

Frank A. Lewis, MD

# PHYSICIAN'S ALCOHOL NEWSLETTER

PUBLISHED BY  
AMERICAN MEDICAL SOCIETY  
ON ALCOHOLISM, Inc.  
120 Central Park So.  
New York, N. Y. 10019

Vol. 4, No. 2 Spring, 1969

© Copyright 1969 American Medical  
Society on Alcoholism, Inc.  
All Rights Reserved

## PHYSICIAN TRAINING MADE TOP PRIORITY BY NCA AT ANNUAL MEETING

Training physicians to deal appropriately with alcoholism should have the highest priority in future National Council of Alcoholism activities, according to the results of a questionnaire released at the NCA Annual Meeting in Fort Worth, Texas, April 14-18. Other goals given high priority were: developing a systematic and comprehensive public education program and active citizen support for local and national voluntary health movements in the alcoholism field; providing instruction about alcoholism in medical schools; making alcoholism information easily available in major population centers; and reducing the stigma connected with alcoholism.

The questionnaire, which was distributed to a number of persons and organizations in the alcoholism field, was the first phase of the NCA's Program Goals and Priorities Study. The preliminary findings were discussed at Fort Worth. The Committee on Program Goals and Priorities will make further

(Continued on page 4)

## Progress In Liver Transplantation Provides New "Last Chance"

Ten patients out of 53 who have received liver transplants are alive today. Two have survived more than a year after operation. Despite the many difficulties, "guarded optimism" about the future of liver transplants was expressed at a conference held in Cambridge, England, on April 10-12 and reported in *The Lancet* (April 26, 1969, pp. 868-69).

The current status of liver transplantation is similar to that of renal transplantation seven years ago. Liver transplantation has lagged for several reasons, primarily the greater technical difficulties of operation and the lack of an effective supporting treatment for liver failure, comparable to dialysis in kidney disease. Other problems are the difficulties in obtaining and storing suitable donor livers.

In cases in which it is not essential that the patient's own liver be removed (for example, in nonmalignant cirrhotic disease), the transplantation of a small auxiliary liver is preferred. The operation is less severe and the residual function of the patient's own liver may help to tide him over the critical operative and postoperative period.

Inadequate storage methods complicate the logistics of liver transplantation. Cooling of the organ immediately after death is urgent, since the liver unperfused at 37° C for more than 15 minutes is likely to be irreversibly damaged. In Denver, Boston, Paris, and Louvain, livers have been removed from donors whose hearts are still beating but whose brains have "died." In the United Kingdom, perfusion and cooling of the donor body has been used to protect the liver during its removal. After removal the liver is preserved by means of continuous perfusion with dilute blood at 4° C and 5 atmospheres of hyperbaric oxygen. A California team headed by Dr. Eric W. Fonkalsrud has also reported that pretreatment of liver donors with lysosomal membrane-stabilizing drugs may help preserve the liver prior to the time that perfusion and hyperbaric techniques can be used.

The immunosuppression program has been similar to that used for kidney transplants. It seems likely, although the data are difficult to interpret, that liver allografts are less aggressively rejected than kidney grafts.

The indications for liver transplantation have not yet been defined. At present any patient under 60 with fatal disease confined to the liver may be considered.

## Budget Cuts Threaten City Alcohol Programs

Proposed state budget cuts threaten to curtail advances in New York City's alcoholism programs. Calling the cuts a "staggering blow," Howard Seitz, President of the Community Council of Greater New York, urged Governor Rockefeller and key legislators to restore the original budget request, which was cut to 25% below the 1968-1969 level. (See Editorial page 2.)

## American Psychiatric Association Meetings

### WATS Phone Line Reaches Discharged Alcoholics

A new telephone system is being used successfully to solve one of the most persistent problems in rehabilitating alcoholics — adequate follow-up of patients who are discharged from a treatment center. The WATS system (Wide Area Telephone Service) currently in use at the Mid-Missouri Mental Health Center in Columbia, Missouri, was described to the annual meetings of the American Psychiatric Association in May by Dr. Ronald J. Catanzaro, Director of Alcoholism of the Missouri State Division of Mental Diseases; and Willie Gray Green, a telephone therapist and alcoholism counselor at the center.

