

PHYSICIAN'S ALCOHOL NEWSLETTER

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HURWITZ OF PAHO URGES CONCERTED EFFORT TO COMBAT ALCOHOLISM

A special research institute to open new paths in the prevention of alcoholism was proposed as a measure to meet Latin America's urgent alcoholism problem at the special meeting of the Pan American Health Organization, consisting of Ministers of Health, held in Buenos Aires in October, 1968. The proposal was made by Dr. Valdivieso, Minister of Public Health of Chile, who said that "the scope of alcoholism is so vast and its consequences so enormous that we can confront them only if we join together." Dr. Frank A. Seixas represented the International Council on Alcoholism, as an observer.

The proposal and the supporting evidence presented by Dr. Valdivieso underscored the growing urgency of alcoholism as a world problem that was emphasized at the 28th International Congress on Alcohol and Alcoholism in September by Dr. Abraham Hurwitz, Director of the Pan American Sanitary Bureau, Regional Office for the Americas of the World Health Organization.

Noting that the WHO statement in 1950 that "very few countries know even the extent of the problem created by the grossest forms of this disorder" is still valid, Dr. Hurwitz said that the few surveys on alcoholism that have been made show prevalence rates of between 1% and 7% of the adult population and up to 20% among the adult males in big-city slums of developing countries.

He cited as an example of the kind of comparative epidemiological studies that are needed the 1967 study on patterns of urban mortality sponsored by the Pan American Health Organization. This study investigated, from different angles, 43,298 cases of death at ages 15 to 74 from 1962 to 1964 in ten large Latin American cities, San Francisco, and Bristol, U.K. Alcoholism in some form was responsible for 2,103 deaths, or 4.9% of all the cases. Although they principally affected males (6.7% of all male deaths), the diseases associated with alcoholism also had an important effect on females, and were responsible for 470 deaths.

Advances In Treatment and Research Reported at Liver Disease Meetings

Research and clinical reports given at the 19th annual meetings of the American Association for the Study of Liver Diseases, held in Boston in October 1968, provided information useful for the understanding and treatment of diseases related to alcoholism.

ISOQUINOLINES FORMED IN LIVING TISSUE

Research on a chemical aspect of alcohol metabolism — the formation of isoquinoline alkaloids in living tissue—was reported by Gerald Cohen, Ph.D., Assistant Professor of Biochemistry of Columbia College of Physicians and Surgeons, at the November, 1968, meeting of the American Medical Society on Alcoholism held at Roosevelt Hospital. Dr. Cohen's research was conducted with the assistance of Michael Collins, Ph.D.

Dr. Cohen speculated that, since the behavioral effects produced by alcohol are similar to those which can be precipitated by various alkaloids such as morphine, strychnine, and caffeine, alkaloid formation in the body might underlie many of the effects on the central nervous system produced by heavy and chronic drinking.

Although it is generally assumed that production of alkaloids is limited to plants, he was intrigued by the possibility that a special type of alkaloid, one with a chemical structure called an "isoquinoline," might be formed in animal tissues under certain circumstances. Two ingredients are required: (1) acetaldehyde, a metabolic breakdown of alcohol, which appears in blood and

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The range of variation of the combined mortality from all forms of alcoholism in each city was extremely large for both males and females. It went from 1.4 per 100,000 population in Bristol to 164.5 in Santiago, Chile, with Mexico City showing 116.9 and San Francisco and Guatemala City approximately 80 per 100,000. All other groups investigated were below 30.

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Chronic Alcoholic Hepatitis

Alcoholic hepatitis does not necessarily produce cirrhosis, according to research reported by Dr. J. T. Galambos of the Emory University School of Medicine. Twenty-nine (45%) of 65 patients studied had continued active alcoholic hepatitis for one to ten years without the development of septums or cirrhosis. Dr. Galambos proposes to call this group "chronic alcoholic hepatitis." Alcoholic hepatitis, even with some fibrosis, may be a completely reversible lesion even after one or more years.

Experimental Alcoholic Cirrhosis

Cirrhosis was produced in rats by the administration of alcohol and sucrose over 7 months, reported Dr. E. A. Porta et al. of the Research Institute of the Hospital for Sick Children, Toronto. Previous attempts using alcohol supplements to an adequate diet were unsuccessful. The results indicated that the deficiency of lipotropes induced by either alcohol or sucrose was more important than that of vitamins in the development of hepatic changes.

