

Puerperal Insanity.

ITS CAUSES, SYMPTOMS, AND TREATMENT.

By MISS M. ALEXANDER.

Puerperal insanity is a form of mental disturbance occurring either during pregnancy or the puerperium, or when the mother is weaning the baby. It consists of two varieties:—

- (1) Mania.
- (2) Melancholia.

It may occur during the first months of pregnancy, the last weeks of pregnancy (which is the most serious time of onset), or during the progress of labour immediately preceding the birth of the child; but, generally speaking, *mania* rarely occurs except during the puerperium—*i.e.*, from two to twelve days after delivery, while *melancholia*, though it may also occur at this time, is most frequently the result of prolonged lactation.

The onset of melancholia is characterised by tears, depression, fretfulness, sleeplessness, and delusions, and, should it occur during the puerperium, there will probably be pyrexia and other symptoms pointing to sepsis. On the other hand the onset of mania is denoted by a quickening of the pulse (as a rule), occasional pyrexia and sepsis, and a marked change in the manner of the patient. She will be subject to fits of violence followed by periods of passivity, and will most likely be the victim of illusions and delusions, and lose all idea of her surroundings, while her moral faculties will be more or less affected.

Puerperal insanity may be caused by,

- (a) Mastitis, phlebitis, or puerperal cellulitis when attended by pyrexia;
- (b) or it may be the result of some antecedent condition, such as a previous history of mental weakness, alcoholism, or epilepsy;
- (c) or you may have a form of *acute idiopathic mania* as a resultant condition of very severe labour attended by eclampsia or hæmorrhage, or of a prolonged second stage in elderly or very young primiparæ.

As regards the *prognosis* in these cases, insanity may last for the remainder of the patient's life, but generally speaking, more than half the cases recover within six months—often in three or four months. If, however, there is any hereditary taint, a relapse often recurs before or after subsequent confinements.

The *care* of mental patients lies so largely in the hands of the nurse that it has, for her, even greater interest than either ætiology or prognosis, for the life of the child and both the reason and life of the mother may depend on her

resourcefulness and foresight. The baby, if there is one, should be removed at once, and the patient placed under immediate and constant observation. As far as possible her mind should be diverted, but at the same time she should be kept in a restful condition, and no visitors allowed until her recovery is assured. Her strength should be kept up, and she must be induced to take food, even though the nasal or œsophageal tube or enemata per rectum be found necessary. A generous but light diet is the best—milk, good soup, beaten-up eggs, and liquids generally; but where insanity takes the form of melancholia owing to prolonged lactation, a very liberal diet is allowed, and stimulants, such as stout or ale, are sometimes ordered, while the patient is kept in the open air as much as possible.

Where mental disorder occurs during the puerperium, alcoholic stimulants are sometimes ordered to patients who have had severe hæmorrhage during or after labour, and who are consequently weak and anæmic; but if the nurse should notice the slightest excitement in the patient after the administration of the stimulant, she ought to let the doctor know at once, and not repeat the dose until she has been specially directed to do so.

The condition of the patient's bowels also requires attention. Purgatives are not really necessary oftener than every second, or in some cases, third day. *Cascara sagrada* or castor oil may be given, but if the patient has been in the habit of taking any other equally suitable aperient, she should be humoured on this as on any other points which are really immaterial. The only time when castor oil should not be given is during the last weeks of pregnancy, as it may precipitate labour. Should it, by any chance, be taken by the patient without the knowledge of the nurse, and pains induced prematurely, fifteen to twenty minims of *Tinct. Opii* may be prescribed for her.

Other important points to notice are the condition of the breasts, bladder, and lochia. Anything abnormal should be mentioned to the doctor at once, and the lochia in particular should be carefully inspected. Foul fetid lochia stands for some pathological condition; and it may be further noticed that while the stain of healthy lochia is red at the centre and fades towards the margin, that of septic discharge is almost colourless at the centre, while the margin is clearly defined. In every case of sepsis the head of the bed should be raised to induce free drainage, and hot vaginal douches (*creolin*) may be given, but if the temperature persists in running high medical aid must be sought; and considering the risks of septic in-

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