The WATS line is a system of long-distance communication readily available to any treatment center. For a flat yearly fee (\$6,000 in Missouri), the center can have a line installed on which one can place a call anywhere within a given geographical area any time of day

or night. Patients living at a great distance from the center can have regular psychotherapy without traveling. Patients may also find it easier to discuss their problems frankly on the telephone in their own homes rather than in a personal interview.

After a patient leaves the center, a regular time for receiving calls is arranged (perhaps three times a week or once a month). The patient, a member of his family, and one of a state network of alcoholism volunteers who assist in the follow-up program may all participate in the telephone session.

Early follow-up studies of all patients treated at the center show that over 55% remained sober. Although longer-term results may show somewhat lower rates of improvement, telephone therapy via the WATS line appears to be a very promising technique.

(Reports of APA Meetings continued on page 6)

## EDITORIAL

### Alcoholism Control Must Be A Community Responsibility

The recent budget cuts in Albany, and the small appropriations in the federal budget, also pared down from any realistic estimate, are burdensome blows to the anti-alcoholism movement. Senator Harold Hughes (D.-Iowa) has called attention to the fact that the amount appropriated by the federal government (8 million dollars) is not enough to build ten miles of superhighway, although well over 50% of highway fatalities are alcohol-related. The budget cuts in Albany mean the abandonment of plans for three new out-patient clinics and two very urgently needed half-way houses, as well as cutbacks in other existing programs. Coming at a time when the already successfully operating facilities are working at peak capacity, this limitation in funds will hamper if not cripple the efforts in New York.

Alcoholism is unlike diseases such as cancer, tuberculosis, and heart disease, for which the base of citizen support for control measures comes from relatives of the victims. The victims of alcoholism themselves must be its major torch-carriers. The tradition of anonymity properly stops AA from participating directly. It thus behooves other aware citizens, particularly physicians who see the vastness and tragic consequences of the alcoholism problem, to support efforts toward its eradication.

Some glints of hope remain in the picture. The alcoholism research center at the University of Buffalo, planned for five years, has been restored in the supplemental budget, at least in part through the good offices of New York State Assemblyman Alvin Suchin (R.-Westchester) and this paper. At the federal level, Senator Hughes has been named chairman of a newly created subcommittee on alcoholism and narcotics. Senator Jacob Javits (R.-New York), Senator Frank Moss (D.-Utah), and 43 other senators have introduced the Alcoholism Care and Control Act of 1969 (S. 1997). Congressional supporters of alcoholism care programs are expected to urge Administration action to include alcoholism program funding in the 1970 budget. Legislative efforts also received considerable attention at the NCA Annual Meeting in Fort Worth (see p. 4).

Strong and positive citizen support for all these efforts is essential. It is time that efforts against alcoholism cease to be sporadic hit-and-miss stopgap measures, supported by the transitory enthusiasms of isolated individuals, and become instead an ongoing responsibility of the entire community.

## Hemodialysis Reverses Delirium Tremens

Hemodialysis was successful in treating the alcohol withdrawal syndrome in five out of six patients tested at Baltimore City Hospital, according to Dr. Arnold I. Walder of Johns Hopkins, who reported to the meetings of the Society of University Surgeons. Blood alcohol levels were reduced to zero within six hours, and three patients were released within 24 hours. Normally this process takes at least four to seven days.

Dialysis may have a beneficial effect in addition to removing toxic levels of alcohol. One patient without measurable

blood alcohol was rapidly cleared of delirium tremens. Patients who did not have DT's at the start of dialysis did not get them, even though they may have experienced this symptom during alcohol withdrawal in the past. Delirium tremens has been attributed to neurological causes as well as to electrolyte disturbances. Dr. Walder suggests that "perhaps active delirium tremens are related causally to serum concentration of an intermediate metabolite of alcohol." This possibility warrants further research, particularly because of the high mortality, perhaps 15-30%, associated with this complication.

