rather than admit the facts of the case. This is a mistake, for which, of course, the friends are most to blame. It is natural to them, especially to the more tender and sympathetic sex, to sacrifice both their comfort and their consciences to the erring member. But we doctors must inculcate a better way. When I am asked to treat a drunkard at home, one of the first things I insist on is that there shall be an end to all pampering of the patient. He must be plainly told that he has clearly demonstrated his unfitness to direct his own life, much more his incapacity for the headship of a household. He is by habit overexacting; he must be prevented spoiling other lives. He is already too self-indulgent; he must be compelled to accept unpleasant things. He is irregular and unpunctual; he must take things when they are due or go without them. He is unkind, inconsiderate, cruel, and sometimes brutal and violent; he should be ignored until he learns to give as well as take. . . . . In short, the mother or father, the wife or sister, the brother (who, by the way, less often needs the instruction) must be instructed how not to deal with a prodigal in the time of his prodigality. For the fatted calf, which suits the repentant home-comer, is most unwholesome food for the incorrigible and impenitent. This question of shielding the drunkard, and practising deceit and lying on his behalf, is a difficult and important one. An obvious disability of the drunkard is his *want of a sense of sin*, and a great dishonesty about his vice." Dr. Wilson contends that it is a great mistake to minimise the gravity of his condition to the drunkard himself. "All the evil and danger of his vice should be brought forcibly home, not in a petty way, but in a manner which will be impressive and permanently convincing. . . . . The difficulties of managing a drunkard at home follow him to any institution where he is sent for cure. Not only do the disabilities of the patient prevent successful treatment, but the mistaken kindness of relatives is also in the way. People are anxious that the poor man should have plenty of amusement, whereas one wishes him to learn how not to be amused. He is of idle habit, but he and his people seem to think work unnecessary, if not an injustice. For years the man has been a slave to his palate and to his appetites, but his friends are still very anxious that he should be richly fed. He has made a long practice of the art of lazy comfort, but still it is expected of us that we should provide a lap of luxury for him such as might be fitting for a worn-out and conscientious martyr to good works. To be appropriate, it seems to me that institutions for drunkards should teach habits of regularity, hard work, and forgetfulness of bodily states, except in so far as is necessary to health. Similarly, his mental state should be treated so as in every way to induce him to see the nature of his vice, to realise his weakness of will, to sink his own selfish desires, to rid him of self-importance, self-pity."

The question of the influence of religion is a very delicate matter. Obviously great efforts have already been made in a large proportion of cases before the patient reaches a special institution. At the same time, I fully recognise how many reformed drunkards owe their regeneration to the clergy. On this point Dr. Wilson says, "We are all familiar with cases of complete and permanent reformation following a religious experience of an impressive kind. As was said on the eloquent speech by the clerical guest at the dinner of the Association, ministers are learning that there are states of mind, even in those who are still sane, which the physician can most effectually deal with; and there are cases, even within the walls of our asylums and retreats, who most require the help and guidance of a pastor. But the clergy are not without blame in this matter of too lax a view of drunkenness. They also have learned the lesson which our too easy doctrines have taught. And if we are to call in the minister to help the drunkard, we must see to it that he is one who will not be afraid to speak the truth as his religion teaches it without any importation of mildness from medical and scientific doctrine. . . . In so far as modern teaching repudiates moral responsibility because of 'flaws in the flesh' or 'taints in the blood,' it is an instruction which is only harmful to the victim of vicious habits."

Much that I have felt obliged to say may well seem the reverse of reassuring to the friends of patients placed in Homes for inebriates, and may further incline some rather to aid than to resist applications for discharge, but I cannot say that I think this reasonable. In the vast majority of cases—practically speaking, in every case—the friends have tried everything and are at the end of their resources before they take the extreme step of having a drunkard committed to a Home for inebriates. We find that the patients sent to Orokonui have on the average been drinking excessively for from twelve to fifteen years, and very few for less than ten years. The gravity of the situation can scarcely be overstated. It is felt that some final effort must be made to save the patient if possible, and the question is whether anything else can be recommended that will give such prospects of recovery as a Home for inebriates can offer. In the great majority of cases I am satisfied that there is no other means of treatment available which would give even the small proportion of good results I have indicated; though, if the patient had means, I should not hesitate to advise that every effort should be made to get him treated apart from an institution. I have no doubt that Dr. Clouston is right when he says, "In real life the best thing we can do is to send our cases to distant farms, or manses, or doctors' homes under a firm moral guardian"; but the difficulty always is to get the suitable guardian, and to get the patient to consent, though with our present law in force more than mere moral suasion might be used with effect.

The question of the length of time for which an inebriate should be compulsorily detained in an institution is one of extreme importance, but it is not one which admits of a definite and finite answer. As I have already shown, the tendency in the Old World has been to ask for longer and longer periods of detention. With perennial hopefulness the authorities have prophesied that, given more time, the results would be less disheartening. They may be right—indeed, statistics so far as they go tend to show that more could really be achieved if inebriates were forcibly kept from drink for longer periods—but it must not be forgotten that the whole matter is in an experimental stage, and that up to the present time none of the three-year sentences under the Inebriates' Reformatories Act have expired. My own impression is that too much is expected in the way of reform as the result of these long periods of detention. I say this with all diffidence, in view of the general consensus of opinion in the opposite direction. However, this is not a matter which can