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PART 1.—ORIGINAL ARTICLES.

Observations on Puerperal Insanity. By ROBERT BOYD, M.D., F.R.C.P.

IN the Somerset County Lunatic Asylum, during twenty years, ending 1st March, 1868, sixty-three cases of puerperal insanity came under my care, being 4·6 per cent of females admitted in that period, not including re-admissions. I have drawn up a summary of these cases to lay before the present meeting of the Medico-Psychological Association.

The proportion of cases of insanity from puerperal causes, in various asylums and hospitals, has been stated as follows:

At Bethlehem Hospital, Dr. Haslam gives	...	84 in 1644
„ York Retreat it is stated there were	...	24 in 246
„ Bethnal Green	...	3 in 386
„ Bow	...	19 in 467
„ Hanwell Asylum	...	79 in 703
„ Somerset do.	...	63 in 1369
In Philadelphia, Dr. Rush gives ...	...	5 in 70

The complaint is more rarely noticed in England than in France. Esquirol states that of 1,119 cases in Salpétrière in four years 92 were after childbirth, and, in the higher classes, of 144 cases 21 were after childbirth.

Of all the variety of complaints to which women in childbirth are liable, Denman tells us there is none so distressing as aberration of the mental faculties, which sometimes, though happily very rarely, we have an opportunity of observing. At

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St. Giles' Infirmary, Dr. Reid gives one case only in 950 deliveries. At Westminster Lying-in Hospital nine were insane in 3,500; and in Queen Charlotte's Lying-in Hospital eight in 2,000, and there were three cases of cerebritis.

This disorder has shown itself immediately on women becoming pregnant; more generally it comes on soon after delivery, and for this reason women ought to be kept quiet for two or three weeks. In some cases it has come on when the breasts have been inflamed, or an abscess has been formed at the time of the first suckling, or at the weaning of the child seven or eight months after delivery. There are in such cases the general symptoms of fever; the skin has often a yellow tinge.

Of ninety-two cases at Salpétrière sixteen commenced on the fourth day, twenty-one before the fifteenth, seventeen before the sixtieth; nineteen in twelve months, and nineteen immediately after weaning.

Of sixty-three cases at the Somerset County Asylum six came on within a week after parturition, eleven before the fifteenth day, twenty-eight before the sixtieth, fifteen within twelve months, and three from fifteen months to eight years, transferred from other asylums. Esquirol concludes that insanity is more likely to occur shortly after labour than at a later period, and that the danger of an attack diminishes as the period is more distant from the labour.

In only two of the sixty-three cases of puerperal insanity did the mental derangement come on previous to childbirth, in twenty-two within a few days after, in thirty-four at various periods later, the greater number being during lactation. There was a sinking feeling, great prostration, vertigo headache, anæmia, loss of appetite, restlessness, sleeplessness, and despondency after protracted lactation. In fourteen of the thirty-four cases, attempts at suicide had been made by hanging, drowning, poison, or precipitation from heights; two were violent to the infant, seven had taken a dislike to their children and husband, twelve were dangerous to their family and others; one was suspicious, one fancied she was bewitched, one was hysterical, and two epileptic. In one case the disease came on suddenly after a dream that the world had come to an end; the next day it thundered—she fancied her dream was about to be realised, and became insane from that time; she was a nervous person. At the end of seventeen months she was discharged. Seven years afterwards she was admitted a second time three months after parturition, and remained

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under treatment. The form of insanity in the greater number of these cases was melancholia, with paroxysms of mania.

Of the twenty-two cases of mental aberration which became evident at, or soon after child-birth, six were admitted within a week, the remainder from twelve days to four weeks after the appearance of the disorder; fourteen were reported as dangerous to others, violent, in a state of mania; five of them were noisy, excited, and three destructive; five were suicidal, two refused food and were in a state of melancholia; eight were incoherent, in a state of dementia; the memory was unusually good in three. Three cases were transferred from other asylums. One fancied she was bewitched, another saw Satan, and burned her hand in trying to get up the chimney out of his way. These cases speedily recovered. In four the pulse was above 100 and accompanied with fever.

Causes.—In as many as thirteen of the sixty-three cases there was a hereditary predisposition, which is said to render females more susceptible of insanity in pregnancy and after childbirth, but does not impede their recovery. Two were violent, jealous, and destructive, and had, in fact, an attack of mania after the birth of each child—the second attack in one, and sixth in the other; seven were in a state of mania, five were suicidal, in a state of melancholia; ten were discharged recovered, two relieved, and one in a state of dementia remained in the asylum. Her mother had epilepsy.

