Corngreaves Hall Retreat.—"It has become clear that short periods of detention are useless, and the Cases Committee has firmly declined to accept patients who refuse to legally bind themselves to remain in the Home for at least twelve months, and preference is now given to those who are willing to enter for two years."

The failure of the Anglican Church to avail itself of the "Keeley cure" after giving the matter careful consideration over ten years ago, coupled with the fact that the Church has since gone to great expense in establishing Homes in which long periods of detention are advocated, is surely the best answer to Canon Fleming's statement that "the longer a man is kept in an Inebriate Home the more he craves for drink." But I shall submit other evidence.

Report of Departmental Parliamentary Committee on Inebriates, &c., 1895.

"*The Theory of the Cure of Inebriety.*—The opinion of the most eminent medical authorities—many of whom, such as Professor Gardner, Sir Douglas Maclagan, Dr. Yellowlees, Dr. Clouston, Dr. Urquhart, Dr. Nicholson, Dr. Norman Kerr, Sir James Crichton-Browne, and others, gave evidence before us—is unanimous in bearing out the popular opinion that the effect of inebriety is to destroy the will-power of the victim in a manner which can only be remedied by a prolonged abstinence from drink—an abstinence which can, in the great majority of cases, only be insured by effective physical control, supplemented for restorative purposes by appropriate medical treatment. This view of the subject is advanced not only by the medical gentlemen whom we examined, but practically by the whole medical profession; and the reasons given in support of it have sufficed not only to carry conviction to our minds, but to convince the Select Committee on Habitual Drunkards of 1872, and the Departmental Committee of 1892. We content ourselves by referring to the evidence of the gentlemen whose names we have quoted for particulars of the technical details of what from a psychological and physiological point of view is an extremely interesting problem, and at once proceed to the question of how best practically to deal with the matter."

"The Disease of Inebriety." Published by the American Association for the Study and Cure of Inebriety.

"The first condition of cure and reformation is abstinence. The patient is being poisoned, and the poisoning must be stopped. . . . . Abstinence must be absolute, and on no plea of fashion, of physic, or of religion, ought the smallest quantity of an intoxicant be put to the lips to an alcoholic slave. . . . . The second condition of cure is to ascertain the predisposing and exciting causes of inebriety, and to endeavour to remove these causes. . . . . The third condition of cure is to restore the physical and mental tone. This can be done by appropriate medical treatment, by fresh air and exercise, by nourishing and digestible food given to reconstruct healthy bodily tissue and brain-cell, aided by intellectual, educational, and other influences. Nowhere can these conditions of cure be so effectually carried out as in an asylum (Inebriate Home), where the unfortunate victim of drink is placed in quarantine. . . . . ."

The medical treatment recommended in this book of some four hundred pages, published by an association established in 1870, composed of physicians and others interested in the cure of inebriety as a disease, and in the scientific study of the drink problem, does not mention as worthy of consideration any specific drug whatever. The course indicated is essentially hygienic, and the only reference to drugs is the indication that the ordinary tonics, sedatives, salines, &c., should be used where the condition of the patient shows that they would aid in restoring health. Our experience at Orokonui and elsewhere is entirely in accord with these views, and it is impossible to characterize too scathingly Canon Fleming's statement that "the longer a man is kept in an Inebriate Home the more he craves for drink." The tendency is absolutely in the opposite direction. There are not 5 per cent. of the average chronic inebriates who, at the end of a month's total abstinence and healthy regular living, appear to have any special desire for alcoholic drinks, and a certain proportion have an actual distaste for them.

This fact, indeed, gives rise to one of the greatest difficulties we have to contend with in the systematic treatment of the patient. Feeling himself well and capable again, and experiencing no desire for drink, he assumes that he is "cured," and is not open to reason on the subject. He writes glowingly to his relations, who, though sceptical at first, tend soon to yield to his reiterated assertions. In a large proportion of cases the relations become satisfied of the patient's permanent amendment, and after a few personal interviews nothing will convince them to the contrary, and they join in bringing pressure to bear upon the authorities for an immediate rescission of the committal order. This unfortunate readiness of friends to accept the *feelings* and *statements* of inebriate patients as reliable guides is due to an entire ignorance of the fundamental nature of alcoholism and of the ordinary results of simple abstinence and healthy living, coupled with the ingrained conviction that a "craving" for drink, as a distinct entity, is characteristic of chronic alcoholism.

In reality the term "crave" or "craving" is only applicable to a very minute percentage of alcoholics—viz., those suffering from what is generally recognised as a form of impulsive insanity—viz., dipsomania. Apart from such patients, a craving for drink is characteristic only of a state induced by recent drinking—a state which quickly disappears with the elimination of alcohol from the system and the restoration of health. At one time I was inclined to regard the rapid disappearance of the desire for drink which takes place in institutions as due largely to *suggestion*, because the patients often assumed that they had been cured by the specific character of the simplest ordinary medicines which had been prescribed for them. However, it was so often impossible to impress the patient with any sense of the active part he was expected to play in his own regeneration, so long as he assumed that he was being cured of his disease by means of drugs, that I came to the conclusion it was better to be frank on this matter and to announce the actual basis of treatment. Since then from time to time we have explained to the patients how dependent the will-power is upon a healthy active state of the body; and how much it can be strengthened by the regular systematic