The patients who were dialyzed successfully remained sober for uncharacteristically long periods. One returned to the hospital for elective surgery three weeks after dialysis and had not been drinking in the interim.

The cost of dialysis is considerably less than conventional therapy, estimates Dr. Walder. The hospital stay is reduced, perhaps to as little as one day, and the disposable dialysis equipment costs about \$25.

## MEETINGS

**JUNE 6-7**—Organization meeting of American Medical Society on Alcoholism-Region V, Rehabilitation Center of Alcoholism, Lutheran General Hospital, Park Ridge, Illinois.

**JUNE 12**—AMSA-Region II meeting, Winston Conference Room, Main Floor, Roosevelt Hospital, New York City, 8:30 p.m. Guest speaker will be Nancy Mello, Ph.D., Alcoholism Research Program, St. Elizabeth's Hospital, Washington, D.C., who will discuss "Behavioral Studies in Alcoholism."

**JUNE 11-13**—Fourth Annual Conference and Training Session on Indian Alcoholism, Jicarilla Apache Reservation, Dulce, N.M.

**JULY 9**—Afternoon—AMSA-Region II Rutgers University, Dr. Donald Ottenberg, presiding.

**AUGUST 8-9**—Annual Meeting, International Doctors in Alcoholics Anonymous, Governor Morris Inn, Morristown, New Jersey 07960.

**SEPTEMBER 14-18**—20th Annual Meeting, North American Association of Alcoholism Programs, Bayshore Inn, Vancouver, B.C., Canada.

**SEPTEMBER 17-19**—International Conference on Alcoholism, Glasgow, Scotland.

**SEPTEMBER 22-27**—Fifth International Conference on Alcohol and Traffic Safety, Freiburg im Breisgau, Germany.

**OCTOBER 9-11**—International Symposium on Alcoholism, Zagreb, Yugoslavia. (For information on international conferences, write International Council on Alcohol and Addictions, Case Postale 140, 1001 Lausanne, Switzerland.)

## BOOKS

### Social Class and the Treatment of Alcoholism

Wolfgang Schmidt, Reginald G. Smart, Marcia K. Moss, University of Toronto Press, 1968, 111 pp.

The referral sources, choices of therapy, and prognosis of each of three social classes are correlated in detail. No class differences were found in the total number of treatment contacts. However, the type and extent of individual therapy depends heavily on social class. Upper-class patients tend to be seen by psychiatrists and lower-class patients by physicians. Social workers apparently treat similar proportions of cases in all three socioeconomic groups. The authors suggest that "therapists may have to consider establishing socially homogeneous groups."

### Guide to the Community Control of Alcoholism

Jay N. Cross, M.P.H., American Public Health Association, New York, 1969, \$3.00.

A guide to community problems for both the beginner and professional. The book discusses beverage alcohol use in American society, the nature and extent of alcoholism, types of programs for combating alcoholism, principles in planning community alcoholism programs, and the roles of agencies and organizations.

## Alcohol Information Calls Increase In 1968

Professional persons now play little in referring cases to the Alcoholism Information and Referral Service of the Community Council of Greater New York's Committee on Alcoholism. In 1968 about half the people who called the service learned of it through display cards in buses and subway cars. There were 2,695 requests for service, a 35% increase over 1967. The callers were generally the alcoholics themselves (in about 1/3 of the cases), or members of their families.

These findings were released in the Second Annual Report of the service, which is supported by grants from the Christopher D. Smithers Foundation and the New York State Bureau of Alcoholism.

The social characteristics of the alcoholics served over the two-year period remained remarkably stable. In 1968 over 77% were male, about 50% were aged 30-49, and 50% were married and living with a spouse. In a period of relatively high employment, over one-third of the alcoholics were unemployed or working only irregularly. In the majority of cases where drinking histories and patterns were known to the callers, the drinking problem had existed for at least ten years. In 1968, nearly two-thirds of the alcoholics were described as daily or almost daily drinkers. However, a slightly lower proportion of the callers had had prior treatment or were currently in treatment.