Xenon¹³³

Dr. D. O. Castell et al. of the Tufts University School of Medicine reported that the freely diffusible gas Xenon¹³³ provides a rapid, easily performed method of evaluation of portal circulation time and may be useful in the diagnosis of portacaval shunt occlusion. In 40 cirrhotic patients, following rectal installation of isotope, the time required for appearance of isotope at the heart was measured by a precordial scintillation counter. The mean Xenon¹³³ circulation time for 12 patients with mild cirrhosis was 33.4 ± 2.9 seconds (1 SE), and for 16 patients with severe cirrhosis 49.5 ± 3.4 seconds. This difference was significant ($p < 0.01$). Eleven of 12 patients with a surgical portacaval shunt had a mean circulation

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Editorial

Physical factors in alcoholism have been undervalued for many years. This has in many instances impeded research, impeded the advance of treatment, and made psychiatric work with alcoholics difficult. Most of all, it recently has affected the Supreme Court decision on the treatment of alcoholism. In the majority opinion it was stated "there is no agreement among members of the medical profession about what it means to say that 'alcoholism' is a 'disease'."

It is high time that some agreement came forth. We have to give up the kind of simplistic thinking which demands that a single individual cause be found in the physical realm. However, we must emphasize what is always taken for granted, i.e., that alcohol in large or moderate quantities has an effect on brain function—produces a toxic brain syndrome, either acute or chronic or for granted, i.e. that alcohol in large or both. It also has profound metabolic effects on the body. In this area of research much has been done but much remains to be done.

In psychiatric treatment too—one can deal with the defenses put up by the alcoholic—which are similar mechanisms to those of other people (viz Dr. Blane) but one cannot neglect the patent fact that alcohol affects the body and brain.

It would not be satisfactory but might be forgiven to jail an alcoholic for his protection and that of society on the basis that if we call all anti-social behavior 'sick' we would just change the name over the jail to 'hospital'. But the fact is that jailed alcoholics die—of hypoglycemia, or subdural hematomas, of alcohol poisoning the respiratory center of the brain, of pneumonia. It is this that makes arrest for alcoholism a contradiction to the bill of rights, and makes expanded treatment facilities in the medical realm mandatory.

NAAAP SEEKS MEMBERS VIEWS ON EXPANDING PROGRAM

The Board of Directors of the North American Association of Alcoholism Programs has been petitioned by 58 members to change the name and purpose of the Association to include the broad field of drug dependencies. Any member who wishes to register his comments on this subject should communicate directly with the chairman of the NAAAP ad hoc Committee on Drug Dependency and Misuse: Ronald J. Catanzaro, M.D., Chief, Missouri Alcoholism Program, 722 Jefferson St., Jefferson City, Missouri 65101.

ATYPICAL ADH FOUND SIMILAR TO NORMAL ADH

The atypical human liver dehydrogenase (ADH) described in 1965 by von Wartburg et al. has been found in 10% of a study of 60 human autopsy livers and loses its atypical features on purification. These conclusions, reported by Dr. E. Mezey and Dr. P. R. Holt of the Alcoholism Unit of the Baltimore City Hospitals and St. Luke's Hospital Center in New York, cast doubt on the theory that the atypical enzyme represents a genetically determined variant of normal ADH and that ethanol metabolism might be altered in patients with the atypical enzyme.

Extensive study of the atypical enzyme in one liver showed that it was similar to normal liver ADH in most respects. Purification of atypical ADH, following CM cellulose column chromatography, resulted in a change of the characteristic pH profile toward normal, and a loss of the inhibitory effect of thiourea. Dr. Mezey and Dr. Holt suggest that a minor conformational change may be responsible for the atypicality. Their findings were reported at the annual meetings of the American Association for the Study of Liver Diseases.

HARLEM HOSPITAL ALCOHOLISM CLINIC REPORTS ON FIRST YEAR

The development of a comprehensive program for the treatment of alcoholics was begun during the first year of operation of the Harlem Hospital Center Alcoholism Clinic, according to an annual report released by Sheldon Zimberg, M.D., Director of the Clinic.

