

# PHYSICIAN'S ALCOHOL NEWSLETTER

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## ANNOUNCEMENT

Alcoholism is one disease that every physician is likely to confront. The N.Y.C Medical Society on Alcoholism is publishing this newsletter to bring to the medical community information that may help in treating this widespread, incompletely understood illness.

## METABOLIC STUDY SHOWS ALCOHOL TOXIC TO HEART

Metabolic studies showing that alcohol was toxic to the heart, and that repeated exposure to alcohol resulted in permanent alterations of myocardial cellular metabolism and myopathy, were reported by Dr. Vernon E. Wendt to a meeting of the American College of Physicians.

Cardiac output, peripheral vascular resistance, myocardial oxygen extraction, lactate, pyruvate and myocardial enzymes were studied before and after exercise, and after ingestion of 6 ounces of vodka. Free fatty acids, triglycerides, phospholipids, and trace metals, copper, magnesium and zinc, alcohol dehydrogenase and isocitric dehydrogenase were also measured in the latter phase.

These studies were performed on 28 chronic alcoholic patients 24 to 65 years of age. 6 were female and 22, male. None showed clinical evidence of malnutrition or vitamin deficiency. All had received multivitamin therapy and adequate diet for 7-10 days prior to the evaluation.

The patients were divided into the following groups: clinically normal, those with cardiomyopathy, those with cirrhosis, and those with heart disease and cirrhosis. There was a decrease in cardiac output in the cardiomyopathic group, both at rest and exercise, compared to the normal and the cirrhotic groups.

Metabolic data showed the liberation of lactate at rest and its extraction after exercise in cirrhotic patients; while there was a marked increase in lactate extraction after exercise in the combined cirrhotic and cardiomyopathic patients. The cytoplasmic enzymes aldolase and lactic dehydrogenase as well as the intramitochondrial enzymes, malic dehydrogenase and isocitric dehydrogenase, were found free in the blood both at rest and after exercise in the cardiomyopathic group—indicating a diffuse cellular metabolic derangement. These results indicated impaired membrane permeability to the investigators.

Eleven chronic alcoholic patients without clinical heart or liver disease were given 6 ounces of vodka, and studies made 30 minutes later. No change in cardio-dynamics was found. Myocar-

## JOB MOTIVATION ASSISTS PSYCHIATRIC TREATMENT

The threat of job loss can provide, better than anything else, the initial motivation for early treatment of the alcoholic, according to Dr. Arnold Zentner, psychiatrist to the Consultation Center for Alcoholism. Dr. Zentner spoke in a symposium on "Alcoholism in Industry" before the Medical Society of the State of New York.

"Frequently his job is the basis of the last remaining vestige of self-esteem, which the patient still has available to him. Job jeopardy is often a more effective deterrent than marital or health jeopardy"; he stressed.

The consultation center is part of the New York University Medical Center. Companies refer patients to the clinic, but the clinic's independent location and the fact that all information given by the patient is held in confidence, avoids the problems of a company clinic. Patients, however, at the outset are suspicious, since they believe clinic personnel act as company agents. Actually, the only information the company receives is whether one is attending the clinic.

Ideally a company should have a clear policy about alcoholism including early identification, treatment facility, and acceptance by the employees. This requires a broad program of intracompany education.

Early at the company diagnosis depends on suspicion of certain signs and symptoms: hand tremor, flushed faces, odor of breath purifiers, palpitations, increased nervousness, far fetched excuses for absenteeism, and increase in other physical illnesses, whether or not associated with alcoholism.

(Continued on page 3)

## ACCEPT, ALCOHOLISM CLINIC, WINS SUPPORT

ACCEPT, the first and only voluntary clinic dedicated solely to the treatment and prevention of alcoholism in the New York area, has just received a Community Mental Health Board contract of matching funds, to continue its work. This public recognition of its work comes after two years of counseling and treating alcoholics who are self-referred, or referred by physicians, employers, social agencies, mass media, former patients or Alcoholics Anonymous.

The center, which takes its name from the initial letters of Alcoholism Center Coordinating Education Prevention and Treatment, is located at 167 East 80th Street in an attractive brownstone building. It does not duplicate the work of any other agency, nor is it affiliated with any other agency. ACCEPT formed by a group of prominent citizens who recognize the problem of alcohol in the New York Community, is under the direction of the New York City Medical Society on Alcoholism, Inc. This society is composed solely of physicians who

(Continued on page 2)

(Continued on page 4)

## ALCOHOLISM AND MEDICINE

Osler's dictum that to know syphilis is to know medicine is well remembered today. But medicine is a conservative science, and the basic philosophical structure on which it is based responds slowly to tremendous surges of technical advance, which its use of scientific method made possible. The natural history of syphilis, its epidemiology, cause and cure have been found. Yet the post war upsurge of this disease demonstrates that the discipline of medicine must have a wider base than the one cause theory in order to fulfill its role of conquering disease.