In both years, treatment resources were suggested to about 80% of the callers, but in 1968 there was a considerable increase in the extent to which specialized alcoholism treatment units in hospitals and clinics were recommended.

## Alcohol Preference Declines in pCPA-Treated Rats

When rats which show preference for alcohol are given doses of *p*-chlorophenylalanine (*p*CPA), their preference decreases substantially and declines even further when the drug is discontinued. Robert D. Myers and Warren L. Veale suggest in reporting their findings (*Science*, Vol. 160, No. 3835, 1968, pp. 1469-71) that restoration of normal neurochemical function in an organism that drinks excessively, regardless of the etiology of an aberrant drinking pattern, may be within the realm of possibility.

Concentrations of monoamines were selectively lowered by either *p*CPA, a tryptophan hydroxylase inhibitor that depletes brain serotonin, or *a*-methyl-*p*-tyrosine (*a*MpT), which depletes brain catecholamine. Administration of *p*CPA markedly reduced preference for alcohol. *a*MpT suppressed the usual increase in alcohol consumption due to acclimation during the drug period, but this effect disappeared as soon as the drug was discontinued. During treatment with *p*CPA, however, the preference for alcohol declined substantially, but the reduction was even more marked after termination of the drug.

Myers and Veale suggest that the long-term action of *p*CPA may be due to local depletion of serotonin from one or more of the limbic structures that comprise the drinking-emotional "neural circuit." This interpretation is limited by the fact that parallel serotonin and catecholamine levels have not been determined in the *p*CPA, MpT, and control animals. (*Mental Health Digest*, Vol. 1, No. 3, March 1969).

# RESEARCH and REVIEW

## Plasma-Cortisol Response Identifies Alcoholics

No increase in plasma-hydrocortisone is produced when chronic alcoholics ingest a large dose of ethanol. However, nonalcoholics respond to the same stimulus with a brisk rise in plasma-cortisol. This difference in plasma-cortisol response enabled Julius Merry and Vincent Marks of Epsom, Surrey, to identify, retrospectively, two alcoholics in a control group by purely laboratory techniques. They suggest that the contrast may provide the basis of a biochemical technique for confirming a clinical diagnosis of chronic alcoholism.

Eight male chronic alcoholics were given the equivalent of 112 ml. ethanol. In no case did the plasma-cortisol rise by more than 8  $\mu$ g/100 ml.; in most cases, the alcohol produced no significant change. The test was repeated on a group of five male nonalcoholic volunteers. In three controls plasma-cortisol rose after ingestion of alcohol, but in the other two the response resembled that of the chronic alcoholics. Questioning about their drinking habits showed that they were incipient alcoholics. (*The Lancet* May 3, 1969, pp. 921-23).

## A Case of DT's in a Newborn

An infant whose mother was suffering from delirium tremens was born with exactly the same symptoms, reported Dr. M. M. Nichols of Galveston, Texas (*American Journal of Diseases of Children*, June, 1967, pp. 714-15). An acute alcohol withdrawal syndrome is rarely seen in a newborn, although narcotics withdrawal symptoms are not uncommon. Agitation, sweating, and tremors were followed by lethargy and hyperbilirubinemia, necessitating an exchange transfusion on the fifth day. At 7 months the infant was reported to be normal.

## Management Survey Reports AA Most Helpful

Business executives are becoming more aware of alcoholism among their employees, but they do not think that it is helpful to refer them to physicians and hospitals. Most consider AA the most helpful resource, followed by various alcohol information centers. Dr. Stephen Habbe of the National Industrial Conference Board reports on two recent management surveys in *The Conference Board Record* (October 1968 and February 1969). They show more "affirmative" attitudes than in 1958 toward helping alcoholic employees and some progress in establishing alcohol control programs.

