

# Esquirol et Marcé : contribution à la Psychiatrie de la grossesse

Revenir à Esquirol et Marcé à l'heure du mouvement « anti DSM » peut paraître une provocation, voire une manœuvre politique plus qu'un retour à l'histoire et à la nosographie, aujourd'hui, bien malmenée. Les progrès considérables de la médecine depuis le XIX<sup>ème</sup> siècle, tant sur les plans pharmacologique que psychanalytique, ont profondément transformé la clinique et sa compréhension. A l'heure où prévalent l'épidémiologie, la statistique, l'évaluation, la mensuration, la quantification, donnant une caution de « scientificité », à « l'art de soigner », le « retour à la clinique » - en référence à la pensée innovante de Louis-Victor Marcé - a une importance considérable. En effet, son œuvre originale est une référence fondatrice dans les champs qu'elle ouvre autour de la grossesse, de la maternité et du jeune enfant, constituant aujourd'hui la « périnatalité psychique », qui a également bénéficié des progrès de la psychothérapie institutionnelle.

Aujourd'hui, avec les *feminin studies* appelées chez nous, « études de genre », médecine, psychopathologie et santé mentale enfin « sexuées » se déclinent désormais au féminin. Depuis que « l'enfant est une personne » et du fait de la baisse de la natalité en pays développés, sa santé - mentale en particulier - intéresse les politiques et les divers spécialistes qui veillent sur son berceau jusqu'à l'adolescence qui fascine et effraie par le retour parfois violent de l'émergence pulsionnelle du corps pubertaire. Aujourd'hui, l'enfant - fût-il jeune - intéresse d'autant plus l'industrie pharmaceutique que le seuil de tolérance de ses parents - du fait, entre autres, des mutations socio-économiques et familiales - semble amoindri. L'enfant peut être un consommateur précoce et privilégié de « calmants » en tous genres à la faveur d'un comportement « troublé » comme le « déficit de l'attention avec ou sans hyperactivité ». La psychopathologie périnatale a largement enrichi celle de l'enfant et de l'adolescent ouvrant des perspectives de prévention - non pas celle qui consisterait à « dépister la délinquance chez le bambin de 3 ans » - mais pour attirer plus précocement l'attention sur sa souffrance, en évitant toutefois le risque de médicalisation du relationnel et de l'interpersonnel.

La santé mentale périnatale se situe à l'interface de nombreuses disciplines : psychiatrie, obstétrique, médecine familiale et pédiatrie. Les affections psychiatriques du *peripartum* constituent la plus commune des complications de la naissance, et la dépression est aujourd'hui un problème majeur de santé publique. Il convient donc d'améliorer la reconnaissance de la maladie mentale comme fléau clinique répandu et pourtant encore bien méconnu ou même dénié. Il convient donc d'améliorer la recherche dans un contexte d'interdisciplinarité en santé mentale périnatale dans le but de favoriser le traitement précoce de la souffrance des femmes enceintes et réduire ainsi les pronostics néfastes pour leurs enfants ; ce qui passe par la promotion de la formation des professionnels.

C'est dans un tel contexte que se manifeste une opposition grandissante au système DSM - et non à la nosographie - qui conduit en particulier à la disparition des références de la psychiatrie française traditionnelle où la psychopathologie s'est considérablement enrichie par l'apport freudien. Depuis plus de deux ans, une *Initiative pour une Clinique du Sujet : STOP DSM* a joué un rôle majeur dans la mobilisation tant nationale qu'internationale contre la pensée unique du DSM et une psychiatrie à visée essentiellement pharmacologique.

Aujourd'hui, la fréquentation des congrès professionnels, comme la lecture de la presse spécialisée témoignent de plus en plus de l'écart entre la psychiatrie classique « à la française » et la

nomenclature en cours ; qui paradoxalement était faite, à l'origine, pour favoriser les échanges internationaux et la recherche scientifique par l'adoption d'une langue unique. Il s'agissait pourtant d'instaurer un nouveau langage favorisant la communication entre cliniciens et chercheurs, dans une initiative de mondialisation de la psychiatrie, également soutenue par l'*Organisation Mondiale de la Santé*. Cela n'est pas sans rappeler une initiative - symbolique - similaire rapportée dans le récit biblique de la tour de Babel qui s'est terminé par l'échec que l'on sait et la multiplication des langues. Les classifications en cours répondent à une idéologie essentiellement organiciste des troubles - de la circuiterie - psychiatrique, ce qui implique une réponse pharmaceutique le plus souvent univoque.

Il convient donc de se mettre au travail en incluant les psychanalystes pour promouvoir enfin une « clinique du sujet » et ce, au-delà des groupes de pression pharmaceutiques, économiques, financiers... A l'instar du remarquable travail de Roger Misès et de ses collaborateurs dans la *Classification Française des Troubles Mentaux de l'Enfant et de l'Adolescent*, il convient à présent d'élaborer une *Classification des Troubles Mentaux chez l'Adulte*, à visée alternative au DSM, s'inspirant du travail considérable de l'école française de psychiatrie. D'où l'intérêt de revenir aux classiques Esquirol et Marcé entre autres.

Jean-Étienne-Dominique Esquirol (1772-1840) était l'élève préféré de Pinel. Marcé (1862) a comparé le travail de ces deux fondateurs de la psychiatrie universitaire. Pinel corrigea de graves abus et revendiqua, au nom de la médecine, de malheureux malades regardés jusque-là comme des coupables et abandonnés à la brutalité de leurs geôliers. Esquirol a également travaillé dur pour améliorer la condition de vie dans les asiles, et se consacrer à la description des symptômes. Dans sa thèse (1805), *Des passions considérées comme causes, symptômes et moyens curatifs de l'aliénation*, il soutient que l'étude des émotions est au fondement de l'étude de la folie.

Marcé lui rend l'hommage suivant : son remarquable talent d'observation, son tact exquis, sa nature aimable et bienveillante, son dévouement sans limites, sa vaste expérience, les élèves nombreux qu'il attire autour de lui ... lui donnèrent une influence et une autorité dont il usa pour provoquer dans toute la France d'importantes améliorations en faveur des aliénés. En 1817, il commença le premier cours français de psychiatrie à l'origine de son texte *Des Maladies Mentales considérées sous les Rapports Médical, Hygiénique et Médico-légale* (1838). Ses publications sur la psychiatrie de la grossesse ont débuté par une note du dictionnaire de 1816, où il déclare avoir vu 51 femmes malades à la Salpêtrière, dont certaines devenaient folles après la naissance de leur enfant. En 1818 et 1819, il publia deux articles à l'appui de cette thèse. Il donne des statistiques détaillées des admissions à la Salpêtrière en 1811-1814. Bien que Haslam (de Bethlem) et Rush (de Pennsylvanie) aient déjà publié leurs chiffres, ceux d'Esquirol étaient plus détaillés : 92/1.119 patientes internées étaient devenues aliénées après la naissance d'un enfant. Il constatait que ce taux était plus élevé si le commun dénominateur concernait des femmes de moins de 50 ans - un tiers des admissions étant au dessus de cet âge limite ; 29 étaient célibataires. Ces patientes étaient hétérogènes sur les plans du moment de survenue de l'accès et du tableau clinique. Seules 37 ont commencées avant le 15<sup>e</sup> jour, et 49 souffraient de manie. Le taux de guérison (60%) était bien plus élevé que le taux général (34%) et celui de mortalité beaucoup plus bas (7% contre 29%). Il admit également des causes émotionnelles. D'autres causes incluaient des antécédents (non-puerpéraux et puerpéraux) et l'hérédité. Bien qu'il ne donnait pas de chiffre pour l'histoire familiale, elle figurait dans plusieurs de ses observations, et il recherchait très clairement des informations à ce sujet. Cela n'avait été mentionné qu'une seule fois auparavant - par Joannes Aegiddi Euthii, au 17<sup>ème</sup> siècle.

