induced to accept the position of permanent Superintendent, for which he is so eminently qualified. I appreciate the desire of the authorities that I should continue in charge of the institution myself, but the primary pioneering work is finished now, and I think it necessary to devote my attention more exclusively to Seacliff.

When I say that the primary pioneering work is finished, I do not mean that there is not much still to be done at Orokonui. There is everything to be done; and that, in my opinion, is what constitutes its special fitness for making men of the patients who go there. At the present time every patient is doing work of some kind—we have achieved so much—but more variety and a wider scope is desirable. If the sympathies of the men can be enlisted in unselfishly developing the latent resources of the estate, and in making it a better place for those who come after them, they will be doing more towards their own regeneration than anything which can be prescribed from the Pharmacopœia.

It must not be supposed that the unfortunate types of alcoholic degeneracy to which I have been forced to draw attention in the text of this report and in the appendix are a fair index to the whole population. We have had a few individuals at the Home who have shown themselves unselfish, capable, and energetic, and it is a pity that such men cannot act more effectively as a general leaven to their weaker brethren.

All that I have said points, I think, to the necessity for exercising reasonable care in selecting the patients who should be sent for treatment, and to the necessity for providing means of classification. With regard to male patients, this can be carried out to a great extent by placing one class of patients in the new building, now vacant, which was erected on the opposite side of the valley.

I have been guarded as to the prognosis of the patients discharged and under treatment, because in the face of English experience one has no right to be unduly optimistic; but we see no reason to doubt that a fair number of the patients will recover. So far about half of those discharged are known to have relapsed, but we know that most of the others are still keeping sober. With a large estate like that at Orokonui we should be able to insure a larger proportion of recoveries than in the more limited English institutions, provided that the committal basis is reasonable and the friends and relations learn to act fairly and sensibly in the way of backing up the authorities in their efforts to save the patients from themselves. I say "learn," because the natural tendency is all the other way, and we find that a very little whining and importunity upon the part of an inebriate suffices as a rule to upset the earlier sound judgment which led the friends to call in the aid of law and authority, and converts them into suppliants for the patient's immediate release. Few of us like living under restrictions and apart from our ordinary associations for any long period of time, even in such comparatively favourable circumstances as one finds on board ship. When thrown together by chance, without accustomed duties and outlets for emotion and passion, men especially can never be kept from feeling their position and railing at their lot; and if they have been for many years uncontrolled self-indulgent drunkards the situation at times is apt to become trying in the extreme. There are not the natural conditions present in any Home for inebriates which go to form a happy and contented community. In the typical drunkard the higher social qualities are more or less in abeyance—there is no give-and-take in him; he is irritable, selfish, self-willed, and *blasé*; initiative is frequently almost extinguished; and the control and discipline which he has failed to exercise from within is doubly repugnant to him if imposed from without. But worst of all is the lack of moral sense—a special failing of the inebriate, and the greatest of all obstacles in the way of reform, especially where a number have to be dealt with in one institution. Indeed, this point makes me doubtful whether institutions for inebriates will ever succeed in reclaiming more than a comparatively small proportion of patients. As Dr. Clouston says, "The moral atmosphere tends to be low, the patients keep each other in countenance, you cannot restore the sense of shame and of self-respect, and they plot, and fan each other's discontent." These tendencies are certainly very marked, and it could scarcely be otherwise. However much influence for good an earnest, strong, sane man may be able to exercise over an individual drunkard—and we know that such an one can and often does exercise a most potent reforming influence—his power is too often negatived in a Home by the tendency of patients to submit everything to their own tribunal, which, regarded compositely, cannot be expected to take high ground, and in practice is found to regard alcoholism and its results as a very venial matter. As Dr. Wilson says, "One of the most obvious features of drunkenness is self-excuse"; and this is very much fostered nowadays by the fact that the public is inclined to apply to all cases and to carry to an extreme the idea that alcoholism is simply a disease, and not at all a vice. I have found great difficulty in persuading patients, even individually, that they have any responsibility in the matter, and to convince them as a community is a much harder task. They try to lay the whole blame on *heredity* and *environment*, and their friends too often support them in this.

It would be much more satisfactory if the public could be brought to an adequate realisation of what may be reasonably expected from detaining and treating inebriates in special institutions. Friends would then be in a position to fairly decide on the question whether a particular patient should be sent to a Home or not; and, *having once decided, they might be expected not to change their minds merely because of the patient's inevitable self-pity and importunity.* If the relations could only steel themselves to be a little firmer and more resistive, it would be better for themselves and far better for the patient. Writing on the "Mismanagement of Drunkards," Dr. George Wilson says, "We find it an almost invariable rule that, because of his gift for making things unpleasant, he" [the drunkard] "is allowed to have even more of his own way than are those who behave properly. It seems to me quite the most immoral effect of drunkenness that it leads to the complete demoralisation of the home. Be the drunkard father, or son, or brother, all the domestic arrangements are suited to his perverted tastes. People wait up for him far into the morning hours, meals are kept late, every one else is put to discomfort in order to please him. Worse than that, the whole household must learn to shield him, to deceive, to pretend, to lie,