

1904.

NEW ZEALAND.

HOMES FOR INEBRIATES

(REPORT ON THE).

Presented to both Houses of the General Assembly by Command of His Excellency.

The SUPERINTENDENT OF THE HOME FOR INEBRIATES at Orokonui, Waitati, to the INSPECTOR-GENERAL OF HOSPITALS, &c., Wellington.

SIR,—

Orokonui Home, Waitati, 21st July, 1903.

I have the honour to submit my second report on the Home for Inebriates established at Orokonui.

The first patient came in May, 1902, and since then there have been admitted thirty-six men and twelve women. Of these, there have been discharged fifteen men and five women. In the case of any ordinary hospital it is usual to give a tabulated statement of the results of treatment under such headings as "Recovered," "Improved," "Not improved," "Died." Sufficient time has not yet elapsed to enable me to give any definite opinion as to recoveries; no patients have died; and I should say that, without exception, all have improved.

A properly regulated life, and abstinence from alcohol, quickly bring about a remarkable physical and mental improvement in alcoholics, but a change of this kind, if temporary, is obviously not the purpose for which such necessarily costly institutions are established. The question which the authorities will no doubt wish to have answered promptly is whether the Home is *curing* its patients, and, if so, in what proportion of cases. The egregious mistakes which have been frequently made by medical men in charge of newly established Homes for Inebriates, when they have essayed the *role* of prophecy, and undertaken to foretell how their patients would behave in the future, incline one to tread cautiously, if at all, in this path. The wish tends to be too much the father of the thought in such matters. There is no reason to doubt the sincerity or honesty of the physicians who thirty years ago announced confidently that they were curing over 60 per cent. of the patients submitting themselves to treatment in the Homes then established. The patients themselves, no doubt, said confidently that they were certainly cured, that they were new beings, that they had done with drink, and that all desire for it had left them for ever, just as they assert to-day, and it was hopefully assumed that the reformation would be permanent. It is generally supposed that during the last twenty years scientific means of treating alcoholism as a disease have been evolved, and it might be concluded, therefore, that statistics would show a marked advance in the recovery-rate, but this is unfortunately quite the converse of the truth. The more searching the results of the treatment of inebriates have been investigated, the more apparent it has become that high percentages of recoveries are not really attainable by any known means. Precise Government statistics, compiled and edited by responsible authorities, do not lend themselves to hopeful flights of the imagination. In the report for 1902 of Dr. Branthwaite, the Inspector under the English Inebriates Acts, we find that the estimated recovery-rate of patients admitted into licensed retreats in England is only 25 per cent.

These retreats are well-equipped special institutions, to which admission is purely voluntary, and the patients, who have to pay an average rate of £2 15s. a week, are the most hopeful class of persons who come under treatment. They may be assumed as a whole to recognise their failings, more or less, and the fact of their voluntarily subjecting themselves to treatment affords some evidence of a desire to amend. Dr. Branthwaite says, "For the sake of clearness it will be well to remind casual readers of the difference between the work of a *retreat* and that of a *reformatory*. On leaving the former we completely turn our back upon the principle of voluntary admission." Compulsory detention in State reformatories came into operation only with the passing of the Inebriates Acts, 1898 and 1899, and the results so far have been so unsatisfactory that most of the available articles on the subject are apologies or explanations dealing with universally recognised and acknowledged failure. Dr. Branthwaite tries to be hopeful, but does not venture to give a single figure in the way of statistics as to the "Results of treatment." Under this heading he says, "I do not propose this year to present any more definite statistics than those already shown in relation to licensing." However, what Dr. Branthwaite does say in relation to *licensing* is itself sufficient evidence of the most complete failure: ". . . to secure the maintenance of improvement after release from sentence . . . it was decided to permit the issue of a license to be at large as soon as any inmate gave evidence of recovery sufficient to make it appear reasonably possible that he would be able to keep from liquor and take care of himself. The granting of such a license permits residence out of the reformatory and resumption of the ordinary duties of life. The permit remains in force for the remainder of sentence, or so long as the inmate continues to refrain from the use of intoxicating liquor. Should he return to his drinking habits the license can be revoked, and the inmate compelled to return to the reformatory from which he was licensed. To