## Membership Application

American Medical Society on Alcoholism  
c/o Ruth Fox, M.D.  
150 East 52nd Street  
New York City 10022

Name ..... Degrees .....

Address ..... Specialty .....

City ..... Nature of Interest

Zip ..... In Alcoholism .....

Dues \$25  Enclosed  Bill Me

(Dues include subscription to Physician's Alcohol Newsletter)

## NCA ANNUAL MEETING

(Continued from page 1)

recommendations on long-range goals and planning at the next annual meeting.

Mike Gorman, NCA Washington representative, urged massive citizen support for a bill that will be introduced in Congress. Still in draft stage, the bill will attempt to give alcoholism a visibility in the federal government commensurate with the national scope of the problem. Existing legislation (P.L. 90-574) made some gains, but many of the special needs of alcoholism were eliminated in the final version. Among the provisions envisioned in the new bill are: division status for alcoholism in the NIMH, with greater statutory authority and larger funding; higher federal percentage payments for construction and operation of specialized alcoholism units; authorization of a broad program of fellowships and training grants; and support for additional regional centers.

Among the other speakers at the meeting was Mrs. Marty Mann, founder of the NCA, who emphasized the need for greater attention to the alcoholism problems of minority groups, such as Indians, Mexican-Americans, and Negroes.



AT THE NCA ANNUAL MEETING IN FORT WORTH: Maxwell N. Weisman, M.D. (left), Director of the Division of Alcoholism Control of the Maryland State Department of Mental Hygiene; and R. Keith Simpson, D.O., Medical Director of the Harrison Treatment and Rehabilitation Center of Des Moines, Iowa, a newly elected member of the NCA Board.

Luther A. Cloud, M.D., Senior Associate Medical Director of the Equitable Life Assurance Society of the United States, was elected President of the NCA at the Annual Meeting. He succeeds Thomas P. Carpenter. Dr. Cloud has been a member of the NCA board for the past five years. He is a member of the American Medical Society on Alcoholism and of the Editorial Board of Physician's Alcohol Newsletter.

Honored at the meeting was R. Brinkley Smithers, who was awarded the NCA's Gold Key Award for outstanding service in the field of alcoholism. Mr. Smithers is President of the Christopher D. Smithers Foundation and Past President and Chairman of the NCA, which he continues to serve as a director. He has long been active in the alcoholism field in many capacities. The Gold Key Award was established by the NCA in 1959 to honor individuals and groups for outstanding contributions to a better understanding of alcoholism.



AN ACTIVE ALCOHOLIC PORTRAYS HER FORCIBLE HOSPITALIZATION: This drawing by a female alcoholic patient was presented as part of a talk on home treatment of alcoholism by Dr. Frank A. Seixas at the NCA Annual Meeting.

## Hospital Board Survey Shows Need For Extra Services, Information

Hospitals would be more willing to treat acutely ill alcoholics if they knew there were facilities available for long-term care. This need for hospitals to see themselves as part of a larger scheme, one that includes short-term treatment and care as well as longer-term rehabilitation and after-care, emerged from a survey of 29 lay board members of 12 Westchester hospitals conducted jointly by the Westchester Council on Alcoholism and five Junior Leagues. The study was directed by Jacqueline Sutton, Ph.D., and was designed to obtain information on the attitudes of hospital board members and to solicit their cooperation in future alcoholism programs.

Part of the problem, according to Dr. Sutton, is simply putting the hospitals in touch with the facilities that already exist for handling alcoholics. However, extra services are needed to provide a true continuum of care for the alcoholic.

Dr. Sutton also points out that "masked admissions" to hospitals is another significant area that needs further exploration. Hospital personnel might be more concerned with the problem of alcoholism if they were fully aware of the extent to which admissions for such ailments as broken limbs, ulcers, hypertension, and diabetes, for example, are related to alcohol.

# ALCOHOLISM HITS THE BOARDWALK

## Physiology and Pathology Covered at Atlantic City

Many research reports on alcohol metabolism, particularly investigation of the hepatic microsomal enzyme system, were delivered at the spring meetings in Atlantic City of the American Society for Clinical Investigation, American Federation for Clinical Research, and the Association of American Physicians. The results covered a wide spectrum, from the selection of alcohol to suggested leads for new treatments of the diseases it produces.