Before the Alcoholism Clinic was established, little concerted effort was made to deal with the problem. Many alcoholics were being treated in various hospital services (as many as 20% to 40% in the medical services), but they were being treated for a secondary diagnosis, not for their basic problem—alcoholism.

The goals of the Clinic are (1) to start a pilot treatment program to provide services to alcoholic patients who have been receiving minimal services; (2) to evaluate the results of two systems of care for socioeconomically deprived alcoholic patients and to develop appropriate research instruments; (3) to serve as a nucleus for the development of hospitalwide interest in alcoholism; (4) to explore new approaches

toward treatment in and rehabilitation of an alcoholic patient; (5) to develop community interest in alcoholism; (6) to explore new approaches toward treatment in socioeconomically deprived populations.

The 129 patients interviewed as of June 30, 1968, were divided into three groups: a non-research group which will serve as the nucleus of a service program, and two research groups, the Drug group concentrating on a medical approach, and the Comprehensive group using a wide range of supportive services in addition to medication. The patients admitted to the research groups are male Harlem Hospital Center patients aged 21-60.

Antabuse has been used on a small, select group of patients in the Drug, Comprehensive, and non-research groups. Patients who are highly motivated to stop drinking seem to be the most responsive to this approach.

The Clinic was established by a grant from the New York State Department of Mental Hygiene.

Bucove Outlines City's Plans for Alcoholism Programs

The New York City Health Services Administration plans to develop a special office to work exclusively and full time on alcoholism; to give high priority to a major increase in treatment services, particularly in-patient hospital care; and to develop an effective and continuing training program, an educational program for youth, and an alcoholism program for city employees. These plans were outlined by Dr. Bernard Bucove, Health Services Administrator, at the annual meeting of the Committee on Alcoholism of the Community Council of Greater New York, held in October, 1968.

Stressing the enormous economic, social, and personal costs of the city's alcoholism problem, Dr. Bucove stated that the city would play a much greater role in coordinating existing programs and in initiating new ones. In-patient treatment in city hospitals should be available in each borough in the near future, although there are problems of funding and staffing.

At least five new comprehensive after-care service agencies are planned, well as the beginning of a half-way house program. The city also plans to work with the emerging Community Mental Health Centers to aid them in providing treatment for alcoholics.

Psychiatrists In Training Should Learn To Manage Alcoholics' Denial Mechanisms

Alcoholics almost routinely deny that they have a drinking problem. To be effective, any psychiatric treatment must deal with this denial mechanism, and therefore it is essential for the psychiatrist in training to learn to work with this problem. Dr. Albert Browne-Mayers made these points in his talk "The Teaching of Denial Mechanisms" before a joint meeting of the Eastern States Psychiatric Association and the American Medical Society on Alcoholism - Second District, held on February 6.

Other speakers were Dr. Stanley Gitlow, who discussed the withdrawal syndrome of alcohol and sedatives, and Dr. Robert Morgan, who described the work of the Bowery Project. Dr. Percy Ryberg was chairman of the meeting.

Dr. Browne-Mayers described denial as one type of defense mechanism, which in general terms is a function of the ego for the purpose of avoiding anxiety. Denial may be seen as (1) denial of a reality, such as loss of a limb; (2) denial of a conflict, such as occurs in hysteria where the paralysis of a limb may be acknowledged, but not the psychological conflict which brought it about; (3) denial of a stressful situation, such as patient who drinks more heavily because his boss has become very demanding, and (4) denial of reality by a group, for example, the continued intensive cigarette smoking of many people despite warnings.

Denial is not always pathological, and in some cases may be healthy. Denial mechanisms, for example, are inculcated as part of child development so that a child can learn to endure minor discomforts and stresses. The distinction between normal and pathological denial, according to Dr. Browne-Mayers, lies in the area where the behavior of the individual infringes on his own health or the rights of others.

Where the denial mechanism is weak or vague or only partial, psychotherapy can frequently instill insight so that the denial mechanism is no longer effective. Dr. Browne-Mayers outlined the basic factors in training a psychiatric resident to work toward altering a denial mechanism. He pointed out that alcoholic patients present a special problem because unlike other types of psychiatric cases, they do not pressure the psychiatrist for attention. They either deny that they are ill or ascribe their symptoms to other causes.

