

# PHYSICIAN'S ALCOHOL NEWSLETTER

## Drinking Pilots Threaten Air Safety, Warns FAA

Pilots of private planes who are under the influence of alcohol are a growing menace to aviation safety, according to the Federal Aviation Agency. Alcohol was definitely determined to be the major cause of 45 fatal aircraft accidents in 1968, all involving private planes, and the FAA believes that as many as 200 of the total of 692 fatal private-plane accidents were caused by drinking pilots. In no case has a commercial airline crash been linked to alcohol.

According to the National Transportation Safety Board, a pilot is considered to be under the influence of alcohol if his blood contains .05% or more of alcohol. FAA research has indicated that a small amount of alcohol can cause extreme disorientation in a pilot and can make him recklessly dangerous. Reduced oxygen in the sky multiplies the disorienting effects of alcohol, so that one drink in the air can have the same effect as three or four on the ground.

There are now about 650,000 licensed pilots in the country, and about 125,000 private planes. These figures are expected to increase greatly within a decade, thus presenting an even greater danger

## Results of Broad National Survey on Drinking Reported at NAAAP Vancouver Meetings

New findings from the second national survey of drinking practices conducted by the Social Research Group of George Washington University (Berkeley, Cal.) were among the highlights of the 20th Annual Meetings of the North American Association of Alcohol Programs held September 14-18, 1969, at Vancouver, B.C., Canada. The meetings, which were co-hosted by the Alcoholism Foundation of British Columbia and the Alcoholism Section, Washington State Department of Health, featured for the first time a clinical symposium and interest in drug abuse.

Don Cahalan, Ph.D., of the Social Research Group reported on the survey, which was of unusual scope. It was the second in a series of longitudinal studies about drinking, the first having been conducted in 1964-65. The 1967 survey was able to reinterview about 80% of the 2,746 original subjects who were still eligible, as high a completion rate as has ever been attained in a follow-up to a national probability sample. The population selected lived in households, eliminating skidrow or institutionalized alcoholics.

both in the air and on the ground.

The FAA is attempting to combat this danger by distributing brochures and presenting motion pictures dramatizing the risks of drinking and flying to pilots' clubs. Although some states and a few communities have laws prohibiting drunken flying, most aviation leaders agree that existing machinery is inadequate to solve the problem.

Dr. Cahalan's report focused on the prevalence of problems related to heavy drinking within various segments of the adult population. In terms of age, men in their 20's and 40's and women in their 30's and 40's were most likely to develop drinking-related problems such as frequent intoxication, use of alcohol for coping with stress, problems with spouse and relatives, health, and symptomatic or addictive drinking behavior.

Lower-status men have a relatively high prevalence of serious problems, because they have more incentives to express their alienations in drink and because society is less protective of them than of upper-class men. As Dr. Cahalan put it, "Alcoholism among the poor truly appears to be a 'deficiency disease'—stemming from a deficiency of money and a general deficiency in support from primary and secondary groups in our society."

An analysis of independent variables showed that the attitudes about drinking expressed three years before the measurement of problems was the best single correlate to predict prevalence of problems related to drinking. Exposure to heavy drinking and to permissiveness of significant others were the next highest correlates.

Dr. Cahalan pointed out that further work is needed to refine definitions of

## Joint Efforts of Singer Zone Hospital and Local Centers Provide Effective Treatment

An effective alcoholism hospitalization program, in which a regional hospital works closely with local community mental health centers, was described to the meetings of the National Rehabilitation Association in New York on November 4, 1969, by Jerry Stauver, Mental Health Counselor of the H. Douglas Singer Zone Center, Rockford, Ill.

The Singer Zone Center serves ten northwestern counties of Illinois, an area in which it is estimated that there are 3,000-40,000 people for whom alcohol is a problem. Initial requests for alcoholism treatment services come through the local communities, and the intake interviews are conducted in the patient's own home or in the local mental health

center. If necessary, the patient is admitted to a local general hospital for "drying out," and then is assigned to the Singer Zone Center for a period of four to six weeks for intensive therapy. He may then return to his local community, where he takes part in joint outcare support system programs, which include AA, group therapy, and halfway houses.