In these cases hereditary predisposition was a frequent *cause.* It occurred on the father's side in four cases, on the mother's in five; it existed in the family of four patients, but on which side was not ascertained. In addition to the hereditary taint there were other predisposing *causes* in twelve cases, namely—in two, previous attacks of insanity; in one, epilepsy; in one, hysteria; in five, excessive irritability of temper; in two, stubbornness; and in one, fretfulness. Apart from these, the moral *causes* only include two instances of remorse, two of fright, two of poverty and desertion, one of dissipation, and seven of intemperance. The *physical causes* were nearly equal in number to all the foregoing, including fifteen cases of bodily illness, eight of milk-fever, and eight of debility and prostration from suckling.

Of the *forms* of the disorder on admission mania was the most frequent, being three to one of the cases of melancholia; but they frequently alternated after the maniacal paroxysms; great depression and melancholy succeeded, and continued for some time. Seven of the 63 were cases of dementia.

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In ten cases insanity occurred after the birth of the first child; in forty-two there were previous births, varying in number from ten downwards; in eleven the number of previous confinements was not ascertained.

There were nineteen infants of each sex, two instances of twins, and two miscarriages, and two in which the sex of the infant born is not stated.

As regards the season of the year in which this disorder most prevails, the number of puerperal cases admitted to the asylum in each month was as follows:—

In January 3	In April... 6	In July ... 7	In October... 3
In February 4	In May 10	In August 5	In November 7
In March... 5	In June... 2	In Sept. ... 4	In December 7
1st quarter 12	2d quarter 18	3rd quarter 16	4th quarter 17

The greatest number of the 63 cases was admitted in the month of May. In that month, in the year 1848, three puerperal cases were transferred from licensed houses soon after the opening of the county asylum.

Any serious disturbance in the uterine functions speedily affects the brain—a fright during pregnancy has produced insanity. Sometimes the offspring is rendered idiotic by a mental shock to the mother, and I have known malformation to be attributed to the same cause, although the mother herself escaped insanity. A case in which a sudden shock and accident to the mother towards the end of pregnancy were supposed to be the cause of death to the infant at eighteen months, is related by Mr. Culpeper.

The subject of mental emotions during pregnancy causing malformations or disease in the fœtus is still an unsettled question. The following case does not in any way confirm the point, which has been so warmly contested by the various writers on this subject. It is only related as a curious instance of the mother's belief in such matters. As it was verified by a *post-mortem* examination, I think it worth relating in this place. The notes are briefly these: Mr. Culpeper was requested to see a patient for an absent medical practitioner. He found a child suffering from effusion on the brain of some days' duration, of which it died two hours after being seen. The mother of the child being anxious to have the head examined, he proceeded to do so, when she seated herself opposite to him, and no entreaty could prevail upon her to leave her position.

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On removing the skull cap the dura mater covering the right hemisphere of the brain was elevated, and of a darker colour than on the left. This being removed in the usual way, the vessels of the pia mater were seen to be filled with dark coagulated blood, forming a very thick net-work of nearly the entire extent of this side of the brain, which was easily stripped off, showing the surface of the convolutions much softened. The vessels of the left side were moderately filled, and serum was found in the ventricles and at the base. The other parts of the brain were in a natural state. The child was under two years of age, full grown, and fairly nourished, but began to pine and lose flesh at the time of its being weaned.

The poor woman gave the following history of the case:— About the middle of her term of pregnancy she was going down stairs, when a large flower-pot fell from a window some twenty feet above her, and caused a violent blow on the crown of her head, which rendered her insensible for some hours. No other consequences followed this accident. She was seriously apprehensive that, when the child was born, it would be found to have something the matter with its head, which would cause its early death. The sickening, death, and dissection proved to her that the injury which she received, caused the mischief which I have so imperfectly described; hence her determination to see the matter to its end.

Cases have occurred in which the maniacal symptoms have subsided, and the patient become comparatively tranquil during utero-gestation, and after parturition a relapse into the previous state has taken place. In three instances in which both parents were insane, one infant died in a few months; a second, unusually quick, died of acute disease and convulsions in childhood, and the third one still survives, is active, quick, and as capable of learning as any other boy of his age (8 years), and with a fully developed head.

