

PHYSICIAN'S ALCOHOL NEWSLETTER

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HEW LAUNCHES MAJOR ALCOHOLISM DRIVE

The Department of Health, Education and Welfare has embarked on a major program to prevent and control alcoholism.

To provide advice and guidance, Secretary John W. Gardner appointed an 18-member National Advisory Committee on Alcoholism, which includes representatives of medicine, social work, labor, industry, vocational rehabilitation, education, law, and civic organizations concerned with alcoholism.

Coordinator is Dr. Milton Silverman, Ph.D., Special Assistant to Dr. Philip R. Lee, Assistant Secretary of HEW for Health and Scientific Affairs. The new program, it was announced, has two major aims:



Dr. Mendelson

- The long-range goal of developing effective, practical, and acceptable methods of preventing alcoholism and excessive drinking in all their destructive forms, and developing improved therapeutic techniques.

Dr. Jack H. Mendelson has been appointed Director of a National Center for the Prevention and Control of Alcoholism within the National Institute of Mental Health of the Public Health Service. The national center will be active in a number of major areas, including basic and clinical research, education and prevention, consultation and training. It will encourage and support alcohol research in universities and research centers, and will also conduct studies in its own laboratories. It will not provide treatment for alcoholics,

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MORE RESEARCH ON HEMINEURIN IS URGED AT AAAS MEETING

Further controlled evaluation of chlormethiazole (hemineurin) in delirium tremens and allied conditions is warranted, Dr. Samuel Gershon, associate professor of psychiatry, New York University School of Medicine, declared at a symposium on alcoholism research. It was sponsored by the Committee on Research of the American Psychiatric Association at a meeting of the American Association for the Advancement of Science in Washington.

Gershon's appraisal of the new drug followed a review of literature on the subject, and included his own clinical treatment of nine cases. They were patients with delirium tremens, and restlessness and insomnia were the symptoms which caused significant management problems. Many of them were in poor physical condition with complications such as cirrhosis with enlarged liver and tuberculosis with pneumonia.

Treatment began with 500-1,000 cc. of 0.8 per cent chlormethiazole by slow infusion (2-3, 4-5 hours). Within 15-30 minutes, Dr. Gershon said, a sedative response was produced and control of restlessness and disturbed behavior resulted. There were "no untoward effects" from use of the compound in this concentration, Dr. Gershon said.

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LINK CIRRHOSIS RISE TO HEAVY DRINKING

Cirrhosis mortality rates are directly related to per capita consumption of alcohol from spirits and wine, according to Dr. Milton H. Terris, Professor of Preventive Medicine at New York Medical College, who said at an American Public Health Association meeting that "cirrhosis of the liver is now the tenth leading cause of death in the United States, and the death rate rises with every passing year."

Prevention, therefore, the incoming APHA president declared, requires measures to lower such consumption.

In every instance the cirrhosis death rate did fall rapidly when the availability of alcohol was sharply dimin-

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N. Y. AGENCY GIVEN ALCOHOLISM GRANT

The Christopher D. Smithers Foundation, Inc., has made a grant of \$1,000,000 to the Alcoholism Committee of the Community Council of Greater New York. It is the largest single grant ever made for work in the alcoholism area.

Disclosing the contribution, Foundation President R. Brinkley Smithers observed that "the alcoholic in New York City can no longer wait for help." He pointed to a study conducted in 1962 and financed by the Smithers Foundation and the Charles Merrill Trust which showed that the city had nearly 300,000 active alcoholics, and that there was "almost total lack of understanding of alcoholism and treatment facilities for the sick alcoholic."

The money will be used to set up alcoholism information centers and counselling services in each of the five boroughs. It is hoped, he added, that an atmosphere of understanding among professionals and the general public will be created so that alcoholics will receive proper treatment.

The Community Council of Greater New York was selected to receive the grant, it was explained, because it is the major health and welfare planning organization for New York city and is equipped to take action without delay.

Mr. Smithers expressed the hope that as the program goes forward, additional funds will be made available by the federal, state and city governments to implement the treatment and research facilities that will be needed.