Therefore, the psychiatrist has to be

patient and willing to listen, in the hope that the alcoholic will engage in therapy if the denial mechanism can be changed. The chances for better psychotherapeutic results are increased if the denial can be turned into anxiety. The resistance of the patient may be altered any one of several factors: a sudden external development (the illness of a family member, for example); a physical impairment (enlarged liver or heart attack), sodium amytal, group psychotherapy, LSD in some cases, and others.

Dr. Browne-Mayers concluded by saying, "If we psychiatrists are going to treat alcoholics, we shall have to use a great variety of psychiatric techniques. We have an obligation to teach the young people in our profession as much as we know, so that, with our teaching, they can go on to accomplish much more."

ALCOHOLISM PERSONNEL AVAILABLE

For the past three years, Iowa's various alcoholism programs have trained many persons in a variety of professional services—coordinators, therapists, counselors, aides, etc. Send details of job openings to Charles A. Churan, Executive Director, Iowa State Commission on Alcoholism, 307 East 7th St., Des Moines, Iowa 50319. Pertinent resumes will be forwarded.

MEDICAL ASPECTS OF ALCOHOLISM TREATED IN SYMPOSIUM

Over 150 physicians and interested laymen were given a comprehensive look at alcoholism as a disease and its physical and mental complications in a Scientific Symposium held at Grasslands Hospital Jan. 22, 1969. The symposium was sponsored by the Westchester Academy of Medicine, Westchester Council on Alcoholism, and Grasslands Hospital.

At the evening session Dr. Charles Lieber of the Bronx VA Hospital spoke on his research on the physiological effects of alcohol on the liver; Dr. Ruth Fox, medical director of the National Council on Alcoholism, discussed psychotherapy and related aids for alcoholism; and Dr. Marvin Block of Buffalo, a member of the AMA Committee on Alcoholism and Drug Dependence, spoke on the use of community hospitals in the treatment of alcoholics.

Afternoon workshops and their leaders were: surgical problems of the alcoholic patient, Dr. Michael Rohman and Dr. Albert Lowenfels; anesthetic management of the alcoholic patient, Dr. Kinichi Shibusaki; strategy of medical management of the alcoholic patient in the acute phase, Dr. Frank Seixas, Dr. LeClair Bissell, and Dr. Robert Morgan; psychiatric approaches to alcoholism, Dr. Alvin Yapalater; and spectrum of community services for the alcoholic and his family, Rev. H. Gordon Macdonald and Thomas Carpenter.

Correction: The number of scientists and other professionals attending the 28th International Congress on Alcohol and Alcoholism was 2,000, not 200 as stated in the last issue of PAN.

Membership Application

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An organization for physicians interested in alcoholism problems and for the promotion of education, research, and the sharing of clinical experience.



Dr. Frank Seixas (left), Secretary of the American Medical Society on Alcoholism; Dr. Ruth Fox, President; and Dr. Luther Cloud, member of the Executive Board; and the AMSA exhibit displayed at the recent 28th International Congress on Alcohol and Alcoholism.

REPORTS OF LIVER DISEASE MEETING

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time of 25.8 ± 2.1 seconds, which was significantly less than that obtained in patients with severe and mild cirrhosis.

Surgical Portal Decompression

Dr. R. C. Britton of Brooklyn-Cumberland Medical Center described a surgical technique in which cirrhotic patients were subjected to side-by-side anastomosis between the splenic vein and the left renal vein in the midline and without splenectomy. Postoperative catheterization and angiographic studies have demonstrated shunt patency, minimal reduction in hepatic blood flow, persistent superior mesenteric vein flow to the liver, and reduction in absolute portal pressure below 10 mm Hg. Although the group included several diabetics and older patients, there has been no incidence of encephalopathy or variceal bleeding during follow-up to 2½ years.

Selection of Potential Bleeders

A new criterion for the selection of potential bleeders through umbilico-portal catheterization studies was reported by Dr. J. G. Joly et al. of the Hospital Saint-Luc and University of Montreal. Important and possibly potentially dangerous varices will usually develop when the FPVP-FHVP gradient reaches a value of 10 mm Hg. The evaluation of the severity of coronary trunk varices combined with pressures data helps to define the potential bleeders

and therefore may be a useful criterion in the selection of patients for portocaval shunts.

