

PHYSICIAN'S ALCOHOL NEWSLETTER

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AA MEETINGS MARK 35 YEARS OF PROGRESS

Commemorating the 35th anniversary of the founding of Alcoholics Anonymous, AA members and non-alcoholic authorities representing medicine, industry, education, communications and law enforcement met in Miami Beach July 3-5, 1970.

Speaking to the convention, William W. Moore, Jr., executive director of the National Council on Alcoholism, said that alcohol is still the major drug in use today. Furthermore, on campuses, marijuana runs a "distant second" to alcohol abuse.

A major problem in the successful treatment of alcoholism, said Laura E. Root of Washington University, is the fact that many professionals in the field—doctors, social workers, clergymen and sociologists—have all grown up in a negative cultural climate and have inherited society's ambivalent and moralistic attitudes toward excessive drinking. "This, together with myth and misinformation concerning alcoholics and their disease, is reinforced by the lack of adequate

NCPA Symposium Features Reports on Research Initiated By Outgoing Chief

Recent advances in biochemical and physiological research, behavioral research, and new treatment techniques for alcoholism were discussed at an interdisciplinary symposium sponsored by the National Center for the Prevention and Control of Alcoholism. The conference was held in Washington on June 25-27. The research was initiated under the direction of Jack Mendelson, former director of the N.C.P.C.A.

preparation in training and a belief that the alcoholic cannot be helped to achieve lasting sobriety," Miss Root said.

Dr. Michael H. Beaubrun, Professor of Psychiatry of the University of the West Indies, called for greater cooperation between psychiatrists and AA. In the United States, he said, where Freud's influence has been particularly strong, it has been difficult for psychiatrists to accept an approach with an inspirational flavor. However, in Britain, where he was trained, there is a more eclectic atmosphere, and anything that can help the patient is regarded as acceptable. Though there are fewer AA groups there than in the U.S., those groups that do exist have a better relationship

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Blackouts and Memory Loss

One-third of 100 hospitalized alcoholics had never experienced a "blackout" and those who did said that the experience occurred well along in the course of alcoholism rather than at an early stage. Blackouts were positively associated with severity and duration of alcoholism, gulping drinks, and a history of head trauma. Only one patient had experienced blackouts after moderate drinking. These results were described in the first of three studies conducted by Donald W. Goodwin, M.D., of the Department of Psychiatry of the Washington University School of Medicine.

In the second study reported by Dr. Goodwin, volunteers performed four memory tasks while sober or under effects of alcohol. Twenty-four hours later they were tested under the same or different conditions. In tasks measuring recall and interference, learning transfer was better when the subject was intoxicated during both sessions than when he was intoxicated only during the learning session.

In the third study reported by Dr. Goodwin, it was shown that if a drinker forgets what he has said or done within a few minutes, he will probably never remember it. Volunteers performed four memory tasks while sober or under the influence of alcohol. An hour after starting to drink, each volunteer was shown one of eight toys and a scene from a pornographic film every 30 minutes. Two minutes afterward and 30 minutes afterward he was asked to recall the toy or the scene. The five volunteers who had a history of frequent blackouts began forgetting both toys and scenes 30 minutes after seeing them. Twenty-four hours later the subjects were tested under the same conditions. The same five subjects could neither recall nor recognize the toys or the sex scenes they had for-

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Pittsburgh Study Finds Many Juveniles Arrested for Alcoholic Offenses

Among the 1509 males arrested for public intoxication on the North Side of Pittsburgh during a six-month period (January 1-June 30, 1967), four special target groups have been identified: (1) juveniles with two or more offenses; (2) adult first or second offenders; (3) young adult multiple offenders; and (4) adults with 3 or more offenses. The survey was carried out by Martin D. Adler, Ph.D., Chief of the Bureau of Community Service Development of the Allegheny County Health Department, and was reported to the meetings of the American Orthopsychiatric Association held in San Francisco in March.

