



VOL. 9 NO. 2

Physician's Alcohol NEWSLETTER



JUNE 1974

NCA announces research grants for alcohol study

The first research awards ever granted by a national voluntary health organization to advance knowledge on alcoholism were announced at NCA's National Alcoholism Forum by Dr. Irvin Hendryson, chairman of the Research and Evaluation Committee of NCA.

The research awards announced were: Dr. Allan Collins, University of Colorado, \$15,000: Dr. Collins will attempt to clarify biochemical mechanisms leading to alcohol preference, sensitivity to alcohol or the onset of alcohol dependence by studying brain chemicals in relation to alcohol in strains of mice which prefer or avoid the substance.

Dr. Neil Raskin, University of California, \$15,000: Dr. Raskin will study what substance other than alcohol might be responsible for the presence of large quantities of a specific enzyme for metabolizing alcohol in many animal species.

Dr. Richard Deitrich, University of Colorado, \$7,000: Dr. Deitrich will study human brain lipids to discover the cause of brain damage from alcohol.

Dr. Robert W. Guynn, University of Texas at Houston, \$7,000: Dr. Guynn will study the rate of alcohol metabolism.

Dr. David Lin, N.Y. State Research Institute on Alcoholism at Buffalo, \$7,000: Dr. Lin will study the effects of ethanol on membranes.

Dr. Esteban Mezey, John Hopkins University, \$7,000: Dr. Mezey will study the development of collagen in the liver. Collagen is the scar tissue that produces liver cirrhosis.

The Second Special Report to the U.S. Congress on Alcohol and Health: New Knowledge, just released by NIAAA, presents evidence on the damaging effects of heavy drinking. The 219-page report was prepared by a 38-member task force, chaired by Dr. Morris Chafetz, and is available from NIAA.

NCA Medical-Scientific Conference

WHOLE BODY SUFFERS FROM EXCESS ALCOHOL

At a conference co-sponsored by NCA, the International Council on Alcoholism and the Addictions, and the University of Colorado Medical Center, over 300 notable physicians heard international experts give up-to-the-minute reports on the topic of "Medical Consequences of Alcoholism." Eighteen local residents attended their first alcoholism conference, for which postgraduate credit was also given by the Academy of Family Practice and the AMA.

Unequivocal documentation was given to the pathological results of large doses of alcohol over long periods of time on most of the organ systems of the body. Research advances were announced, such as Dr. Lieber's report on the development of cirrhotic lesions in baboons after two years on alcohol and a nutritious diet. Dr. Thomas Starzl reported on significant advances in liver transplantation, for terminal cirrhosis. His formerly disappointing experiences had been affected in part by operating on patients "who seemed to be referred only after they were essentially dead." The major technical hazards in the earlier operations have been partially countered.

Study links rape and heavy drinking

Conventional beliefs about the little-studied association of alcoholism and rape were challenged at the May meetings of the American Psychiatric Association in Detroit. Dr. Richard T. Rada, now Assistant Professor of Psychiatry at the University of New Mexico, reported on a study performed at Atascadero State Hospital in California. He studied 77 subjects committed to the State Hospital for the offense of forcible rape and analyzed extensive written biographies collected under standardized conditions. He cautioned that the subjects came from a specially selected group, they might be claiming heavy use of alcohol as an excuse for their behavior, and in any case a high association between alcoholism and rape does not necessarily mean a direct or causal relationship although it does call for increased professional attention.

Dr. Rada's findings included: 50% of the rapists were drinking at the time of the rape and 43% were drinking heavily (having had 10 or more beers or the

The technical exhibit, largest in NCA's history, featured a combined publishers exhibit, an automatic teaching machine program on alcoholism, alcohol breath testing devices, and several drug company exhibits. For the first time Coca Cola was distributed to attendees—a reminder that there are alternatives to drinking alcoholic beverages.