Lactulose

Drs. S. G. Elkington, M. H. Floch, and H. O. Conn of the VA Hospital at West Haven, Conn., reported that lactulose administered orally has been effective in controlling chronic portal-systemic encephalopathy. Lactulose is a synthetic disaccharide which is neither absorbed nor hydrolysed during passage through the small bowel. Colonic bacteria, however, are able to metabolize lactulose, decreasing the pH of the colonic contents and reducing the absorption of toxic nitrogenous substances, including ammonia, from the bowel.

Hepatic Coma and Amino Acids

Aromatic amino acids and methyl histidines may play a role in the pathogenesis of hepatic coma, according to Dr. F. Steigmann et al. of the Hektoen Institute for Medical Research of Cook County Hospital. Using automated amino acids analysis, they found significant increases in several amino acids in the cerebrospinal fluid of comatose patients. Methyl histidines, not present normally, appeared in the cerebrospinal fluid of patients in hepatic coma. The elevations of the amino acids in the plasma are not nearly so great as those in the cerebrospinal fluid, and the concentrations appear to correlate with the severity of the coma.

MEETINGS

MON., APRIL 14, 1969—Fort Worth, Texas, American Medical Society on Alcoholism, Regional Meeting Regl. VII, in conjunction with the Tarrant County Medical Society. Speakers will be: Stanley Gitlow, M.D., "Practical Therapeutics Outside the Hospital," LeClair Bissell, M.D., "Practical Therapeutics Within the Hospital Framework," Ruth Fox, M.D., "Psychiatric Aspects of the Treatment of Alcoholism," and Luther Cloud, M.D., "The Social Aspects of the Treatment of Alcoholism."

APRIL 15-20, 1969 — annual meeting, National Council on Alcoholism, Fort Worth, Texas, Green Oaks Motel.

JUNE 11-13, 1969—4th Annual Conference and Training Session on Indian Alcoholism, Jicarilla Apache Reservation, Dulce, New Mexico.

SEPTEMBER 14-18, 1969 — NAAAP 20th annual meeting, Vancouver, B.C., Canada, Bayshore Inn.

Hurwitz On World Alcoholism

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The range in cases of cirrhosis of liver was much smaller, from 33.7 in Guatemala City to 89.5 in San Francisco. However, Bristol, Bogota, Mexico City, Santiago, and Caracas showed rates over 80 per 100,000. In females the figures are less reliable because the study was based on fewer cases; however, the contrast between the rates in Guatemala City and San Francisco is particularly striking, because the male rates are almost identical. With regard to alcoholic psychosis and alcoholism, Guatemala City stands out in relation to the other groups, with 52.9 male deaths per 100,000 people, while all others were below 21.

Dr. Hurwitz said that a comprehensive approach was needed to discover the reasons for these variations, involving the psychopathological, physiopathological, and sociocultural factors.

Dr. Hurwitz called attention to the alcohol industry in some countries, which contributes to the growth of the problem and tends to disregard both immediate and long-range consequences. He reaffirmed his belief that it is possible to balance the interests of the economic and the basic needs of the people. His basic concern is with excessive drinking and the illnesses deriving from alcoholism, not the moderate ingestion of alcohol as a mechanism of sociability.

BOOK REVIEWS

The Personality of the Alcoholic: Guises of Dependency

Howard T. Blane, Ph.D., Harper & Row, New York, 1968, \$5.95

At last—a clear-cut, readable, and sensible book about the psychiatric side of alcoholism. The author, who is Assistant Clinical Professor of Psychology at Harvard Medical School, has succinctly laid to rest what might be called the “specificity theory” of alcoholism. He says, with good reason, that no personality characteristic is unique to the alcoholic. He examines the many personality characteristics found among them (traits also present in us all) and outlines accepted psychiatric theories which account for them and accepted psychiatric modes of dealing with them. The result in clarity and understanding is unparalleled.

Dr. Blane's experience may lead him to underestimate the proportion of women alcoholics; in the reviewer's experience they constitute a larger than suspected proportion of the whole. They

Individual chapters on the three D's of alcoholism—dependency, denial, and depression—are followed by chapters on impulsivity and frustration, and over- and under-evaluation of the self.

Dr. Blane finds dependency prominent in alcoholics; however, he says that it is “not in itself a central factor in alcoholism.” A crucial factor is “the way the alcoholic solves his problem over

dependency.” He describes three types—the overtly dependent, the counterdependent, and those that oscillate between the two. Ability to differentiate these types can help one avoid pitfalls in planning a course of action.