Ces 3 publications (1816, 1818 and 1818) donnent des comptes-rendus détaillés de 20 cas, qui comprennent deux patientes avec des épisodes dans le *prepartum* : une psychose éclamptique, un délire aggravant un abcès du sein ; quelques cas de dépression et 12 cas dans le *post partum*. Ils comprennent plusieurs cas d'intérêt presque unique :

- Une femme a eu son premier accès maniaque (durant environ 2 semaines) lors de sa nuit de noces, le second, au premier jour de la conception, et de même à sa seconde grossesse.
- Une femme devint aliénée à la faveur de ses 5 grossesses successives, dont elle guérissait à chaque fois lors de l'accouchement.
- Une femme, dont la mère, la fille et la petite fille ont toutes souffert de maladies mentales, a eu des épisodes après 10 des 13 grossesses commençant avec la quatrième, et deux après la ménopause.
- Une femme, dont la sœur souffrait de psychose puerpérale, a eu 13 épisodes puerpéraux (épargnant seulement la 2<sup>e</sup> grossesse), suivis de 2 épisodes non-puerpéraux, l'un avant la ménopause à la faveur d'une maladie fébrile, l'autre après la ménopause, à la faveur du décès de son mari et de son emprisonnement.
- Une femme a développé une manie 3 jours après la naissance de son premier enfant, une hypomanie à chaque printemps, une autre attaque de manie lors de l'allaitement de son deuxième enfant et un 4<sup>ème</sup> épisode le lendemain d'une fausse couche (4 différents facteurs déclenchant).

Louis-Victor Marcé (1828-1864) a été le premier à écrire un compte-rendu complet de la folie des femmes enceintes, une tâche qui a fait peu d'émules. Cependant, dans sa brève carrière, il a accompli bien plus que cela. Avec la chirurgie à l'esprit, il écrit sa *thèse de doctorat* à la Faculté de Paris sur les kystes spermatiques (1856). Sa seconde thèse, présentée lors du *Concours pour l'Agrégation* (section médecine et médecine légale), traite *Des altérations de la sensibilité*, une revue essentiellement neurologique des troubles de la sensibilité. Entrant en compétition entre autres avec Charcot, il remporta le prix. Dans son second ouvrage, plus important, il passe en revue l'ensemble de la psychiatrie, donnant un vrai compte rendu de l'état de la science à ce moment. Il donne en particulier une place substantielle : à la paralysie générale, l'idiotie et le crétinisme, l'épilepsie, l'hystérie, la chorée, la pellagre et l'alcoolisme, aussi bien qu'à la manie, la mélancolie et les troubles bipolaires.

Bien que le *daguerrotype* fut introduit dès 1839, aucune photographie de Marcé n'a cependant été retrouvée. L'éloge écrit par son ami Laborde (1865) en donne ce portrait : *[Il était] de taille moyenne, d'une constitution physique délicate, sa tête vaste, son front haut et large, portaient le signe révélateur de l'intelligence. Sa physionomie fine et spirituelle respirait surtout la bonté. Une légère teinte mélancolique, répandue sur ses traits pâlis par le travail, révélaient son penchant à la méditation. L'affabilité et la bienveillance étaient peintes sur son sourire, et si parfois ce sourire était traversé par une légère expression d'ironie, celle-ci était puisée à la source la plus innocente et la plus pure.*

Marcé est né à Paris, fils unique d'un père qui décède quand il avait 6 ans. Il a trouvé un second père en la personne de son cousin, Dr A. G. Marcé, professeur de médecine à Nantes où il a lui-même obtenu son diplôme en 1851. Il s'installe à Paris, où il subvient à ses besoins en qualité d'enseignant, ce pourquoi il avait du talent, selon la description qu'en fait Laborde : *Chez Marcé, l'exposition orale était facile, précise sans sécheresse, et toujours claire ; une sage modération dans le débit et une accentuation parfaite suppléaient avantageusement à la faiblesse naturelle de la voix très perceptible, néanmoins, et d'un timbre doux et agréable. L'art de présenter le sujet traité sous les faces les plus intéressantes lui était familier ; mais il avait surtout cette sûreté de méthode qui, alliée à la solidité de l'instruction, tout en facilitant le but poursuivi, sert merveilleusement l'orateur.*

L'un de ses élèves était le fils de Théophile Jules Pelouze, un professeur de chimie qui a travaillé sur les explosifs (et enseigna à Alfred Nobel), tout en étant un expérimentateur et plus tard président de l'Hôtel de la Monnaie. Il acheta ensuite le Château de Chenonceau, où (après son décès en 1867) sa femme vécut jusqu'en 1878. Marcé a été présenté à la famille et épousa l'une de ses charmantes filles. Pour rendre ce mariage possible, il se tourna vers la psychiatrie, où ses mentors Baillarger et

Moreau (de Tours) obtinrent pour lui une place de directeur d'un asile privé à Ivry-sur-Seine, en banlieue parisienne, qui a été la source de ses revenus. Il a ensuite été nommé directeur de la ferme de Sainte-Anne, créée pour occuper des internés de Bicêtre, et peu de temps après, prit la direction de Bicêtre. Il convient d'ajouter à tout cela ses fonctions enseignantes de professeur agrégé de la Faculté de Médecine. Plusieurs hommages ont été rendus à sa personnalité : *[Il avait] des manières pleines de distinction et d'urbanité, simplicité de mœurs et de goûts, modestie, aménité de caractère, fidélité à toute épreuve, désintéressement, bienveillance, droiture, loyauté chevaleresque. Tous ces trésors de l'âme qu'on aime à rencontrer dans un ami, tous ces nobles sentiments qu'on se plait à applaudir chez les hommes d'élite, Marcé les possédait à un suprême degré.*

Pour mener à bien toutes ces charges, cliniques, administratives et enseignantes, de front avec ses publications, il se réveillait à l'aube et travaillait tard dans la nuit. Dans l'avant-dernière année de sa vie, il a dû être malade ou épuisé. Il reconnaissait avoir besoin d'une meilleure hygiène cérébrale, et qu'un repos absolu lui était nécessaire. Il passa quelque temps avec la famille Pelouze à Chenonceau. Il décède en Août 1864, laissant *trois adorables petits enfants*. Les raisons du décès sont inconnues. Une source mentionne toutefois : *une maladie cruelle et terrible* ; mais ses collègues disaient qu'il aimait beaucoup travailler, ce qui l'aurait tué ; il rejoint ainsi *le martyrologie de la science*. Sa productivité durant cette carrière de 9 ans a été prodigieuse.