No area of medicine demonstrates this more clearly than the subject of alcoholism. It has taken executive fiat by the World Health Organization and the American Medical Association to declare alcoholism a disease. Despite these pronouncements, as recently as 1956 alcoholism was not really considered a disease by many physicians. This attitude has hampered the investigation as well as the treatment of this widespread and disabling condition.

The need for treatment is so great and the medical interest has been so small, that a lay organization, Alcoholics Anonymous has become the recognized authority on the subject.

It is curious that such a situation should arise with a subject of such clear and generalized medical interest. The unique physiological effects of alcohol are models both for effects of anesthetics and for other toxins. Our acute and chronic hospitals and our clinics are filled with patients suffering from the end stages of alcoholism, with attendant disease of liver, nervous system, blood, pancreas and even heart. Yet there is in most hospitals no provision to treat the early stages of the illness before these irreversible changes occur.

The psychiatric background of the alcoholism problem has wide meaning not only because it has resisted the now classical analytic approach used in neurotic disorders, but because it also relates to problems existing in the treatment of impulse neuroses such as obesity, drug addiction and character disorders.

Much medical research is now going on relating to alcoholism. Metabolic pathways are being elucidated by Lieber, Isselbacher and Patek among others. These promise totally new concepts in dealing with fatty liver and cirrhosis. The enzyme alcohol dehydrogenase has been isolated by Bert Vallee and promises fruitful advances in understanding.

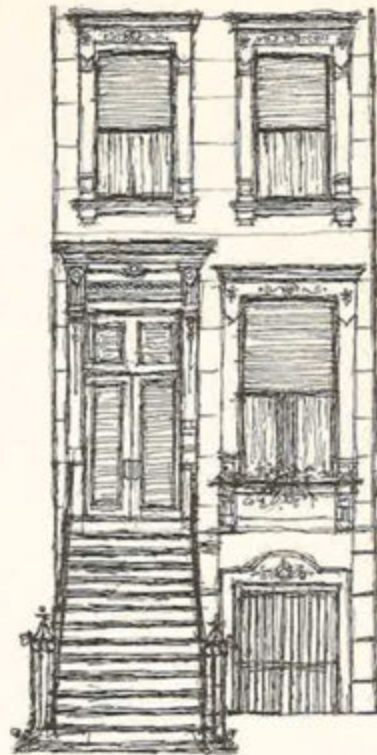
Relationships to catecholamine metabolism are being pursued by Gitlow and Smith.

The advent of ataractic drugs has made it simpler to manage the effects of acute withdrawal stages, yet gaps in the medical assimilation of this knowledge contribute to iatrogenic substitutes of "pill habits" for that of alcoholism.

The interest of some physicians, of AA, and of lay organizations such as the National Council on Alcoholism, the Smithers Foundation and other interested citizens has contributed to the slow development of information and treatment centers, of which ACCEPT, the recently opened clinic and information center in New York, is a notable example. Information about these facilities, is, however, not as widespread among physicians as it could be in order for the medical community to benefit by them to maximum advantage.

Under these circumstances, the N.Y. Medical Society on Alcoholism has undertaken to publish this newsletter, which will cover the phases of etiology, treatment, rehabilitation—and new research—concentrating on the medical aspects of this illness as opposed to the sociological or legal.

In our next issue we are inaugurating a Question and Answer Column. We invite inquiries from practising physicians



ACCEPT HEADQUARTERS

who desire specific information relating to practical problems encountered in dealing with alcoholic patients. Questions will be submitted to our Editorial Board where they will be analyzed and assigned to a specialist in the particular subject area for comment. We look forward to hearing from you.

## ACCEPT GAINS SUPPORT

(Continued from page 1, col. 2)

have special interest and experience in the field of alcoholism.

Interviews with 2,513 persons have been conducted, and 3,468 telephone consultations have been made. There have been 722 individual therapy sessions and 88 group therapy sessions with an attendance of 509. Thirty-seven discussion group meetings with an attendance of 345 have been held. In 1965 there were 60 new patients each month, 250 telephone consultations, and 200 direct patient interviews per month. This has been accomplished on a limited budget.

One psychiatrist, one psychologist, two psychiatric social workers, and an internist function as a team in order to work with the whole person. Group therapy and counseling play a large role in treatment offered, and information about facilities for special problems is available.

Patients are encouraged to continue medical care with their own physicians.

The patients cover a wide span of age, ethnic background, and vocation. Professional and white collar workers, as well as high school and college graduates predominated, demonstrating that alcoholism is not a "class problem" affecting only the underprivileged.