Leading off with greetings from Dr. John Singleton, Associate Dean of the Colorado Medical College, Mr. Archer Tongue, Executive Director of ICAA, and Dr. William Simpson, President of NCA, the conference was addressed at its luncheon by Admiral William Lukash, physician to the White House. He described medical conditions in the People's Republic of China, and assessed the scientific and clinical aspects of acupuncture.

Following are reports of some of the papers:

Ethanol interferes with cellular metabolism

The complexities of the metabolic influence of ethanol on mammalian organisms were simplified by Frank Lundquist, M.D., of the University of Copenhagen, who made the following assumptions: At low ("psychological") concentrations of alcohol, the metabolic changes orig-

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EDITORIAL

Hopeful signs for the alcoholism field

The recent report that in 1973 deaths in the United States from cancer and heart disease each decreased 15% while deaths from cirrhosis of the liver increased 47.1%, underlines the seriousness of the challenge to physicians posed by alcoholism. It is gratifying in the light of this challenge, that more attention is being given to alcoholism. 1400 registrants at the Denver NCA meeting, and 5000 at the NIAAA meeting in Washington (to be reported in the next issue) attest to this interest.

Evidence is accumulating that despite dramatic debate, smooth interdigitation between "alcoholism professions" and the medical profession is possible as in Mr. James Whitt's program in Kentucky and Dr. Leonard Bocke's program in Minnesota. Meanwhile health insurance coverage for alcoholism is increasing by law in Connecticut. Accordingly the Hartford Insurance's new policy decrees the coverage of alcoholism in all its group policies nationwide.

The acceleration in the formation of AA groups during the current decade is an indicator, that health professionals are through their programs getting more people to rehabilitation. It may take a considerable time to move back our first line of defense from the treatment of cirrhosis and the other medical consequences of alcoholism to the onset of alcoholism itself, but there is a new sense in the air that the move is starting!

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BOOKS

Alcohol: Our Biggest Drug Problem by Joel Fort, M.D. New York: McGraw-Hill, 1973. 171 pp. \$6.95.

The author treats alcohol as a drug and attacks the alcoholic beverage industry. He discusses major public policy alternatives.

Alcohol and Alcoholism: The Medical, Legal and Law Enforcement Aspects, edited by William G. Eckert and Thomas T. Noguchi. Wichita, Kansas: International Reference Organization in Forensic Medicine and Sciences, 1973. 78 pp.

A bibliography of classic and current references.

"The Prevention of Alcoholism," a special forum in *Preventive Medicine*, Vol. 3, No. 1, March 1974.

Frank A Seixas, M.D. as guest editor, introduces 9 articles on alcoholism prevention.

Medical education discussed at AMSA national meeting

The American Medical Society on Alcoholism had a successful national meeting just preceding the annual meeting of NCA. A design for encouraging medical schools to provide medical education was provided by Dr. Donald Ottenberg and Mr. Maury Davenport, in which a teaching elective is developed and then offered to the various medical schools in the community.

Three career teachers described their experiences, with rebuttal by a medical school dean and a medical student. Dr. Walter Lehmkuhle described alcoholism treatment in a general practice, and his use of the rose bengal test for liver disease. Others described setting up alcoholism services in different hospital settings. The recipient of health services for alcoholism, a recovered alcoholic, told of his experiences with treatment by a variety of alcoholism settings. At one time each article of his clothing came from a different treatment unit, and he was still drinking. He made an eloquent plea for physicians to avoid prescribing long-term sedation to patients with alcoholism. Workshops on various types of group therapy and the interaction between these types at the closing panel provided lively discussion. Dr. Jennings Olson addressed the luncheon meeting with a philosophical paper relating the images of man to the alcoholism problem.

The program was arranged by Dr. Walter Rosen and Dr. Larry Gibson.

MEETINGS

AUGUST 2-4—International Doctors in Alcoholics Anonymous—Annual Meeting. O'Hare Inn (O'Hare Airport), 660 Mannheim Road, Des Plaines, Ill. 66018. Make reservations directly with the Inn (specify IDAA meetings) or with the Information Secretary, IDAA, 1950 Volney Road, Youngstown, Ohio 44511.