Dans sa monographie sur la folie des femmes enceintes, il a développé le concept de *sympathie*. En plus des psychoses du *pre-* et du *postpartum*, il s'est intéressé aux troubles intellectuels et aux craintes des femmes enceintes (faisant allusion à la tocophobie), la folie de l'accouchement et son importance dans l'infanticide (ce pourquoi il a été critiqué par Tardieu). Il écrit (dans une autre publication) sur l'influence de la grossesse et de l'accouchement sur le traitement de la maladie mentale, et critique l'idée que la grossesse soignait la folie ; il a vu plusieurs cas sur lesquels le mariage, la grossesse ou la naissance n'ont eu aucun effet. Il a discuté de la responsabilité légale de la femme enceinte. Il parle d'obsessions infanticides, et sous le diagnostic d'*affaiblissement intellectuel passager*, il a décrit un cas de psychose de Korsakow. Il a observé que quelques psychoses du *postpartum* étaient d'origine organiques, et sa cohorte incluait 3 cas de psychoses éclamptiques et quelques mères souffrant de péritonite ou d'abcès du sein. En dehors des psychoses organiques et de la dépression, il a décrit 49 cas de psychoses - 8 exclusivement dans le *prepartum*, 12 débutants durant la grossesse et continuant après la naissance, et 29 *postpartum*, dont 8 associées au sevrage. Les résumés étaient brefs, et aucun cas suivi sur le long terme. 35 étaient ses propres cas, ou glanés chez des collègues comme Baillarger et Mitivié. 14 ont été publiés dans des revues, dont deux en langue allemande et quatre en langue anglaise. En 1855, près de 60 cas avaient été publiés dans la seule littérature française, mais il devait être difficile d'accéder aux publications à cette époque ; quoiqu'il en soit, il est curieux qu'il ait omis tous les cas d'Esquirol sauf un, d'autant que quelques-uns d'entre eux sont des plus instructifs qui aient été jamais publiés.

*Un cas publié dans cette monographie était particulièrement intéressant :*

Une femme âgée de 34 ans a eu des troubles mentaux passagers après une fausse couche, et aussi dans quatre de ses grossesses ; ceux-ci commencèrent dans leurs derniers jours de la grossesse et se sont poursuivis durant l'allaitement jusqu'à 8-10 jours après le sevrage. Après son cinquième accouchement, la psychose débuta au retour des premières règles. Bien que sa qualification d'un *trouble mental passager* et *troubles intellectuels* manque de description détaillée des symptômes, ce cas fait cependant allusion à l'association entre l'après fausse couche, le *prepartum* et les psychoses menstruelles (3 déclencheurs).

*Ailleurs il a publié un autre cas intéressant :*

Une femme âgée de 26 ans, dont la tante paternelle a présenté un délire transitoire après chaque

naissance, perdit son mari (d'une maladie chronique de la colonne vertébrale) 9 mois après la naissance de son premier enfant. A 13 mois elle allaita sa fille. Trois semaines après, elle présente une violente attaque « hystérique ». Deux semaines après, elle a eu ses règles à nouveau, et depuis lors elle s'est plainte en automne ou en hiver de 6 accès d'extrême émotivité avec violence, pleurs, loquacité, et tendances érotiques, tout ceci associé au flux menstruel. Elle a également présenté une galactorrhée. Ceci constitue la première description d'une psychose menstruelle après une grossesse normale, apparemment après sevrage, avec des allusions à un élément saisonnier (3 facteurs déclenchant).

Il a démontré ses pouvoirs d'observation dans un article sur les troubles mentaux de la Chorée de Sydenham, qui inclut une description d'hallucinations hypnagogiques et hypnopompiques qui survient avec une extrême gravité dans cette affection : une femme de 22 ans, ayant une syphilis congénitale, s'est présentée au bout du 15<sup>e</sup> jour d'évolution d'une chorée. Son sommeil était interrompu par des « rêves ». Avant de s'endormir, elle aurait vu des monstres des cadavres décapités, des corbeaux, des chauves-souris, et autres objets terrifiants. Elle a cru qu'ils l'étrangleraient et avait des difficultés à respirer. Ces hallucinations survenaient aussi au réveil où elle hurlait et dérangeait les autres patientes du service. Elle croyait son alimentation empoisonnée et entendait des voix lui disant qu'elle était damnée. Elle guérit en quelques semaines. Seule la thèse de Breton (1893) était documentée sur ces phénomènes en détail comparable.

Marcé, aussi bien dans ses ouvrages que dans un article publié en 1857, donne quelques pistes au sujet des causes de la folie puerpérale et du *prepartum*. Il reconnaît l'existence de causes prédisposantes et occasionnelles. Les premières étant l'hérédité, l'épuisement, l'existence d'autres accès antérieurs (en particulier de folie puerpérale), des causes morales, anémie, un âge avancé et le nombre d'accouchements. Il est intéressant que lui-même, comme quelques autres auteurs de la moitié du 19<sup>ème</sup> siècle, trouvent que la *multiparité* et non la *primiparité* était un facteur de risque - la comparaison des âges des parturientes dans 2 services d'obstétrique a souligné que l'âge avancé était un facteur prédisposant. Les causes occasionnelles étant le retour des règles, des causes morales (encore), éclampsie, un travail pénible, absence de chloroforme durant le travail, hémorragie, abcès du sein, et le sexe de l'enfant. Il a été le premier à prendre en compte le rôle de la menstruation. En dehors de la femme aux 7 épisodes menstruels après sevrage (résumé plus haut), il a constaté que quelques psychoses du *postpartum* débutaient 5 à 6 semaines après l'accouchement, lors du retour des règles dans le *postpartum* ; son estimation est de 11/44 et 12/60 dans diverses cohortes. Vers 1855, les références aux troubles mentaux de la menstruation, dans la littérature mondiale, étaient peu nombreuses : Pritchard (1822) a décrit une manie « utérine » chez une femme qui a donné naissance à plusieurs enfants - la première de nombreuses mentions de psychoses périodiques après un épisode puerpéral. Parmi les premières descriptions de psychoses menstruelles, celle de Brière de Boismont (1851) était la plus évidente. Peu d'auteurs ont confirmé l'observation de Marcé du début coïncidant avec les premières règles. Mais il y a maintenant beaucoup de témoignages de l'association de psychoses puerpérales bipolaires ou polymorphes avec la psychose menstruelle, ceci étant le meilleur indice de l'étiologie de ces psychoses.

