

in Scotland. It is a closely reasoned declaration of the opinion of the Commissioners in view of the fact that the Royal Asylums are no longer adequate to meet the requirements of those who are but little removed from the "pauper" class. This has been apparent for some time, and the conviction, which has grown in strength, has found utterance in the suggestion now made, viz., that the powers conferred upon the County Lunacy Authorities of England should be extended to the District Lunacy Boards of Scotland. The existence of tracts of country where no provision has been made for those in narrow circumstances, the want of sufficient accommodation in existing institutions, the unfortunate results of the present condition of affairs have weighed with the Commissioners in urging that a measure of relief should be granted by Parliament.

We note, however, that an important restriction is to be laid upon the District Boards of Lunacy in respect of the rates to be charged. It is evident that the position of the Royal Asylums and their beneficent work should not be endangered. There is no intention to provide accommodation at the cost of the ratepayers for those otherwise able to command it. On the contrary, the Commissioners attach great importance to the limit of the rates of board to the sum charged for pauper lunatics, with the addition of a sum in name of rent to be levied as the District Boards may see fit. And, further, this sum in name of rent is to be calculated on the net cost of what may be required to provide the buildings. The Commissioners point out that higher rates than those indicated would defeat the very object for which this measure has been proposed. There is no intention to lessen the burden of the ratepayers by profits from keeping private patients, but rather to prevent burdens falling on the rates by offering no excuse for the acceptance of parochial aid.

We trust that the temperate, judicious, and benevolent scheme thus propounded may be carried into effect in the near future.

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*Straits Settlements Asylum.*

Those of our members who listened to Dr. Ellis' interesting paper on Latah will be interested to read his report on the lunatic asylum over which he presides.

Dr. Ellis has a nearly complete pathological and bacteriological laboratory, and his remarks on the special causes of

insanity (malaria, etc.), on the forms it assumes, and on the endemic diseases with which he has to contend, are of the utmost interest. Chief among these is beri-beri, to the consideration of which affection he devotes a large portion of his report.

The pioneers of science and civilisation, scattered over our colonies and possessions, can send us not only much that is new, but also much that is instructive, and we should do our utmost to keep them in touch with us, not for their advantage only, but for our own.

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*Lunatics at Large and the Public Press.*

The daily Press, or at least a certain section of it, oscillates between two extremes in its views of the treatment of lunatics.

If some half-cured lunatic succeeds in attracting popular attention, the Press loudly advocates legislation that will prevent "incarceration" in an asylum, or, if a discharged patient commits a crime, it is equally forcible about "lunatics at large," and the wrongfulness of letting insane persons out of asylums.

The "lunatics at large" of which complaint is thus made, it should be remembered, are largely the outcome of the recent legislation, which was mainly based on these illogical outbursts of the Press.

The difficulties in placing a sick person with mental disorder under treatment resulting from the recent Lunacy Act, leads to many of these becoming "lunatics at large," until their lunacy is placed beyond all dispute. This is often arrived at by the uncertified lunatic committing some overt act, such as assault, homicide, suicide, or homicide followed by suicide, and thus proving that he needs or has needed treatment.

The number of "lunatics at large" thus created is probably considerably increased by the periodical recertification of lunatics under the recent Act, which may lead to the discharge of patients, who although manifesting no certifiable symptoms while under detention, develop their lunacy very shortly after discharge. Many of these "lunatics at large," therefore, are not under control, not from want of evidence of their insanity, but because this evidence is not within the personal observation of a medical man at the time when he is called on to certify.