

America throughout the last decade, resulting in such notable facts as are recorded by Dr. Outterson Wood, we regret to note that the efforts of Dr. Jules Morel have not met with a more worthy response in Belgium. Dr. Peeters in 1892 warned his colleagues that uneducated nursing must be to some degree sterile of results, and he boldly claimed that the nursing staff is called to a higher mission in an asylum than in an ordinary hospital. This has been recognised in Holland, where the Psychological Association has called upon its members to persevere in their efforts for the improvement of the nursing staff, and has instituted an examination similar to our own. A similar movement has taken place in Germany, where, in 1885, it was supported by the veteran Dr. Laehr, and where Dr. Siemnes has since declared that they can look forward with confidence to a happy solution of the question.

It is extraordinary that Belgium should lag behind in this department of mental science. Dr. Sibbald has shown what is being done at Gheel and Lierneux in previous pages of this number of the Journal; and Dr. Morel has lately recorded the notable results of the medico-psychological service in the Belgian prisons to which three asylum physicians were appointed in 1891. In these matters we are not abreast of the times; but Belgium and Britain must keep step in the march of progress.

It would appear that the familiar, unworthy objection has for the time prevailed in the Society of Mental Medicine of Belgium—the fear that the nurse may be transformed into the *demi-savant*. As who should say that the anatomy and physiology of a locomotive engine ought to be kept strictly private in case the driver should become an inferior engineer! But Dr. Morel must return to the attack, for even were his opponents' cause righteous there is no Joshua among us to say, *Sun, stand thou still upon Gibeon*.

Aphasia and Will Making.

Dr. Byrom Bramwell has dealt with this question in a suggestive manner. The legal attitude in reference to wills made by the insane is generally in accordance with justice, for judgment may be said to be ruled by the case of *Banks v. Goodfellow*, when Lord Chief Justice Cockburn adopted the earlier test, "Was the capacity in this particular case adequate to the act?"

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 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 sub-cortical 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,