Marcé et Esquirol ont également rapporté le déclenchement au sevrage. Ceci n'avait été mentionné qu'une fois auparavant - par Willardts en 1770. Esquirol, dans ses statistiques de la Salpêtrière, fait état de 19 patientes qui débutèrent leurs troubles immédiatement après le sevrage. L'une de ses patientes a même eu deux épisodes de mélancolie avec des préoccupations mystiques après sevrage - l'un débutant deux jours après celui de son deuxième enfant, et l'autre le jour suivant celui de son 5<sup>e</sup> enfant. Marcé a eu 8 patientes qui débutèrent également leur pathologie au sevrage. Six des enfants furent longtemps allaités (10-21 mois). Une des patientes a eu deux épisodes dans le début du *postpartum* et un épisode au début du sevrage. Une autre patiente, après l'épisode du sevrage, a déclenché un épisode dans le *prepartum*. Cet ensemble suggère des liens avec d'autres

déclencheurs en période de fécondité. Le début à la faveur du sevrage n'a pas beaucoup retenu l'attention de la littérature des 150 dernières années, bien qu'il y ait eu quatre descriptions de plus de patientes dont-deux auraient débuté au sevrage.

Esquirol et Marcé ont encore un message à délivrer pour ceux d'entre nous qui essayons de résoudre les mystères des psychoses de la grossesse. L'intérêt d'Esquirol pour l'hérédité et les statistiques a été largement exploité par la génétique moléculaire et l'épidémiologie. Cependant, tous deux ont décrit plusieurs cas atypiques qui renvoient à des facteurs étiologiques encore inconnus et suggèrent de nouvelles pistes d'investigation. Cette approche clinique fondatrice de la psychopathologie semble toutefois aujourd'hui tombée dans l'oubli, bien qu'elle offre encore la meilleure opportunité de progrès. Le retour à la clinique s'impose donc ! Au travail !

## Appendix

Esquirol (1816)	(Augmented in 1818 & 1819) V B, aged 23, had mentally ill parents. At 24, she made a marriage de raison to a soldier and, while he was away, took a lover and became pregnant. On the second day after childbirth left her bed and sprinkled a great deal of <i>eau de Cologne</i> over her clothes and apartment and became manic the next day - loquacious, agitated, swearing, shouting. The infant died the 6th day. At one time she was extremely agitated during the menses. She recovered after 8 months.	Possible menstrual exacerbation
	(Augmented in 1818 and summarised by Voisin, 1826) A 23 year old woman suffered from nervous disorders (Voisin says <i>délie</i> ) from her menarche. At 21 she married a general, promptly became pregnant and depressed, demanding the return of her husband; she suffered a moral event on 7th day; her lochia were suppressed and she became <i>furieuse</i> , but for only 2 days. She relapsed the 25th day. <i>Délie furieuse</i> switched to stupor. In the 5th month her periods returned and she became obese. In spite of the death of her husband, she remained well.	
	A woman with an hereditary disposition became insane in the 3rd month of breastfeeding.	
Esquirol (1818)	Case 2 : P S E or P Y E had several mentally ill relatives, one of whom had puerperal insanity. She married and had 5 children. In July, 11 days after her last delivery (which was followed by a severe haemorrhage) she became surprisingly active. On 29th day she developed <i>délie</i> and <i>furie</i> , hitting everyone with shouts and threats. For 15 days she refused food and drink. She was admitted in July, on 101st day, sad and mute, but the next day <i>manie</i> and <i>furie</i> broke out again. In October she again became profoundly melancholic, then recovered after a 7 month illness.	
	Case 4 : Mrs C had a brutal husband, who threw a bucket of cold water over her two hours after her first delivery. The same day she developed <i>manie avec furie</i> , which lasted 4 years, ending in <i>démence</i> .	
	Case 7 : A 19 year old girl escaped the vigilance of her parents and became pregnant. One cold night, assisted by her seducer, she gave birth in a windy barn, and developed <i>délie</i> and extreme agitation the same day. It lasted a year, until the return of her periods.	
	Case 9 : L., whose mother was <i>aliénée</i> (with a daughter <i>folle</i> and a grand-child that died in mania), was married at 23 and had 13 infants. At 29, after the birth of her 4th (stillborn), she had an episode lasting 18 months. Since then, after each birth as soon as the milk came down, she became manic, episodes lasting a year. Sometimes the menses were suppressed, sometimes not. During episodes she could not sleep nor stop walking and talking, and was exasperated by thousands of hallucinations - auditory and visual. The last episode, at 45, was the most severe. Her menarche was at 50. At 53, after her husband left for the army, she had another episode lasting 6 months with hallucinations and paroxysms every 2 days. After this, each autumn and spring she suffered from <i>tremblement convulsif</i> for some days. At 59 she had a 2nd non-puerperal episode, with need to walk and run, and hallucinations. She saw floating intestines, smoking blood. She recovered in the 11th month. «Convulsions» are frequently mentioned in this history. Since then she developed <i>démence</i> with trembling in the limbs.	10/13 pregnancies affected. Note that the 1st episode was after the 4th birth.
	Case 2 : T J M, aged 51, had a sister who suffered from puerperal psychosis and was deaf. She suffered from migraine. At 25, she was married. At 26 she gave birth to her first child, after which she had <i>manie &amp; furie</i> that lasted until her 2nd pregnancy. This pregnancy was normal. Since then she had 12 further pregnancies, all with hard labours, after which she was <i>aliénée</i> for 4-6 weeks. At 39 she had apoplexy followed by hemiplegia. At 47 she suffered a severe febrile illness, that was followed by <i>manie &amp; furie</i> that lasted 5 months. At 49 her menses ceased for a year, but they returned after another severe fever and were regular for another year, after which they ceased. At 51 her husband died and she was imprisoned. This was followed by mania. She was transferred to hospital, where she had <i>délie general</i> , agitation and at intervals terreurs, panic and weeping. She recovered after a month, and was discharged 3 months later.	13/14 pregnancies affected.