SEPTEMBER 12-14-18th Annual Meeting of American Association of Automotive Medicine. Downtown Holiday Inn, Toronto, Canada. For information, contact Kendrick A. Sears, M.D., Upstate Medical Center, 750 E. Adams St., Syracuse, N.Y.

OCTOBER 27-NOVEMBER 1 — II World Congress of International Association of Rehabilitation Medicine, Mexico City.

NOVEMBER 4-8—First South African International Conference on Alcoholism and Drug Dependence. Cape Town. For information, write Conference Secretary, Private Bag X63, Pretoria 0001, Republic of South Africa.

DECEMBER 12-18 — North American Congress on Alcohol and Drug Problems, San Francisco Hilton Hotel. For information, write ADPA, 1130 17th Street, N.W., Washington, D.C. 20036.

FEBRUARY 23-28, 1975—31st International Conference on Alcoholism and Drug Dependence, Bangkok, Thailand. Contact ICAA, Case Postale 140, 1001 Lausanne, Switzerland.

General Highlights of NCA's National Forum

At the 1974 National Forum/Annual Meeting of NCA in Denver, keynote speaker Norman Lear, creator and producer of CBS-TV's MAUDE show, emphasized the importance of organizations like NCA in helping raise the consciousness of the media in its treatment of drinking and alcoholism. Lear was given a special award for the contribution he and Tandem Productions made to creating a better understanding of alcoholism through a two-part MAUDE episode.

James S. Kemper, Jr., President and Chief Executive Officer of Kemper Insurance and Financial Companies, received the Gold Key, the NCA highest award at the Forum. Kemper Insurance Companies has been a pioneer in the development and utilization of effective corporate behavioral programs dealing

with rehabilitation of alcoholics, and in 1973 his companies were the first to extend coverage for alcoholism treatment centers.

Forum Issues, a new format aimed at allowing participants of opposing viewpoints to debate timely and crucial issues, was introduced. Issues debated included "Lowering the Drinking Age Increases Problems Related to Alcohol," "Alcohol is a Poly-Drug Problem," and "Alcoholism is Hereditary."

The formation of a national task force on alcoholism and the gay community was announced by Brenda Weathers, program director of Women's Alcoholism Program, Gay Community Services Center, Los Angeles. Working with her will be Hank Therholz of Paterson, N.J., who presented a paper entitled "The Alcoholic Gay—Stigma and Sobriety."

FROM DENVER: WIDE-RANGING REPORTS ON

inate in the organs in which ethanol is metabolized, the most important being the liver. Changes observed in other tissues are secondary effects.

At high concentrations of alcohol, direct effects on various cells, including hormone-producing tissues, may be expected and are superimposed on those caused by the secondary metabolites. The interference must take place through the cell structure.

Ethanol alters metabolism in the hepatic cell

To rid itself of absorbed ethanol, the body must burn alcohol, through the ADH pathway and the accessory MEOS pathway, both of which have the bulk of their activity in the liver. Charles S. Lieber, M.D., of the Bronx VA Hospital and Mount Sinai School of Medicine, outlined the process of ethanol oxidation and its side effect of fat accumulation in the liver.

Alcohol and fasting alter albumin synthesis

Although alcohol and fasting inhibit albumin synthesis, the cirrhotic subject can increase albumin synthesis once the combined stresses of alcohol and malnutrition are removed. The interplay of alcohol and fasting was studied in the isolated perfused rabbit liver by M. Oratz, Ph.D. of the Department of Nuclear Medicine, VA Hospital (N.Y.).

Ammonia affects brain metabolism

Hyperammonemia has been incriminated in the pathogenesis of hepatic encephalopathy.

Ammonia affects cerebral metabolism of transmitter substances (glutamate, GABA). Furthermore, experimental results indicate that ammonia may affect the energy state and that the brainstem is especially sensitive to acute ammonia loads, said Bengt Hindfelt, M.D. and Fred Plum, M.D., of Cornell Medical Center.