In analyzing depression in the alcoholic, Dr. Blane finds that it is usually subsidiary to dependent wishes. He adds this important distinction: *The alcoholic drinks not because he wants to kill himself; he drinks to preserve himself and maintain his integrity.*

The volume is full of illustrative case material; it has intelligent unobtrusive documentation; and because it was written for “care-givers” rather than exclusively for “physicians,” it is attractively uncluttered with jargon.

One fault it shares with many psychiatric works on the subject—it fails to give even a nod to the patent fact that the alcoholic while drinking has an acute brain syndrome, which impairs both emotional and thinking processes, and that his awareness of both himself and his environment is altered. Particularly, his own effect and presentation to the environment is beyond his comprehension. It would be of major consequence if psychiatric personnel dealing with alcoholism would pay more attention to this neurophysiological factor in their explanations of this disorder.

Despite this important exception, this book should be read and reread by all “caregivers” in alcoholism.

The General Practitioner's Role in the Treatment of Emotional Illness

Proceedings of a symposium held at Boston State Hospital, Boston, Mass. Alvin Becker, M.D., ed. Charles C. Thomas, Springfield, Ill., 1968.

This attractively produced little volume is the proceedings of the symposium described in the title. It is evident that a large effort was made to reflect a genuine feeling on the part of the psychiatrists involved that general practitioners provide a different but not an inferior part of the service to the patient. This intention makes it even more disappointing that the section dealing with alcoholism conveys a strong impression of an expert on high imparting his wisdom to those below.

It is hard to conceive that anyone who states that “every alcoholic is (rather than *has*) a psychiatric problem,” could be really versed in the treatment of this condition. Nor does the separation of alcoholics into psychosocial, psychoneurotic, or psychotic categories seem to the reviewer to be helpful in their treatment. To advocate the use of shock treatment in alcoholism, even when depression is evident, is rather far from the recommendations of most who have experience in this field. It is surprising, also, that even in a two-page discussion of the subject for general practitioners, Alcoholics Anonymous is not mentioned. FAS

ISOQUINOLINES FOUND IN LIVING TISSUE.

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tissues when an alcoholic beverage is ingested; and (2), one of the catecholamines, a class of biologically important agents found in the adrenal glands, the terminal fibers of the sympathetic nervous system and in the brain.

Recently fluorescent isoquinoline alkaloids have been formed in isolated freeze-dried nervous tissue exposed to formaldehyde vapor. Dr. Cohen conducted a series of experiments to determine whether small amounts of formaldehyde or acetaldehyde, the aldehyde intermediates formed during methanol (wood alcohol) or ethanol ingestion, respectively, would react with the catecholamines in cow adrenal glands to “make” alkaloids in living tissue.

The chemical structure of the major product formed as a result of the experiments (tetrahydro-isoquinolines) is similar to that of some plant alkaloids, notably the families of desert cacti that contain “mescal buttons” and “peyote.”

Small amounts of these alkaloids can produce striking pharmacological effects.

Because similar structures often exhibit similar activity in biological systems, it is expected that the new tetrahydro-isoquinolines will have pharmacological effects on nerve and muscle tissue. Synthesis of the new compounds is currently being carried out in the laboratory and should provide sufficient materials for animal behavior tests.

The next step, according to Dr. Cohen, is to determine if isoquinolines are formed when alcohol is ingested. Earlier investigators have failed to find various preformed alkaloids in animal tissues, but now there is a specific hypothesis concerning when to look (after alcohol ingestion), specific chemical structures to look for (tetrahydro-isoquinolines), and new techniques (micro-methods with radioactive carbon, among others) to help in the search.

In commenting on Dr. Cohen's presentation at the meeting, Dr. Enoch

Gordis of Rockefeller University said, “Dr. Cohen's ingenious hypothesis is especially welcome because it relates behavioral changes to a specific chemical event, and it can be tested. Dr. Cohen's theory will have to come to terms with the clinical picture of the Antabuse reaction. Antabuse causes an accumulation of acetaldehyde, so any theory which attributes symptoms of alcoholism to acetaldehyde must explain why Antabuse symptoms are not those of alcohol use or withdrawal.

