be finally settled until there has been an extended experience as to the actual results of long sentences. Dr. George Wilson says, " Whether a retreat or an asylum can be conducted so as to provide sufficient discipline, and at the same time to give the necessary opportunity for initiative, is, I think, an open question. The task is certainly very difficult. And that leads me to express my deliberate conviction that most cases of drunkenness are not benefited by a prolonged residence in an institution where the patient lives a life which cannot be described as free or independent. The atmosphere of an institution is not one best calculated to restore the positive side of character." On the other hand, no one recognises more clearly than Dr. Wilson does that a reasonable period of time must be allowed to admit of sufficient organic improvement in the brain and system generally to give the patient a fair chance of being able to face the outside world without an inevitable relapse. Speaking generally of the loss of purposive function in alcoholism, and particularly of the loss of initiative, he says, " Initiative is a process which transcends experience. In initiative activities the nerve-movement does not simply follow the paths which have already been formed, but reaches forward to form new patterns of nerve-connections. . . . . The process is, in some sense, a diffusion of nerve-movement beyond the organized paths and patterns of brain cells and fibres—that is, a kind of process which is implied in all mental activities which denote development. The act of understanding; the development of an idea or a conception; the process of generalisation, as well as that of analytic refinements; the most humble flight of imagination; the extension of sentiment, ambition, new projects, hope, assurance: all depend upon some onward and formative activity, such as has been hinted at. And we shall certainly see, if we look for it, that there is in drunkenness a great loss of this kind of activity manifest in every faculty which the drunkard has left to him. . . . . Also, it is probably the beginning of recovery of this kind of activity, after a few months' abstinence, which carries the drunkard past a safer judgment, and which fills him with the illusive hopefulness and the false estimate of his strength, to which the name of 'spes vinosa' has been given. That is a critical period in the convalescence of the drunkard, and one which physicians have not sufficiently recognised—a stage exactly comparable to the misleading feeling of strength in a patient who is recovering from any acute bodily illness, when, if he is not prevented, he will undo his recovery by rashly exposing himself to danger."

In confirmation of this, I may quote the report of actual experience at Hancox's Home Retreat (C.E.T.S. Reports, 1901): " The chief difficulty the Superintendent has is to persuade those patients who do not enter the Home under the 1879 Act to remain the time that is necessary for their recovery. They seem to think when their physical health is improved, and they themselves feel invigorated and strengthened by the regular life and habits, the discipline of the Home, and the healthy work and recreation so much in the open air, that their will-power is restored, and that in the future they will easily be able to resist the temptations which will meet them when they go out into the world again." They not only *feel* safe themselves, but, as I have said, they easily persuade their friends that they *are* safe. The warnings of past experience are negatived by the fact that a few months' sojourn in a well-regulated Home brings the average inebriate to a condition of bodily and mental fitness which quite transcends any improvement within the previous experience of the friends; and by contrast with the obviously degraded mortal, whom they have for long years despaired of, this new man seen at his best may well seem almost divine in his redemption.

What are we warranted in saying as to the period for which patients should be committed to the Orokonui Home? I have no hesitation in asserting that under no circumstance whatever should any person be sent for less than six months, and in the vast majority of cases at least twelve months should be insisted on. Possibly the power of the Magistrate might with advantage be extended to commit for longer periods than this, but I am of opinion that if there is no reasonable prospect of recovery in twelve months the case should not be sent to a hospital Home at all. Such a patient must be regarded as virtually incurable, and if he is to be provided for at all by the State, it should be in some institution more like an English reformatory. The only recommendation which I have seen in favour of allowing short periods of detention is contained in a tentative suggestion made in Dr. Branthwaite's current report. He says, " I am quite in accord with those who insist, as a first principle, upon the value of long-continued enforced abstinence; and I am inclined to agree with the licensees of some retreats who, as a matter of principle, decline to accept any patient for treatment who will not consent to a term of detention extending to twelve months or over. There is no doubt whatever that the longer-residence cases do better than those of shorter terms. It is, however, undesirable that every institution shall make a hard and fast line not to admit short-term cases. There are many inebriates, especially men, who are tied to their occupations and cannot afford to retire into seclusion for long periods. It is such persons, finding themselves blocked from treatment in a recognised institution by the necessity of signing for impossible months, who are driven to resort to cures which promise recovery in three or four weeks. I cannot help thinking that some good results might be obtained amongst persons who could manage to undergo control and treatment for short periods only. I am not prepared to advocate the admixture in one retreat of short- with long-term cases, but I do think that, especially near London, there is a great demand for an institution entirely devoted to the reception of patients able and willing to sign for a month, or even less. Such an establishment should more closely approximate to a hospital than to an ordinary retreat of the Home type, and should be designed for, and be prepared to receive at the shortest notice, the most acute type of cases. Although the percentage of permanent good results would necessarily prove smaller than the long-period Homes produce, still, a retreat such as I suggest would at least afford a chance of recovery to many who are at present debarred by commercial and other ties from the benefits of longer control. It is possible also that many patients, having tried the shorter periods and experienced failure, would, when circumstances permit, willingly consent to more extended treatment."