Ethanol affects pancreas of alcoholic dog

The consumption of alcohol and the relative frequency of chronic pancreatitis are significantly and positively correlated, said Henri Sarles, M.D., of Marseilles, France.

The action of ethanol on the pancreas has been studied in dogs and rats. In the dog, acute alcoholism depresses the secretion of pancreatic proteins and at a lesser degree of water and bicarbonate. When the dog is adapted to alcohol, the consumption of ethanol leads to an increase of pancreatic secretion. This phenomenon leads to the secretion of an hyperconcentrated juice, the precipitation of the secretory proteins and the formation of microstones identical to human "young" pancreatic stones.

Small intestinal function in alcoholism

Absorption abnormalities in chronic alcoholic patients are detected after alcohol binges; most can be corrected to normal when an adequate diet is given with or without continuation of moderate alcohol intake.

Prolonged malabsorption occurs only in chronic alcoholic patients who have dietary deficiencies, said Esteban Mezey, M.D. of The Johns Hopkins University School of Medicine.

Alcohol intake higher in patients with cancer of head and neck

An epidemiologic survey of 116 patients with head and neck cancer, conducted by a team led by Benjamin Kissin, M.D., of the Downstate Medical Center, (N.Y.), suggests that patients with cancer of the head and neck have higher alcohol intake and smoke more than matched groups of hospitalized patients, patients with cancers on other sites, and normal controls. They drink slightly less but smoke slightly more than a matched group of alcoholics without known cancer.

Heart cell responses to ethanol

Recent postmortem studies suggest that many alcoholics have some degree of cardiac abnormality, said Timothy J. Regan, M.D. of the College of Medicine and Dentistry of New Jersey. Intoxicating amounts of ethanol depress ventricular function acutely and effect leakage of myocardial cell components. The cumulative effects of chronic ethanol intake can, without evident malnutrition, depress ventricular function and produce metabolic and morphologic abnormalities of the myocardium which precede the clinical manifestations. Abnormal cell redistribution of fatty acid and altered mitochondrial enzymatic activities have been demonstrated.

Possible role of phosphate depletion in acute alcohol myopathy

J. P. Knochel of the University of Texas Southwestern Medical School investigated the possibility that the rise of CPK (creatine phosphokinase) in alcoholics following re-feeding or administration of glucose might be the result of skeletal muscle damage as a consequence of the associated acute hypophosphatemia. Besides alcoholic myopathies, it appears that a number of sub-clinical myopathies may become overt following stress.

Alcohol-induced bone disease

Chronic consumption of alcohol is one factor that leads to osteoporosis and to an increased risk of fractures of the wrist, humerus, hip and vertebral bodies. The mechanisms by which this occurs, according to Paul D. Saville, M.D. of Creighton University, may be from increased loss of calcium in the urine, causing a negative calcium balance; to increased magnesium in the urine, resulting in parathyroid hyperplasia; or relative hypercortisonism which leads to cortison-induced osteoporosis.

Physician's Alcohol Newsletter

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MEDICAL CONSEQUENCES OF ALCOHOLISM

Alcohol and hematopoiesis

The adverse effects of alcohol on hematopoiesis may involve several physiological and biochemical mechanisms, said Robert S. Hillman, M.D. of the University of Washington School of Medicine. In the case of the megakaryocyte, alcohol can be a direct toxin to stem cell proliferation. In the areas of red cell production, alcohol may affect cell proliferation and by way of inflammatory inhibition of erythropoietin in the level of iron supply. The maturation sequence of all hematopoietic cells is especially vulnerable to alcohol toxicity, because of the need for folic acid and pyridoxal-5-phosphate for cell DNA metabolism replication and maturation with synthesis of specialized proteins.

Skin as guide for alcoholism

The human skin can be used as a track in the diagnosis of alcoholism as well as organic malfunction, said Karlheinz Woerber, M.D. of the University of Bonn. Alcohol is not the cause of all redness of the face, but it frequently is a major factor. Liver cirrhosis patients are known for their dirty-gray skin color, and the purple-cyanosed discoloring of the tongue can be caused by a chronically congested liver. Cell necrosis, vascular changes in the skin, spider nevi, porphyria cutanea tarda are all indications of liver disease frequently caused by excessive alcohol consumption.

