The case is made much more difficult when *hallucinations* are present. In but very few of these cases can any good be done. When the hallucinations occur in acute insanity, as they so often do, there is but little opportunity of talking about them; they are part of the attack, and often go as the attack passes away, or remain when recovery does not take place. On the other hand the hallucinations often mark a further stage in such cases as described above, where a man is driven in on himself; and they are quite incurable, not only from the lapse of time, but because they almost invariably confirm the patient in his unhappy, miserable ideas, centring in himself. Still, if a patient asks in a right sort of way for any explanation that the attendant can give him from his experience, the best thing to say is that the brain plays queer tricks with people. It allows happy, funny, sad, and all kinds of memories to come into one's mind without any apparent reason, and in the same way it allows old memories of voices once heard to come back unbidden. This is reasonably near the truth, and it may serve to start a beneficial doubt; at all events it saves the need to give the only other explanation—that the patient is downright out of his mind.

It will be seen from the foregoing that the book is of great use, not only to those who have the care of the insane, but to private nurses who have charge of those difficult border-line patients who are so often classified as nerve cases. Beside which, as it may happen that a patient suffering from an ordinary disease may be found to have a mental taint, it behoves all nurses to know something of the care of the insane.

Scottish Matrons' Association.

The quarterly meeting was held in the Board-room of the Western Infirmary, Glasgow, on Saturday, the 20th inst. The President occupied the chair. Forty-one members were present. Four new members were elected. At the close of the meeting an opportunity was given the members to visit the new wing of the Infirmary, and the Nurses' Home. Afterwards Miss Gregory Smith (Matron) entertained the visitors to tea.

How time flies! Miss M. S. Rundle, the Isla Stewart Scholar, has completed her year's college course in New York, and has started on the return journey. Miss Rundle has planned to come home by the delightful St. Lawrence River trip, passing the lovely Thousand Isles and the rapids.

Our Prize Competition.

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Cambridge Street, Warwick Square, S.W., for her article printed below on the question:—

HOW WOULD YOU PREPARE (1) THE ROOM (2) THE BED, (3) THE PATIENT FOR A CONFINEMENT CASE?

Although there is not always time to make any extensive preparations before labour, a nurse will do well to approach the ideal of asepsis as nearly as she can.

1. The room should be of fair size, and capable of getting plenty of fresh air and sunshine. If possible, it should be thoroughly cleaned from ceiling to floor, and all the woodwork, etc., dusted over with a duster wrung out in hydrag. perchl. mercury 1-1000. A piece of linoleum or a drugget should surround the floor near the bed to protect the carpet from stains. A fire should be burning.

2. The bed should preferably be a single one, and should consist of a moderately firm mattress on a wire spring. The mattress should be covered with a mackintosh, a blanket and sheet should be spread over this in the ordinary way. A smaller mackintosh covered with a draw sheet should be placed over the bottom sheet to reach from the shoulders to the knees of the patient, and prevent soiling of the bed. A pillow, bolster, top sheet, and blanket complete the bedclothes. A hard pillow or small footstool should be within reach for the woman to press her feet against.

3. The patient should be given an enema of soap and water at a temperature of 105 degs. Fahr. After it has acted she should have a warm bath and be put into a clean nightgown, clean petticoat (or labour skirt), clean white stockings, and clean dressing jacket. The nightgown should be pinned up above the waist. It will be more comfortable if the patient has her hair done in two plaits. The nurse must thoroughly wash the vulva and surrounding parts with soap and water, dry them, and re-wash them with hydrag. perchl. mer. 1-2000. A sterile towel should be put on until the discharges become extensive, when it is better to remove it and keep the parts antiseptically swabbed, removing all mucus, fæces, etc., and keeping the patient absolutely clean. Douches should not be given unless there is a vaginal discharge, or unless ordered by the medical man in attendance.

We highly commend the papers by Miss M. W. Foster, Miss Emily Bleazby, Miss O'Brien,