

insure some control being exercised, and correct information being given to the reformatory-managers, some person is required to become responsible for the licensee whilst at liberty under these conditions, and to report monthly to the managers as to his behaviour. . . . Licensing practically commenced with the year 1900. During 1900 licenses were freely given to inmates at the termination of nine months' residence, with the result that a large majority relapsed at once. . . . It is probable, if all relapses during the first year of licensing could be ascertained, that the revocations from January to June would stand at about 80 per cent. . . . The average term of detention before license is granted is now approximately eighteen months, and I agree with the managers of reformatories that any period short of that time, unless in very exceptional cases, is useless." It is quite certain that if 80 per cent. of the most hopeful cases, selected for licensing on account of their apparent recovery, relapsed within a very short time, little could be hoped in regard to the balance of patients not so selected. Further, it would be highly optimistic to assume that half of the 20 per cent. of licensees who withstood the immediate brunt of temptation, would remain sober long enough to entitle themselves to be classed as "recoveries." All statistics giving the results of after-study and careful following-up of patients show that a large proportion of those whose drinking habits have been temporarily arrested succumb, especially during the first year of outside life, and in a diminishing ratio as the years go on. Practically speaking, it is evident that so far the forced reformatory treatment of inebriates in England has only been redeemed from absolute failure by a potential percentage of recoveries which is altogether insignificant. In the face of the official reports, it would be sanguine to expect an average recovery-rate under past conditions of more than 5 per cent., though it is possible that with the more general adoption of three years' detention somewhat better results may be attainable. Curiously enough, the number of patients under care in voluntary retreats in England for the year 1901 was practically the same as the number in State reformatories—viz., 433 in the former and 436 in the latter. Roughly speaking, then, we may estimate that 869 alcoholics under treatment in institutions in England at the end of 1901, 108 retreat patients and 22 reformatory patients would probably recover, or an average of 15 per cent. of all patients under treatment.

Since within this colony we have had as yet no basis of experience, either in respect to numbers or time, which would enable us to form any independent estimate as to the probable results of the treatment of inebriates in special institutions, it is obviously desirable to ascertain how far the rough approximate statistics arrived at for England would form a safe guide here. The problem is analogous to the problem of adapting Home life-insurance tables to colonial conditions, the results of English experiences not being directly applicable without making allowance for local divergences. The main disturbing factors are—firstly, *a marked difference in the character of the populations of the two countries.* We have nothing corresponding to the large profligate and drunken population of Old-world cities—no submerged *tenth*—and there is in New Zealand no lower-class labouring-population which can be identified in drinking habits with that class in England. Further, the proportion of women drunkards is much less here than at Home, and Mr. Shadwell's statement in his book, "Drink, Temperance, and Legislation," that "women tend to monopolize the field of habitual inebriety among the working-classes," could not be applied here; nor would a reformatory if established in this colony have to provide accommodation in the proportion of fifteen women to every two men, as is the case at Home. The patients detained in English inebriate reformatories at the end of 1901 consisted of 385 women and fifty-one men. Of the voluntary patients in retreats, on the other hand, there were more men than women—viz., 247 men to 186 women. The bearing of these facts on statistics is important, because the prognosis in the case of women is much less favourable than in the case of men. The second important point of divergence between English and colonial conditions is *the difference between the English and New Zealand Inebriates Acts.* This is rendered clear in the following table, adapted from an article on the working of the English Acts by Dr. William Cotton :—

THE LEGISLATIVE CLASSIFICATION OF THE HABITUAL DRUNKARD AS REGARDS INEBRIATES INSTITUTIONS.

Institution or Part of Institution.	Class of Patient or Nature of Case.	Special Act of Parliament or Part thereof.
ENGLISH ACTS.		
1. Retreat licensed under the Act	(a.) Habitual drunkard voluntarily applying under the Act, and duly attested by a Justice of the Peace	(1.) "Habitual Drunkards Act, 1879."
2. State inebriate reformatory, or	(b.) Habitual drunkard convicted of an offence punishable with imprisonment or penal servitude	(2.) "Inebriates Act, 1888."
3. Certified inebriate reformatory	(c.) Habitual drunkard four times convicted of drunkenness, three of these convictions being within a year preceding date of fourth offence	(3.) "Inebriates Act, 1898."
		(4.) "Inebriates Act, 1898."
		(5.) "Inebriates Act, 1899."
NEW ZEALAND ACTS.		
Special quarter in lunatic asylum	(a.) Habitual drunkard voluntarily applying to Judge of Supreme Court for committal	"Lunatics Act, 1882,"
	(b.) Habitual drunkard committed by Judge on the representation of relation or friend	"habitual drunkard" section.
Inebriates institution proclaimed under the Act	(c.) Inebriate voluntarily applying to Magistrate may be committed to institutions for inebriates	"Inebriates Act, 1898."
	(d.) Inebriates may be committed to institutions without giving their assent, if Magistrate satisfied, on (1) application made by relations or friends; (2) proof made otherwise that person is an "inebriate," Magistrate having authority to call upon such person to show why he should not be committed (no need of further proof in case of prohibited person).	