### Alcohol Selection

*n-Butyraldoxime*, an antialcohol compound in man, caused a marked and prolonged reduction in alcohol selection by C57BL mice, a strain with a natural preference for alcohol, according to B. K. Koe et al. of Pfizer's Department of Pharmacology. The effect was due to inhibition of alcohol dehydrogenase. • Another inhibitor of alcohol dehydrogenase, *pyrazole*, was also effective in blocking methanol oxidation, suggesting its use in methanol poisoning in man. This work was presented by Watkins, Goodman, and Tephly of the University of Michigan.

### Absorption and Removal

Four or more gm/Kg alcohol led to prolonged retention of 1 131 labeled food in the stomach, due to delayed gastric emptying, reported Barboriak and Meade of the Marquette School of Medicine in Milwaukee. • Iber, Carulli, and Kater of Johns Hopkins reported that alcoholics cleared the blood of 49.4 mgm/100 ml/hr of alcohol, while nondrinking controls averaged only 24.7 mgm/100 ml/hr. The authors felt that the data suggested that an induced new enzyme for oxidizing alcohol was responsible for the increased clearance and changed kinetics of alcohol removal.

### Enzymatic Transformation

Pretreatment of animals with phenobarbital or benzo(a)pyrene increased the rate of ethanol metabolism by 75-100%, in experiments by Roach, Reese, and Ceraven of the Texas Research Institute of Mental Science, Houston. This demonstrated a resemblance to other drug metabolizing systems, being susceptible to induction by phenobarbital and benzo(a)pyrene. • In another paper, chronic ethanol intake was shown to have induced hepatic microsomal detoxifying enzymes but not mitochondrial ALAS (delta amino levulinic acid synthetase). Acute inebriation did the reverse. The authors thought these data explained why acute inebriation aggravates porphyria while chronic alcoholism is associated with increasing resistance to drugs, espe-

cially sedatives • Lester and Benson of the Center for Alcohol Studies, Rutgers University, compared the pyrazole inhibition of metabolism of various alcohols (radioactively labeled) and felt that the data suggested a minimal role for the microsomal ethanol oxidative system, which they felt would account for less than 10% of ethanol oxidation.

### Fatty Liver and Hepatitis

When animals were pretreated with phenobarbital for three days or longer, a single dose of ethanol resulted in an increase of only 7.0 mgm/gm hepatic triglycerides as compared with 15.5 mgm/gm if pretreated only with saline. In those animals pretreated with phenobarbital, also noted was a striking increase in rough endoplasmic reticulum, while only a mild increase occurred in saline-pretreated rats. Dr. Isselbacher et al. of Massachusetts General Hospital concluded that these data indicate that *phenobarbital inhibits acute ethanol-induced fatty liver*. • Of 100 alcoholics admitted to treatment at Eagleville Hospital, 34% had either *hyper pre-beta lipoproteinemia* or hyper beta proteinemia, according to Myers, Rosen, Feng, and Kuo of the University of Pennsylvania. More than one mechanism may be involved • Subtle metabolic alterations of *chronic ethanol ingestion* resulted in rats 20% smaller than controls, according to Banks, Kline, Bond, and Higgins, Medical College of Virginia, Richmond. Liver protein depletion in mitochondrial and elevation in soluble and microsomal fractions was found. • Prednisone did not improve clinical and histological healing in 27 patients with *alcohol hepatitis* studied at the University of North Carolina by Helm, Temko, and Fall. All patients had elevated SGOT values. Prednisone and a placebo were given in a double-blind technique. Control biopsies showed the development of cirrhosis during the healing of necrotic lesions. • Rosenblatt and Baldwin, studying *addict hepatitis*, found tissue evidence that the hepatitis might not be infectious but a *result of overstimulation of smooth endoplasmic reticulum*.