Accepting the grant, David Sher,

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Editorial:

HOPE FOR THE FUTURE

The past three months have seen momentous events in the advancement of facilities for alcoholism services and studies. The establishment of a Federal agency for alcoholism under the Department of Health, Education and Welfare; the appointment of a special research branch within the National Institutes of Health; the implementation of the work of the Community Council of New York—by the generous grant of the Smithers Foundation; the setting up of information and counseling centers in the five boroughs of New York; the conference session on alcoholism by the American Association for the Advancement of Sciences — all these presage vigorous efforts to expand treatment and knowledge. More importantly, they presage the effort to create a climate of opinion in which alcoholism is brought into the realm where it belongs — that of a complicated chronic disease process for which help is available — and out of the realm of a social stigma of morally weak people.

The key executive in the national effort is Dr. Milton Silverman, Ph.D., who, as special assistant on alcoholism to the Assistant Secretary for Health and Scientific Affairs, will coordinate the efforts of many branches of the government concerned with the problem. He thus has great power to formulate the direction of the national program.

Dr. Silverman is immensely knowledgeable in the alcoholism area. Trained as a biochemist, he became a noted science writer. Immediately before his summons to Washington, he was Director of Medical Research for the Wine Advisory Board of the California State Department of Agriculture. In California, the development of viticulture and enology, spurred by the establishment of a research center in 1880, (*The Search for Good Wine*, Maynard A. Amerine Science 30 Dec. 1966, 1621) has contributed vastly to the commercial growth of the state. In the course of his busy career, Dr. Silverman has also found time to co-author two books on alcohol.

He has worked tirelessly since his appointment and addressed a meeting of the Medical Society on Alcoholism in New York. He gave a clear-cut speech, congratulating workers in this field for their long battle, concluding with the statement that they were no longer alone; that the Federal Government was about to join the campaign. Last summer, he appeared at the Rutgers Summer School

of Alcohol Studies where he again stated: "You are no longer alone, the government will be working with you shoulder to shoulder."

These preliminary remarks, not for publication then, were followed this fall by public announcement of the program. HEW Secretary John W. Gardner stated that the objectives were to insure that the best treatment and rehabilitation services were made available to alcoholics, and that, ultimately, effective preventive measures against the disease would be evolved.

Dr. Silverman's own public statements since his appointment have been disappointingly negative about the efforts made in the field of alcoholism thus far ("a fantastic use of untruths, half-truths, mythology and legend"), and disappointingly half-true about alcohol ("the best tranquillizer in history"). The latter statement has recently been disproven by controlled studies of his colleague, Dr. Jack Mendelson, who found

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but will concentrate on the support of research, training and control programs.

Chairman of the National Advisory Committee of Alcoholism is Dr. Robert Straus, Professor of Medical Sociology and Chairman, Department of Behavioral Science, Medical College, University of Kentucky, Lexington, Kentucky.

Other members include: Dr. Seldon D. Bacon, Professor of Sociology and Director of the Center of Alcohol Studies, Rutgers—the State University, New Brunswick, New Jersey; Mr. Mark Berke, Director, Mt. Zion Hospital and Medical Center, San Francisco, California; Dr. Forrest E. Conner, Executive Secretary, American Association of School Administrators, National Education Association, Washington, D.C.; Dr. Harold W. Demone, Jr., Executive Director, The Medical Foundation, Inc., Boston, Massachusetts; Mr. James Dumpson, Professor and Associate Director, School of Social Work, Hunter College, New York City; Mr. Melvin A. Glasser, Director, Social Security Department, International Union, United Auto Workers, Detroit, Michigan; Mr. Gerald A. Jackson, Vice President, Nationwide Papers, Inc., a Division of Champion Papers, Inc., Chicago, Illinois; Judge Herman Jones, Austin, Texas; Mrs. Marty Mann, Founder and Executive Director, The National Council on Alcoholism New York City; Rev. Thomas H. McDill, Consultant, Pastoral Care, Georgia Department of Public Health Alcoholic Rehabilitation Service, Atlanta, Georgia; Judge Claude M. Owens, Anaheim, California; Dr. John R. Philp, Health Commissioner, Kansas City Health Department, Kansas City, Missouri; Dr. Maurice Victor, Professor of Neurology, Western Reserve University, Cleveland, Ohio; Mr. Alfred Slicer, Director, State Division of Vocational Rehabilitation, Springfield, Illinois; Dr. Louis Jolyon West, Professor and Head, Department of Psychiatry and Neurology, Medical College, University of Oklahoma, Oklahoma City, Oklahoma; Dr. Raymond L. White, Boise, Idaho; Dr. Cecil L. Wittson, Dean, College of Medicine, University of Nebraska, Omaha, Nebraska.