	Case 3 : S J lost her benefactor @ 18 (guillotined). At 26 she was married and had three infants. At 30, two days after weaning her 4th child, she suffered <i>délie</i> general with predominance of religious ideas. She recovered after 4 months. At 36 she had another episode (no details) for which she was admitted for 13 months. At 39 she had her 5th child, and the day after weaning developed <i>délie</i> with <i>trapeurs imaginaires</i> . She had a rash over her body but not her face. She was transferred to the Salpêtrière after 20 months in a state of hopeless melancholy with religious terrors. All episodes presented with sadness, loss of interest and capacity for ordinary occupations, after which she lost her reason gradually.	2 weaning onsets, but time of weaning was not stated.
	Case 4 : D S D had an uncle and an aunt <i>aliénées</i> . At 26 she was married, and suffered domestic griefs during her first pregnancy. At 33, upset by her husband undertaking something without telling her, she became <i>furieuse</i> and was admitted to Charenton for 5 months. At 35 she gave birth to a 2nd child. At 37, 3 days after her 3rd child was born, she suffered from <i>délie</i> & <i>fureur</i> , which lasted 6 months. At 41, after more domestic griefs, she developed <i>fureur</i> for a few days and she spoke with incoherence about her experiences. This episode terminated with <i>démence</i> .	Earlier and later non-puerperal episodes
	Case 6 : R was married at 24. At 26, 3 days after her 1st child was born she developed <i>manie</i> & <i>fureur</i> , that lasted 2 months. The child died at 3 years of age. Every spring she showed exaltation without <i>délie</i> . At 30, when weaning her second child aged on year, she developed <i>manie</i> & <i>fureur</i> , which showed a remarkable remission soon after hospitalisation. But, 2 days after her discharge she relapsed. Her menses were suppressed. She improved in 3 months and was discharged after 9 months. At 34 she had a 2-month miscarriage; the next day she became loquacious and developed <i>manie</i> & <i>fureur</i> that lasted only a few days.	4 triggers (unique)
	Case 8 : L developed depression for 18 months with suppression of her menses. At 36 she gave birth and, 4 days later, became depressed and refused to eat, then <i>furieuse</i> , with paralysis of the tongue, then 2 months later profoundly melancholic. During the next 5 years she remained in this state and sometimes refused food for some days. In this state she died.	
	Case 9 : A young woman gave birth to a daughter (a great disappointment). She developed <i>délie</i> the first day and <i>manie</i> the 3rd. <i>Délie</i> & <i>fureur</i> lasted 6 weeks after which there were alternative phases of calm and agitation. She had a large swelling in the right groin, which formed an abscess, after which she recovered.	
	Case 14 : N, aged 31, 2 months after childbirth, suffered a violent grief and developed <i>folie</i> . There were shouts, agitation, extreme loquacity, animated facial expression, then obstinate silence. She would walk about energetically, then suddenly stop and stay put, impassable. Days and nights she was sleepless. She died in this state 6 months after the child was born.	
	Case 15 : M J B suffered from violent headache that ceased the day of menstrual bleeding. At 28 she gave birth, but her lover deserted her, and on 6th day <i>délie</i> started. She was agitated, with auditory hallucinations. She recovered and was discharged after the second return of her menses.	
Esquirol (1838)	He knew a woman who, during 5 successive pregnancies, became <i>aliénée</i> , and was cured each time by delivery.	Recurrent prepartum psychosis.
Marcé (1942)	On pages 7-8, he summarised a case said to be of Esquirol (though I cannot identify it from the scant details): A young woman had a stormy marriage and her pregnancies were followed by acute delirium, from which she eventually recovered after several relapses.	

## Esquirol's cases

Timing	His own, or from colleagues	Published cases	Total
Exclusively pre-partum	4	4	8
Pre- and postpartum	11	1	12
Exclusively postpartum	12	9	21
Weaning onset	8	nil	8
Total	35	14	49

## Marcé's cases (excluding depression and organic psychoses)

Marcé (1857)	Case 10 on page 336-7 (in the service of Calmeil at Charenton): A woman had 8 miscarriages, then gave birth to a child that died @ one month from convulsions. She became depressed, and made several suicide attempts. She became pregnant and developed the idea that she had a serpent inside her. She refused to believe she was pregnant. She was astonished when the child was shown to her. She then progressively recovered.	Prepartum delusions. Uncertain onset. Recovered in puerperium
	Case 22 : Devosse (a patient of Mitivié, also case 12 in his 1858 monograph, on page 72) aged 48, had, 15 years earlier, suffered an attack of mental illness following the weaning of a child that had been breast-fed for 12 months. Since then she gave birth to 7 children. During her next pregnancy, she suffered an attack of mania lasting a month. She recovered and gave birth without further incident.	Weaning, Uncertain prepartum onset. Recovered before delivery
Marcé (1858)	A Spanish lady who became melancholic each time she became pregnant (7 times)	Uncertain prepartum onset.
	Case 1 on page 55: Maugin, aged 23, a patient of Baillarger, was seduced and became depressed, which deepened with insomnia and immobility. She believed she would be arrested and die on the scaffold and heard reproachful voices claiming that she worked in a brothel. A <i>camisole</i> and oesophageal tube was used to feed her. She improved and was discharged before delivery, and recovered completely when the child was born.	Delusional depression. Uncertain prepartum onset. Improved before delivery.
Esquirol	A woman became insane during 5 pregnancies, and was cured each time by delivery	Cured by delivery
Ellis	Case 23 : (Case 43 of Ellis, on p124; case 6 of his 1858 monograph on page 65). This patient developed melancholy in the third month of pregnancy. She was oblivious to her surroundings, and mute. 2 months later she gave birth. The infant was still-born, but she promptly recovered.	Prepartum stupor Cured by delivery
	Case 25 : (Case 42 of Ellis, on p113; case 8 of his 1858 monograph on page 68). M N, a 34 year old woman became manic about the 7th month of pregnancy. She recovered gradually after delivery.	Prepartum mania recovered in puerperium
Boivin	Case 27 : (Boivin, cited by Reid on p133 of his 1848 work) A woman in the 6th month of pregnancy became idiotic, lost her voice, and was so hideous that other patients called her "the vampire". She recovered before delivery.	Prepartum «idiotcy» recovered before delivery

## Exclusively prepartum cases

Marcé (1857)	Case 1, on page 324: A 32 year old woman had been married 6 years. She had one child without incident. 5-6 days after the second delivery, she appeared bizarre and extraordinary. Her face was animated, her eyes brilliant, appearing wild and talking nonsense. This lasted a month. During her third pregnancy, she became ill 3 weeks before delivery, but did not recover. On admission to the asylum, she was again pregnant. One morning, when she was getting dressed, something was heard to fall on the floor, and a baby's cry was heard. She laughed and said in a silly voice, « <i>Tiens, tiens, un petit enfant !</i> » She seemed not to have felt any labour pains. The last note states that she remained gay, laughed, jumped and danced like a child, said silly things and would not put her hand to any work, but the duration of follow-up was not stated.	Earlier postpartum episode. Onset in 9th month. Duration uncertain.
	Case 4 on page 328 : A woman with <i>folie à double forme</i> , when manic, provoked the builders and became pregnant. Her alternative phases of stupor and excitement continued unchanged throughout the pregnancy and puerperium. Her labour came when she was in stupor, and she hardly cried out except in the last 15 minutes. She remained in the same state 2 years later.	Pre-existing bipolar disorder unaffected by pregnancy and the puerperium.
	Case 16: At 39 years, a woman was admitted 7 months pregnant. Since the beginning of pregnancy, she had shown signs of manic and melancholic traits. She remained ill after delivery. (This is case 3 on page 62 of his 1858 monograph).	1st trimester onset, Duration uncertain.
	Case 18-V, a 38 year old woman with 9 children (case 9 of his 1858 book on page 69) became pregnant again. In the 6th month she became ill with insomnia and incessant agitation. She claimed to be of noble birth and to be destined for the guillotine. After delivery she said she had been told she gave birth to a pig. She remained ill.	6th month onset. Duration uncertain.

