

MIDWIVES' UNION SECTION

Mental Changes in Pregnancy and the Puerperium*—(Contd.)

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BY R. CHRISTIE BROWN, M.B., M.C.O.G., F.R.C.S., M.S., Hon. Assistant Gynaecological Surgeon, Metropolitan Hospital; Hon. Surgeon to Out-Patients, Samaritan Free Hospital for Women; Assistant Obstetric Surgeon, City of London Maternity Hospital and Jewish Maternity Hospital.

INSANITY OF PREGNANCY

In the past insanities associated with pregnancy were classified according to the period in which they occurred, that is, the insanity of pregnancy, insanity of labour and insanity of the puerperium. Psychiatrists realise nowadays that there is no true insanity associated with child-bearing, but that the stress and strain peculiar to that state may produce an attack of insanity which might equally occur during any other period of strain in a person with that predisposition. Insanity may manifest itself during pregnancy, labour or the puerperium, and may or may not be associated with family predisposition. Once a case has occurred numerous questions arise—whether abortion should be induced or not; whether the patient should be removed from her home to an institution; what are her chances of recovery; is the condition likely to be permanent; what is likely to be the effect on the child—all of which require most guarded replies.

VARIETIES OF INSANITY

There are hardly any varieties of insanity from which pregnant patients may not suffer. Those of congenital origin and those associated with senescence are not likely to occur, but any other type may be seen. General paralysis of the insane, epilepsy, paranoia and alcoholic insanity are rarely seen in pregnancy, and in any case from a nursing point of view require the same treatment as any other form. The types of insanity common to child-bearing are:—

- (1) Dementia præcox.
- (2) Maniacal depressive insanity.
- (3) Confusional insanity.

Dementia præcox is a type of insanity occurring usually in people with a nervous inheritance. It frequently occurs during pregnancy, and is characterised by complete indifference to pain or pleasure alike. The patient is usually apathetic, dull and indolent, sits about unoccupied and occasionally refuses food. Sudden outbursts of laughter for no apparent reason are also characteristic. The prognosis in this type of insanity is generally bad, usually terminating in a complete dementia.

Maniacal depressive insanity is the name applied to a type of insanity in which mania is followed by melancholia, and melancholia occasionally by recovery. The immediate prognosis is good, but the remote prognosis, owing to the fact that the patient is liable to recurrent attacks throughout her life, is bad. The early signs of mania are often mistaken for good health, the patient's relatives being misled by her appearing full of life and spirits. The mania develops in an insidious fashion, being preceded by a period of apparent well-being in which the patient is happy and lively, seeming to require little sleep and display-

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ing an extraordinary amount of nervous energy, characterised very often by an attempt to turn night into day. Abnormal liveliness and little desire for sleep should be regarded with suspicion rather than with satisfaction. This period of activity is followed by one of acute mania in which the patient is sleepless and constantly chattering and may suffer from delusions. The mania passes on to melancholia and from melancholia to recovery.

Confusional insanity is the most typical kind of puerperal insanity. It may occur, like the other types already described, in non-pregnant women, and is usually associated with some exhausting condition. Pregnancy in these cases acts as the exhausting factor, so that its termination is followed by the patient's recovery. In other cases there is often another exhausting factor present in addition to pregnancy, such as toxæmia, pyelitis and, in the puerperium, uterine infection or mastitis. For this reason, as there is an etiological factor present which can be removed, the prognosis is good. It may or may not be associated with a hereditary strain. Delusions, when present, are not at all fixed, and the patient may have different fancies from day to day. Above all, the typical symptom is that of confusion.

(To be concluded.)

PROGRESS IN METABOLISM

The contributions to the *Nursing Journal of India*, on nutritional topics were interrupted for the past few months on account of the writer being absent from India, attending conferences and nutritional clinics in Europe and America. I was privileged to observe some wonderfully interesting and promising research into the nutritional laws of nature and it will be a pleasurable undertaking to interpret in succeeding articles the findings, and suggesting how these may be applied in the treatment of nutritional pathology.

Until quite recent years progress in the field of metabolism lagged as compared with other departments of medicine. This was chiefly due to the fact that chronic metabolic disorders represent quite largely definite organic lesions involving such organs as the pancreas, thyroid, pituitary, parathyroids, adrenals, liver, and quite probably, other structures, whose influence over nutrition is still an unknown factor.

However, during recent years real progress has been made. A trip of observation such as I have just concluded, listening to the stories of conquest and determined hope, leaves one feeling wonderfully pleased at being associated with a department in medicine which is effectively solving some of the most basic problems of human nutrition and therefore of human progress.

After weeks of wandering through corridors that literally housed thousands of small animals, all under experimental feeding observations, one becomes conscious of an obligation of gratitude toward these lesser members of the animal kingdom for the valuable fund of information they are yielding so that we, "lords of creation" might learn how to live lives more worthy the living, and more full of potential promise.

To the diabetic, the hypo and hyper-metabolic, these lesser animals are in a manner saying "cheer up brother, we have good news, there is real hope for the effective relief of your problems".

This is the message I bring back from the world's faithful army of metabolic research workers.

H. C. MENKEL, M. D.,

Lahore.