

ordering of life and habits, by carrying out one's appointed duty when one would prefer to be doing something else, and by not always following one's tendencies and choosing the lines of least resistance, even in the pursuit of pleasure. But this course of procedure has made no apparent difference as regards the "drink crave," which has still remained conspicuously absent from our patients. Recently we took a careful census of the population at Orokonui on this subject, and made a note of the idiosyncrasies of each case, examining the patients separately when they were scattered about the estate at work. The inebriate is notoriously communicative and expansive on the matter of his subjective sensations, though from a psychological point of view the field is somewhat limited. In the matter of the "drink appetite," the variation in the field of subjective experience in different individuals is even more circumscribed and characteristic than are the reptilian hallucinations of delirium tremens. Nothing could, indeed, be more stereotyped than the accounts we received from the various individuals as to their impulses to drink. This was made more striking by examining some twenty-five persons in succession, and noting shortly what each one actually said. Substantially it was this in composite effect: "I feel no desire for liquor now. I am not even troubled with any thirst, and don't drink more than I always did. I felt no craving for liquor after the first few days" (or "the first week," or "the first few weeks"). "But you don't mean to tell me that you never feel as if you longed for a glass of something?" "No; really, I never feel that way now, and have not done so since the first week. I would have taken it then if I could have got it." "Then, there is no such thing with you as a craving for drink?" "No; not when I am away from liquor." "How do you mean?" "Well, you see, it's this way. You get into company, and before you know where you are you've taken a glass, then you take some more, and then you're done. It's when you wake up the next morning that you have a crave. You can't eat, you feel a sinking, and you must have it then; the drink sets you up, but you must go on." "But you must have a crave or you wouldn't take the first glass?" "Not at all. It isn't the drink. I don't really care for the drink itself, and I know I am always better without it." "You don't know why you take it?" "It's the company I suppose."

In a minority of cases the "company" is not mentioned, but the patient speaks of feeling the "sinking" in the pit of the stomach, and needing something to "lift you up." This does not come over him when living regularly and under treatment; and on critical examination one finds it to be clearly the outcome of dyspepsia and general *malaise* induced by careless living. De Quincey, writing sixty years ago, said, "Past counting are the victims of alcohol that, having by past efforts emancipated themselves for a season, are violently forced into relapsing by the nervous irritation of demoniac cookery. Unhappily for *them*, the horrors of indigestion are relieved for the moment, however ultimately strengthened by strong liquors; the relief is immediate. . . . This is the capital rock and stumbling-block in the path of him who is hurrying back to the camps of temperance."

Since taking our "crave" census my attention has been directed to a paper read by Dr. George Wilson in 1898, at the annual meeting of the Medico-Psychological Association, on "Mismanagement of Drunkards." Dr. Wilson's statements have a special weight not only on account of his extensive experience in the special study and treatment of inebriates, but because he is the most original thinker and writer in our language on the medical and psychological aspects of inebriety. He says, "Another plea which drunkards use with great effect, in Scotland at least, is what I have no hesitation in calling the myth of the 'crave' for alcohol. I know no better illustration of the evil of what one may call the gossip about medical facts, for which the public are so greedy. Cases of a real 'crave' have, of course, been described, and are a very interesting fact. But ever since some one wrote of the man who cut off his finger in order to get the brandy which he knew would be prescribed, and of the schoolboy who wore his fingers to the bone in midnight excavations towards his master's cellar, nearly every drunkard in Scotland has been credited with a crave. For my part, I have never seen a case which exhibited what I would dignify by the name of an alcoholic crave. That it exists there can be no doubt; but its frequency has been enormously exaggerated. Very many alcoholic cases suffer from a gastritis which their habits have induced, and the discomfort of which they call a crave for drink; others have induced a disorder of the lower nervous mechanisms, which gives rise to a want of the normal feeling of well being. Let us, then, teach that a crave is really nothing to boast of, that only ill-constituted persons and those whom showmen call freaks ever have it."

Out of the forty-eight patients who have been under treatment at Orokonui, only two have shown, after the first month, manifestations of a "craving" for drink while at the Home. One of these has been for some twenty years a typical "repeater," against whom there have been over 130 police-court convictions. The other case is of somewhat similar character, and he has shown his tendency by escaping from the Home on several occasions and getting drunk. Both these patients recognise and admit the attraction which liquor has for them from time to time, quite apart from the question of their having recently taken any.

I have thought it necessary to dwell at length on the question of so-called "crave" because practically all the secret "cures" which are at present in use in England, and some of which have been given a fairly extensive trial in the colonies, base their claims on the influence they are supposed to exercise in annihilating the craving for stimulants and in strengthening the will-power.

The matter of secret "cures" is recognised at Home as one of such importance that numerous investigations have been carried out by religious and philanthropic bodies, by Government, and by the medical profession. The latest research was made last year by the British Medical Association, which, after investigating the claims of the seven "remedies" having the greatest vogue, came to the conclusion that none of them were worthy of support. At the head of the list as regards expense come the Keeley and Hagey "cures," the former costing from £35 to £40 for four weeks', and the latter twenty-five to thirty guineas for three weeks' treatment. The "Tyson cure" (a vegetable remedy) is specially interesting, because it appears, like the Keeley