Juveniles accounted for 76% of the total arrests, and 51% of the offenders involved in 2 or more arrests, a surprisingly high total and one that indicates a need for more studies and services for this particular age group. Although narcotics use by juveniles receives more

public attention, the alcohol problem is actually 3 times greater. The adult first and second offenders were primarily married, employed working-class men, who need greater education services and in some cases referral to outpatient clinic services. Young adult multiple offenders (between the ages of 21 and 40) represent 25% of the arrests involving multiple offenders. For some of this group, jobs may still be available, and family supports still possible. Adult multiple offenders with 3 or more offenses in the six-month period constitute 15% of the individuals involved but are responsible for 49% of the arrests. This is the skid-row population, which requires concerted attention and intervention. Criteria for inclusion in a program for the "hard-core" group, said Dr. Adler, should begin with all adult offenders arrested 3 or more times in a six-month period.

EDITORIAL

Hughes Bill Needs Public Support

The battle against alcoholism is being waged on many fields, and a major victory is in sight on the legislative horizon.

The Senate has passed a bill authorizing \$395 million over the next three years for a concerted attack on alcoholism. The measure, introduced by Sen. Harold E. Hughes (Dem.-Iowa), would establish a National Institute for the Prevention and Control of Alcohol Abuse and Alcoholism under the U.S. Public Health Service. The institute would coordinate all federal programs now dealing with alcoholism, including projects in the field of disease prevention, rehabilitation, welfare, education, and highway safety. One provision states that federal employees suffering from alcoholism shall be given an opportunity for treatment and not be summarily dismissed. The bill would authorize \$75 million in grants to states and \$320 million in grants to public and private nonprofit organizations.

PAN urges its readers to write in support of the bill to Congressman Harley O. Staggers (Dem.-West Virginia), chairman of the House Interstate and Foreign Commerce Committee and their own congressmen.

The death of Martin D. Kissen, M.D., in Philadelphia on July 27 is a great loss to the field of alcoholism. At his death Dr. Kissen was the Director of the Institute for Alcoholism and Narcotic Addiction of the Pennsylvania Department of Health. He was also Senior Clinical Instructor in the Department of Psychiatry at Hahnemann Medical College Hospital. In his private practice he treated many alcoholics. Dr. Kissen was a member of the Board of the National Council on Alcoholism, Delaware Valley area, and of the American Medical Society on Alcoholism.

Rutgers Summer School Enrolls Record Number

Attendance at the 28th annual Rutgers Summer School of Alcohol Studies reached a record high this year, as 373 persons enrolled in the course, reports Milton A. Maxwell, Executive Director. For the first time this year, the physicians were full participants in the three-week summer school, held from June 28 to July 17, rather than meeting in a separate Physicians' Institute. In addition to taking the course on "Medical Aspects of Alcoholism," each physician audited one of the other 16 specialized courses, at-

tended the general lecture program, and took part in one of the 18 interdisciplinary groups.

In addition to Ebbe Curtis Hoff, the course instructor, visiting physicians met with the class were LeClair Bissell, Maxwell Weisman, Nelson Bradley, Ronald Catanzaro, and Henry Murphree. Leon Greenberg of the Rutgers Center of Alcohol Studies and Mr. Maxwell also met with the class.

The American Medical Society on Alcoholism, through an A. E. Bennett Foundation Fellowship, was instrumental in making it possible for Damaso Andres Oliva, Psychiatric Resident at the Austin (Texas) State Hospital, to attend the school. It is anticipated that several such fellowships will be available for the 1971 session, which will be held June 27 through July 16.

MEETINGS

SEPTEMBER 21-25—3rd International Conference on Alcoholism and Addictions, Cardiff, Wales.

SEPTEMBER 27-OCTOBER 2—21st Annual Meetings of the NAAAP, San Antonio, Texas. Information from Texas Commission on Alcoholism, 808 Sam Houston State Office Building, Austin, Texas 78701.

AMSA Hears Treatment and Research Reports At Second Annual Meeting in Chicago

Prolonged bed rest was advocated as the treatment of alcoholic cardiomyopathy by Dr. George Burch at the second annual meeting of the American Medical Society on Alcoholism held at Chicago in June. Noting that arrhythmia kills with or without congestive failure in alcoholism, Dr. Burch reviewed the evidence for a specific cardiomyopathy from enzymatic, pathological and electron microscope studies. He showed typical ECG patterns with infarction-like changes and dimpling or notching of T waves. From a series of 150 cases with massively enlarged hearts and high wedge pressures (up to 60 mm mercury), 44% of those treated with prolonged absolute bed rest (48 cases) showed a return of the heart size to normal. Over six years later, nine are living with a normal heart size.