There is no end of the variety of the *symptoms* in puerperal insanity. Dr. Reid has observed that at the commencement the occasional aberration of mind is sometimes recognised by the patient. The symptoms gradually become exaggerated, the talking becomes incessant, and generally on a particular subject; she is dissatisfied with herself, and full of anxiety, has a strong aversion to her infant and husband, displays explosions of anger, violent gesticulations, and obscene language. Illusions quickly succeed one another, or fixed monomania supervenes, often commencing with religion.

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Fear of poison, or of murder, hearing voices, and a suicidal tendency are common.

Of 111 cases at Bethlehem 32 were suicidal, and of 63 at the County Somerset Asylum 21 were suicidal, generally but not always in melancholia. The maniacal symptoms came on suddenly in some cases.

The physical symptoms are not always alike; the secretion of milk is not always diminished; headache and constipation may be occasioned. The state of the tongue varies. In 18 of the 63 cases it was white, red in 4, clean in 23, and not noted in 18. The skin was sometimes hot with fever and accelerated pulse. If quick and feeble, above 100, it is a bad sign when combined with dark, offensive dejections, offensive breath, sordes on lips and teeth, excitement and emaciation.

Of the 63 cases on admission, the *pulse* was from 64 to 70, and feeble in five, from 70 to 80 in 16, from 80 to 90 in 19, from 90 to 100 in 8, upwards of 100 to 180 in 13, not noted in 2.

The *bodily health* was good in 8 only, feeble and indifferent in 25, and bad in 30.

Dr. Gooch was of opinion that those states of the mind which are capable of producing insanity act distinctly upon the bodily organs, the muscles, stomach, heart and blood vessels. The bodily disease which accompanies insanity may not be so striking as that which accompanies delirium, not so noticeable as a hot skin, a quick pulse, and furred tongue, yet it may be equally, or even more, capable of disturbing the action of the brain.

Long-continued eccentricity closely resembles insanity, and when a lunatic is harmless and insane only on one point, it is not easy to detect his infirmity. The mind may brood over a subject till it loses the power of seeing it in a right point of view. A man may tell a lie till he believes it. The errors of the eccentric are the result of long habit, continued and fabricated by slow degrees, while the errors of the insane spring up suddenly within a few months or even weeks. The patient has suffered some mental agitation, received a blow on the head, has been confined, or is recovered from fever; the mind becomes confused, and in a few days there arise the most absurd beliefs.

Finally, we are not to infer that insanity is a moral disease because it is sometimes benefited by moral treatment. Disease in a part may disorder actions which are not the functions of that part. The mind is affected by the state of the

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stomach, of the liver, of the uterus. The persons best fitted for treating the insane are those who are familiarly acquainted with the progress, causes, and treatment of diseases in general. I concur in those clearly expressed opinions of Dr. Gooch, and therefore quote them.

Some writers consider that moral causes have a powerful effect on the production of puerperal mania, and that there is a much larger proportion of cases amongst unmarried women, in support of which it is stated that in 1,568 cases in Salpétrière 980 were unmarried, 297 married, and 291 widows. Dr. Jacobi gives 599 unmarried, 156 married, and 80 widows in 835 cases. Of 415 at Hanwell, 263 were unmarried, 122 married, and 30 widows. Of the comparatively small number of 63 cases in the Somerset Asylum, only five were unmarried. Of the whole number, 2881, above 64 per cent. were unmarried. It may here be stated with respect to the *civil condition* of the female insane generally in all countries, that the unmarried considerably exceed the married. The *age* in quinquennial periods, number of cases, and results in the 63 cases in the Somerset Asylum were—

AGE.	NO. IN EACH PERIOD.	RESULT.			
		Recovered.	Relieved.	Died.	Remaining.
20 to 25	10	9	0	1	0
25 to 30	18	15	2	1	0
30 to 35	12	10	1	0	0*
35 to 40	11	6	1	3	1
40 to 45	12	5	1	2	4
Total	63	45	5	7	5

The proportion of *recoveries* was greatest in the earlier periods of life, as is generally the case, being 82 per cent. under 30 years; the mortality was 11 per cent.

Of the 92 cases in Salpétrière, from 20 to 25 years of age, there were 22; from 25 to 30, 41; from 30 to 35, 16; from 35 to 40, 11; from 43, two. From which it would appear

* One transferred to another asylum, not improved.

