

arranged that those of either sex who had gifts should have the opportunity of exercising them. (Applause.)

Dr. SHUTTLEWORTH said he would be glad to ask one question. He had had no practical acquaintance with female nursing of male patients in lunatic asylums, but in the imbecile institution with which he was formerly connected there were big youths of not very nice manners, and no difficulty was experienced in employing female nurses in charge of them when ill. The point upon which he sought information was the following—Did the plan adopted by Dr. Robertson, which was also carried out to some extent in other Scottish asylums, of placing women in sole charge of the infirmary wards for men—and so to a great extent cutting off men who had a taste for nursing from opportunities of improving themselves by gaining experience—and also the plan of superseding superior male officers by female supervising officers, at all detract from the supply of good candidates for the posts of male nurses in the asylums? It seemed likely that by removing from the purview of the male attendants the “plums of the profession” or the objects of ambition which would animate a man who felt he had nursing in him, all the better class of male nurses would ultimately be eliminated from asylum service, and there would be left merely what might be called the “bread-and-cheese class,” who would fill up their time at asylum work until they could find something better to do. He merely spoke in order to gain information.

The PRESIDENT said he thought some excellent expressions of opinion had been heard from men of experience in asylum life. There seemed to be a tendency to go a certain way with Dr. Robertson in his advocacy of female nurses for male patients, but every one appeared to admit that this plan had its limits. However good, however angelic, however motherly a woman might be, she was not fit to undertake the care of a violent epileptic. (Hear, hear.) Asylums *must* have male nurses, and those who practised in private must have them—they are absolutely necessary, and it is impossible to treat the very large majority of mental diseases without them, either in asylums or in private practice. His point was that, however excellent the idea brought forward by Dr. Robertson might be, it would not be wise to push it too far, and to belittle the splendid work which male nurses were trained to do.

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### Clinical Notes and Cases.

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*Mental Disease associated with “Insangu” (Indian Hemp) Smoking and Tape Worm.* By A. D. PRINGLE, M.B., Senior Assistant Medical Officer, Natal Government Asylum, Pietermaritzburg.

*Patient.*—A native male, æt. 31, admitted to the Natal Government Asylum, February 23rd, 1904.

*Mental symptoms.*—The patient had been insane for about two weeks previous to admission, and had been in the habit of smoking Insangu (Indian hemp), and had been noisy and dirty in habits, resented interference, and assaulted the attendant and another patient, quarrelsome, and abused those around him, could answer questions only in a dazed manner, and after repetition. On admission he was stubborn and violent if interfered with; otherwise he sat quiet and disinterested, except for spasmodic attempts at escape. On one occasion he did get away from the building and ran some 200 yards to the asylum main entrance, threatening to kill anyone who interfered with him; was much

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annoyed at being brought back ; would not work. April 19th : Restless, attention and concentration imperfect ; does not answer questions readily, but rambles on incoherently. Latterly, while in the hospital, he had been quiet and depressed. Early in October, 1904, the patient had two slight epileptiform attacks, but none before or after this date. Died August 12th, 1905.

There is nothing unusual in the *physical* condition, except that, although at the autopsy tape-worms were found, no segments had been reported in the stools, despite the fact that at one time while in the hospital the patient had had fairly large doses of compound decoction of aloes. Never at any time did the patient have a "voracious" appetite.

*Autopsy.*—Nine separate intussusceptions, varying from 1 to 4 inches in length, were found in the small intestine, probably of the "agonal" variety, and had supervened either shortly before or after death. In the intestine were five large *tæniæ* (*mediocanellatæ*) varying from 4 to 6 feet in length. No segments found in any part of the large intestine.

The principal interest of this case lies, I think, in the intussusceptions and in the mental condition of the patient. These "agonal" intussusceptions are moderately common in deaths where "tape-worm" is found in the intestine. The explanation, I believe, is that in these cases just before, at, or after death, the bowel being in an atonic condition and the *tæniæ* still alive, the movements of the latter cause these intussusceptions to take place. Regarding the *mental condition*, one could not say how long tape-worm had infested the patient. It is well known that tape-worm (*skellem esimhlope*) is very common among the natives of Natal, but so is "insangu" smoking. Both cause mental upset—patients with tape-worm are usually depressed, insangu smokers have outbreaks of excitement. This patient was depressed and excited at times. It is an interesting question whether the misery and depression caused by the parasite were not responsible for the excessive insangu smoking, which in this case brought on excitement and untidy habits, resulting in the patient being sent to the asylum. Patients as a rule recover quickly from the effects of insangu smoking, and it would therefore appear that the state of depression might have largely been due to the presence of the parasite.

It is fairly safe to infer that in this case the intussusceptions were not produced by excessive straining by drugs, since (1) the compound decoction of aloes had been exhibited for several weeks without causing any invagination : (2) no dose had been given two days previous to death ; (3) the invaginations were recent.

In connection with the above, Dr. Ward (District Surgeon in this division) has kindly allowed me to quote an interesting case under his care at the local gaol. Patient, an elderly native convict, complained of tape-worm, a moderate dose of extract of male fern being given with no effect; this was followed by a larger dose with an appalling result. Tape-worm began to be summarily ejected in large quantities by both mouth and anus. At the mouth they were brought up in such quantity that the patient was literally suffocated by his own vomit and died. At the *post mortem*, mouth, nasal passages, pharynx, and larynx were blocked with tape-worm, and a great number were found along the whole alimentary tract, from the œsophagus to the rectum.

This case warns us that in giving large doses of anthelmintic medicine the patient's life is in grave danger should vomiting supervene, with a large number of *tæniæ* infesting the alimentary canal.

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#### *Autobiographic Hallucinations.*

THE following is a truthful record of what I felt and saw while in a state of mental collapse consequent upon a severe brain affection. One peculiarity about my illness was that never at any time, except perhaps at the crisis, was I quite unconscious of surrounding objects or of what I was doing, and that assuredly one of the most distressing things connected with that terrible time is the fact that I remember with almost painful accuracy nearly everything that happened. I now feel as sound mentally and as free from hallucination as any normal person can be, but for many years I suffered from an hallucination of hearing, which used to be strongest whenever I laid my head on the pillow at night.

Almost the first thing I can remember about my malady was of walking alone in a part of the London suburb in which I lived and experiencing a feeling of dizziness and vertigo. All sounds were intensified to my sense of hearing. I was to some extent unable to control my thoughts or actions. I must have looked strange, also, because when I reached my rooms my landlady called in her married sister and her brother-in-law to see me, and the lady, when she had looked at me, gave a slight scream and a look of intense fear or horror appeared on her