The Singer Zone Center treatment emphasizes early detection and community-based detoxification prior to short-term in-care and effective community-based outcare. Mr. Stauver reported that the program has been very successful in returning alcoholics to their local communities with a low rate of hospital readmission.

(Continued on page 3)

## EDITORIAL

### The Alcoholic and Highway Safety

Of the 55,000 fatal automobile crashes per year, about 50% are alcohol-related; and of this 50%, in about one half, the blood alcohol levels are of such magnitude as to implicate the active alcoholic, rather than the social drinker. There is no question that measures are going to be taken to attempt to reduce this avoidable carnage.

Most states (including New York), have implied consent laws; that is, by accepting a driver's license, one gives permission for alcohol testing on demand. One can still refuse a test, but at the cost of the license. Thus far these provisions have been used primarily after the individual has been arrested for another infraction. Whether measures taken in the United States are modeled on the successful ones in England or Scandinavia, or other jurisdictions, it is to be hoped that two considerations are kept in mind: First, the alcoholic drinker is unable to respond to a rational or legal limitation on his drinking and driving, until his alcoholism is treated. Punitive measures taken now would fail as they have before. Second, the recovered alcoholic is a responsible citizen. To deprive him of the right to drive would seriously, probably unconstitutionally, hamper his right to freedom and the pursuit of a livelihood.

Current knowledge of alcoholism, correctly applied, may make a real turning point in the highway safety programs in the United States.

FAS

## Alcohol-Risk Test Available

The RAP (Risk of Alcohol Problems) Scale, a test for determining whether a person has a high, medium, or low risk of becoming an alcoholic, has been developed by the National Council on Alcoholism-Monterey Peninsula Area, Inc. The RAP Scale is divided into three sections—the first recording personal data, the second containing personality items, and the third measuring reactions to alcohol.

The Council reports that the test can be used for former alcoholics to evaluate their progress in recovery and with general audiences to determine which individuals have "high-risk" scores. The RAP Scale is not intended to be an absolute scientific instrument but a tool for arousing interest and stimulating serious thought about alcoholism.

Copies of the test, with directions for scoring and a manual for volunteers, are available from the Council at P.O. Box 1058, Carmel, California 93921.

## EDITOR OF PAN NAMED NCA MEDICAL DIRECTOR



DR. FRANK A. SEIXAS

Frank A. Seixas, M.D., Editor-in-Chief of Physician's Alcohol Newsletter, has been appointed Medical Director of the National Council on Alcoholism. He succeeds Ruth M. Fox, M.D., who recently became President of the American Medical Society on Alcoholism.

In his new post, Dr. Seixas will continue in his positions as Clinical Assistant Professor of Medicine, Cornell Medical School-New York Hospital, and as a staff member of Roosevelt Hospital. He will also remain Director of Medical Services of ACCEPT, a private treatment center for alcoholics in New York City.

## MEETINGS

NOV. 25, 1969—AMSA—Region II Meeting, Roosevelt Hospital, NYC. Speaker—Dr. Griffith Edwards, Maudsley Hospital, London.

FEBRUARY 1-14, 1970—29th International Congress on Alcoholism and Drug Dependence, Sydney, Australia. (For information, write Executive Director, Box 3284, G.P.O., Sydney, N.S.W., Australia 2001.)

JUNE 1-6, 1970—16th International Institute on the Prevention and Treatment of Alcoholism, Lausanne, Switzerland.

JUNE, 1970—National meeting of American Medical Society on Alcoholism, Chicago.

## BOOK REVIEWS

### Biochemical and Clinical Aspects of Alcoholism Metabolism

Vishwanath M. Sardesai, Ph.D., editor. Springfield, Ill.: Charles C. Thomas, 1969. 319 pp.

The outcome of a Symposium on Alcohol Metabolism held in Detroit, April 11-12, 1968, this wide-ranging and excellent volume contains papers on determination of alcohol, zinc and alcohol dehydrogenase, metabolic effects, and clinical aspects of alcohol metabolism. Important nuggets of information include the discovery that unfortunately we cannot determine an alcoholic by subnormal zinc levels and hyperzincuria (these characterize only those with liver disease); that under the influence of alcohol, biogenic amines are diverted to new metabolic end products (suggestive for a neuropharmacological basis of action); that the undersynthesis of pancreatic enzymes induced by alcohol may contribute to the nutritional lack suffered by the alcoholic. The fatty liver-super diet controversy is continued in the volume, and there are good sections on alcohol and cardiomyopathy and electronmicroscopy.