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that the proportion of cases at the more advanced period, from 30 to 35, was greater in the English than the French asylum; in other respects they agree, and are in accord with the ages of women relative to fecundity. In Dr. Reid's tables, in 1,771 cases of lying-in women, 69 were under 20 years; from 20 to 30, there were 1,100; from 30 to 40, 542; from 40 to 45, 54; from 45 to 50, six.

Of 111 cases at Bethlem, as given by Dr. Webster, 69 recovered, 24 were discharged (not recovered), five died, and 13 remained in hospital. The cases are generally in a chronic stage when sent to the asylum. The average *duration* of illness previous to admission in 51 cases of puerperal insanity under 40 years of age was nearly nine weeks, and the average time in asylum previous to discharge or death more than seven months.

Denman has remarked that the duration of the disorder seldom continues longer than six months; Burns gives a similar opinion. Esquirol states that about 60 per cent. recover; Haslam, 50 out of 86; and Burrows, 35 in 57, or 63 per cent.

Asylum cases are supposed to be not so favourable as private cases as regards the proportion of recoveries. The proportion of recoveries, 45 in 63, at the Somerset Asylum, is 70 per cent.

The duration of the disorder in 69 puerperal cases which recovered at Bethlem, and 55 at Salpétrière, was as follows:—

	Under 1 month.	2 mths.	3 mths.	4 mths.	5 mths.	6 mths.	7 mths
Salpétrière	4	7	6	7	5	9	*
Bethlem...	0	2	4	15	6	9	6

Mortality.—Seven of the 63 cases in the Somerset Asylum terminated fatally; two of these were attended with uterine hæmorrhage. In one case (810), aged 22, married, three weeks confined, mental derangement appeared two weeks after; she had been under medical treatment in the union workhouse. Uterine hæmorrhage; general health bad. Pulse, 66; tongue clean; skin warm; appetite bad; expression wild; violent and dangerous to others; incoherent; wandering in her ideas; memory lost. Parents dead. She was the youngest of four or five children; the wife of a labourer; first confinement; of industrious habits; can read and write.

* In Salpétrière in the following month, 15, and two after two years. About two-thirds of the recoveries took place within the first six months.

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After admission she was noisy and destructive; an anodyne was given at night. Her appetite improved, but she continued noisy and destructive in her habits; she had uterine hæmorrhage, and an astringent injection was used. No amendment whatever took place in her general condition at the end of three months; she then began to strip herself; wine and cod liver oil were given to her, as she was becoming more emaciated, although she continued to take her food well until the day before her death. She was confined to bed in the Infirmary for the last three months, and her knees became contracted. The body only weighed 52lbs., and was examined twenty-five hours after death. Circumference of head, 20ins.; antero-posterior measurement from root of nose to occipital protuberance, 12ins.; transverse, 12½ inches from external meatus auditorius on one side to the opposite one.* The brain was unusually pale, and weighed 41½ozs., which is less than the average weight of the female adult brain; the left cerebral hemisphere was 1½oz. heavier than the right; the spinal cord was pale and softer than natural—weight, ¾oz. The lungs were natural; the heart small, only 5½ozs.; liver, dark coloured, 38ozs.; the mucous membrane of the duodenum, jejunum, and colon, of a red colour and thickened. Uterus weighed 1¾oz. Cause of death, Enteritis.

In a second case (319), attended with flooding after miscarriage, the wife of a policeman, aged 37, her first attack, having three children alive, was brought from a licensed house; she had had a miscarriage, with excessive flooding, five weeks previous to her admission there. At first she refused food, attempting once to strangle herself; she was violent occasionally, and inclined to strike persons; memory good, and conversation connected; disposition fretful and obstinate; general health indifferent; pulse 90; tongue clean; skin cool; appetite good; weight 105 lbs.; height 5ft. 2in. This patient was admitted in 1851, and died in 1859 of pulmonary phthisis, which, according to my experience, commonly terminates the existence of old residents in large institutions. The body was examined twenty-three hours after death: the circumference of head, 22in.; antero-posterior, 13in.; and transverse measurement, 14in.; weight, 100lbs. The brain,

* According to my *tables*, in females under 40 years of age, the average circumference of the head is stated to be 21·2 inches, the antero-posterior measurement 12·9, and the transverse 13; the weight of the brain or encephalon being, at the same age, 43·8 ounces.