Dr. Charles Lieber presented the current status of liver metabolism and alcohol. Further work on the microsomal enzyme detoxifying system explains both higher tolerance to alcohol after it is induced by other drugs, and the potential lethality of combined drug use. The pos-

sibility of a similar central nervous system adaptation may explain the development of tolerance. Changes in the mitochondria and smooth endoplasmic reticulum observed with fatty liver have been demonstrated in his laboratory to form a smooth transition from fatty liver through alcoholic hepatitis to cirrhosis.

Discussing the relationship of alcohol to carcinoma of the head and neck, Dr. Ernest Wynder of the American Health Foundation presented evidence that a nutritional deficiency (possibly riboflavin) induced by alcohol made these tissues more susceptible to initiation of cancer by elements in cigarettes.

The current campaign of the American Hospital Association to provide alcoholism treatment in its member hospitals was described by Helen Maguire. The packaged, tested seminar may be obtained from the Association in Chicago or from state hospital associations.

A field trip to the Lutheran General Hospitals new facility for alcohol rehabilitation was the highlight of the second day of the meetings. Dr. Nelson Bradley is the director and Dr. Eugene

BOOK REVIEW

Modern Trends in Drug Dependence and Alcoholism

Edited by Richard V. Phillipson. New York: Appleton-Century-Crofts, 1970. 311 pp.

Experts in Britain and the United States describe drug history, control and treatment in both countries. About one third of the book is devoted to alcoholism. Environmental factors are believed to outweigh genetic factors. Integrated hospital and community care for alcoholics and their families is recommended.

Rossi is clinical director.

In a discussion group Dan Anderson of Hazeldon Foundation, noting that there are now over 300 "self-help peer groups" modeled in part after Alcoholics Anonymous, stressed the group process in therapeutic impact. Dr. Ruth Fox, president of AMSA and Dr. Marvin Block, vice-president, talked of the progress of the alcoholism movement at the AMSA. A short business meeting showed support for the constitutional changes envisaged for AMSA to be acted upon by the membership in a mailed ballot.

International Experts on Alcoholism Meet at Lausanne

Specialists from many countries shared their knowledge at the 16th International Institute on the Prevention and Treatment of Alcoholism held in Lausanne, Switzerland, June 1-6, 1970. The conference was organized by the International Council on Alcohol and Addictions in cooperation with the Public Health Service of the Canton of Vaud. Following are brief summaries of some of the conference reports.

Gross Errors Found in Breath Analyzers

The various devices used to analyze the breath of drivers suspected of being intoxicated are totally unreliable for at least the first 20 minutes after the person has been exposed to alcohol unless very large correction factors are applied to readouts on these instruments, says N. Herbert Spector of the Université de Lyon. Three experiments conducted on two subjects while Dr. Spector was at the Medical College of Virginia in Richmond showed that even transitory contact of ethanol with the mucous membranes of the mouth and/or nasal passages drastically altered measurements of the so-called "alveolar" gas concentrations for more than 20 minutes after such contact. "Alveolar" gas is the last sample collected at the end of a forced expiration. Thus sipping alcohol, rinsing the mouth with a dilute solution, or even sniffing a flask containing 50% alcohol affected readings. A reading of 0.15 ("legally drunk" in many countries) might be registered on the Breathalyzer® 9 minutes after the subject sipped a dilute ethanol solution, while his actual blood alcohol was zero. Repeated mouth washing and gargling with water, changes in the nature of the solvent, and stomach loading had only a slight effect in diminishing these errors.

Addicts and Alcoholics Merged in Eagleville Program

When drug addicts are brought into a treatment center for alcoholics, there are both positive and negative results, according to Donald J. Ottenberg and Alvin Rosen, Medical and Clinical Directors respectively, of the Eagleville (Penn.) Hospital and Rehabilitation Center. They reported on their observations over the past year and a half when 201 addicts and 484 alcoholics were admitted to the center.