	Case 19: Mrs Montraison Clouet, aged 18, was admitted to hospital with 3 months history of mania. She was noted to be pregnant. She felt tired one evening and retired to bed. An hour later, the sound of crying came from her bed. Staff thought a cat had been brought into the room. The mother had made no complaint, no movement and felt no pain. The infant lived only 3-4 days. She left hospital without any change in her mental state.	Onset uncertain. Duration uncertain.
	Case 24: G, a 35 year old woman had given birth to 4 children (case 7 of his 1858 monograph, on page 66). During her next pregnancy, she became depressed at the beginning. Her state worsened until it reached the state of stupor. She tried to strangle herself. She gave birth, but her depression continued, and she took no interest in the child. She recovered two months later, and hardly remembered the birth.	Prepartum stupor. 1st trimester onset. Continued for 2 months.
Marcé (1858)	On page 52, a patient of Baillarger at the Salpêtrière developed melancholy in the 6th month of pregnancy, which changed to mania one month before delivery, which got worse after delivery and became <i>délire aigu</i> . She died 5 weeks after delivery.	Prepartum bipolar, 6th month onset. Died in puerperium.
	Case 14 on page 74 (a patient of Guislain): Jeanne X, aged 32, developed manie with suicidal tendencies in the 7th month of pregnancy. She gave birth, but the <i>délire</i> persisted for several years. She recovered 2 weeks after discharge.	7th month onset. Continued for years.
	Case 31 on page 244: Elisa B, aged 27, presented with placenta praevia at 7 months of her 1st pregnancy (Charrier's case). She had been abandoned by her lover. On her entry into the maternity hospital she was already loquacious, with pulse 120/minute. She was delivered @ 5am and by 4pm was shouting and singing, by 10pm agitated. She died the next day. The cause of death was not determined, in spite of the necropsy.	Onset just before delivery. Fatal.
	Case 47 on page 285: Mrs Houdiarme Loquet (another patient of Baillarger), aged 24, had an insane cousin. 3 weeks before delivery a neighbour died in childbirth. She became depressed and thought she had a <i>bête</i> in her stomach. She gave birth on November 25th. She hardly slept, preoccupied with hypochondriacal sensations and fearing death. After 6 weeks she deteriorated to the point where, on January 4th, she was admitted. She believed she was being taken to her death and should be buried alive; she refused to eat, believing the food poisoned. Her menses appeared that day with exacerbation of symptoms. She improved and was discharged well on May 2nd.	9th month onset. Continued for 6 months.
	Case 67 on page 368: Mrs Lewinsky, aged 34, a patient of Dupont, had a bizarre mother. At 19 she married a Pole who was promptly condemned for theft. She was upset for 2 years, then set up house with a workman from 1847-1856. In 1847 she had a miscarriage followed by <i>un trouble mental passager</i> which disappeared in 3-4 days. She gave birth in 1848, 1850, 1853 and 1855, each time with troubles intellectuelles that started in the last days of pregnancy and continued during breast-feeding, ceasing 8-10 days after weaning. The only time she failed to breast-feed the disorder cleared up with the passing of the milk fever. Only one child survived more than 8-10 months, the rest dying of convulsions. Her last delivery was on April 12th 1856. She had been very irritable during the last 3 weeks of pregnancy. On June 10th her menses appeared for the first time. She became excited, shouting, swearing and insulting everybody. She was admitted to hospital and there the report ended.	Post-abortion, 4 attacks Onset @ 1st menses
Morel (1842)	Summarised on p 73-74 of Marcé (1858). A young married woman whose nervous state was increased by successive pregnancies developed acute mania in the 7th month of her 3rd pregnancy. The pregnancy was terminated, but the mania persisted and she developed dementia and general paralysis.	7th month onset. Became chronic (GPI)

