A NOTE ON THE TREATMENT OF PUERPERAL INSANITY.

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THE late hour of the evening, and the short space of time allotted to each speaker in consequence, at the discussion at the Obstetrical Society on January 7th, prevented me from saying what I had hoped to have said regarding the treatment of puerperal insanity proper in asylums, for, as a member of the Society observed, it is in asylums that by far the larger number of cases are treated.

When the premonitory symptoms are observed, that is, change of manner and feelings with excitability, extreme quietude of surroundings must be ensured, and careful skilled supervision of patient enforced, to guard against infanticide or suicide by impulse. The bowels must be attended to, regular action being obtained by enemata and mild aperients. If there be early insomnia, a sedative draught of potassium bromide $\mathfrak{ss}$ and chloral hydrate gr. xv must be given at night. The diet should be liberal and sustaining. For instrumental feeding a mixture of equal parts milk and strong beef-tea, one pint in all at first, with two or three eggs beaten up in it and a little brandy, if indicated, administered thrice daily with oesophageal tube and funnel. Later on we feed twice a day with one pint and a-half each time and two eggs at each meal; lime juice or concentrated extract of green vegetables must be added. If the temperature be high the relative amount of milk must be increased at the expense of the beef-tea, and diarrhoea or sickness indicate excess of food administered, which must be diminished accordingly. Most patients will be sick after the first feeding, and perhaps after the second, until the stomach becomes accustomed to the means adopted.

A thorough examination of the uterus and its surroundings must be made, and any altered lochial discharge dealt with. In all cases the urine must be tested for albumen. In the medicinal treatment we must avoid as much as possible any free use, or rather abuse, of sedatives and hypnotics. If there be acute maniacal excitement with insomnia, we give potassium bromide $\mathfrak{ss}$ and chloral hydrate gr. xv twice or thrice daily, carefully watching the effect, and never continuing it for any lengthened period. Subsequently sulphonal $\mathfrak{ss}$, or, better, trional gr. xx, may be given at night, or on alternate nights, with $\mathfrak{ss}$ to $\mathfrak{ij}$ of paraldehyde, when a mild ferruginous tonic may be given by day to treat the concurrent anaemia and albuminuria (if present). In all cases in the maniacal form opium and its preparations are to be avoided. The child of course is weaned at once, and any tendency to mammary congestion or abscess, which is rare, dealt with in the usual way.

If the mental symptoms when fully established are of the melancholic type, the preparations of opium and diffusible stimulants are indicated. We give liq. morph. acet. $\mathfrak{xxx}$ sp. etheris $\mathfrak{xv}$ in aq. camph. $\mathfrak{zj}$ thrice daily, and enemata to relieve constipation. Iron must be given also, and every effort made to re-establish—by hot baths, aloes, ergot, etc.—the menstrual function, which is suppressed. All patients with puerperal insanity lose flesh rapidly, therefore regular weighing records must be kept, and after the first few weeks ol. morrhuae given. A gain in weight, except when dementia has supervened, is a favourable sign. Stimulants, carefully regulated, are indicated in all cases, as the disease is of an asthenic type; at first brandy with the artificial feedings; later on port wine during convalescence. In severe cases there is an early tendency to bedsores; therefore, if the patient be confined to bed for any length of time, we paint the back and hips with equal parts of liq. plumbi subacet. and tinct. catechu once a day. For moral treatment, when the patient's physical health will permit, change of scenery is indicated. As soon as there is no marked febrile temperature, and if the strength be fairly maintained, she should, weather permitting, be got up, dressed, and taken out daily for from half an hour to two hours, but carefully guarded against all excitement. This course will often induce natural sleep. Faulty habits must be corrected. Fresh air and sunshine out of doors, gentle exercise, amusements, and all forms of diversion materially aid recovery, and indoor occupation of a light nature should be encouraged.

The relatives and friends should not see the patient until she has definitely improved, and even then the effect of the visits of the husband and child should be carefully watched.

In the melancholic form these visits are less harmful than in the maniacal. Recovery in all cases is gradual and protracted, and in the early stages the mental state of the patient varies much, but the final result is eminently satisfactory, for about 80 per cent. recover.

ON THE BILBERRY (VACCINIUM MYRTILLUS)

AS A REMEDY IN TYPHOID FEVER AND OTHER INFECTIOUS DISEASES OF THE INTESTINE.*

By MAX M. BERNSTEIN, M.B., M.R.C.S., L.R.C.P.

ALTHOUGH scarcely another subject in medicine is so fiercely beaten upon by the light of publicity and general interest as that of enteric fever, it is rather discouraging to admit that whatever there is of brilliant achievement in it does not belong to the medical man. The disease has of late years become pre-eminently the domain and almost the exhibition ground of trained nursing, and the more the latter excels the less resolute and significant apparently is the part taken by medicine.

This is far from satisfactory in the interests of public health, for as often as the highly-complicated machinery of trained nursing is unobtainable, or as soon as for some reason it breaks down, the mortality from typhoid in hospital and camp rises. Still less satisfactory has this state of things been from the standpoint of scientific therapeutics, as the latter has seemed wholly powerless to draw any practical advantage from the great pathogenetic demonstrations of bacteriology. The only direction in which an effort in the latter sense has been made is that of prophylaxis, but the outcome of preventive inoculation is as yet an unknown quantity.

As in tuberculosis, the specific bacillus, the primary cause, has been left to develop, thrive, and work havoc in the human body whilst the fight was being carried on solely against the secondary causes of the malady, the toxins. It has seemed to me, however, that the chances for the more direct method of combat, for the fight against the bacillus itself and during the acute stage of the illness, would not be as unfavourable as one has hitherto thought if a reliable drug could be provided to effectively act on the infectious material in the whole of the intestinal canal. My reasoning was as follows:

Although the typhoid bacilli multiply in the walls of the intestine, in the mesenteric glands, in the spleen, etc., and are in exceptional cases not found in the stools until the end of the second week,¹ it is an indisputable fact that the bowel is the place of entrance and one of the channels of exit of the bacilli. Is it not probable then that this place is also the seat of the continuation of the infection? At the present moment scarcely anybody will assert that the illness of four and more weeks' duration is the sum and outcome of the poisonous effects of one dose only of the virus; on the contrary nothing is clearer than that it is the expression of a continuous cycle of growth of the bacillus, which cycle goes on even after the end of the illness, that is, even after the body has become immune to the toxins. In this connexion the extraordinary case recorded by Dr. Gwynn and mentioned by Dr. A. C. Houston² at the annual meeting of the Association in Cheltenham of dissemination of typhoid bacilli by a man in his urine five years after an attack of typhoid is not easily forgotten. For all we know, may not similar discharges take place from the bowel after the disease has clinically ceased?

At any rate, their continuous evacuation from the bowel during the disease is a certain proof that they are present there in great numbers. What is therefore to prevent their reabsorption during the acute stage of the disease? Proofs are not wanting of this; as in ulcers in various stages of development and disseminated infarcts of various age. And I am inclined to reason that this constant reinfection is the source of prolongation of the acute stage of the disease right up to the moment of full immunization of the body, and if measures were taken to keep the intestine in the most unfavourable state for the bacilli and in the most-favourable condition for healing of the ulcers, the duration and the severity of attack might be diminished, complications lessened, and consequently many lethal issues avoided.

As it happens, a splendid drug has already been found for typhoid bacilluria in urotropin, and the excellent results obtained with it in chronic cases³ point to the greater urgency of, and also possibility of equally good results by, another specific disinfectant for the intestinal canal.

* Read before the Hunterian Society.