

1904.

NEW ZEALAND.

HOMES FOR INEBRIATES

(REPORT ON THE).

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

The INSPECTOR-GENERAL OF ASYLUMS to the Hon. the MINISTER FOR PUBLIC WORKS.

SIR,—

Wellington, 24th August, 1904.

I have the honour to report as follows in relation to the Orokonui Home for Inebriates :—

The whole idea of the organization of this institution was based on the fact of its connection with Seacliff Asylum in the hands of Dr. King, and the facilities thus offered for the complete and remunerative development of a very valuable estate. These plans had to be abandoned because of the irrational objection of some of the inmates to the presence of harmless chronic insane persons, however indispensable their work might be.

The public mind in this colony is filled with the idea that a cure for inebriety can be effected without any effort on the part of the inebriate, that there exist certain specific drugs, boomed by interested syndicates, which produce miraculous results, and it is impossible to disabuse the public mind of this delusion. No statistics exist upon which any such generalisation can be based, and we as a Department, with the means at our disposal, have made a most thoroughgoing effort under one of the most able men in the colony to carry out a rational system of treatment for this disease.

A complete statement of the position of this institution, and a very able exposition of the principles underlying its administration, were furnished by Dr. King last year, and fully approved by me. Dr. King and I have discussed this subject in all its bearings on many occasions. More recently, at a meeting of the British Medical Association, a complete account of the whole experiment was given—for it has never been regarded otherwise than as an experiment, and a very costly one. Following Dr. King on that occasion, I expounded the difficulties we had to face in the working of this institution, and pointed out to the medical profession the part they themselves had played in hindering our efforts to make the experiment successful. That it seemed impossible to get the profession as such to refrain from sending us cases whom they might have known to be incurable before they sent them, that they have sent cases there who were incorrigible drunkards—persons who should have been sent to jail or some other place more fit for their reception.

No man, in the state of public opinion in this country, could dare to exercise the discipline required to compel the co-operation of these people in their own cure.

Experience has already demonstrated that persons who are compelled by pressure of relatives, or the action of the police, to go to such a place are all but hopeless from the start; and that, whenever success has been attained in England or America, it has almost always been confined to the cases of persons who were anxious to co-operate in the treatment of their own disease. Drunkenness is a disease of volition, and can only be cured by the exercise of the subject's will. To aid and foster this—to make the exercise of the volition a possibility—the best means at our disposal is to enforce abstinence; to put the patient under healthy conditions; to make him lead a quiet, regular life; to provide him with wholesome food; and to do our utmost to secure regular employment in the open air, always stopping short of bodily exhaustion and fatigue. These indications have been fulfilled, or, to put it better, this treatment has been carried out at the Orokonui Home. But, as I have stated above, the treatment is practically worthless without the co-operation of the patients, and that co-operation is not to be expected from the majority of the cases which have come under our care.

Dr. Gault is evidently a good physician and a kindly man. The patients have no personal complaint against him. He is cautious, and knowing the nature of his charges is careful to keep within the letter of the law in dealing with them. He has consulted the Crown Solicitor in Dunedin regarding powers of compulsion, and is advised that he has practically none. The punishments at his disposal would rather hinder than promote the general harmony, and therefore it would not be fair to visit on the man the want of efficiency of the system. With regard to projected works and requirements he is alive to their necessity, and his intelligent interest therein is on record in the office files. Dr. Gault recognises that the Orokonui Home in its present state is experimental, and, with this in view, exercises a wholesome economy.

I have gone into these details because Dr. King, whose excellent management of Seacliff is well known, cannot be said to have succeeded here, and it is just to conclude that the difficulties are almost insuperable. Miss Thomson, the Matron, is one of the best matrons in the colony. She stands in the position of being too good for the place, but she was appointed to let the experiment have every chance.

Attendants, &c. : The number in proportion to the patients is large, because the open-door system requires the exercise of great vigilance, and also because the patients do very little helpful work.

At the meeting of the British Medical Association, Dr. King and I obtained approval of the following amendments :—

1. "That it be the duty of the Medical Officer in charge of the Home to apply to a Magistrate for a rescission of the committal order of any patient whom he considers unsuited for treatment in the Home, whether on the ground of there being no reasonable prospect of recovery or other sufficient reason, and that the Magistrate be empowered to act accordingly on such application."

2. "That no one should be recommitted to the Home at Orokonui without a certificate from the Medical Officer in charge to the effect that in his opinion a further period of detention would give a reasonable prospect of recovery."

3. "That provision should be made by law for the proper classification of inebriates, so that those who wish to conquer the failing—the more hopeful and curable patients—may be separated from the undegenerate and practically incurable."

In consequence of the separation from Seacliff, new regulations must be drafted if the Government decide to carry on the experiment.

On my last inspection tour in the South, from which I have just returned, I paid two visits to the Orokonui Home. I had a personal interview with every one of the inmates, and satisfied myself that the one all-pervading feeling among them is that their only chance of liberty, which is what they are constantly longing for, consists in their so bearing themselves towards the constituted authorities as to make the successful management of the institution impossible.

I have, &c.,

D. MacGREGOR, M.A., M.B.,

Inspector-General of Hospitals, &c.

The SUPERINTENDENT OF THE OROKONUI HOMES FOR INEBRIATES to the INSPECTOR-GENERAL OF HOSPITALS, ETC.