## Pre- et postpartum cases

Marcé (1858)	Case 29 on page 238 : Héléne Lorig, aged 42, was admitted to the Charité under Dr Cruveilhier. Her mother suffered délire lasting several months after the last 3 of her 9 deliveries. Héléne had 7 children. After the 3 <sup>rd</sup> (neonatal death), she developed a <i>délire furieux</i> , believed she would be poisoned, had visual and auditory hallucinations, insomnia, was bathed in sweat, pulse 100/minute, had a rash and a tender uterus. The illness began May 10th, she was admitted on 13 <sup>th</sup> . On 17th agitation was extreme, shouting and singing disturbed the whole ward, she saw devils and animals who were going to kill her. On 21st she improved. On June 6 <sup>th</sup> she lost her fever and she was discharged cured on 15 <sup>th</sup> .	3 attacks
	Case 30 on page 242 : Adèle Leclerc, aged 40, was admitted to the Salpêtrière under Dr Mitivié. She had given birth to several infants, but no longer lived with her husband and a son had disappeared a long time ago. The last two deliveries had been followed by mental illness, one of which led to a 6 month admission. She gave birth to another child in March 1857, and, 6 weeks later, began to hear voices mocking and insulting her. She shouted and sang, incoherently. Two days later (May 8th) she was admitted with extreme agitation and had to be restrained. She spat and refused to speak. Her pulse was rapid. She was sweating heavily and her tongue was sooty. She died on 13 <sup>th</sup> . Necropsy did not show metritis or peritonitis or any other form of infection.	3 attacks, the last infective
	Case 44 on page 274 : Mrs M J, aged 29, became pregnant for the 3 <sup>rd</sup> time in 1856, at a time of financial problems following her father's death. While pregnant she suffered from an intermittent fever for 6 weeks. She gave birth to a girl on September 26 <sup>th</sup> . In November she became depressed, but sometimes sang (unusual for her). On 6 <sup>th</sup> <i>délire</i> broke out, with insomnia, extreme loquacity; she said the whole family would perish, and heard threatening voices of the police. Marcé saw her on 13 <sup>th</sup> . She was in stupor, expressing only brief phrases - "I am lost. I am here to expiate ...". She searched for the people she heard speaking. She indicated she smelt bad odours. On 14 <sup>th</sup> she had a hysteriform convulsion. She improved on 18th. In the second half of November she had occasional episodes of stupor, but the hallucinations had disappeared. On December 14 <sup>th</sup> her menses appeared for the 1st time since delivery. The same day she improved. But she relapsed some days later. On January 14 <sup>th</sup> she menstruated again, and she gradually improved and was discharged at the end of the month.	No pattern of menstrual relapses.
	Case 45 on page 278 : Elisabeth Peyrard , aged 34, was a patient of Mitivié. Not very intelligent, she was seduced by her employer. She came to Paris and tried several times to abort. She gave birth in July, and developed peritonitis, lasting 6 weeks, after which she was depressed. When she returned to the country, her seducer would take no notice of her. This continued with ideas that people were mocking her because of her illegitimate child. Her menses reappeared in December and she deteriorated. On January 9th she was in stupor, immobile, hardly able to walk or speak. She heard abusive voices. In February, her restless attempts to depart required the <i>camisole</i> . In April she was transferred to an asylum.	Peritonitis
	Case 52 on page 292 : C was admitted to Charenton in 1846 with <i>délire mélancholique</i> with hysteriform convulsions, and was discharged well 10 weeks later. She had another non-puerperal attack in 1849, lasting 10 months. In 1855 she gave birth on December 18th and developed a mild <i>délire</i> coincident with milk fever. Six weeks later it recurred at the first menses, this time with extreme prostration, food refusal, belief that she would be poisoned. At each menses there was a marked exacerbation of agitation and <i>délire</i> with hysteriform convulsions. She was in hospital for 5 months.	Menstrual onset and exacerbations
	Case 53 on page 292 : Teph, aged 38 (a patient of Baillarger), not very intelligent became pregnant again after 8 years. She became depressed at the first menses 6 weeks later. She had ideas of persecution and hallucinations both visual and auditory. On admission to the Salpêtrière in September she was in stupor. She gradually improved but relapsed when she was discharged in December and had to be readmitted. She remained ill and died of TB in July the following year.	Menstrual onset
	Case 57 on page 312 : Mrs D G, aged 28, whose maternal aunt died insane, and another aunt had melancholy. After her 5 <sup>th</sup> pregnancy, at the time of her first menses, she became pre-occupied with religious matters, and was admitted in May and discharged in August (3 months). During this time she could neither sleep, work nor speak, wept for hours, preoccupied with her inadequacy as wife and mother and with religious matters. There was some evidence of menstrual exacerbation.	Menstrual onset and possible exacerbations
	Case 58 on page 316 : Mrs R had 5 children, of whom 3 died. When she was 44, with children aged 26 and 18, she became pregnant. This was not wanted; she hid it and made no preparations. The infant (a girl) was born on March 23 <sup>rd</sup> , and was put out to a wet-nurse. But she became suspicious of the domestics. A persistent vaginal haemorrhage worried her. Six weeks after the birth, she made a round of visits to all her acquaintances, and to a hospital where she saw several sick children. She became febrile and <i>délire</i> broke out; it required two men to restrain her. During the next 8-10 days she had hallucinations of smell (believing she carried the smell of the children's ward) and of hearing, together with an acute sensitivity to noises. She remained disturbed for 2 years. Marcé took over in May 1857. Voices tormented her, saying she would never recover. She had a horror of the colour black. No cure in 10 months.	Menstrual onset
Case 62 on page 356 : Marie-Françoise Cadiou, aged 28 (a patient of Baillarger), had already given birth, and was more irritable than usual during the pregnancy. The same happened during her 2 <sup>nd</sup> pregnancy. She gave birth on February 18 <sup>th</sup> . After 15 days she developed 3 breast abscesses. After several incisions, she developed <i>exaltation</i> and <i>délire</i> at the end of April. She had visual hallucinations of animals wanting to devour her, and heard thieves in the room next door. Crying out that she was going to be assassinated, she tried to throw her infant out of the window. On admission May 12 <sup>th</sup> she was manic, with lucid intervals, and still had a suppurating breast. She was shouting, singing, crying, declaiming. The breast abscess cleared up in June, but she remained extremely irritable, and did not return to normal until the 2 <sup>nd</sup> half of July.	Infective	
Case 63 on page 359 : This is an extremely brief report on Angélique Pocreau, aged 44 (a patient of Bouchet at Nantes) who had an insane sister. She had already given birth to two children, and suffered 9 miscarriages. 6 weeks after delivery she developed agitation, insomnia, <i>délire</i> , and mania. She recovered after 4 months.	Onset @ 6 weeks	
Case 71 on page 374 : Miss Bourlier, aged 27, was admitted under Mitivié. During her pregnancy, her lover was condemned to several months in prison. She gave birth on July 13 <sup>th</sup> . On 10th day her infant ceased to move for an instant and she believed she had killed it. The next day she was in <i>délire</i> , with visual and auditory hallucinations. On August 8 <sup>th</sup> she was transferred to the Salpêtrière, and for 8 days sat without speaking or moving and hardly eating. She believed she had been admitted for torture. After 22 days she could be discharged, but was readmitted on September 12 <sup>th</sup> , again in deep stupor. She then recovered but had a rash in the first fortnight of October. She was discharged well on 15 <sup>th</sup> .	Onset relapse	
Case 74 on page 382 was another patient published by Rech (1826): Mrs Denisot was admitted on May 16 <sup>th</sup> while breast-feeding her 6 <sup>th</sup> infant. She was manic with continual agitation and incoherence of speech and action. She then switched to depression, would not speak and several times attempted suicide. She recovered after 6 weeks and was discharged in September.	Bipolar	

Exclusively postpartum cases. His own cases, or those of colleagues at the Salpêtrière - Baimmarger, Mitivié - or Charenton

Berndt (1928)	Case 32 on page 247: A 31 year old woman showed the first signs of illness on 11th day. Two days later mania was fully developed with sexual excitation - exposing herself, talking about a former lover. The next day <i>délie furieux</i> began again. She recovered in two days. Case 33 on page 248 : A woman developed <i>délie</i> on 11 <sup>th</sup> day and maltreated her children. Her discourse was erotic. No other details of her illness were given. She recovered within 24 hours. (Published in 1829).	
Published in <i>Journal de Médecine de Bordeaux</i> .	Case 34 on page 249 : Mrs V R, aged 30, gave birth to her 4 <sup>th</sup> infant, suddenly developed <i>délie furieux</i> 5 days later. She was visited by Marcé. She said she wanted to put her newborn infant in the stove, and struggled against the family's resistance. Four men were restraining her. She repeated the same words in a strident voice and recognized no-one. She was given ether by Dr Lamont and recovered in a few hours. Some years later she had a similar attack, treated by ether, with a relapse the same night. She had a 5 <sup>th</sup> child without complications.	2 attacks
Amard (1807)	Case 35 on page 250 : A woman of 35, who had suffered various attacks of folie, gave birth (parity not state). There were minor signs of loquaciousness the first and second day. On 3 <sup>rd</sup> day she became extraordinarily agitated, screamed, threatened people, and babbled all night on all sorts of subjects, and could hardly be restrained by a strait jacket. Marcé treated her with purgatives. She improved but had further attacks, requiring 5 further purgative treatments and recovered in a month (scanty details).	
Baret	Case 37 on page 252 : A woman married @ 15 gave birth @16. Some days after her 2nd delivery she developed mania and recovered in 4 months (scanty details).	
Sélade (1843)	Case 39 on page 255 : Madame X, a tailor's wife, had been in labour 3 hours when the doctor arrived; the arm was prolapsed, and, after version, an asphyxiated infant was born on December 18 <sup>th</sup> . On 23rd she developed loquacity and incoherence, swearing & abusing and sleepless, accompanied by metropertonitis. She had further attacks. She did not recover until January 20 <sup>th</sup> .	Metropertonitis.
Rech (1846)	Case 66 on page 366 : Mrs L developed <i>délie</i> with <i>furieux</i> soon after delivery. She was sleepless, shouting, extremely irritable, but with intervals of repose. She recovered after 2 ½ months, and subsequently had several infants without relapse. Case 68 on page 370 : Angélique Fontès, aged 28, had given birth to 3 children. While breast-feeding the 3 <sup>rd</sup> she became manic and this lasted a month (brief).	
Said to be a case of Reid, but I cannot find it)	Case 75 on page 383 : A lady showed a great singularity of behaviour during the last trimester of pregnancy and then breast-fed her infant for 10 months, when her husband suddenly died of an acute illness. She had hallucinations, especially that her husband was still alive in his tomb. She then became manic for 4 years and remained ill.	