### Cirrhosis

Porta, Koch, and Hartroft, who had previously shown protection against chronic hepatic lesions of alcoholics by the feeding of a "super diet," have taken their research further. They showed recovery of rats from these choline-deficiency-induced lesions, including fatty liver, fibrosis, or even cirrhosis by three months of "super diet," even with large amounts of alcohol. • Studies in human cirrhotics showed decreased *pulmonary*

*blood flow* in dependent parts of the lungs in every patient. The explanation advanced by Ruff, Bates et al of Montreal was perivascular and peribronchial edema caused by decreased blood colloid osmotic pressure and increased capillary permeability.

### Alcohol Withdrawal

Wolfe, Mendelson, Ogata, Victor, Marshall, and Mello of NIMH studied chronic alcoholic patients who under controlled conditions took 1-2 pints of 100 proof whiskey each day for 14-60 days. During drinking pH was 7.39±.02 and pCO<sub>2</sub> was 36.1±.06. Eight hours following withdrawal pH was 7.49±.06 and pCO<sub>2</sub> was 29.6±1.21. At 15-30 hours following withdrawal there was maximal symptomatology and the respiratory alkalosis was most pronounced. Carbon dioxide inhalation in two similar patients resulted in milder withdrawal symptoms. The authors concluded that *respiratory alkalosis* with decreased CO<sub>2</sub> tension and increased pH may be important in the genesis of the alcohol withdrawal syndrome.

## NCPA Workshop Discusses Community Services

The development of a variety of community services for problem drinkers and their families was stressed at a workshop sponsored by the National Center for Prevention and Control of Alcoholism of the National Institute of Mental Health. Dr. Thomas F. A. Plaut, Assistant Chief of the NCPA, directed the workshop, which was held in Williamsburg, Virginia, February 24-28, 1969.

Dr. Richard Brotman, Director of the Division of Community Mental Health, New York Medical College, delivered the keynote address. Other main speakers were Irving W. Shandler, Executive Director of the Diagnostic and Rehabilitation Center of Philadelphia; and Brahma Trager, Health Care Consultant of San Geronimo, California, who spoke on principles of data collection and retrieval and their use in program planning, evaluation, and extension of services.

Panel discussions were also held on the contributions and roles of various care-giving agencies (Chairman, Dr. James Alford, Director, Southside Comprehensive Health Center, Atlanta); and on the roles of state and local agencies in community planning and coordination of services (Chairman, Dr. Harold W. Demone, Jr., Executive Director, United Community Services of Metropolitan Boston).

# Reports of Psychiatric Meetings

(Continued from page 1)

## Socialization, Isolation, and Alcohol

In a controlled environment, Michael Rossi, Philip Solomon, and Peter Nathan of Harvard Medical School and Boston City Hospital found that the blood alcohol levels of alcoholics, who were alternately subjected to socialization and isolation, regularly and predictably oscillated over a 12-day period. The form of the "cycling" suggested that after an initial 6- or 7-day spree the subjects were engaged in "maintenance" drinking to stave off withdrawal symptoms. Highest levels of anxiety, depression, and alcohol drinking were seen during the socialization periods.

## Expectancies and Recall of Intoxication

In a study reported by John Tamerin, Sheldon Wiener, and Jack Mendelson of NCPA, 13 healthy male alcoholics were permitted to drink for periods of 12-60 days. Tests administered before, during, and after drinking showed that the subjects perceived themselves as more aggressive and more irresponsible while drinking. They reported an increase in sexual behavior and dysphoria, which they had not anticipated.

## Auditory Hallucinations

To distinguish alcoholic from schizophrenic auditory hallucinations, Murray Alpert of New York University Medical School and Kenneth Silvers tested 80 hallucinating patients at Bellevue Hospital. Significant perceptual differences were found, and a scale was constructed that can discriminate between the contribution of schizophrenia and alcohol to the admitting picture. The authors suggest that alcohol, more than schizophrenia, affects sensory components.