“This objection may not be serious, however,” continued Dr. Gordis. “The actions of Antabuse are complex and not completely understood. Furthermore, the hypothetical isoquinolines may be present in small amounts for prolonged periods and thus account not for acute symptoms but for long-term effects such as tolerance and personality change. This remains to be seen. Dr. Cohen's work opens up an exciting line of investigation.”

RESEARCH and REVIEW

ANOMY DEVELOPS AS ALCOHOLISM WORSENS

The prevailing view that anomy is a predisposing condition which exists prior to alcoholism has been questioned by Barry A. Kinsey and Lorne Phillips of the Sociology Department of the University of Tulsa. They suggest that anomic conditions develop as alcoholism grows worse, and that the stage of alcoholism is a more reliable indicator of the development of anomy than other factors such as age, sex, or religion.

Their findings are based on a study of 93 new or returning patients in the Outpatient Clinic of the Division of Alcoholism, Edmonton, Alberta, Canada, and are reported in the *Quarterly Journal of Studies on Alcohol* (Dec. 1968, Vol. 29, No. 4, pp. 892-98).

The purpose of the study was to determine whether anomy, that is, a "set of attitudes, beliefs, and feelings that the world and oneself are adrift, wandering, lacking clear rules and stable moorings," is more likely a predisposing condition or one that develops with alcoholism.

Two research instruments were administered: (1) a Phases of Alcoholism scale to determine whether the patient was in the early, middle or late stage; and (2) the McCloskey-Schaar Anomy Scale, which consists of nine items designed to measure response to the social and political community and feelings of bewilderment, pessimism, alienation, and political futility. In addition, detailed sociocultural information was obtained on each patient.

Few Casual Roisterers Found Among London Drunks

The majority of men charged with drunkenness in two London courts are not casual roisterers but men with serious drinking problems, according to a study reported by Denis Grath et al. in the *British Medical Journal* (Dec. 28, 1968, pp. 808-11).

The study was based on interviews with 151 men immediately after their appearance before magistrates. Few of the offenders were casual roisterers, and as many as 50% showed evidence of chemical dependence on alcohol as determined by morning shakes, morning relief drinking, amnesias, inability to stop drinking, and hallucinatory experiences. The proportions with serious drinking problems were similar at both courts, although one was in an area frequented by vagrants and the other in a mixed middle-class and working-class area.

A large proportion of the men were suffering from gross social isolation. Only 42% had their own accommodations at the time of arrest, and only 17% were married and living with their spouse. Infrequent social and personal contacts and unstable occupational history were also characteristic.

Past treatment of these offenders had proved ineffective, in many cases because it had been inappropriate (30% had been arrested three or more times in the past 12 months). Only 19% had had psychiatric treatment; 12% had been admitted to an alcoholics' hostel; and only 8% had attended AA meetings.

The authors of the study recommend increased rehabilitation services, particularly special hostels. They also stress the need for special attention for first offenders.

Alcoholism Information Month Stresses Early Warning Signals

Alcohol Information Month was observed from January 15 to February 15 in a campaign to alert the public to the fact that alcoholism is a treatable disease. Special meetings, news stories, and company publications stressed increased awareness of early warning signals.

Among the facts and figures cited by the Committee on Alcoholism of the Community Council of Greater New York are these: Alcoholism ranks second as a cause of suicide in the U.S. and approximately one third of all suicides are chronic alcoholics. Alcoholics have a 450% greater chance of dying in automobile accidents than non-alcoholics.

In a statement issued in connection with Alcohol Information Month, Dr. Robert Healy, President of the Westchester Medical Society, said that the medical profession is trying to combat alcoholism by providing up-to-date information to physicians, encouraging general hospitals to admit alcoholics, placing special emphasis on the industrial physician to guide him in treatment and rehabilitation of alcoholics on the job, developing more extensive and comprehensive treatment of alcoholism in medical schools, and working with other organizations to promote traffic safety by stressing the dangers of drinking after drinking.

Accelerated Metabolism of Drugs

Based on studies of alcoholic subjects, Drs. R. M. H. Kater, P. Zeive et al. of the Alcoholism Unit of Johns Hopkins University School of Medicine concluded that the heavy use of alcohol stimulates the metabolism of intravenous tolbutamide, oral warfarin, and Dilantin. These drugs were chosen since, like alcohol, they are presumably metabolized by a microsome system.

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