The editing is excellent, the references abundant, and the format agreeable. Anyone with a central or peripheral need to know more about alcohol metabolism can benefit from this volume.

### How To Stop Problem Drinking

Vincent F. Sullivan. New York: Frederick Fell, 1969.

This easy-to-read book is essentially oriented toward explaining the AA program. In addition, however, it outlines a method for employers to put pressure on the alcoholic employee by having AA members send him at 21-day intervals anonymous letters offering help and information with the threat of job loss inferred. It also lists 52 ways (one for each week) to stay sober, suggesting that the alcoholic's wife should type a card for each suggestion and put it in the alcoholic's pocket for the week.

Outside of these tips, there is nothing very new here. With the exception of two of the eight case histories, there is very little said about the female alcoholic.

### Drug Dependence: A Guide for Physicians

Chicago: American Medical Association 1969. 186 pp. \$1

This AMA publication covers etiological considerations in drug abuse and dependence, medical treatment, and social control of drug abuse.

# REPORTS FROM NAAAP 20th ANNUAL MEETINGS

(Continued from page 1)

blems" because the definitions in now are heavily loaded with values which are implicit in our daily lives. He said, "We generally like people to be predictable, dependable, helpful, loyal, trustworthy, obedient, and reverent; but the individual we are studying may live in a deviant subculture where Boy Scout behavior will be a liability and create more problems than solutions for him."

Further reports on the survey will be made by the Social Research Group, he concluded.

## Isolation Reduces Perceptual Field Dependence in Alcoholics

Of 30 chronic male alcoholics tested at the Chicago Alcoholism Treatment Center, those who were isolated for one hour showed significant reduction in perceptual field dependence, based on before-and-after administering of the Witkin Rod and Frame Test (RFT). George R. Jacobson of the Center reported that a control group of alcoholics showed only chance variations on the second RFT performance. These results tend to cast doubt on the hypothesis that field dependence is a stable and unalterable characteristic.

## Shunning of Recovered Alcoholics

Despite widespread acceptance of alcoholism as an illness, the recovered alcoholic is likely to be shunned and excluded from full participation in his community. Gerald Globetti and Walter Bennett of Mississippi State University found that in a sample of adults in two Mississippi communities those most hesitant about accepting a "cured" alcoholic were female nonwhites, over 45 years of

age, and from lower socioeconomic status. These individuals are also the least receptive to alcohol education programs. The authors suggest that school curriculum is the best area to reach the great majority of lower-status children. They also point out that the attitudes of acceptance expressed by many better-educated community members may not be translated into accepting actions.

## Antabuse Successful with Resistant Alcoholics

Encouraging results in the Antabuse program in the Racine County (Wisconsin) Mental Health Clinic were reported by Mary E. Kimmel, Psychiatric Nurse. The program is designed for the resistant alcoholic, who has failed in other treatment methods. The patients go to great lengths to resist the effects of Antabuse. One man drank two quarts of buttermilk prior to ingesting Antabuse so that he could regurgitate the medicine. When this method was discovered, he ate a whole pound of butter, and finally cut a piece of sponge to fit his mouth and catch the suspension. This too was discovered, and he was then asked to stay in the clinic two hours after taking the medicine. Antabuse is not a substitute for therapy, but it permits patients to remain sober long enough to develop resources on their own. Results of a statistical study of patients from 1963-66 showed that patients on Antabuse stayed out of the hospital three times as long as those not on the program, and if they returned, they stayed only one-third as long. They also showed evidence of leading far more normal lives.

## "Flare-Ups" in Alcoholism Recovery

"Flare-ups", that is, predictable stress times in the alcoholism recovery process, were described by Bob Scott, Director of the Harrison Treatment and Rehabilitation Center in Des Moines; Dr. Keith Simpson, Medical Director; and Len Walker, Chief Alcoholism Therapist. They pointed out that especially dangerous periods occur during the alcoholic's first two years of sobriety: (1) during the fifth to seventh week; (2) from the fifth to seventh month; and (3) from the eleventh to thirteenth months. It is important for the alcoholic and those treating him to recognize symptoms of these flare-ups, so that appropriate treatment can be instituted.

