Wood Renton states that "testamentary capacity consists in the possession by the testator of a memory sufficiently active to recall (a) the nature and extent of his property, and (b) the persons who have claims upon his bounty, and a judgment and will sufficiently free from the influence of morbid ideas or external control to determine the relative strength of these claims." And further, "the testamentary capacity of these claims." And further, "the testamentary capacity of aphasics depends upon the same considerations." It is plain that each case must be determined on its own merits, whether the person be insane or aphasic. The means of communication are limited, but the associated mental defects constitute the real difficulty in determining the validity of such a will. Dr. Bramwell points out that mental defect is more probable in total aphasia, and greater in cortical than subcortical aphasias. He enters at length into the methods of examination, and claims that such cases should be investigated by competent physicians. Professor Gairdner has contributed a letter to the British Medical Journal of the 12th June, in which he concludes that "it is almost impossible to lay down categorically or dogmatically the conditions under which a particular aphasic can, or cannot, make a bequest." We recall Dr. Savage's memorable words—no two houses fall into ruins in exactly the same way, and accept Dr. Gairdner's conclusion as a summary of our present knowledge.

## Temporary Treatment of Incipient Insanity.

The Commissioners in Lunacy received a joint deputation of the British Medical Association and the Medico-Psychological Association at Whitehall Place, on the 27th May, when the matured proposals of the medical profession in regard to the temporary treatment of incipient insanity were judiciously stated. It will be remembered that this matter arose in consequence of a motion by Dr. Rayner, accepted by the meeting of the British Medical Association at Carlisle, to the effect that similar provisions should be introduced for England to those already existing in Scotland. The introduction of the Lunacy Bill to which we refer above affords an opportunity for this desirable procedure. Dr. Needham spoke favourably of the proposal, and put the matter in the right light by remarking that the essence of the proposal was the vagueness of the certificate as applicable to incipient cases,

and the propriety of such a legal provision, if likely to regulate the illicit treatment of the insane now engaged in. Mr. Bagot, on the other hand, apparently prefers that every case of insanity should be swept into the asylums of the country, and holds that official information which is not necessarily followed up by official inspection is utterly futile. The unanimously favourable opinion of commissioners, specialists, and family physicians in Scotland, regarding this valuable provision of the Scottish Lunacy Acts, gets short shrift at the hands of Mr. Bagot. The result was that the deputation was advised to go direct to the Lord Chancellor.

## Lunacy Act Amendment Bill.

Lunacy Legislation Amendment, to the extent of thirtynine clauses, is again necessary, and, we regret to add, does not by any means exhaust the opportunities of amendment in the Lunacy Law.

Many of the proposed alterations are of a comparatively slight character, but others are of the utmost importance to

our specialty.

The superannuation scheme is one which will probably be opposed by most members of our specialty, and accepted by few; it is to be regretted that a more united opinion does not prevail. The Poor Law Officers' Superannuation Act, which, with certain favourable modifications, it is proposed to follow, does not err on the side of liberality, but the advantages of continuity of service, with the possible addition of ten years to the length of service in special cases, may bring superannuations to something near equality with the existing scale, while the certainty of pension would be an advantage outweighing considerable loss of possibilities. To render it acceptable the age of 50 years must be the lower limit at which superannuation is possible.

The granting of allowances and gratuities in cases of injury under Section 24 is a most satisfactory advance.

The power of granting remuneration to patients for their labour (Section 28) is another satisfactory sign of progress, which may become of great importance in asylum management.

Little can be said in regard to the clauses which bring the lunatic hospitals under the same relation to the Commissioners as other asylums, but Clause 16, in restricting