SIR,—

Orokonui Home, Waitati, 4th June, 1904.

I have the honour to submit a report on the above Homes, having taken over the medical superintendency of the institution in September, 1903.

The buildings for the accommodation of the inmates, both male and female, are in good repair, and according to the report of the Health Officer there is no overcrowding or cramping. The kitchens in both the male and female departments want enlargement. A laundry and store-room are required for the female department; an improved water-supply and septic tanks are urgently required; also an improved method of lighting, kerosene being used at present.

An office and store have been built recently at a cost of £98.

From the farm and garden we have been able to obtain an adequate supply of forage for the horses and cattle, as well as vegetables sufficient for the use of the institution, which has also been supplied with bacon from the farm and nearly the whole necessary supply of milk. A new and commodious piggery has also recently been built. Many improvements are still necessary upon the farm in the way of fencing, draining, &c., but the chief hindrance to the carrying-out of these improvements has been the unwillingness of the inmates to seriously engage in work. Having had only the farm-manager to look after the farm for most of the summer, and as he had also to do the carting of firewood, it will be understood that he had quite too much to attend to alone. Stables, cow-sheds, and housing for implements, tools, &c., are also urgently required. It is proposed to establish a poultry and duck farm, in which it is hoped some of the patients will take an interest, and that it will be remunerative. The orchard has just been planted with some three hundred fruit-trees. Firewood is still plentiful, but in the near future, unless the statute be so amended as to compel the inmates to work, some other means of providing fuel will have to be resorted to. The contracts for supplies are, and have been, satisfactory.

The institution has been conducted on the same lines as heretofore—*i.e.*, in conformity with the present regulations. With all our efforts, care, and attention, however, a number of the male patients have continued to manifest dissatisfaction and discontent. Until quite lately we had about six of these malcontents, and, to say the least, they have given very serious trouble, furnishing cause for deep regret that we had not the power to deal adequately with them, as punishment of a severe nature they certainly deserved. We have still three of these men in the Home. They absolutely refuse to work; go beyond the prescribed bounds when they find an opportunity; do their utmost to influence unfavourably new-comers to the institution; are insulting to the attendants; and have from time to time written misleading and discouraging reports regarding the institution to the newspapers; and unfortunately journalists seem to act under the delusion that inebriates speak and write the truth. With regard to the large majority of the inmates, apart from those above referred to, they conduct themselves well, and take a certain amount of exercise in the way of doing a little work.

Means for recreation such as billiards, cards, cricket, boating, shooting, &c., have been provided. The inebriate generally, however, seems to take but little interest in amusements or recreation which entail exertion—billiards and cards being those chiefly indulged in.

Regarding our inebriate patients generally, all complain of and resent being detained for such periods as six and twelve months. They do not seem to have yet learnt, nor has the public generally, that beside other, and even the best available means, it takes in the majority of cases a long period to reform the drunkard from his vice. Many even of the best class of our patients, besides complaining of the length of their period of detention, deprecate having to have recourse to a Stipendiary Magistrate in coming to the institution, and bitterly resent being sent under police escort. In view of the foregoing, it becomes a question whether any one should be compelled by force to enter an inebriate institution, as they strongly resent it, naturally also resenting their treatment in the institution, and are probably less likely to benefit from it. As to the character of the inebriate generally, at his best he can hardly be described otherwise than as a person averse to any kind of continuous work; at his worst, in his degeneracy, he becomes untruthful, deceitful, slanderous, and untrustworthy in the extreme.

No one unconnected with this institution can well conceive the amount of annoyance and worry the officials have had to endure. I am pleased to say, however, that the staff individually and collectively have worked well and faithfully under adverse conditions, and in the face of extreme difficulties.

The number of patients in the institution at the commencement of the year was: 19 males and 7 females: total, 26. Admitted during the year: 28 males, 8 females: total, 32. Discharged during the year: 28 males, 8 females: total, 36. Leaving in the institution at the 1st April, 1904: 15 males, 7 females: total, 22 inmates.

EXPENDITURE FOR YEAR ENDED 31ST MARCH, 1904.

Item.	Maintenance.	Capital.	Total.
	£ s. d.	£ s. d.	£ s. d.
Salaries	1,539 9 4	...	1,539 9 4
Rations	1,116 7 6	...	1,116 7 6
Fuel and light	71 11 1	...	71 11 1
Surgery and dispensary	27 14 0	...	27 14 0
Washing	180 18 5	...	180 18 5
Furniture, bedding, &c.	90 17 7	212 3 10	303 1 5
Farm stock and implements... ..	8 6 0	19 0 0	27 6 0
Necessaries, £1,081 13s. 3d.; miscellaneous and contingencies, £404 19s. 1d.	751 7 0	735 5 4	1,486 12 4
Store and office (erecting) ... ..	...	95 8 11	95 8 11
Alterations and improvements to buildings ... ..	...	324 4 5	324 4 5
Total	3,786 10 11	1,386 2 6	5,172 13 5
Less received for maintenance ... ..	...	...	1,103 7 11
Net expenditure ... ..	...	...	4,069 5 6

I should say, however, that some £375 of this amount was expended upon the Seacliff patients, who were formerly employed on the estate.

The approximate average cost for maintenance of each patient per week is about £2 8s. 6d.

I have, &c.,

D. GAULT,

Medical Superintendent.

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