craving for liquor, and this often requires a definite hospital procedure, before psychological measures can be of maximum benefit.

We believe, and so suggested a few years ago, that the action of alcohol on these chronic alcoholics is a manifestation of an allergy; that the phenomenon of craving is limited to this class and never occurs in the average temperate drinker. These allergic types can never safely use alcohol in any form at all; and once having formed the habit and found they cannot break it, once having lost their self-confidence, their reliance upon things human, their problems pile up on them and become astonishingly difficult to solve.*

Frothy emotional appeal seldom suffices. The message which can interest and hold these alcoholic people must have depth and weight. In nearly all cases, their ideals must be grounded in a power greater than themselves, if they are to re-create their lives.

If any feel that as psychiatrists directing a hospital for alcoholics we appear somewhat sentimental, let them stand with us a while on the firing line, see the tragedies, the despairing wives, the little children; let the solving of these problems become a part of their daily work, and even of their sleeping moments, and the most cynical will not wonder that we have accepted and encouraged this movement. We feel, after many years of experience, that we have found nothing which has contributed more to the rehabilitation of these men than the altruistic movement now growing up among them.

*Men and women drink essentially because they like the effect produced by alcohol. The sensation is so elusive that, while they admit it is injurious, they cannot after a time differentiate the true from the false. To them, their alcoholic life seems the only normal one. They are restless, irritable and discontented, unless they can again experience

the sense of ease and comfort which comes at once by taking a few drinks—drinks which they see others taking with impunity. After they have succumbed to the desire again, as so many do, and the phenomenon of craving develops, they pass through the well-known stages of a spree, emerging remorseful, with a firm resolution not to drink again. This is repeated over and over, and unless this person can experience an entire psychic change there is very little hope of his recovery.

On the other hand—and strange as this may seem to those who do not understand—once a psychic change has occurred, the very same person who seemed doomed, who had so many problems he despaired of ever solving them, suddenly finds himself easily able to control his desire for alcohol, the only effort necessary being that required to follow a few simple rules.

Men have cried out to me in sincere and despairing appeal: "Doctor, I cannot go on like this! I have everything to live for! I must stop, but I cannot! You must help me!"

Faced with this problem, if a doctor is honest with himself, he must sometimes feel his own inadequacy. Although he gives all that is in him, it often is not enough. One feels that something more than human power is needed to produce the essential psychic change. Though the aggregate of recoveries resulting from psychiatric effort is considerable, we physicians must admit we have made little impression upon the problem as a whole. Many types do not respond to the ordinary psychological approach.

I do not hold with those who believe that alcoholism is entirely a problem of mental control. I have had many men who had, for example, worked a period of months on some problem or business deal which was to be settled on a certain date, favorably to them. They took a drink a day or so prior to the date, and then the phenomenon of craving at once became paramount to all other interests so that the