Six panels discussed clinical manifestations of alcoholism. Brief summaries follow:

Clinical Syndromes of Alcoholism

Liver disease and alcohol

Charles Davidson, M.D., of Harvard and MIT, moderator, stressed that although malnutrition may be an important factor in the pathogenesis of liver disease in man, alcohol may be the important factor.

Charles Lieber, M.D., of the Bronx VA Hospital and Mount Sinai School of Medicine, reported on the latest in his extensive studies. He described experiments with 14 pairs of baboons given alcohol as part of a totally liquid nutritionally adequate diet. Signs of inebriation as well as withdrawal symptoms (seizures) were observed. All animals fed ethanol developed fatty liver, and hepatitis was observed in 5. The lesion progressed to incomplete and

complete cirrhosis in 4 baboons after 2-4 years of ethanol consumption.

Carroll M. Leevy, M.D., of the College of Medicine and Dentistry of New Jersey, presented data that demonstrated a causal relationship between alcoholic hyaline, immunologic hyperactivity and fibrogenesis, and that support the hypothesis that hyaline-induced T-cell hyperactivity plays a central role in the conversion of alcoholic hepatitis to cirrhosis.

Prednisolone therapy may be useful in improving survival in those patients with hepatic encephalopathy, declared H. J. Fallon, M.D., of the University of North Carolina School of Medicine, but it is not helpful in reducing hospitalization time or progression to cirrhosis in patients with less severe disease.

A study of 526 male alcoholics undergoing withdrawal treatment in West Germany, conducted by Werner K. Lelbach of Universitäts Klinik, Bonn, demonstrated a close correlation between the incidence of cirrhosis of the liver or of precirrhotic lesions, and the total volume of alcohol ingested over the drinking years.

In Australia approximately 40% of patients with hemochromatosis consume over 100 grams of ethyl alcohol a day. Data from a series of 110 patients, reported by Dr. Lawrie Powell of Brisbane, support the hypothesis that most alcoholic patients who develop hemochromatosis are heterozygotes for the gene for hemochromatosis, who accelerate the (hereditarily-induced) increase in iron absorption or superimpose liver disease.

Alcohol and the heart

The members of the panel, moderated by Richard J. Bing, M.D., University of Southern California, agreed that alcohol has a direct toxic effect on the heart muscle and that, contrary to the recent recommendations of the American Heart Association, it does not prevent myocardial infarction.

Alcohol initiates a chain of events beginning with disturbances in mitochondrial and SR function, leading eventually to a disturbance in excitation/contraction coupling.

Rolf M. Gunnar, M.D., of Loyola University, outlined the clinical signs and natural history of alcoholic heart disease. A long-term study of 57 patients with alcohol heart disease showed that 11 of the 15 patients who improved had discontinued drinking, while 35 of those who did not improve continued to drink. The average duration of symptoms in the patients who improved was signifi-

cantly shorter than in the group that did not change or became worse. There was no evidence that prolonged bed rest affected the outcome.

Others on the panel were T. J. Regan, M.D. of the College of Medicine and Dentistry of New Jersey, and G. Douglas Talbott, M.D., of the Baltimore Public Inebriate Program.

Pancreatitis

David A. Dreiling, M.D. of Mount Sinai School of Medicine pointed out the parallelism between the pancreas and the liver in the prolonged ingestion of excessive quantities of alcohol. In the pancreas, the metabolic alterations haven't been elucidated yet, but the physiologic effects of injury are documented by increased secretions of proteinaceous material and by increased flows in response to secretin presumed to result from cuticular reduplication induced by injury.

Alcoholic injury to the pancreas results in progressive diminution of the functioning reserve capacity for enzyme secretion until steatorrhea and creatorrhea occur, according to studies conducted by Eugene P. DiMagno of the Mayo Clinic.