Compared to the alcoholics who were generally "beaten down" and passive when they entered, the drug addicts were active, aggressive, and hostile. Addicts would violate the rule against the

use of unauthorized drugs and then deny having done so. Alcoholics, on the other hand, would usually put up no defense when discovered drinking. Many addicts were in treatment because of court pressure and few were motivated to stop drug use. Alcoholics, however, were often contrite and guilty.

Alcoholics and addicts were initially hostile toward each other, and the presence of addicts dominated and disturbed therapy groups. As the group process intensified, however, new areas of identification were found. Many alcoholics revealed that they also took pills, and a significant number of addicts also turned out to be problem drinkers or alcoholics.

Addicts were subject to urine tests to determine if they had been using drugs, a requirement that was a divisive factor between alcoholics and addicts and between addicts and some (but not all) therapists.

The results of merging treatment showed that there was no adverse effect on the alcoholics. However, there were some marked differences between the two groups. The average length of stay for alcoholics was 48 days, compared to 30 for the addicts. Partly because of the urine tests, 22% of the addicts were given disciplinary discharges after an average stay of 24 days, whereas only 2.9% of the alcoholics were discharged for similar reasons. The acting-out behavior of the addicts was another factor in their higher discharge rate.

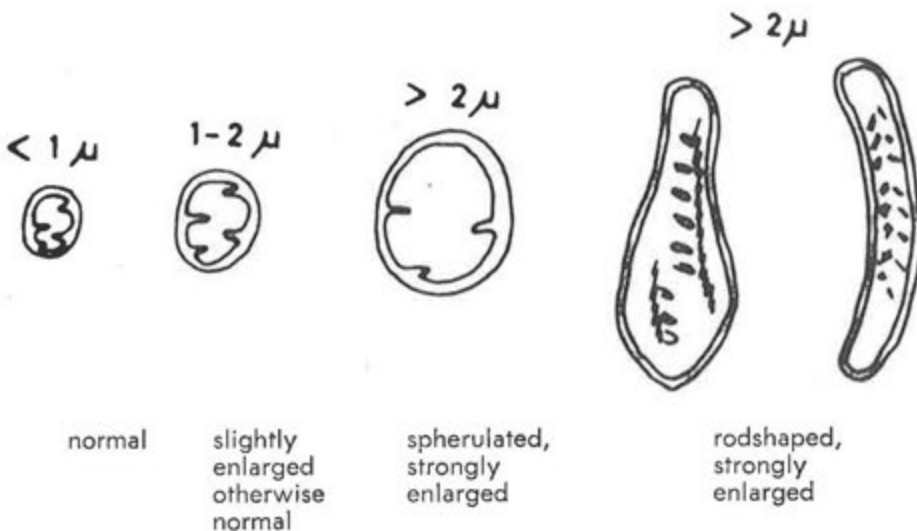
On the whole, the experiment has been judged worthwhile, although there is still insufficient data to judge the efficacy of the program. Among other benefits reported by Ottenberg and Rosen, the atmosphere now is more dynamic and the pace more vigorous at Eagleville.

Bahamian Alcoholism: Islands' Main Health Problem

In the Bahamas, where alcoholism is the number one health problem, rum is cheap, bars are everywhere, money is relatively easy to earn, and tourists who drink more on holiday than they do at home outnumber the local population 10 to 1. The typical Bahamian alcoholic, according to Dr. D. J. Spencer of the Sandilands Rehabilitation Centre of Nassau, is a working-class man who displays many neurotic symptoms, including low self-esteem, poor motivation, and latent homosexuality. Typically he starts off the day with a drink "to catch himself," and on his way to work or to meet his friends he will stop and "catch" another. Many of the alcoholics admitted to general and mental hospitals have a condition known as "alcoholic foot," chronic ulceration and gangrene that frequently requires amputation.

