

## CHAP. VI.

## ON PUERPERAL MANIA.

PASS we in review the course of Mania in pregnant women. It is less frequent, indeed, during pregnancy than in the puerperal state; but in both it is so well established that the occurrence of such a complication with a pregnant woman under sentence of death should excite no surprise: since, indeed, distress of mind, a frequent predisposing cause, is then in fearful action.

The mental disease may be either of the maniacal or melancholic kind: Dementia is never superinduced.

Whether in Mania or in Melancholy, the mental or the bodily symptoms may predominate. Mania, supervening after confinement, rarely appears before the third day, sometimes not until two, or even several weeks have elapsed. Fear and imbecility are marked upon the

countenance. The patient starts suddenly from sleep with raving and wild delirium, or with illusions. The pulse is rapid, and in the paroxysms is yet accelerated; the tongue is generally coated, the secretions little altered from those of her previous state; the bowels are costive. There are, in most cases, lucid intervals with return of entire reason. Then the fever, which for the most part is present, subsides; or, in other words, with the paroxysms there is much febrile excitement, increased heat, and, as was said, more rapid pulse.

The duration of the disease varies from twenty-four hours to a year, beyond which period it seldom continues.

The melancholic form of the disease does not differ in the puerperal state from lypemania unattended by complication.

Into other varieties of this addition to the dangers of child-birth we need not enter, as being from their nature not to be feigned.

Though there are no pathognomic symptoms to be relied upon, it will be evident that the starting from sleep, the exacerbation and remissions in the fever, the varying pulse, the expression of countenance, the previous con-

duct of the patient,—if it be not her first confinement, the history of her previous labours, added to the general rules of detection hereafter to be given, will prove our best guides. Above all, we are to suspect Dementia, or unusual forms of Melancholia.

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Having thus attempted to sketch the distinctive phenomena of mental disease, as many, that is, as are needful to meet the cunning of impostors, we propose in the following chapters to point out what aids to detection the jurist may add to an accurate knowledge of Real Insanity.

## CHAP. VII.



THE Analysis of mind is to the disease of the mind as Anatomy to disease of the body. The Science of mind is to disease of the mind as Physiology to disease of the body. Both mind and body may be treated empirically, but the wise student will prepare for “rational treatment.”

In the study, and in the treatment of mental disease, Therapeutics, commonly so called, are no less necessary than the science of moral treatment.

More men are insane than themselves or the world know. More persons can and ought to control their tendencies to eccentricity, which is a form of madness, than do so. Drunken men are accountable by law for their actions—so also should be some monomaniacs—probably maniacs are so oftentimes. Moral insanity and a