Also on the panel were Henri Sarles, M.D., of the School of Medicine at Marseilles, France; and Paul D. Webster, M.D., of the Medical College of Georgia.

Blood

An increasing number of abnormalities of folate and vitamin B6 metabolism related to alcohol abuse have been reported. John D. Hines, M.D. of Cleveland Metropolitan General Hospital reported on studies that showed administration of between 900 and 1000 ml of 86 proof bar whiskey per day to a healthy chronic alcoholic volunteer is associated with a progressive increase in a quantitatively abnormal folic acid binding protein in plasma.

To explore the mechanism for ethanol-induced abnormalities, Dale H. Cowan, M.D. of Case Western Reserve University School of Medicine studied adenine nucleotide metabolism, protein composition, and ultrastructure in platelets from 2 patients ingesting a fifth or more of 86 proof whiskey daily. The data show that the development of thrombocytopenia in the course of alcohol ingestion is associated with several abnormalities of adenine nucleotide metabolism and of cell structure and composition.

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More from Denver: Treatment considerations

Glenn Tisman, M.D. of the City of Hope Medical Center, presented in vitro and in vivo data on the effect of alcohol on both granulocytosis and lymphocyte function. Alcohol in physiologic concentrations may suppress both granulocyte growth in vitro and is inhibitory to both mitogen and antigen-induced lymphocyte transformation. Recent clinical studies suggest that leukopenia may be improved by administration of lithium carbonate, a drug currently used in treating depression in alcoholics.

John Lindebaum, M.D., of Harlem Hospital, moderated the panel.

Infectious diseases

The liver is not just a digestive organ; it plays a major role in the host defense mechanisms which protect the individual from infection, said Burton R. Anderson, M.D. of the West Side Hospital (Chicago). It is the most important component of the reticuloendothelial systems and it produces many of the serum factors which are important in defense against infection. The scarring and cell damage which occurs in Laennec cirrhosis can severely alter these normal host defense mechanisms.

The panel was moderated by Richard B. Roberts, M.D., of Cornell University Medical College; also on the panel was Warren D. Johnson, Jr., M.D. of Cornell.

Lung disease and T. B.

Alcohol itself, through some unknown mechanism, may be a causative agent in producing lung disease or it may make a higher percentage of the population susceptible to the harmful effects of cigarette smoking, said Cemil Emirgil, M.D. of Grasslands Hospital. He reported on a study of 23 chronic alcoholics without cardiac or specific pulmonary disease but with respiratory symptoms.

Also on the panel was Vladimir Hudolin, M.D., Director of the Study and Control of Alcoholism and Addictions, Zegreb, Yugoslavia, who reported on the high incidence of alcoholism among patients with tuberculosis in Yugoslavia. Dr. Hudolin called for an international panel to share methods of dealing with patients who suffer from both diseases.

Treatment considerations

● Sedatives and minor tranquilizers should be avoided in the long-term treatment of chronic alcoholics since they are drugs of high abuse potential and they potentiate and are potentiated by alcohol, with overdose and death a

not infrequent result, concluded three speakers. Benjamin Kissin, M.D. of the Downstate Medical Center said that in a small number of cases carefully controlled usage of tranquilizers may help bring the recalcitrant patient back to the clinic. Chlordiazepoxide is the minor tranquilizer of choice since it has the lowest addictive potential and least potentiates the effects of alcohol. However it should be used only for 4-6 weeks. LeClair Bissell, M.D., Chief of the Smithers Alcoholism Treatment and Training Center, noted that many soporific drugs lose their effectiveness after only a few days of use. She preferred changing dependence on drugs to dependence on people. Charles Becker, M.D., of San Francisco General Hospital noted that in that area the Clinical Pharmacist in mental health centers has been of more importance in drug therapy than the prescribing physician. He emphasized that drug therapy as a whole should be minimized and psychological-behavioral modifications maximized.