Enlarged Liver Mitochondria Related to Alcohol Abuse

Structural and functional changes in liver mitochondria in male patients with varying degrees of alcohol abuse revealed a good correlation between the number of enlarged mitochondria and the degree of alcohol abuse, said Dr. K. H. Kiessling (Sweden). Two types of giant mitochondria were frequently observed—one a rod-shaped and the other a spherulated one. The rod-shaped type occurred frequently in the group with high alcohol intake and rarely in the low-to-moderate group, whereas the number of the spherulated mitochondria was the same whether the alcohol intake had been moderate or heavy. (See sketch, below.)



(More reports on page 6)

RESEARCH and REVIEW

Behavioral Analysis of Chronic Alcoholism

In a clinical laboratory setting, 12 white male alcoholics permitted to establish their own drinking and working patterns showed an initial period of about one week of heavy drinking and no work, followed by lighter drinking and episodic work until the drinking period ended. These patterns corresponded in large measure to those shown by chronic alcoholics in their normal environment. The study was carried out by a team of researchers led by Peter E. Nathan, Ph.D., from the Alcohol Study Unit, Boston City Hospital.

When the subjects were sober they said they drank to decrease anxiety and depression; however, after a few hours of drinking they acted as if anxiety and depression had increased. This increase was reflected in self-ratings on the Mood Adjective Checklist during drinking. Blood alcohol readings above 200 mg/100cc were often associated with marked motor impairment and ataxia. Many subjects spontaneously tapered off in their drinking, and therefore no subject suffered severe physical withdrawal symptoms, although most of them had shown such symptoms following heavy drinking in their normal environment. (*Archives of General Psychiatry*, Vol. 22, May 1970, pp. 419-30)

AMA Convention Holds Symposium on Alcohol

A symposium on the alcoholic was presented as part of the 119th Annual Convention of the American Medical Association held in Chicago June 21-25, with John R. Calverley, M.D., of Galveston, Texas, as moderator.

The problem of *fluid and electrolyte balance in acute alcoholic patients* has not been well understood, said James D. Beard, Ph.D., of Memphis, because clinical impressions have been based on the consequences of malnutrition, vomiting, and diarrhea. In the past, on the theory that all alcoholics are dehydrated, intravenous fluid and electrolyte therapy have been frequently used. Recent evidence, however, indicates that isosmotic overhydration with retention of and abnormal distribution of sodium, potassium, and chloride and a decrease in total exchangeable magnesium are common fluid and electrolyte aberrations of acute alcoholism. Proper diagnosis and treatment generally expedite recovery of this phase of alcoholism.

A number of disorders in the chronic

Alcohol Withdrawal Threat to Pilots, Air Safety

Alcohol withdrawal may be as dangerous to pilots as drinking while flying, says Dr. Joseph Fermaglich of the neurology department of Georgetown University Hospital in Washington. Alcohol withdrawal occurs only after total abstinence and usually between the second and fifth day following termination of drinking. Reduced oxygen in the sky severely aggravates all the symptoms. Dr. Fermaglich, who recently qualified for the commercial pilot rating, emphasized that it is not the heavy drinker but the steady drinker who is most vulnerable to alcohol withdrawal. At present the FAA suspends the license of a pilot caught operating a plane while under the influence of alcohol but has no specific time ban on flying after drinking. Dr. Fermaglich recommends that no professional or private pilot or air traffic controller fly or work at least 24 hours (5 days for consistent drinkers) after the intake of alcohol. (*Private Pilot*, September, 1970, pp. 31, 38)

"Biologic Concomitants of Alcoholism," by Jack H. Mendelson, a two-part article, has been published in *The New England Journal of Medicine*, Vol. 283, No. 1, July 2, 1970, pp 24-32; and No. 2, July 9, 1970, pp. 71-81.

alcoholic which are due primarily to *undernutrition* were discussed by Elliott L. Mancell, M.D. of Philadelphia. The disorders in this category include the Wernicke-Korsakoff syndrome, nutritional amblyopia, cortical cerebellar degeneration, central pontine myelinosis, and Marchiafava-Bignami disease. Pellagra is occasionally encountered under these circumstances. The specific nutritional defect has been identified in only a few of these disorders; though inferential, the evidence for a nutritional basis appears strong for the remainder.

