half, or even two-thirds, of the cases, which are taken in time, to obtain the permanent recovery of drunkards. In all the more severe cases treatment in an asylum is indispensable, as, in ordinary life, the enfectled will of a drunkard is exposed to many temptations, which he cannot resist by his own strength. Unfortunately, it is only now that a few asylums are being provided for drunkards, so that they can hardly be dealt with except in lunatic asylums, a circumstance which makes the prompt treatment, on which everything depends, very difficult. Too often the drunkard only comes under correct treatment when he has become a public danger, and so exhibits the most severe forms of alcoholism." On the other forms of inebriety his views are quite familiar.

Defendorf writes: "The successful treatment of chronic alcoholism demands complete abstinence from alcohol in every A few patients are capable of carrying out this injuncform. tion successfully by themselves, but the vast majority require the treatment afforded by a special institution for alcoholies. * The only successful treatment for morphinism is For this purpose, the first requisite is complete abstinence. isolation in a reputable institution. * * * An essential element in the successful treatment of cocaine inebriety is confinement in a reputable institution, where it can be determined, with certainty, that the patient does not have access to the drug."

Crothers, of Hartford, who has given many years of study to the treatment of inebriates, holds similar views. "The first thing in the treatment of inebriates must be to secure the control of the patient. His own volition must be-subservient to that of the physician. He cannot reason or direct as to the plan of treatment. Failure always follows self-treatment.

Removal from home is most essential to secure this control. As in other neuroses, particularly insanity, hysteria, and forms of neurasthenia, only control by and contact with strangers are effectual. This helps to break up the morbid trend of reasoning and associations, which cannot be done at home with relatives.

Private and special asylums, if properly managed, have superior advantages, which cannot be obtained elsewhere. In such places the stimulating firmness of a stranger, if coming with tact, does much to rouse up a weakened will. The surroundings, with the central purpose of removing the morphine, will encourage personal effort on the part of the patient. This idea should be made dominant at the beginning."

Oppenheim's views are similar: "Withdrawal of the poison