The authors also described the operation of the Center, which is an affiliate of the College of Osteopathic Medicine and Surgery and serves as a teaching facility for undergraduate medical students. The Center can serve 31 alcoholics for a week to ten days, after which they begin an intensive, multidisciplinary two-year rehabilitation program.

## Speakers Advocate Multidimensional Approaches

A current testing project at the Fort Logan Mental Health Center in Denver has showed that there are several dimensions of alcoholism, which are statistically independent rather than being related on a continuum from early to middle to late stages. A long drinking history or older age at admission, for example, are not prerequisite for such "late-stage" symptoms as convulsions, loss of appetite, and delirium tremens.

These results, reported Kenneth M. Wanberg, are being used to develop a multidimensional model for research and a multidisciplinary treatment program at the center.

A multidisciplinary approach was also advocated by Dr. J. P. Chiasson, Director of the Quebec office of the Canadian Foundation for Alcoholism, as the best treatment for continued management of the alcoholic. Dr. Chiasson stressed that the therapist must be willing to accept the frequent frustrations of dealing with a resistant alcoholic patient.

## Pre-AA Training Group

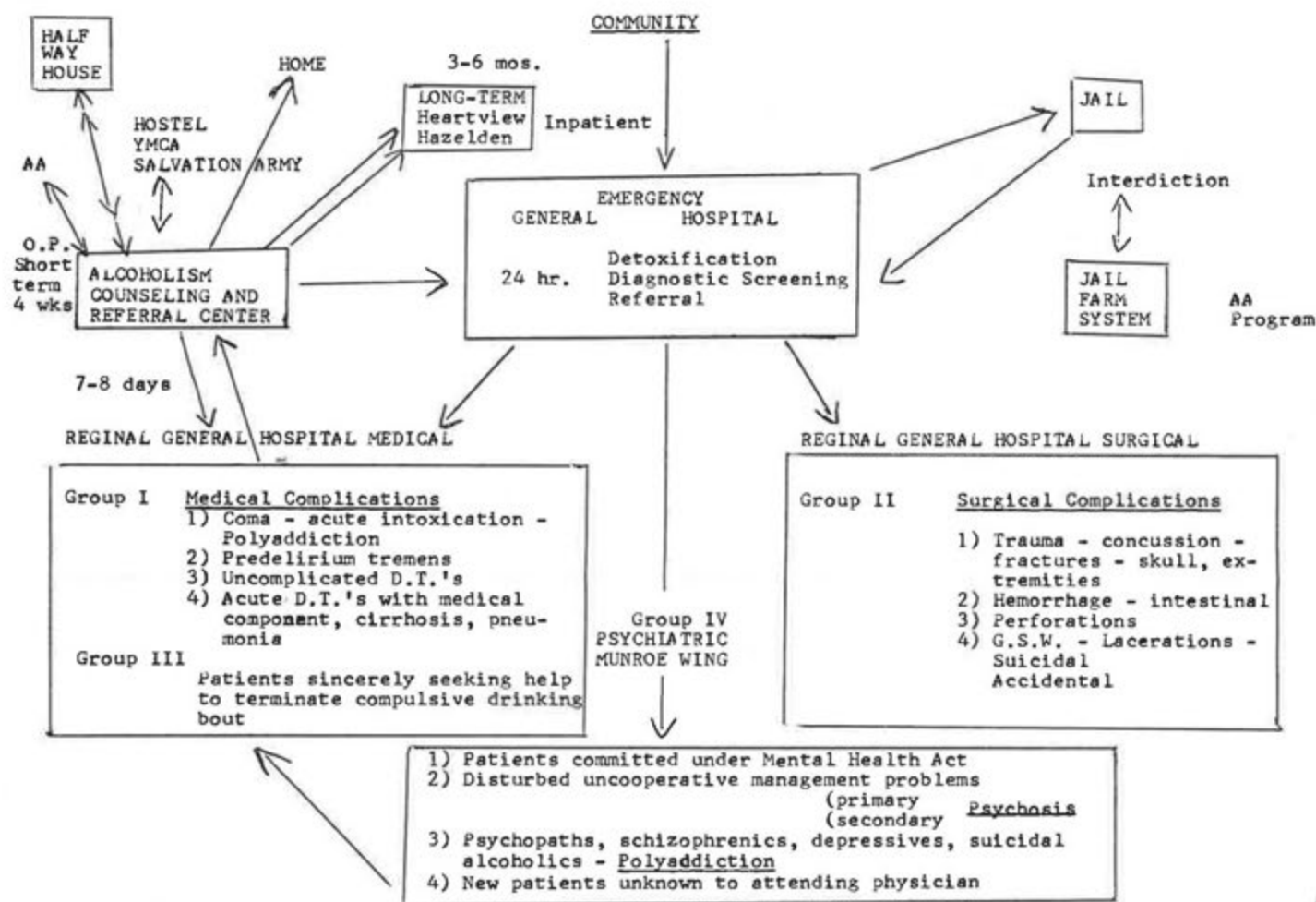
A training group which prepares alcoholics for participation in AA has been successfully instituted at the Sacramento Alcoholism Center, reported Leona M. Kent. The program is designed to meet the needs of AA "drop-outs" by giving them an opportunity to discuss the AA philosophy before making a commitment.

