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by alcohol. Of the two retention measures, recognition and recall, only the latter was impaired to a statistically significant degree. Reexamination after 24 hours revealed vagueness of recollection, and amnesia ("blackout") for the time period during which the blood alcohol level was rising from 1.5 parts to 2 parts per 1,000. One subject confabulated the content of his conversation with the experimenter.
-- Can. Med. Assn. J. Absts.

429 Evaluation of a Treatment Program for Alcoholics: A Follow-Up Study. A.S. Ellis and J. Krupinski. Med. J. Australia 1, 8 (Jan. 4, 1964).

A treatment program for chronic alcoholics is described. If the patient is physically ill upon admission to the hospital, appropriate treatment is instituted, usually consisting of intravenous and intramuscular injections of vitamin B complex, together with sedation and fluid administration. If psychosis or severe psychoneurosis is present, treatment is directed to the psychiatric disability. An attempt is made to assess the patient's social situation and stress. Treatment with vitamin B complex (intramuscular injections and capsules) is continued during the entire stay in the hospital. The patients are urged to attend three Alcoholic Anonymous (AA) meetings a week. They are encouraged to discuss their problem with others in the ward. At the time of discharge from the hospital they are encouraged to keep in touch with the AA. In this study, 500 men admitted for alcoholism in a 27-week period in 1960 were traced for 2 years after their discharge. No significant difference was found between the relapse rates of patients who adopted the full treatment program and those who left the hospital after a shorter stay. The proportion of relapses was significantly lower in patients admitted to the hospital for the first time.
-- J.Am. Med. Assn. References & Reviews

430 Rehabilitation of the Alcoholic. M.A. Block. J.Am. Med. Assn. 188, 84-86 (April 6, 1964).

Success in rehabilitation depends on placing the patient in the facility best suited to treat his individual problem. Restoration of physical health is the initial step toward rehabilitation, and psychotherapy over long periods is required to maintain abstinence. To help alcoholics maintain abstinence, social attitudes must be modified to help rather than hinder their rehabilitation. If alcoholics are to be aided and future generations are to be prevented from having this illness, changes must be made in environments and attitudes toward drinking. -- Author's summary

431 Work Physiology in Health and Disease. E.P. Luongo. J.Am. Med. Assn. 188, 27-32 (April 6, 1964).

Physiological principles of work apply both to the able-bodied and the physically impaired. No simple formula exists for evaluating work capacity. Many factors, personal and environmental, not related to physical conditon, may determine physiological capacity. Reserve compensation of workers from day to day, in health and disease, cannot be predicted accurately. In radioelectrocardiography and pulmonary-function measurement, telemetry holds promise for more useful and accurate evaluation of physical capacity of individuals at work. Telemetry can be used in industrial physiology measurements for cardiopulmonary diseases and other disorders where there is a question of impairment of physical capacity. -- Author's abst.

432 Coagulation and Fibrinolysis in Injured Patients. D. Innes and S. Savitt. J.Clin. Pathol. 17, 1 (Jan. 1964).

Changes in coagulation and fibrinolysis were studied serialy in 42 patients hospitalized with a wide variety of injuries. The first hours after trauma are dominated by an acceleration of fibrinolysis and normal clotting time which are often followed by an abrupt rebound to prolong fibrinolysis and normal clotting. Evidence is pre-

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