

months after the attack, and the remainder became chronically insane. None of the types of erysipelas in these cases were of phlegmonous nature, and the local inflammation made the usual resolution.

2. The septic insanities of the puerperium. These embrace a larger field. For convenience they may be described under three heads:

(a) Puerperal insanity, with little or no local lesion, caused by septic infection.

The insanities from this origin occur probably from absorption into the circulation of the toxins of an infected clot, either through the placental site or some tear or abrasion, or by the absorption of the ptomaines of the saprophyte germ, which finds lodgment in the detritus of a puerperal uterus.

The majority of these cases, being of short duration, recover at their homes on elimination of the poison. They are usually of a mild contusional type or a form of muttering delirium.

(b) Puerperal insanity complicated by gross local lesion, the result of septic infection.

The insanities of this class are usually of a more serious character than those of the former. The local inflammatory lesion acts as a focus, keeping up the prior intoxication by distributing a continued supply of the virus to the already poisoned circulation of the patient, or by reflex irritation. The majority of these patients do not recover the normal mental condition under ordinary systemic treatment.

The study of the histories of ninety-eight cases admitted into the London Asylum since the year 1870, in which the alleged cause was given as the puerperium, discloses that just one-half, or 50 per cent, recovered reason. It is fair to suppose that very few of these had any serious local lesion complicating their insanity, as some recovered very soon after their admission. I have been able to examine gynecologically twenty-three of these ninety-eight cases. In twenty-two of them were lesions ranging from subinvolution to complete agglutination of the pelvic organs. This would indicate that over 90 per cent. of these cases had some complicating pelvic lesion. Suitable surgical measures being adopted in twenty-one of these resulted in the mental recovery of eight cases and in the improvement of four, while nine remained unimproved. The eight recoveries were included in the 50 per cent. before-mentioned total recoveries in the puerperal cases.

I may say that seven of the nine who failed to show any mental improvement subsequent to any surgical treatment had been insane for periods of from two to sixteen years.

(c) Post-puerperal insanity, induced by pelvic disease, the latter being the result of septic infection.