In a related presentation, Pierre M. Dreyfus, M.D. of Davis, California, discussed the role of *vitamin deficiencies* in many of the neurological complications of alcoholism. The inadequate and irregular intake of food, defective absorption, increased requirements, limited storage capacity and faulty utilization of essential vitamins are all factors. Abnormal thiamine metabolism appears to be of particular importance in the etiology of Wernicke-Korsakoff's syndrome (see story, p. 4, col. 3).

TPD Corrects Thiamine Deficiency in Alcoholics

Neurological symptoms in alcoholic with classic features of Wernicke's encephalopathy were corrected by thiamine propyl disulfide (TPD), Dr. Allan D. Thomson of the New Jersey College of Medicine and the East Orange VA Hospital reported to the 51st annual meetings of the American College of Physicians held in Philadelphia in May. Since alcohol interferes with the absorption of thiamine hydrochloride, the form of thiamine found in most multivitamin preparations, alcoholics can develop thiamine deficiency even if they take these capsules. When TPD, originally extracted from garlic, was administered to alcoholic patients, their initially low cerebral spinal fluid thiamine level rose to normal. Palsy disappeared within 8 hours. TPD also produced higher blood and urinary levels of thiamine in normal subjects and malnourished alcoholics. According to Dr. Thomson, no ill effects appeared in patients who took TPD over three-to six-month periods.

AA MARKS 35th ANNIVERSARY

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with the hospital services. He said that he had learned from AA the need for ego deflation or surrender and the need to be alert for the "resurgence of the ego" manifested in cockiness or smugness after a period of sobriety, as well as the need for replacing this false pride with a true improved self-esteem. AA also showed him the alcoholic's need to be trusted in order to become trustworthy and equally important, the doctor's need to be able to trust. Dr. Beaubrun emphasized the need to educate medical students about alcoholism.

"Constructive coercion" was recommended by Harry H. Holloway, vice-president of Pacific Northwest Bell Telephone, as a way for an employer to help rehabilitate the alcoholic. That is, the company should insist that the alcoholic maintain targets and job efficiency at the same time that it encourages him to seek medical help and join AA. "Most employees want help," said Ann St. Louis, personnel counselor of Canada's Department of National Revenue Customs and Excise, "but in the past they did not know such assistance was available."

The "concerned" judge has a great opportunity to help suffering alcoholics, said Eugene K. Magnum, chief magistrate of City Court of Phoenix, Arizona.

NCPA Symposium on Alcohol Research and Treatment

(Continued from page 1)

gotten 30 minutes after seeing them. The emotional content of the experience had no effect on their memory.

Thus, Dr. Goodwin concluded that alcohol in moderate doses appears to produce "dissociated" or state-dependent effects, whereas in larger amounts classical amnesia may occur.

Drinking Problems Begin Early in Urban Ghetto

Two follow-up studies of drinking problems in an urban ghetto showed that early childhood influences were often decisive in the onset of alcoholism. The studies were conducted by Lee N. Robins and Samuel B. Guze of the Department of Psychiatry, Washington University School of Medicine, St. Louis. The first study traced the history of black males in their early 30's born and reared in St. Louis and found that half had some history of medical or social problem relatable to excessive drinking. Those with problem drinking were 1½ to 3½ times more likely to suffer divorce, arrest, drug use, and incarceration than those men of similar background who did not drink excessively. They also had suffered prolonged unemployment, hospitalization for medical reasons, and treatment for injuries. The second study showed that Negro felons who had alcoholic histories at the time of their release from custody were more often reconvicted and reincarcerated in the eight years following release than non-alcoholic felons.

The authors found that early behavior was a clue to later alcoholism. Boys who in first grade had been absent more than 10 days in a single school quarter and had repeated at least one quarter and who again in second grade were either absent frequently or repeated a quarter were more likely to develop drinking problems than did boys with less trouble in first and second grades. When first-grade problems did not reappear in second grade, however, boys were no more likely to have later drinking problems than boys without first-grade problems.

Stressing the early age at which alcoholism developed among ghetto males, the authors suggest that crowded urban conditions may be a factor. Drinking problems in this sample, however, did not seem to arise de nouveau from the frustrations inherent in a ghetto manhood. Rather, the predictors can be found in the earlier experiences of home and school.