## 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)



ROLE OF A GENERAL HOSPITAL IN ALCOHOLISM TREATMENT: This diagram, illustrating a comprehensive treatment program in Regina, Saskatchewan, Canada, was presented by S. Cohen, M.D., Medical Consultant, Counselling and Referral Centre, as part of his report to the NAAAP Annual Meetings.

## NY State Police Test Drunken Drivers On the Spot

Police in New York State, but not in New York City, are now using a new on-the-spot test on suspected drunken drivers. Under a new state law, police can require drivers to submit to an immediate test with a field kit before any arrest is made. Previously the suspect had to be arrested and then given a more elaborate chemical test.

Although the law empowers the police to use the new test, it does not make its administration mandatory. The New York City Police Department has announced that it will not use the test

because it does not have what it considers to be adequate field equipment. Available kits are not able to show when the alcohol was consumed, although the law requires the test to show whether the alcohol had been consumed within the last three hours.

After the on-the-spot test, the driver can be required to take a more elaborate chemical test, the results of which are admissible in court. Refusal to take the field test can result in arrest both for the refusal and for drunken driving.

## Cooper Describes ACCEPT Program at Istanbul Meeting

A "two-pronged" attack on alcoholism—combining some form of psychotherapy together with Antabuse and/or Alcoholics Anonymous—is becoming accepted practice among growing numbers of psychiatrists in the United States, Dr. Howard N. Cooper told an international audience at the second conference of the European Federation of Mental Health, held in Istanbul, Turkey, September 17-20, 1969.

This combined method succeeds with

the associated neurosis as well as with the problems which arise secondary to drinking, he said. Group therapy is a form which tends to combine both "prongs" of the two-pronged attack in a single treatment modality—classic psychotherapy and group pressure. Since February 1968, ACCEPT, the Clinic of the New York Council on Alcoholism, of which Dr. Cooper is Director, has emphasized the group modality. Preliminary results are encouraging, he reported.

## Mass General Study Links Alcohol And Home Accidents

Alcohol consumption was linked to accidental injuries in the home in a study reported to the 97th Annual Meeting of the American Public Health Association held in Philadelphia Nov. 10-13. Henry Wechsler, Elizabeth Kasey, Denise Thum, and Harold Demone, Jr. presented the report, which showed that nearly one of four persons admitted to the emergency service of Massachusetts General Hospital for injuries occurring in the home had been drinking. The study was undertaken by the Medical Foundation, a Boston research and health education agency, and it conducted personal interviews and administered Breathalyzer tests to more than 8,000 persons.

The authors pointed out that this was the first systematic large-scale study showing an involvement of alcohol in home accidents but cautioned that the results were correlational and did not establish a causal relationship between alcohol and accidents.

## BUDAPEST MEETINGS DISCUSS ALCOHOLISM PREVENTION AND TREATMENT

Experts from all over the world gathered in Budapest, Hungary, from June 9-18, 1969, to share their knowledge at the 15th International Institute on the Prevention and Treatment of Alcoholism. About 400 people from 30 countries attended the conference.

