

was absolutely demented, and had to be transferred forthwith to Seacliff; another was far gone in incurable dementia, having almost no memory, and a degree of general enfeeblement and perversion of the mental faculties which constituted her a borderland case. Several showed lesser degrees of similar mental impairment verging on dementia. The purposive faculties, will-power, initiative, discipline, and the moral sense cannot be said to be unimpaired in any chronic alcoholic*; but several patients were committed to the Homes whose defects in these directions—especially in regard to moral sense—were so extreme, and so long and fixedly established, as to render recovery out of the question. It was the conviction that such obviously hopeless cases would tend to be committed that made me propose to the authorities early last year, before the Home was opened, to restrict the admissions at Orokonui to cases certified as potentially curable by two medical men. I am pleased to see that an amending Act is now before Parliament, making provision for such certificates. There is another class of patient who should certainly not be committed to special institutions for inebriates—viz., any patient suffering from serious communicable disease. Two such patients—both phthisical—had to be discharged from the Home on that account, and it is highly desirable that the amended Act should prevent such committals in future.

I may revert now to the question of estimated prognosis. I have pointed out that in England half the cases under treatment are voluntary patients. When it is considered that at Orokonui up to the present time only one-seventh of the patients have themselves voluntarily come for treatment, and that this small fraction embraced one absolutely destitute person who was virtually suffering from moral insanity, and only sought the shelter of the Home as a refuge, it will be realised that, on the basis of statistics arrived at from English experience, we have no ground for expecting a recovery-rate of more than 15 per cent. The prognosis would, indeed, be rather less than 15 per cent. of recoveries if we calculated on the English basis of an estimated 25 per cent. for voluntary patients, and assumed that our forced inmates would recover in one-half of that ratio. I am, of course, aware that such figures will not be generally acceptable, but they convey the truth.

The optimistic professions of Dr. Norman Kerr and many interested "experts," supported by the indorsements of some well-meaning philanthropists, have created the erroneous idea that, as Dr. Kerr says, "inebriety is a disease as curable as most other diseases." Dr. Urquhart, in his presidential address before the British Medico-Psychological Association, said, when speaking on this subject, "That is so far from being even approximately true in my experience that I am not surprised to find in his (Dr. Kerr's) interminable list of 'remedies' but one short sentence to the effect that it is 'the great point to have a healthy outlet in energetic work of some kind,' regarding which 'a word of caution as to moderation will not be amiss.' In all his hundred-and-odd pages on treatment, only this and nothing more The hospitalisation of the drunkard is, after all, a late remedy and doubtful. We have a larger hope in anticipating, and so frustrating, habits of vice or disease. The true statesman fulfils his duties in formulating precautionary measures not less than in devising the reformatory treatment now under review."

But the easy optimism of such a writer as Dr. Kerr has had little effect on the public mind, compared with the persistent advertisements of the proprietors of so-called "cures"—whom, by the way, Dr. Kerr unsparingly condemns. In our intercourse with the patients at Orokonui and their friends, we have found how implicitly these advertisements are believed, and it must be confessed that they are specious enough to deceive any one not directly conversant with the truth. The worst type is the illustrated magazine advertisement—such as we find, for instance, in the April number of *Pearson's Magazine*. Our attention was drawn to this by one of the patients, who said, "There, now, that's the kind of cure I believe in." In the front of the magazine is the ordinary full-page advertisement of the "Keeley cure," with a portrait of the "inventor." The only point worthy of remark here is the announcement that the patients "go of their own free will to the Keeley Institute, or they are not admitted. If they do not wish to be cured, the Institute will have none of them." In other words, the Keeley cure is only for the hopeful minority.

The direct advertisement is, however, comparatively harmless. The most credulous people have some hesitation in accepting as true all the wonderful things that it may pay a man to have printed concerning himself and his achievements. It is the *indirect* advertisement which proves so universally convincing, and we find this incorporated in the text of the magazine in question in the form of an article communicated by the Rev. Canon Fleming under the heading "The Problem of Inebriety: Is there a Cure?" There is nothing to show whether such an article is directly paid for by the Institute as an advertisement or not, but one can form one's own conclusion as to whether the magazines which accept such matter would accept it if they were not fully paid for what does appear among their advertisements. There is no reason to question the *bona fides* of the reverend canon. Indeed, it is the apparent honesty and guilelessness of his statements which constitute their chief value from a commercial point of view. His portrait as he appeared "in his robes worn at the coronation" as "Canon of York, and Chaplain in Ordinary to His Majesty the

* Some authorities (and others who are not authorities) have recently objected that well-marked cases of drunkenness do occur without any great impairment of the moral sense. We should be very slow to accept any such statement. The fact is that physicians are not very well practised in the investigation of moral facts. . . . In the huge majority of cases there is no difficulty at all. Most drunkards are flagrantly immoral, many of them criminal. The difficulty only occurs in the case of a very few men and women, whose drunkenness is of an exceptional kind. In particular there may be some difficulty in discerning the degradation in moral function in periodic drunkards who emerge from their occasional spells of intoxication with remorseful tears and pious promises. No one need doubt the sincerity of these most unfortunate backsliders; but before we can admit that they are an exception to the general rule that drunkenness is a disease essentially of the moral functions, some one must perform that most difficult and unlikely task of proving that they have as clear a judgment in moral questions, as elevated moral sentiments, and as resolute moral purposes, as if they had never given way to the vice which occasionally overcomes them. The most that can be said of them is that their drunkenness does not have a very obvious influence upon their character, because it is intermittent and allows of intervals of regeneration of the functions which have been assailed.—"Vice and Insanity," by Dr. George Wilson. Macmillan and Co., 1899.