● Carroll M. Leevy, M.D. of the College of Medicine and Dentistry of New Jersey, emphasized the need to identify alcoholics with hyaline or early phase hepatic fibrosis and to provide a regimen designed to interrupt fibrogenesis in the prevention and treatment of cirrhosis.

● Heavy drinking increases the risk of cancer in several organs, said Albert B. Lowenfels, M.D. of New York Medical College, and there is good evidence linking chronic alcoholism with tumors of the head and neck, esophagus and liver. Less sure is the relation between alcoholism and cancer of the pancreas or the prostate.

● Summarizing the results of orthotopic hepatic transplantation in Denver since 1963, Dr. Thomas Starzl of the University of Colorado Medical Center reported that 18 of 82 patients have lived for 1 year and 9 for 2 years post-transplantation. 13 recipients are still alive from 3 weeks to almost 5 years post-operatively. Only the occasional potential recipient with alcoholic liver disease, free of infections or other complications, is an acceptable candidate. The presence in the recipient's serum of preformed anti-red cell or lymphocytotoxic antibodies is a relative but not an absolute contraindication to hepatic transplantation since the liver appears to be more resistant to hyperacute rejection than the kidney. A 6-point program has been established for evaluating bile drainage, in order to prevent or remedy both the technical and bacteriological complications associated with faulty biliary reconstruction.

● Alcoholics who require surgical treatment present a number of general problems that include difficulties in diagnosing disease inability to cooperate with therapy, post-operative delirium tremens, frequent pulmonary infection, delayed wound healing, liver dysfunction, and difficulties with anesthesia, said Marshall Orloff, M.D. of the University of California, San Diego. In addition, alcoholism causes several specific surgical diseases, including cirrhosis of the liver, traumatic injuries, burns, pancreatitis, gastric bleeding, rupture of the esophagus, several types of cancer, and a variety of lesions on the extremities.

● O. Dhodanand Kowlessar, M.D., of the Jefferson University, Philadelphia, outlined the clinical manifestations and management of pancreatitis. Nasogastric suction, analgesics, and fluid replacement are effective in the treatment of mild pancreatitis, while shock, the salient feature of severe pancreatitis, may respond to peritoneal dialysis, intravenous infusions of low molecular weight dextran and isoproterenol hydrochloride (isuprel).

● As in previous NCA Annual Medical-Scientific Conferences, the proceedings of the Denver meetings will be published.

Rape linked to alcohol abuse

(Continued from page 1)

equivalent); 35% of the rapists were diagnosed as alcoholics; based on stringent criteria, compared to non-alcoholic rapists, alcoholic rapists were more likely to be drinking at the time of the rape, more likely to have a history of prior drug use and more likely to have been using drugs along with alcohol at the time of the rape.

The constant accumulation of high life change units may be one of the important factors in perpetuating or aggravating alcoholism, according to research reported by Dr. Janet E. Mules of the Psychiatry Service of the V.A. Hospitals in Seattle and at American Lake.

Dr. Frank Seixas, Medical Director of NCA, joined the psychiatrist members of the Dialogue on Alcoholism as they held their eighth annual meeting during the American Psychiatric Association convention in Detroit in May. A group of "regulars" was called together eight years ago by Dr. John A. Ewing, Professor of Psychiatry at the University of North Carolina. JAE

Vagus and sympathetic nerves involved in alcoholic neuropathy

Degeneration of the vagus nerves, resulting in symptoms of hoarseness and weakness of the voice and dysphagia, was observed in four female patients with alcoholic neuropathy by David J. Novak, M.D., and Maurice Victor, M.D. of the Cleveland Metropolitan General Hospital. In one case, characterized clinically by hypothermia and persistent hypotension, there was also degeneration of the nerves of the sympathetic trunks. The observations provide further support for the idea that alcoholic neuropathy and neuritic beriberi, in which vocal cord palsy is sometimes seen, are identical clinically and pathologically and that both are due to nutritional deficiencies. (*Archives of Neurology*, Vol. 30, April 1974, pp. 273-83).