### "Club Therapy" in Hungary

E. Nyaradi described the Hungarian "club therapy" movement, which started in the 1950's. Although it was modeled on AA, it lacked that organization's quasi-religious orientation and differs in that doctors and psychologists maintain overall supervision over the program. Club members regularly visit families of other members and take responsibility for arranging readmission to hospitals if the alcoholic suffers a relapse. The clubs organize activities such as study circles, film and music groups, art and literature groups, and social occasions, as well as psychotherapy. The aim of the movement is to teach the recovered alcoholic to enjoy life without alcohol.

### Aversion Therapy

Aversion therapy, using electrical techniques and apomorphine, is now being used in Hungary, according to Dr. P. Gartner, who introduced the method there in 1949. This type of therapy is now used on both inpatients and outpatients, and it is supplemented with psychoanalytically oriented psychotherapy. Dr. Gartner recommended that the ideal solution would be to put patients into a closed ward or closed work-colony until the therapist declared them recovered.

### Mother's Role in Family Therapy

The role of the mother was judged crucial by several Hungarian speakers. As long as the mother can direct the family's life, it will not disintegrate, but if she gives up or becomes an alcoholic, the situation becomes hopeless. In 35% of the cases of alcoholic families, the children become alcoholics. N. H. Rathod of India commented that in India the family forms a very close community and everyone's cooperation is needed in treating the alcoholic.

### Cambridgeshire Survey

The distribution of alcoholism in the English county of Cambridgeshire was reported by M. C. Moss. The average age of male alcoholics was 44.3 years; of females, 47 years. Divorced men and women had the highest rates. Unskilled and semi-skilled workers were more likely to be alcoholics than professional workers or skilled manual workers, who



RESEARCH ON ALCOHOL INGESTION: Dr. Peter E. Stokes (left), and Laboratory Assistant Ross Henry at work in The New York Hospital Psychoendocrine Research Unit. Dr. Stokes also conducts research at the newly opened Westchester unit (see story below).

had the lowest rate. Incidence of alcoholism was nearly two times greater in urban areas than in rural areas. Moss pointed out that no single factor can be claimed as the cause of alcoholism.

### Drinking Among Dutch Children

Dutch children begin to drink early, usually at home and with their parents' consent, reported H. J. Van Der Wal of the Netherlands. A Dutch child usually has his first drink before the age of 13, although the legal age limit is 16. His survey found no differences by sex, religion, or social status, but the children of abstainers tended to be abstainers as well.

### Other Speakers

• Dr. I. Pataky of Hungary reported on animal experiments which showed that the symptoms of alcohol dependency and withdrawal symptoms are based on tissue lesions caused by chronic alcoholic intoxication. • J. Wojcicki of Poland reported on the treatment of the withdrawal syndrome by new antidepressants. • S. Voina of Switzerland reported on the reciprocity of alcohol and mono-amino-oxidase. • Dr. P. Szabo of Hungary challenged the value of tapering-off cures in outpatient treatment centers. • Workers from the Budapest University Medical School showed that alcoholic beverages produced ulcers in animals. • Dr. Kryspin Exners of Austria reported on a survey of alcoholism in tuberculous, which showed that 4% of females and 49% of males were alcoholics.

## Treatment, Research Center Opens in White Plains

A new unit for treatment, teaching and research related to alcoholism has been opened at the Westchester Division of the New York Hospital-Cornell Medical Center, White Plains.

The new unit is intended to provide all types of treatment modalities, including individual, group, and family therapy. A psychiatric social worker works closely with the medical team in counseling patients and their families.

Specialized training in the treatment of alcoholism will be provided to the hospital's resident psychiatrists and psychologists. In addition, paramedical personnel and volunteers will be trained to work with these patients.

The treatment program of the new service is under the supervision of Dr. Albert N. Browne-Mayers, Clinical Assistant Professor of Psychiatry. Dr. Charles Smith, fellow in occupational psychiatry at the Cornell Center for Occupational Mental Health, is working with him on a group therapeutic approach.