## Exclusively postpartum cases. Published by others

Marcé (1856) = case 64 of Marcé (1858) Also published by Le Grand du Saule	Mrs X, aged 26, had a paternal aunt who developed a transient <i>délie</i> after each birth. During health the inter-menstrual interval was 5-6 weeks. She breast-fed her first child (a daughter). After 9 months she lost her husband, who died from a chronic disease of the spine, whom she nursed for a year. At 13 months she weaned the child and, 3 weeks later, she was upset by a family event, and suffered an attack of hysteria [1] with vomiting (August 26 <sup>th</sup> 1855). Two weeks later her periods came, as usual. From this time on she suffered each autumn and winter, a nervous condition close to mental alienation - bad temper, defiance, ceaseless weeping, extreme emotionality, expansive tendencies and tendresse towards men. At the end of January she had another violent hysterical attack [2], accompanied by manic excitation; this ended at the appearance of the menses. She had another attack [3] from February 11 <sup>th</sup> -18 <sup>th</sup> , and her menses appeared on 24 <sup>th</sup> . In March the attack [4] (of extraordinary severity - 6 people could not prevent her breaking anything she could get her hands on, and she had hysteriform convulsions and disordered actions) was from 9 <sup>th</sup> -15 <sup>th</sup> and the menses appeared on 23rd. Attacks followed some days of lamentation, ceaseless repetition and erotic manifestations. Some drops of milk could be squeezed out of her nipples. The next less severe attack [5] coincided with the menses (April 28 <sup>th</sup> - May 7 <sup>th</sup> ). The menses returned on 25th and, before they had ended, the complaints and lamentations returned, followed by mania [6] from 29 <sup>th</sup> -31 <sup>st</sup> . On June 23 <sup>rd</sup> the menses appeared, and the relapse [7] from July 2 <sup>nd</sup> -6 <sup>th</sup> . She was treated with a milk diet and remained well.	7 Monthly manic episodes after weaning. Note galactorrhoea. Seasonal changes.
Marcé (1857)	Case 13 on page 339-340 : A woman with 5 children developed puerperal mania after the 6 <sup>th</sup> childbirth, a second attack after weaning the 7 <sup>th</sup> child @ 10 months, and a third attack after the 8 <sup>th</sup> child was born. She became pregnant while still in this episode, and improved during pregnancy, but she was followed up as far as the delivery. Prepartum case 22 : Devosse (a patient of Mitivié, also case 12 in his 1858 monograph, on page 72) aged 48, had, 15 years earlier, suffered an attack of mental illness following the weaning of a child that had been breast-fed for 12 months. Since then she gave birth to 7 children. During her next pregnancy, she suffered an attack of mania lasting a month. She recovered and gave birth without further incident.	2 postpartum and one after weaning.  Weaning
Marcé (1858)	Case 61 on page 353 : Mrs Pelletier, aged 26 (a patient of Mitivié), who was herself an <i>enfant trouvée</i> , and a domestic at the Salpêtrière, lost her 1st child from convulsions, and breast-fed her 2 <sup>nd</sup> child for 14 months. After an argument with her <i>propriétaire</i> she abruptly weaned the child, and, 3 days later, was overactive, sleepless and incoherent. At her own request she was admitted to her own hospital. She was admitted on July 10 <sup>th</sup> , excited and overtalkative, and menstruated on 13 <sup>th</sup> for the 1st time since the birth. She was discharged well after 8 days. Case 65 on page 364 : Mrs T, aged 25 (a patient of Baillarger), was admitted to the Salpêtrière on June 4th with acute mania, which started 10 days after she weaned her 6 month old child. She was agitated, sleepless and loquacious. On 5th day there was a remarkable <i>exasperation</i> , coincident with the return of her menses. After two days she went into remission, and she remained well. Case 70 on page 372 : Mrs Jalquin Mansard, aged 31, gave birth to two infants. After breast-feeding her second child for 16 months, she had to stop; she had also become jealous of her sister. Three days after weaning, she developed insomnia, <i>délie</i> , insomnia and sadness. On February 16 <sup>th</sup> , she was admitted to the Salpêtrière, tormented by hallucinations including the crying of her infant, melancholic with ideas of suicide. She would be guillotined. She was discharged well on March 18 <sup>th</sup> . Case 72 on page 376 : Mrs Dagnélie Schmitt, aged 20, had already given birth to two infants, both of whom died later, and had one miscarriage. She gave birth to her 3rd child on October 1 <sup>st</sup> 1856. She weaned the child twenty-one months later, and a few days later developed <i>délie</i> and was admitted to the Salpêtrière on January 9th. She was melancholic, refused to eat or speak, tormented by imaginary fears, and remained so for 3 months. She complained of a taste of soap and <i>potasse</i> . She was discharged in October not completely well. Case 73 on page 379 : Mrs S M gave birth to her 1 <sup>st</sup> child (a boy) on February 6th 1851, at the age of about 23. She was delivered a 2 <sup>nd</sup> time on February 25 <sup>th</sup> 1852. Her 3rd pregnancy was complicated by spasms, abdominal pain and sciatic neuralgia. She gave birth to a daughter on December 3 <sup>rd</sup> 1853. On January 11 <sup>th</sup> she had to wean the child because of enteritis. That evening she became agitated, with <i>idées délirantes</i> , and believed she would die. On 18 <sup>th</sup> she was convinced she had fatal uterine disease. After 8 nights without sleep, Marcé was called. He diagnosed <i>délie hypochondriaque</i> with melancholy. These symptoms were present in the morning; in the evening she was gay and smiling. She was discharged well in the middle of June.	Early weaning. Onset 6 weeks.

Weaning onset

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