Sleep Disturbances in Alcoholic Intoxication and Withdrawal

A team of researchers from the Downstate Medical Center reported on research correlating sleep disturbances and alcoholic intoxication and withdrawal. M. M. Gross, D. R. Goodenough, and J. M. Hastey designated three stages (Factors I, II, and III) of withdrawal. Factor I includes nausea, tinnitus, visual disturbances, pruritis, paresthesias, muscle pains, sleeplessness and sleep interruption, agitation, and hallucination. In

Factor II, tremors and sweats are found. Factor III includes altered states of consciousness and clouding of sensorium. They found altered REM in each of these stages. Further studies are needed to determine the quantities and days of alcohol ingestion that affect the changes.

VA Hospitals Cooperate in Study of Drug Treatment

For the first time a cooperative study among 20 Veterans Administration hospitals was undertaken, according to S. C. Kaim, M.D. of the VA Central Office. The purpose of the study was to compare the efficacy and safety of chlorthalidone, paraldehyde, pentobarbital, and perphenazine in the treatment of delirium tremens. Although the study is still going on, Dr. Kaim reports that chlorthalidone appears to be most effective.

Compulsory Treatment of "Revolving-Door Alcoholics"

Encouraged by the rewarding results obtained by compulsory clinic treatment of criminal alcoholics, Donald M. Gallant, M.D., Professor of Psychiatry and Neurology of Tulane University Medical School undertook an evaluation of enforced clinic treatment of the "revolving-door" alcoholic (the chronic alcoholic municipal court offender). He found that compulsory clinic treatment was a marked failure for this group. Therefore a project comparing compulsory *in-patient* treatment with compulsory *out-patient* treatment for a minimum of six months was undertaken. A preliminary six-month follow-up of 153 of the 210 patients in the project indicates a slight trend in favor of the compulsory *in-patient* group.

Factors Affecting Treatment Choice and Outcome

Both social and psychological factors appear to play a major role in treatment acceptance of out-patient psychotherapy and in-patient rehabilitation, according to a report made by Benjamin Kissin, M.D. of the Department of Psychiatry of the Downstate Medical Center in Brooklyn. The less socially and psychologically intact alcoholics tend to accept in-patient rehabilitation, while more socially and psychologically intact alcoholics tend to accept psychotherapy. These factors do not appear to influence whether the patient accepts out-patient drug therapy.

Once treatment has been accepted, the socially intact but psychologically less sophisticated alcoholics tend to do best in drug therapy. Those individuals who are both socially and psychologically most stable appear to do best in psychotherapy.

Dr. Morris E. Chafetz Appointed Acting Director of New Division

Dr. Morris E. Chafetz has been appointed Acting Director of the newly established Division of Alcohol Abuse and Alcoholism of the National Institute of Mental Health, Health Services and Mental Health Administration, effective September 1, 1970. The new division incorporates and absorbs the NIMH National Center for Prevention and Control of Alcoholism, which was established at the Institute in 1966.

Before taking his new post, Dr. Chafetz was Director of Clinical Psychiatric Services of Massachusetts General Hospital, and Associate Professor of Psychiatry, Harvard Medical School. From 1957 to 1968 he was Director of the Hospital's Alcohol Clinic and from 1961 to 1968 Director of the Acute Psychiatric Services there. He has been active in alcoholism research and training throughout his career and has served on numerous alcoholism advisory groups at the national, state, and local levels.

Establishment of the new Division within NIMH was announced recently by Dr. Roger O. Egeberg, Assistant Secretary for Health and Scientific Affairs, HEW. Its functions include planning and development of programs of research, training, community services, and public education for prevention and control of alcoholism; conduct and support of research on the biological, environmental, and social causes of alcohol abuse and alcoholism; support of training of professional and para-professional personnel in alcoholism prevention and control; support of the development of community facilities and services for alcoholics and other problem drinkers; and collaboration with other agencies and voluntary groups to facilitate and extend programs for the prevention of alcoholism.