Research into the chemical and biochemical aspects of alcoholism will be conducted at the Edward W. Bourne Behavioral Research Laboratory. One of the chief investigators will be Dr. Peter Stokes, Associate Professor of Medicine, a member of the Governor's Committee on Alcoholism.

# RESEARCH and REVIEW

## Working with Alcoholics Increases Staff Optimism

Hospital staff members who work with alcoholics are more likely to be optimistic about their chances for recovery and less moralistic in their evaluations of alcoholism than those who have not had this experience. This relationship between staff attitudes and treatment was studied by Robert E. Mogar, Ph.D. et al. from the Mendocino State Hospital, Talmage, California (*Archives of General Psychiatry*, October 1969, pp. 449-454). Questionnaires were administered to seven independent samples of professional and nonprofessional staff and patients. The professional-nonprofessional distinction was less important in determining attitudes than experience in working with alcoholics. The patients differed from the staff only in being more pessimistic about their chances for recovery.

## Hungarian Psychiatrists Report on Alcoholism Research and Treatment

The proceedings of a conference on alcoholism organized by the Hungarian Society of Neurology and Psychiatry were published in Budapest in 1969. These were among the findings reported:

"*Pathological drunkenness*" is recognized in Hungary as a distinct medical condition that has particular importance in forensic practice. Gyorgy Pollner described the Hungarian interpretation of this concept, which he claimed differed in course and severity from "common drunkenness."

Alajos Orthmayr reported a *distinct correlation between the yearly quantity of wine produced and the frequency of*

*delirium tremens*. Wernicke's and Korsakow's syndromes are rarely found in a developed form in Hungary.

A practical survey on neuropathological syndromes attributable to alcoholism conducted on 57 alcoholics by Istvan Tariska showed *frequent cerebellar changes*. Chronic alcoholic intoxication produces an accumulation of subliminal lesions to the biologic membranes, which progressively hinders the cells and barriers from maintaining their normal functions.

Of the new patients at the Child Psychiatric Dispensaries in Budapest, 18.7% had one or more alcoholic parent. In most instances the father was the drinker, and in a small number the mother was also alcoholic. In half the cases the child lived with the alcoholic parent. The authors, Rezso Hodosi and Eva Konig, also note that in only a small percentage was the alcoholic member being treated in an Alcoholic Dispensary.

The changes found on the pneumoencephalography of 87 regular drinkers were analyzed by Kalman Pozsgai. He found nearly without exception the *dilation of the III ventricle*. The frequent vegetative symptoms raise the possibility that in alcoholism the primary damage might be localized to the walls of the III ventricle and that the consumption of alcohol might serve to relieve the vegetative disturbances aroused by periventricular lesions.

Hybrid wines have a higher methanol and lower ethanol content than nonhybrid wines, and therefore *drunkenness caused by hybrid wines tends to be more severe*. Denes Goldschmidt and Ferenc Kulcsar report that delirium tremens and metalcoholic psychoses are significantly

higher in villages where hybrid wines are drunk.

Gyorgy Gereby surveyed the case histories of 201 *male patients with d.t.'s* admitted to the National Institute for Nervous and Mental Diseases in Budapest during the period 1945-67 and found that 41% were peasants producing wine in their own vineyards and that 47% consumed wine exclusively. The most common period of alcoholism preceding the first delirium was 20 years, but the second delirium followed the first after an average 14-month interval. Of 223 cases of deliria, 14.7% were fatal. In all but one of the autopsies more or less severe liver damage was found, severe myocardial degeneration was also found, as well as a higher than expected incidence of pulmonary and brain edema.

The average age of male patients suffering from d.t.'s at the Psychiatric Ward at the National Institute was 46 years, and 62% of them were wine-drinkers.

## Navaho Cirrhosis Rates Higher in Urban Areas

Navaho cirrhosis mortality rates are lower than those of other Indian tribes and of the nation, but certain high-incidence areas—those closest to the source of supply of alcohol and the skid row sections of large cities—have been found. S. J. Kunitz, M.D., et al. suggest that there may be a migration of problem drinkers from rural and suburban areas into urban areas. Socioeconomic and related problems rather than genetic predisposition seem to be responsible for this localized phenomenon. (*Quarterly Journal of Alcohol*, September 1969, pp. 672-685)

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