

all the cases are those who have become mothers for the first time ; prolonged or instrumental labor and post-partum hæmorrhages are also occasional causes. But, while each of these circumstances may appear to be the determining cause, the puerperal condition itself is alone the well-prepared foundation for the development of this disease. We have all, probably, seen toxæmiâ the cause of mental disease independently of the puerperal state, and if, under less suggestive circumstances, it should rank as a cause, how much more probable is it that many cases of puerperal mental disease may be properly ascribed to it.

I spoke, a little while ago, of the imperfectly-equipped mental constitution as the groundwork of all mental disease, so that an unusual strain like that attending the puerperal state would cause a breakdown. Let me ask you to go with me a little further in this direction, and let us consider if the strain incident to the puerperal state is all directed upon the nervous system. I think you will agree with me that it is not. If the inherent nerve-force of the cerebro-spinal system becomes somewhat exhausted from the strain of the reproductive function, it must surely follow that the functions of the digestive and eliminative organs will become likewise impaired, if from nothing but defective nervous supply. The diversion of the nervous supply current to the mammæ for the establishment of their function would also serve to diminish the supply current to the assimilative and eliminative organs. If, then, we have diminished nerve force to the organs of assimilation and elimination, not only because of exhausted central nerve cells, but also because that impaired current coming from the exhausted centres is diverted to a new functional development, shall we not surely have both defective assimilation and imperfect elimination? Another incidental and suggestive fact in the clinical history also points to this conclusion, namely, that about eighty per cent. of the puerperal cases occur within the first fortnight after accouchement. If the naturally sensitive cerebral cells can resist the effects of the elements circulating in the blood as the result of impaired assimilation and elimination, for the first two or three weeks after confinement, or until those functions are again established, the danger is practically over. And just here is a practical point in the prevention, rather than the treatment, of puerperal insanity. If the attending physician have knowledge of the unstable character of the nervous system of his patient, and if the labor be instrumental, or greatly prolonged, {or succeeded by post-partum hæmorrhages, it would be incumbent on him to see that his patient should be guarded from all other subsequent exhausting or annoying circumstances for a longer period than the conventional week after confinement.

There is perhaps no other circumstance in domestic life so appalling and dramatic as the conversion of the joyous season succeeding the ad-