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anxiety increased after alcohol ingestion.

In his books also, Dr. Silverman has seemed to be pleading the special case that wine is better than whiskey or hard cider (*Drinking in French Culture*) or that alcohol has many medical uses (*Alcoholic Beverages in Clinical Medicine*).

Those professionals who have labored long against great social obstacles and found a measure of success in treatment should not judge him on these statements.

We can have faith that with the Federal program under way, with national interests in mind, in a department whose watchwork is "Excellence", with his excellent consulting board, with the continued flow of encouraging treatment reports, and further epidemiological studies (such as that of Dr. Terris reported in this issue) and most important his own tireless, inquiring and open mind, Dr. Silverman will spark a national program whose direction will fully carry out the objectives cited by the President and by Secretary Gardner, improving treatment, rehabilitation, education, research, and prevention.

F.A.S.

NURSES' PROGRAM

More than 1,000 practical nurses attended a conference in New York hosted by the Natl. Assn. for Practical Nurse Education & Service and the Christopher D. Smithers Foundation. Speakers included Dr. Stanley E. Gitlow, associate clinical professor of medicine at New York Medical College, Miss Theresa Di Salvatore, R.N., Dr. Vernelle Fox, medical director of the Alcoholic Rehabilitation Clinic in Atlanta, Dr. Adele Streseman, psychiatrist and William J. Plunkert, director of alcoholism programs for the Community Council of Greater New York. Alcoholism as a disease was the focus of the day-long discussion.

RESEARCH AND REVIEW

Alcoholic Pancreatitis

Patients with alcoholic pancreatitis have responded favorably to longitudinal pancreaticojejunostomy, Drs. William D. Cox and William J. Gillesby of the Veteran's Administration West Side Hospital, Chicago have reported, noting that the procedure provides adequate pancreatic drainage with prevention of recurrence.

In some cases, it affords return of pancreatic exocrine function.

While the pathogenesis of alcoholic pancreatitis is not fully understood, they pointed out that acute and chronic pancreatitis is etiologically related to alcohol ingestion in 40 per cent of cases.

Pancreaticojejunostomy was performed in 32 cases. The indications, singly or in combination, for this procedure were pancreatic calcification associated with clinical symptoms; intractable pain; a history of two or more recurrences; and pancreatic insufficiency. Complications following the procedure included wound infection, fistulae, infection, hemorrhage, and one anesthetic death.

The cases were followed from eight to 48 months. Pain was relieved in all patients; three out of four patients with obstructive jaundice at the time of surgery experienced relief of their icterus. Some of the cases in whom there had been evidence of pancreatic insufficiency, including steatorrhea, weight loss, and malabsorption, also derived objective benefit from the surgery. Four patients had to be rehospitalized because of acute alcoholic brain syndrome with delirium tremens, cirrhosis of the liver, alcoholic gastritis and acute alcoholic intoxication. Because most of the patients experienced no pain when they resumed their ethanolic intake, none has abstained from drinking. Significantly, it was pointed out, none of the 32 cases has been readmitted for recurrence of pancreatitis.

Ethanol and Oxidation

Fatty livers in heavy drinkers occur because intake of ethanol interferes with the oxidation process, Dr. Edward Majchrowicz of the University of North Carolina School of Medicine told a meeting of the American Chemical Society.

In his studies he used liver slices from freshly killed rat which were bathed in physiological salt solutions and "kept live" by the addition of nutrients.

The alcohol, he found, hastens the delivery of fatty materials to the liver and, at the same time, slows down the biochemical "burning" process.

The experimental results demonstrate that ethanol inhibits metabolic pathways in rat liver slices, Majchrowicz said, adding that his findings are consistent "with the hypothesis that alcohol-induced fatty degeneration of liver results from multiple opposing effects of ethanol."

The opposing effects of ethanol, according to the researcher, are produced at various sites in the organism but the net degenerative result is clinically observable as increase in the lipid and fatty acid level in the liver, heart, kidney, and probably other organs.

