This, I submit, is a most valuable suggestion, and, if anything further is contemplated in the direction of providing hospitals for the treatment of inebriety, it would be wise to give a fair trial to a small inexpensive institution for the purpose indicated near some large centre of population. Short-period cases sent to an ordinary Home are a disturbing element, and cause much discontent and jealousy. I have known alcoholic patients recover and remain permanent abstainers after a few months' stay in an asylum, and the trial would, in my opinion, be well worth making, because it would tend to reduce the number of needlessly long detentions, and it would enable a larger number of patients to be treated annually at a moderate cost.

The question of expense is, indeed, a very important one in the matter of the treatment of inebriates by the State. Assuming that in our long-period Homes we could average 20 per cent. of recoveries over all classes committed—voluntary and involuntary, men and women—and assuming that maintenance could be reduced to a cost of £2 10s. per week, the expense to the State of each patient restored would be nearly £400 for twelve months' treatment. The average fee payable so far has been just £1 per week each for the forty-eight committals, and in framing my estimate I have taken this into account. In reality, I doubt whether the present comparatively small number of patients under treatment at Orokonui could be suitably kept for £2 10s. per week, if full allowance were made for interest on primary capital expenditure. The staff must always be a large and expensive one, and the carrying-out of a scheme of classification would not effect much saving, because more attendants would be needed. Up to the present time we have been unable to give much special advantage, beyond choice of the best rooms, to the patients who have contributed towards their maintenance; but they have had little cause for complaint, because we have levelled upwards and treated all on a liberal scale. Practically no comment or objection has reached me in regard to the lack of classification, except on the part of two of the non-paying patients!

I have scarcely touched upon the question of the retreat for women. For reasons which I have already stated to the authorities, I am satisfied that, as soon as possible, this should be entirely separated from the neighbourhood of a Home for men. English opinion upon this point is very definite. The treatment of inebriety in women is for the most part extremely unsatisfactory, and the few female patients who have been sent to Orokonui show sufficiently clearly that in the meantime at least there is no widespread tendency in this colony to have women committed to institutions. The retreat at Orokonui is in every respect a charming residence, and I can only regret that Miss Thomson's devotion to her charges cannot in the nature of things meet with the one reward which would alone satisfy her.

Religious services were conducted at the institution for a long time by a very able minister of religion, and since he left us patients have attended services at Waitati. I have been trying to arrange for regular services in the Home, but this is a matter of some difficulty, on account of there being so many denominations among the inmates.

The main industries which should be pushed on are—(1.) The fencing of the estate. (2.) Draining of swampy areas. (3.) Ordinary farming operations on the cleared ground. (4.) The reclamation of some 70 or 80 acres of tidal flat. (5.) The completion of the works in connection with water-supply. (6.) The provision of Pelton wheels to supply electric light and power for the making of bricks and tile drainpipes at a cheap rate. The clay has been tested for both purposes, and is found to be eminently suitable. (7.) The development of poultry-farming as a specialty. (8.) The planting of forest trees on any hill-slopes which happen to be unsuited for agricultural or pastoral purposes. The hills are peculiarly well adapted for the growth of red-gum, stringybark, and other eucalypti, of which there are already some flourishing patches.

The last words which my colleagues and I feel impelled to say, as the outcome of the work which we have had in hand, concerns the question of *prevention*. Can we say or do anything that will serve to lessen the frequency of the disease which we have been called on to treat, and which we can only regard as virtually incurable when once established? I have spoken of "recovery," but in reality perfect recovery does not come within the range of our experience, and is not to be expected.* If, in the scheme of creation, it has been ordained—as we believe it has, and as all experience teaches us—that throughout the life of man on this earth there shall be an intimate association and relationship between body and mind, we cannot conceive that the infinitely delicate and marvellous tracery of the brain can be structurally changed and debased without lowering at the same time the potentialities of the mind and the moral nature. It will be objected by some humane and tender-hearted people that it is cruel to tell the chronic alcoholic that the past is irreparable and that, however much he may try to aid us, we cannot give him back an intact and perfect brain. The *truth* often *seems* cruel; but for the moment we are considering not the man who has erred, but the thousands who are tending to err if they are not forewarned of their danger. Moreover, there is no real kindness in buoying up the alcoholic with a false estimate of his strength and powers, or in concealing from him the fact that he has already entered on the broad path which leads to destruction, and that he can only be saved by a supreme personal effort. In saying this we are saying something much milder than what is implied in the teachings of the parable of the talents which surely has some remote application here. We want to save the man from himself; or, rather, we want him to realise his danger before it is too late, in order that he may exercise the powers he still has and save himself. It is not we but the Creator who has made the past irre-

---

*(*a*.) Dr. Clouston says, "I am safe in saying that no man indulges for ten years continuously in more alcohol than is good for him, even though he was never drunk all that time, without being psychologically changed for the worse."

(*b*.) "Alcoholism is a disease which on an average may be said to have taken from three to five years to develop. All these years the tender structures of the cortex of the brain have been deteriorating in one realm after another."—"Vice and Insanity," by Dr. George Wilson.

(*c*.) The average period during which the patients committed to the Home at Orokonui have been addicted to excessive drinking exceeds twelve years.