## Skid Row Alcoholics

Charles Goldfarb, Psychiatric Director of the Manhattan Bowery Project, reported that during 12 months of operation, 1,402 men have come to the project for a total of 2,387 admissions, of which 38% were readmissions. A profile of the patients showed a wide range of personal and psychiatric characteristics. Most had been skid row drinkers for about 20 years. About 1/3 did not finish elementary school, 1/3 attended high school, and 1/3 had a high school diploma and one or more years of college. About half of the men stayed five days or less at the center, and 70% accepted after-care referrals.

## SUMMER INSTITUTES

JUNE 22-27 — Northeast Institute of Alcohol Studies, Rutgers University, New Brunswick, N.J. 08903. A one-week orientation course for those without special training in the field.

JUNE 29-JULY 18 — 1969 Summer School of Alcohol Studies, Rutgers Univ.

JULY 20-24—Triennial refresher course for alumni of the Rutgers University Summer School of Alcohol Studies.

JULY 13-18—Texas Summer Studies on Alcohol, University of Texas at Austin, sponsored by Texas Commission on Alcohol, 809 Sam Houston State Office Building, Austin, Texas 78701.

JULY 14-AUGUST 1 — Workshop on alcohol and its relationship to health and disease, State University College at Buffalo, sponsored by Buffalo Area Council on Alcoholism, 722 Genesee Building, Buffalo, N.Y. 14204.

## Bleicher Describes Case of Alcohol Hypoglycemia

A person who drinks excessively without eating or who is abnormally sensitive to the glucose-lowering action of alcohol may go into alcohol hypoglycemic coma with progressively worsening symptoms. The majority of alcoholics do not evidence this response, although more cases are being recognized.

The management of a patient in alcoholic hypoglycemic coma was presented by Dr. Robert C. Kurtz and discussed by Dr. Sheldon Bleicher of the Jewish Hospital of Brooklyn in the New York Hospital-Cornell Medical Center Grand Rounds in January. The patient, a 40-year-old merchant seaman, had a pattern of heavy alcohol intake while in port and little alcohol while at sea. He had consumed at least a quart of whiskey before he was found in a coma. His neurologic symptoms cleared dramatically after he was given glucose I.V.

Dr. Bleicher said that hypoglycemia can be produced in all normal individuals by giving alcohol after a 48-hour fast. He pointed out that a very small amount of alcohol will produce hypoglycemia in a sensitive person. Some of the symptoms, such as a bizarre behavior, inability to speak, and so on are sometimes confused with stroke or other brain-connected disorders. Two clues that a patient is in an alcohol hypoglycemic coma are abnormally low body temperature and low blood sugar.

In discussing the treatment of these cases, Dr. Bleicher emphasized that only glucose is effective. Glucagon, he said, has no effect at all.

JULY 20-25—Short-term training course to strengthen alcoholism information and referral activities; third annual summer institute, University Extension, University of Wisconsin, 606 State Street, Madison, Wisconsin 53706.

Published quarterly by American Medical Society on Alcoholism, Inc. Publication has been made possible by a grant from the Christopher D. Smithers Foundation.

## EDITORIAL BOARD

*Editor-in-Chief* — Frank A. Seixas, M.D.—Internist, Sec'y N. Y. Med. Soc. on Alcoholism; *Associate Editors*—Luther Cloud, M.D.—Internist, Asst. Medical Director, Equitable Life Assur. Co., Ruth Fox, M.D.—Psychiatrist., Medical Director, Nat'l Council on Alcoholism. Stanley Gitlow, M.D. — Asso. Clinical Prof. Medicine, New York Medical College. Sidney Greenberg, M.D.—Internist, Consultation Center for Alcoholism. Percy Ryberg, M.D. — Psychiatrist. Donald G. Mackay, M.D.—Montreal, Quebec.

PHYSICIAN'S ALCOHOL NEWSLETTER  
120 Central Park South  
New York, New York 10019

Non-Profit Org.  
U. S. POSTAGE  
**PAID**  
New York, N.Y.  
Permit No. 6929