Hepatocyte Alteration

Electron microscopy of human hepatocytes obtained by needle biopsy showed increase in the agranular endoplasmic reticulum, after ethanol loading, in experiments performed by Drs. Bernard P. Lane and Charles S. Lieber.

The specimens were taken before and after 16 to 18 day periods of measured ethanol ingestion at two widely spaced periods.

The increase in agranular endoplasmic reticulum(er) is exaggerated with a combined ethanol and lipid load.

It is suggested that since it has been demonstrated that certain detoxifying enzymes reside in the agranular(er) the observed changes may reflect the induction of alcohol-metabolizing enzymes.

(The American Journal of Pathology, Vol. 49, No. 4, Oct. 1966 p. 593).

ALCOHOLISM GRANT

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president of the Community Council of Greater New York, commented: "The world is made for people who care. R. Brinkley Smithers is one who cares."

The Christopher D. Smithers Foundation, active in the alcoholism field since 1955, is the only operating U.S. foundation whose major interest is alcoholism. Through 1965, it had made grants totalling over \$2,250,000.

The five centers will be within the offices of the following organizations: The Bronx County Society for Mental Health, 226 Fordham Road; The Brooklyn Association for Mental Health, 30 Third Ave.; Information and Referral Center, Community Council of Greater New York, 225 Park Ave. So.; Queensborough Council for Social Welfare, 90-07 Merrick Blvd., Jamaica; Staten Island Mental Health Society, 657 Castleton Ave., Staten Island.

There is one central number to call: 777-5752. Those inquiring will be referred to their nearest local center.

ANNOUNCEMENT

The New York Medical Society on Alcoholism, Inc., has changed its name to the American Medical Society on Alcoholism, Inc., and will henceforth be a national organization. The decision reflects growing interest throughout the country for an organization of this kind.

Elected to office for the coming year are:

Arnold S. Zentner, M.D., President
Marvin A. Block, M.D., Vice President
Percy E. Ryberg, M.D., Treasurer
Frank A. Seixas, M.D., Secretary

At the last meeting Dr. Robert Strauss, Chairman of Dept. of Medical Sociology of University of Kentucky Medical School spoke on the Sociological Implications of Alcoholic Beverages.

BOOKS

Alcoholism, Group Psychotherapy And Rehabilitation

Hugh Mullan M.D. and
Iris San juliano Ph.D.

A report on a three year project treating alcoholism by the method of group therapy, using also vocational counselors, social workers and psychological evaluation tests (all in considerable detail) could easily be dull. This one is not. It is alive and interesting. It has much to offer to all who treat alcoholism, by whatever method.

The various disciplines worked together and interwove, contributing to the whole. This is a tribute to the coordinator, Dr. Hugh Mullan, particularly in this day of petty professional jealousy, with giant fights over pigmy labels. Dr. Mullan's position on the wisdom of a psychiatrist M.D. heading the team is well taken, in the light of our present deeper understanding of alcoholism as a psychosomatic illness.

This is a perceptive book, highly recommended.

Adele E. Streseman, M.D.

Alcoholism in Industry, a 24-page booklet has been published by the Industrial Medical Association. It is available for \$1.00 from the IMA E. Washington St., Chicago, Ill., 60602.

New Director

Dr. Percy E. Ryberg has been named clinical director of the Falkirk Hospital in Central Valley, N.Y., as well as chief of the alcoholism program at the hospital.

ALCOHOL RESEARCH HIGHLIGHTS FROM AAAS CONFERENCE

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After the infusion procedure, medication was continued by administration of 0.5 gm. tablets orally, initiated at 6-12 per day and reduced progressively to zero.

Gershon recommended additional research for many reasons: "The compound is interesting because of its structure and derivation from vitamin B1 . . . The reports state that it can be given in cases which are usually already in bad physical condition, often with many serious complicating diseases which cause hesitancy in use of other established medications. In relation to the safety of the agent itself, it is claimed that it can reduce the mortality experienced with DT subjects, and will induce effective sedation where insomnia and restlessness are difficult to control."

Selective Drug Therapy

The possibility of selective drug treated aimed at the predominant alcoholic symptoms manifested by a given patient has been suggested by a research team from Downtate Medical Center. The theory has emerged from an analysis of data gathered from eight years of treatment evaluation with chronic alcoholics by Benjamin Kissin, M.D., Stanley Charnoff, M.D., and Sidney Rosenblatt, Ph.D., of the Center's Division of Alcoholism in the Department of Psychiatry.