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large, 48½ozs., in other respects it appeared natural, as did the membranes and the spinal cord; old pleuritic adhesions of both lungs; dark-coloured tubercles and tuberculous cavities in the upper lobes of both lungs, the right weighed 26½ozs. and the left 21ozs.; heart large, and cavities dilated, 12½ozs.; about one quart of serum in the abdomen; liver, large, 6ozs.; kidneys, large—right, 5½ozs., left, 6½ozs.; uterus, 2¼ozs. Cause of death, Pulmonary Phthisis.

Third case (869). A farmer's wife, aged 27, was admitted in a state of delirium, attempted to injure her children and also herself; skin hot, feverish; pulse, 120. The attack came on a week before admission to the asylum, and four months after child-birth she had a carbuncle on her back; general health bad; she was incoherent and wandering; had lost her memory, and was destructive. She was an irritable person, but of a kind disposition. Parents alive; she was the fourth of eight children. For the first week she had to be fed by the stomach tube; pulse, 80. She continued restless. She died four weeks after admission. The body was examined 29 hours after death; the weight was 91 lbs.; circumference of head, 21 inches, transverse measurement; antero-posterior, 13½ inches; dura mater preternaturally adherent to the skull; cerebral vessels congested with blood; slight opacity of the arachnoid; brain, 44ozs.; spinal cord natural, 1oz.; redness of lining membrane of the bronchial tubes; heart flabby, 9½ozs.; abdominal organs, large and congested with blood; liver, 60ozs.; spleen, soft and large, 14½ozs.; right kidney 6½ozs.; left, 7¾ozs.; uterus, 2½ozs.; mucous membrane, vascular; dark congested patches in intestines. Cause of death, meningitis, bronchitis, &c.

Fourth case (344). The wife of a blacksmith, aged 38, parents dead, eldest of four children, can read and write. She was confined of her fourth child seven months ago; about a fortnight after, she attempted to drown herself in the canal near Bath; she will not own her children; she fancies she saw the Queen in Bath yesterday; quiet in her conduct. After she had been three months in the asylum she avoided taking her food. Some time afterwards she began to complain of pain in the left side, was feverish, with face flushed, refused food, became emaciated, and wished to stay in bed that she might avoid her meals. She took cod liver oil for some time without benefit; wine and nutritious diet were ordered. She sank from diarrhœa and enteritis about six months after admission. Body examined 26 hours after death; emaciated, 64lbs.; circumference of head, 20; antero-posterior, 12; transverse, 12½

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inches. The cerebral vessels were congested with blood; about ¾oz. of clear fluid in the lateral ventricles; brain, 41¼ozs.; several small, white cartilaginous scales on arachnoid of spinal cord; lungs natural; heart small, 6¾ozs.; the mucous membrane of intestines red, thickened, and coated with lymph; abdominal organs natural.

Fifth case (668). A labourer's wife, aged 38; second attack of one month's duration on admission; mother of six children —three of each sex; her father living. She is the eldest of six children; kind generally, but quick in her temper; of industrious habits; can read and write. It was reported that she had been violent to others; memory good; affections natural; general health bad; pulse, 84; tongue white; skin moist; appetite bad; bowels constipated; expression melancholy; her infant nine weeks old; the attack came on three weeks after childbirth. After admission was restless, noisy at night, occasionally violent, broke some windows. After a few weeks she required to be fed by stomach tube; her breath became offensive; she got a cough, lost flesh, and had the usual symptoms of pulmonary phthisis. Latterly she took food, but continued restless and destructive. She died six months after admission. The body examined 37 hours after death; weight, 72lbs.; circumference of head, 21½ins.; transverse, 13; antero-posterior, 13½ins.; cerebral vessels congested, and brain itself of a pinkish colour; structure unusually firm; weight 44½ozs.; spinal cord natural; old pleuritic adhesionsof lungs; numerous tubercles in right lung, 20ozs.; an abscess in left lung; an abscess in lower lobe, and surrounding structure gangrenous, 16ozs.; heart small, 6½ozs.; abdominal organs natural; congestion of blood in intestinal vessels. Cause of death, pulmonary phthisis and gangrene of left lung.