MORE REPORTS FROM LAUSANNE

Sucrose and Fructose Increase Alcohol Metabolism

Starvation and high-fat diets reduce the rate of metabolism of alcohol in normal adults, and high doses of sucrose and fructose increase the rate, according to G. L. S. Pawan of Middlesex Hospital, London. This can assist in decreasing a period of heavy intoxication or coma. No effect on the metabolism rate was produced by various other procedures, such as intensive physical exercise, high-protein and high-carbohydrate diets, vitamin supplements, and high doses of glucose, and galactose, as well as caffeine and coffee.

Professional and Non-Professional Approaches Combined in Laenken

In Denmark, an attempt is being made to combine professional and non-professional help for alcoholics by Laenken, literally "the chain", reported Dr. Andreas Sorenson of Glostrup. Laenken is the common designation of two independent but cooperating activities—patients' associations and out-patient clinics. The 30 patients' associations were established by the alcoholics themselves in 1948, and are maintained and directed by them. The out-patient clinics, now 12 in number, were all established on the initiative of the patients' associations but are maintained as public clinics with the obligation to treat non-members as well as members.

Although Laenken was inspired by the model of AA, there are several differences. Laenken has no special ideology and demands no confession or creed from its members. There is no anonymity, and the local groups are organized as ordinary clubs or associations.

Macedonian Folk Songs Reflect Drinking Beliefs

Of 2,000 Macedonian folk songs analyzed by Dr. B. Mojsiev and Dr. I. Tulevski of the Bardovci Hospital for Mental and Neurological Diseases in Skopje, Yugoslavia, one out of ten mentioned either alcohol or drinking. Many popular beliefs and misconceptions are reflected in these songs, including the belief that alcohol is a medicine, that it creates strength and beauty and relieves fatigue, and that it stimulates the formation of blood. However, some harmful effects are also described, such as moral deterioration, alcoholic jealousy, economic difficulties, and sexual impotence. Delirium tremens or other alcoholic psychoses were not mentioned in the songs.

Other Speakers

• The importance of consumption averages in the etiology of alcoholism was stressed by Jan De Lint and Wolfgang Schmidt of the Addiction Research Foundation (Toronto). • Julius Merry, M.D. (U.K.) reported that in "loss of control" chronic alcoholics, the plasma cortisol response to Synacthen or to insulin-induced hypoglycemia was present though diminished. Consumption of 10 fl. oz. of whisky produced no change or a fall in plasma cortisol in chronic alcoholics. In contrast, nonalcoholic controls responded to the same stimulus with a brisk rise in plasma cortisol, thus facilitating the identification of two previously unrecognized alcoholics in the volunteer control group.

• Dr. T. Marcinkowski and Dr. Z. Przybylski (Poznan) reported an alarming increase in Poland in lethal alcohol

poisoning from 1964-67. • Dr. Abraham Heller described the socio-medical approach to drunk arrests that is being introduced in Denver (Colorado) as part of the federal anti-poverty program and the Model Cities program. The Denver plan is an intensive elective remedial plan and is free from court coercion. It aims to reduce police drunk arrests, drunk driving arrests, vehicular fatalities, homicide and suicide rates, deaths by cirrhosis, divorce rates, unemployment rates, and prevalence or incidence of TB and VD.

• Professor G. A. R. Lundquist (Sweden) discussed the combination of alcohol dependence and depression, which may be explained as a psychological reaction to the drinking or a symptom of brain damage resulting from alcoholism.

• Experiments with mice at the Research Laboratories of the State Alcohol Monopoly of Finland have shown a possible common genetic basis for susceptibility to morphine and alcohol addiction, said Kalervo Eriksson. • R. P. Swinson, M.D., of the University of Liverpool described a series of investigations conducted from 1967-69 in the addict unit of Boston Hospital, Chester, England on polymorphic inheritance in alcoholism. There was insufficient correlation for a genetic difference between "tasters" and "non-tasters" in alcoholics and controls. Work on blood groups raises the possibility that there may be a genetic link between inheritance of B and AB group and alcoholism, and the study confirms findings of increased non-secretor proportion among alcoholics, the increase in group A being "astonishing."

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