Typically, it was pointed out, the newly admitted alcoholic may appear, in varying degrees, tense, agitated or anxious and yet simultaneously exhibit symptoms of depression and apathy. The

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ished; this occurred during World War I in the United States, England, Wales, and Paris. It occurred again in Paris in 1942 when wine was limited by rationing for 6 years. Furthermore, the Paris rate rose sharply after 1958; apparently the cirrhosis death rate responds fairly rapidly to changes in availability of alcoholic beverages. This phenomenon is consistent with the clinical course of the disease. In many cases the cirrhotic process can be halted and decompensation prevented by avoiding further use of alcohol. Conversely, resumption of heavy alcohol use after a period of abstinence can decompensate a previously injured liver in a relatively short period of time.

prescription of a tranquilizer alone or an antidepressant alone is inappropriate in such cases. The team, therefore, tested various combinations of medications and reported the highest improvement rate (34 per cent) with a chloridazepoxide-imipramine blend. The researchers are currently retesting that blend with a large sample of patients to permit more adequate statistical evaluation.

The study suggested that a six month relative abstinence period is a generally valid measure of treatment outcome and it is suitable for assessing differential drug effectiveness.

The finding also prompted the hypothesis that the socio-economic background of those who show most improvement under active medication differs from that of those who respond to placebos. It was noted that those of lower social competence are more likely to improve when given a placebo than when given active medication and that the commonly accepted prognostic indicators — occupational level, number of arrests, job stability — hold up only for patients receiving medically active drugs. "Paradoxically," it was stated, "the drug of choice for the less socially competent alcoholic may be a placebo."

The group plans future studies in which the variables of patient expectancies and clinical setting are manipulated to evaluate more rigorously the extent to which they determine treatment outcome.

Pre-Alcoholic Personality

Identification of the pre-alcoholic personality may become a useful technique, according to Howard T. Blane, Ph.D., of Massachusetts General Hospital and Harvard Medical School. He described a research project focusing on the drinking delinquent which will examine a theory of the pre-alcoholic personality premised on the existence of high dependency needs which are blocked from expression.

The project will also attempt to determine if misbehavior-while-drinking among youngsters is related to the later development of alcoholism and if intervention at an early age will prevent the onset of alcoholism.

The project design contemplates 150 subjects, 90 of whom have been chosen. There will be three fifty-subject groups: one will be evaluated and treated; another will be evaluated only; the third

will be neither evaluated nor treated. The last will supply a control group for the evaluation procedure which, because it is a fairly intensive process may carry with it therapeutic effects.

The subjects are to meet one of the following criteria: the current offense is drunkenness; the current offense occurred during drinking episodes. The first 100 will be interviewed and tested, and their parents seen for a social history. The clinical material on each will be presented at an intake conference. After presentation but before discussion, each participant will predict, giving reasons, whether the boy, if untreated, will become alcoholic, criminal, or both.

After discussion, an ideal treatment plan will be formulated by the conference leader. The boy will then be assigned to the treatment, or the non-treatment group. If to the former, the treatment is commenced that follows as closely as practicable the ideal; if to the latter, nothing further is done until follow-up, one year later.

Social history data is to include an assessment of the extent to which the boy's parents have fulfilled their functions as role models for their children. The extensive psychological test battery aims at assessing the vicissitudes of dependent and counterdependent needs and behavior at various levels of psychological functioning.

"We predict," said Dr. Blane, "that our delinquent subjects will show low dependent behavior and high dependent needs relative to a matched non-delinquent comparison group."

Dr. Blane noted that a striking feature in the families of the subjects so far selected is that over 60 per cent of the fathers suffered either from severe mental or physical illness, including alcoholism, or were absent from the home for prolonged periods or permanently. "We have interpreted this," he said, "to mean that the father has not been available or able to serve as a masculine role model for his children."

Group Therapy

Group therapy with alcoholics is standard procedure at the Medical College of Virginia, with inpatients as well as outpatients.

The procedure, says Dr. Ebbe Curtis Hoff, medical director, Bureau of Alcohol Studies and Rehabilitation, Virginia enhances the quality of motivation for sobriety, particularly with outpatients who develop "a growing understanding of motivation with a resultant motivational evolution."