Lectures and orientation courses for many groups including student nurses, social workers, clergy, and probation officers were given.

Dr. Percy Ryberg is the psychiatrist in charge and medical director. Mrs. Carroll Klingenstein, the president of the board of ACCEPT states: "ACCEPT has provided a central point of reference and an anchor for the hopes of cure of the 350,000 alcoholics of New York. Since 97% of these people are not of the skid row type, and since experience has proved that alcoholics can be rehabilitated, this center is providing a major force in combatting one of the great public health problems in the city."

## MEETINGS

Dec. 5—Fourth International Conference on Alcohol and Traffic Safety, University of Indiana, Bloomington, Ind., inquiries to Miss Bonnie Britt, Department of Police Administration % the University.

Dec. 6—"Problems of Sedative Drug Dependence"—Dr. Dale Cameron at meeting of N.Y. Medical Society on Alcoholism, N.Y. Academy of Medicine, 2 East 103 St., 8:30 p.m.

Jan. 12-14—"Alcohol and Food in Health and Disease"—Symposium of Academy of Medical Science—Hotel Waldorf Astoria, 50th & Park Ave., N.Y.

April 12-15—National Council on Alcoholism, Hotel Waldorf Astoria, including Annual Symposium N.Y. Medical Society on Alcoholism, April 13.

## BOOKS

Alcoholism, It's Facets and Phases, Marvin A. Block, M.D. Boston, Little Brown, 1965.

Surgical Diseases of the Liver, Seymour J. Schwartz, N.Y. The Blakeston Division, McGraw Hill Book Co., 1964.

The Liver and Portal Hypertension. Charles G. Child, III, M.D. W. B. Saunders and Co., Philadelphia, 1964, \$7.50.

The Mentally Ill Employee, His Health and Rehabilitation ed. Committee on Occupational Psychiatry of the American Psychiatric Association, Dr. Alan A. McLean, I.B.M., chairman, Harper and Row, N.Y.C., 1965.

## M. D. GROUP FIGHTS ALCOHOLISM

Alcoholism, a complex medical and sociological condition, continues to occupy an increasingly prominent position among the health problems of this nation. It is listed by the U. S. Public Health Service as the fourth most serious condition in this country. The generally accepted total of alcoholics in the United States is 4.5 to 5 million; conservative estimates indicate that there are more than 300,000 alcoholics in New York City alone.

Of the many groups and organizations that have an interest in this illness, the New York City Medical Society on Alcoholism holds a unique position. It is composed solely of physicians with special interest and experience in the field of alcoholism who wish

## PROVES DIRECT LINK BETWEEN ALCOHOLISM AND ACCIDENTS

Seventy-three percent of drivers responsible for fatal accidents, and 74% of fatally injured pedestrians had been drinking at the time, according to Dr. W. Haddon who spoke at a meeting on Accidents and Alcohol sponsored by the New York Medical Society on Alcoholism. Only 26% of similarly exposed drivers, and 23% of pedestrians who were not involved in accidents had been drinking.

These statistics for New York City correspond closely with statistics from Perth and Adelaide, Australia, Westchester County, Baltimore, Cleveland, Los Angeles County, Sweden and elsewhere.

Using the results of laboratory and field experiments, and then concentrating on the epidemiology of accidents, Dr. Haddon examined both ends of the spectrum of drinking. He showed that levels of blood alcohol under 50 mgm% may be shown to lead to "overrepresentation in the accidents of the population and risk." There was also a direct correlation between the increase in blood alcohol concentration and the number of accidents.

In a study of 433 Toronto drivers in evening accidents compared with a control group obtained by stopping four or more drivers passing the scene in cars of the same vintage, Lucas et al had found concentrations in the 150 mgm% or over range, eight times as common in the accident group as in the non-accident involved group. This and other studies refute the widely quoted premise that intoxication is in some way accident preventive.

Tolerance to alcohol as found in alcoholics was no safeguard against accidents. In a Swedish study alcohol "misusers" (alcohol addicts, alcohol abusers and excessive drinkers, as defined by Swedish law) each of whom would under certain situations fill the American definition of alcoholics, accounted for 70% of accidents where alcohol was involved. The heaviest users (and presumably the most tolerant) alone accounted for 48% of the alcohol-involved accidents despite their comprising only 3-5% of the population at risk.

Dr. Haddon concluded that epidemiological studies on traffic accidents would inevitably draw attention to alcoholism as a problem more basic than this particular one of its by-products. He further considered that the medical profession, which is the one profession that can deal with alcohol problems, should be closely involved in accident research and prevention.