Cues lead to "first drink"

A low dose of alcohol, in the context of explicit drinking cues, may be the most dangerous combination for a non-drinking alcoholic seeking to avoid relapse. A study, conducted by Arnold M. Ludwig, M.D., Abraham Wikler, M.D., and Louis H. Stark of the Department of Psychiatry of the University of Kentucky College of Medicine, attempted to explicate some of the major determinants of relapse in alcoholic by manipulating craving and alcohol acquisition behavior through appropriate interoceptive and exteroceptive stimulation. It appeared that a sufficient amount of alcohol in certain situations could act much like hors d'oeuvres and contribute to the "first drink" relapse phenomenon. (*Archives of General Psychiatry*, Vol. 30, April 1974 pp. 539-47).

Plasma glucagon levels elevated in cirrhosis of the liver

High plasma glucagon levels were found in 36 patients with cirrhosis by a team from Madrid, Spain, led by Jose Marco, M.D. The high levels were found both in the fasting state and after an arginine stimulus. (*New England Journal of Medicine*, Vol. 289, No. 21, Nov. 22, 1973, pp. 1107-11).

Abnormal REM sleep as response to previous ethanol ingestion

Alcohol-exposed rats responded to a test dose of ethanol, given after a six-months ethanol-free interval, with a greater disturbance in REM sleep than noted in a naive control group, according to a study reported by a team led

by Stanley E. Gitlow, M.D. of the Mount Sinai School of Medicine. (*Psychopharmacologia*, Vol. 33, 1973, pp. 135-40).

Alcoholism on "doctor's orders"

Alcohol recommended by doctors for its tranquilizing, sedative, or antidepressant action during a time of unusual stress may lead to psychological dependence. Sheila B. Blume, M.D., Unit Chief of the Alcoholism Rehabilitation Unit of Central Islip (L.I.) State Hospital, discusses four such cases and the factors involved in the development of iatrogenic alcoholism. (*Quarterly Journal of Studies on Alcohol*, Vol. 34, No. 4, December 1973, pp. 1348-52).

"Caffeinism" mimics symptoms of anxiety

Doses of caffeine as small as 250 mg (an amount exceeded by many people every day) can mimic chronic anxiety, with symptoms of restlessness, irritability, insomnia, headaches, hallucinations, muscle twitching, vomiting, and diarrhea, according to Dr. John Greden, director of psychiatric research of Walter Reed Army Medical Center.

Dr. Greden reported to the annual meeting of the American Psychiatric Association such symptoms were seen particularly in patients seemingly not responding to psychopharmacologic agents or nighttime hypnotics, patients with psychophysiological symptoms, patients in coronary care units, and patients with recurrent headaches.

Acceptance of alcoholics for treatment urged at AMSA-VI meeting

Broader acceptance of alcoholics for treatment by all physicians is hindered by prevailing attitudes in medicine, declared Robert D. Sparks, M.D., Chancellor of the University of Nebraska Medical Center, at a meeting of AMSA-Region VI, held April 18-19 at the center. Most physicians derive the greatest personal satisfaction at quickly assessing a person's complaints and concluding with a diagnosis that has a clear-cut and limited requirement for therapy. Physicians tend to see themselves as having good control in their personal lives and admire others who they identify as having this trait, and reject the alcoholic on this basis.

The systems movement and its current state in the alcohol field was described to the AMSA-VI meeting by Irvin L. Blose, M.D. of the Nebraska Psychiatric Institute. The systems movement, initiated and virtually furthered by Ludwig von Bertalanffy, has come to represent a new paradigm of contemporary scientific thought. In its application to alcohol problems, Blose considered these the basic components: holism as a methodology, and even an ontology; the integration of scientific knowledge as an ideal with real possibilities of realization; unity of nature as a philosophical credo; and humanism as a task and responsibility of science.

Other papers were given by Robert M. Morse, M.D., Domina Renshaw, M.D., Jackson Smith, M.D., and John North, and J. J. Garber, M.D.

PHYSICIAN'S ALCOHOL NEWSLETTER
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