Sixth case (551). An epileptic female, aged 40, married, suckling her infant, eight months old. A fortnight before admission she became maniacal; she threatened and struck those near her when in the workhouse. General health indifferent; pulse 84; tongue clean; skin cool; appetite good; memory bad; conversation silly; for many years subject to epileptic fits; weight, 143lbs.; height, 5ft. 4in. Occasionally violent when fits occur; at other times industrious. The fits were more frequent by day, 48 were reckoned by day and 15 by night in a year; she was nearly ten years in the asylum, and died of pulmonary phthisis. For the last two years and a half her health

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had been declining, and the fits became more frequent; she had a cough, but no expectoration. Autopsy 23 hours after death; body emaciated, 85lbs.; circumference of head, 21½ inches; antero-posterior 12½; transverse, 11; brain, pale, very unusually firm, 48ozs.; spinal cord, natural, 1¼oz.; pleuritic adhesions, tubercles and tuberculous cavities in the apices of both lungs; the right weighed 30, the left 36ozs.; heart, 8ozs.; the semi-lunar valves thickened; abdominal organs natural.

Seventh case (964). A brewer's wife, aged 45, mother of ten children; a second attack; was in an asylum 14 years ago. The present attack is of 14 months' duration, and came on a month after her confinement; disposed to be suicidal; noisy occasionally, and very violent against her neighbours; memory good; has an idea that people speak ill of her; general health indifferent; want of appetite; tongue clean; skin cool; she was above seven years in the asylum without much variation in her symptoms; very violent occasionally; her bodily health improved at first, and she assisted in the dining-hall. Three weeks before her death she became feverish, and there was dullness on left side of the chest; breathing short and laboured. She found no relief from the measures adopted, and gradually sank. Autopsy twenty-seven hours after death; weight of body, 85lbs.; height, 5ft. 3ins.; circumference of head, 20ins.; antero-posterior, 12ins.; transverse, 11 inches; brain, pale, 44ozs.; the spinal cord, natural, 1oz.; two pints of fluid in the chest; a thick covering of recent lymph over left lung, which was compressed; congestion of blood in right lung; a small portion of the lower lobe softened, 18ozs.; left, 13ozs.; heart, small, 6ozs.; abdominal organs natural. Cause of death, pleuritis and hydrothorax.

Of the seven cases, the cerebral membranes were adherent and thickened, with fluid in ventricles, in one, and death was attributed to this cause; in one case of pulmonary phthisis the brain was pink and firm; there was chronic cerebritis, and the brain was above the average weight. In one case there was a difference of size between the cerebral membranes generally, and the spinal cord was soft in one, in which the knees were contracted. In a similar case of contracted lower extremities, the softening was from disintegration in the spinal cord, and different from the inflammatory softening of the spinal cord, which I first observed to be a frequent accompaniment of the general paralysis of the insane. There were three deaths from pulmonary phthisis and one from hydrothorax. The heart

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was small in four and enlarged in one only. There were two deaths from enteritis—in one accompanied with contracted limbs already alluded to; the abdominal organs were above the average size in two, and congested with blood in three cases.

With respect to *treatment*,—it has already been stated that the disease is generally in a chronic stage before the patients are sent to an asylum, and that the average duration of illness previous to admission, in 51 of the 63 women in the Somerset Asylum, was nine weeks. Every one experienced in insanity is of opinion that it is of the utmost importance that recent cases should come under treatment without delay, as affording the best hope of recovery. It would be very desirable that this important truth should be more fully recognised as regards puerperal cases, than is generally the case. The medical treatment must be governed by the symptoms and circumstances attending each case. Exhaustion is the principal source of danger, often from sleeplessness; opium, in any shape, in such cases often only aggravates the restlessness. After the bowels have been freely opened by some form of aperient suited to the case, hyoscyamus, tincture of "cannabis indica," combined with a stimulant, as ammonia or camphor—in large doses rather than small ones repeated—may be given. Chloroform vapour and the inhalation of sulphuric ether have been tried to procure sleep. The subcutaneous injection of a solution of morphia has been effectual; also packing in the wet sheet has a very tranquillising effect. As a hypnotic, chloral-hydrate will very probably be found most efficient; no evil results have followed its use in moderate doses, and it does not impede digestion like opium, or influence the secretions. Tonics, as cod liver oil, iron, bark, and quinine were often found necessary.

Forced alimentation must very often be had recourse to in suicidal cases, the refusal of food being a very common occurrence in the insane; this may be effected by means of a tube passed down the mouth or nose, with a half-pint feeding bowl attached; the stomach pump is not necessary.

In cases of confirmed melancholia, where the skin and extremities are cold, the portal system congested and the liver torpid, warm stimulating aperients are indicated. The Turkish bath is often very beneficial, and it is probable that in some cases a visit to the Thermal springs, with change of scene, under judicious management, might facilitate recovery.

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