## JOB MOTIVATION

(Continued from page 1, col. 1)

Other signs observable by supervisory personnel include partial absenteeism (long lunches and early departures) frequent headaches, spasmodic work pace, sudden mood changes particularly after lunch, increased intolerance, avoidance, suspicious attitude and resentment of fellow workers, lying about work details, and the presence of increased liens on wages.

When the diagnosis is suspected, the patient is referred to the Consultation Center, which is part of the New York University Medical Center for diagnostic evaluation and treatment. He is placed on probation by the company during treatment.

Treatment supports the more rational portion of the patient's mind to show him how and in what way he has had to deny the existence of problems caused by the drinking. In some patients an attempt at a more analytic type of psychotherapy is made, in order to make the patient aware of conflicts and motivations previously unconscious.

Through identification either with the therapist or the group, eventually the patient will better his reality testing, decrease his defensiveness, interpose thought between impulse and action, and abstain from alcohol not through fear or guilt, but because this is the best course open to him for any kind of happiness in life.

## RESEARCH AND REVIEW

(We call your attention to these items to illustrate the wide variety of medical research now focused on alcoholism and related diseases.)

### Alcohol Dehydrogenase

Dr. Jean Pierre von Wartburg of the Medizinisch Chemisches Institute der Universitat Bern reported the discovery of an atypical form of alcohol dehydrogenase at the 10th European Institute on Prevention and Treatment of Alcoholism. Studies on whether this is an hereditary abnormality are under way.

### Natural History of Cirrhosis

A clinical review of cirrhosis which tends to discontinue the distinctions between postnecrotic and post hepatic, on the one hand, and nutritional types on the other. 56% of the former and 99% of the latter had history of alcoholism.

35% of the alcoholic group had significant hemorrhage and of these only 40% were in good enough condition for shunt surgery. 64% of those with hemorrhage in the non-alcoholic group had shunt surgery.

During the first year non-alcoholic patients had the heaviest mortality. After the first year the proportion of those dying was roughly the same. Within 4 years between 50% and 80% of the patients were dead. Arthur J. Garceau and the Boston Inter Hospital Liver Group.

(NE J. Med. 268: 469-473, 1963; 271:1173-1179, 1964)

### Diet, Alcohol and Fatty Liver

Adequate diet did not prevent rats given alcohol from developing fatty liv-

ers if as much as one third of their caloric intake was alcohol. The research indicates that the effects of alcohol increase the organ's own production of fat and decrease the rate at which fat is burned.

Charles Lieber, Associate Professor of Medicine, Cornell University Medical College, Downstate Regional Meeting, American College of Physicians.

### Osteoporosis

By measuring the weight of standardized bone biopsies in alcoholics, non-alcoholics and patients with known osteoporosis, Dr. Paul D. Saville found osteoporosis in young alcoholics. (Jnl. Bone and Joint Surgery, 1965).

## INVISIBLE ALCOHOLIC

"Invisible" women alcoholics were reported on at this year's A.P.A. Eastern Division meeting in Philadelphia. Dr. Harold P. Wood and Edward L. Duffy, B.D. of the Alcoholic Research Clinic Lankenau Hospital, Philadelphia, stated that women comprised 700,000, or 14% of the nation's alcoholics in a paper entitled "The Magnolia Blossom Syndrome". These respectable women showed a repetitive pattern with a cold, dominating mother and a warm father who was subordinate to the mother in the home and who was a periodic alcoholic. They married men who were dominant like the mother and tended to respond like the father by seeking alcohol, first as an outside supply of love, warmth and feeling of belonging and then as a releaser of rage and source of guilty self punishment.

## ALCOHOL TOXIC TO HEART

(Continued from page 1, column 3)

dial oxygen extraction was also unaltered. T-wave changes in the electrocardiographs of two patients were seen. The paucity of these changes might have been due to tolerance of the myocardium to alcohol.

However, there were marked metabolic alterations. An increase in arterial lactate and decline of myocardial extraction of lactate were observed. Pyruvate and glucose levels fell. Triglycerides rose, as well as the myocardial A-V difference of these substances. A parallel relationship of zinc and the levels of alcohol dehydrogenase was found.

Dr. Wendt, who is assistant professor of medicine at Wayne State University School of Medicine, Detroit, Michigan, carried out these studies as an extension

and refinement of previous reports in the literature, as far back as 1873, when Walsh first described a localized form of myocardial cirrhosis in the presence of normal coronary arteries.

Since that time hyperkinetic and hypokinetic heart failure, and electrocardiographic evidence of T-wave alteration, paroxysmal auricular fibrillation, multifocal premature ventricular contractions, conduction defects and pathologic Q waves have been described in alcoholic patients with no other form of heart disease.

His studies tend to verify, he said, that these effects are due to the direct toxic effect of alcohol on the myocardium, rather than being secondary to nutritional deficiencies.

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