convalescence, as to
be able to receive visitors in the drawing-
room, when he was suddenly informed of
some family disaster. He immediately
became insane, was taken back to his
bedroom a raging maniac and died in
a few days.

Beside recognising the fact that the
disease was one of excitement without
power Dr Goetz put great weight on
the influence which the sexual system
in the female exercises in the causation
of puerperal insanity; by which I
understand him to mean, the sym-
pathetic effect which the sexual
system has over the discharge of nerve
force in the cerebral centres. When
we consider the peculiarities of dis-
position, and the mania of puberty, which
sometimes accompanies the establish-
ment of the menstrual function, when
we consider the hysterical affection
which often accompany disorder of
the menses, and the climacteric

insanity which tends to develop after the cessation of the menstrual function. I think we must admit that the sexual system in woman exercises a very strong influence over the nervous system.

The first case of puerperal insanity which came under my observation, occurred in a young married woman, eighteen years of age and the wife of a farm labourer. This her first confinement, took place six months after marriage. I was not present at the birth of the child, and saw the woman for the first time thirty six hours after labour. She had been attended by a midwife, who, at the time of the confinement, informed her that she would head 'come down', but that she had put it all right again. The idea that something was wrong with her would head had taken complete possession of the patient's mind, and she believed that it would either prove fatal

It would render her an invalid for life. The result was that I found her in a condition of great mental anxiety, with a temperature of 102° Fah. and a pulse of 120 per minute. A vaginal examination revealed nothing abnormal, the parts presenting the appearance to be expected so soon after labour. The following morning brought no improvement in her condition. There was still the mental distress concerning the condition of the womb. There was no tenderness on pressure over the abdomen, there was no tympanitis, and evidently there was no pain. The pulse and temperature were still high. Added to these symptoms, however, there were the peculiar mental phases which characterize those cases. She refused to answer questions, lay with her face turned towards the wall of the bed, seemed distrustful and suspicious of her attendants, could not be persuaded upon to take food, and had quite an aversion

to the child. The secretion of milk did not come on, and the lochia discharge was much diminished. This state continued for nearly a week, after which time patient became more easily controlled, and could be induced to take food. The temperature came down to the normal, but beyond this there was no improvement in the mental condition.

Patient's mind became completely inactive, there was a most decided state of mental insensibility. On being spoken to patient would do nothing but stare blankly and make no reply. This state of mind continued for about four months before there was much improvement. After this time however, there was rapid progress, and patient soon regained a normally active state of mind.

I confined this patient again two years after this without any return or even a threatening of puerperal mania.

On two separate occasions I have

experienced great benefit from the inhalation of Chloroform, in a lady patient, who was an epileptic subject and who developed violent hysterical symptoms after her confinement. If the symptoms had existed apart from child-bed, I would have looked upon the case as one of hysterical mania.

The severity of the after-pains seemed to be the immediate exciting cause of the attack. Of late, there has been a tendency for patient to become violent after a succession of bad fits, but hitherto this has been of very short duration. Patient has been subject to fits for the greater part of her life, but only in the form of small convulsions since her marriage eight years ago.

Patient is now thirty years of age. The symptoms I refer to exhibited themselves after the last two confinements. Labour in both instances was comparatively easy and lasted only about two hours. The after-pains came on immediately

After Labour, and were very ill. At first patient bore up well, but soon she began to toss and turn in bed and complained bitterly. Then hysterical sobbing commenced and even shrieking, as to alarm the whole house, and in addition, to lack of family affairs heedless of those in the room with her. At first, forty minims of solution of the muriate of morphia were administered, but taking no effect, in two hours a hypodermic injection of one-fourth of a grain of morphia was given, and this still bringing no relief, in another interval of two hours one-sixth of a grain was administered. Even after this patient continued to weep hysterically, and talk incoherently, and as no urine had been passed since the birth of the child, a large quantity was void drawn off with the catheter. Chloroform was then administered and continued at intervals, for about five hours before patient settled into a quiet state. For two days after the patient

lay in a calm condition, not asleep, although there may have been occasional snatches of sleep during the time. It was evident from the twisting of her body now and again, that she was still conscious of the after-pains, and when any attempt was made to open the eyelids, they were forcibly closed. On recovery from this state patient inclined to be talkative, she took no interest in anything around her, and never asked for her child, but liked to talk of the beautiful visions she had seen, and the conversation she had with those who were dead, and she believed that these were all reality. This state continued for about two days, when patient, after procuring a good sleep awoke conscious.

The following confinement of this lady threatened to bring a repetition of the former symptoms, but instead of trying opiate or waiting till they would take effect, I began to administer chloroform within two hours

after labour. Again it had the effect of soothing the patient, and after a few hours I was able to leave her in a calm state. This time patient's mind was clear thirty six hours after labour, and she made quite a good recovery.

I have witnessed other cases of puerperal insanity in practice, besides cases of insanity occurring during pregnancy and lactation but they call for no special comment.

The last case occurred within the last two months in a woman belonging to the humble sphere in life. I was informed by her neighbours that she had been partaking of ardent spirits since her confinement, but of this I could not be certain. Insanity came on within a fortnight after delivery. This was her fifth confinement and the previous one was attended with similar symptoms. In this case there was no constitutional

disturbance, patient was moving about
during the household duties, in a way,
and the mania consisted in using most
abusive and filthy language, and
threatening to do all manner of things to
her children. It was very interesting
to see patient now and again, stop in
the middle of her tirades, and make
a remark, which showed that she was
conscious of her behaving in an insane
manner, but immediately after, break
forth in another torrent of nonsense.

This patient was admitted into Glasgow
Asylum, and I have not yet heard of
the result of treatment there.