are presented in a schematic form which takes into account the degree of physiological and psychological vulnerability, as well as sociocultural and economic factors in the etiology of the species in question and various elements of the "alcoholic process". It is suggested that only 2 species of alcoholism, which represent addiction in the strict pharmacological sense, may be seen as diseases. Two other species may be symptoms of an underlying disorder, and one species, although it produces bodily and mental complications, is neither a disease nor a symptom of a disease but is the result of cultural drinking patterns in certain ethnic groups. -- Author's summary

200 A Method of Clinical Orientation to Alcohol Addiction. R. G. Bell. Can. Med. Assn. J. 83, 1346-1352 (Dec. 24, 1960).

Proper attention to the chemical factors in addiction introduces the problems of addiction to all medical undergraduates early in their training. Even before graduation they could be conditioned to expect as unhealthy a condition from the effect of chemicals as from living micro-organisms. Medical graduates today have sufficient training in psychiatry to cope successfully with the psychological factors in the majority of alcohol addicts. Most alcohol addicts can be effectively treated if the physician takes the trouble to feel secure with his knowledge of the condition and thereby conveys his confidence to the patient who seeks help. The first interview of an alcohol addict with a physician is all-important. It should serve to disprove the warn-out concept that "only an alcoholic can understand an alcoholic". If the physician appreciates that initial resistant to treatment is an integral part of this self-perpetuating disability, he can be mentally prepared to cope with resistance and not become exasperated or discouraged by relapses in the early stages of rehabilitation. From the first interview the physician should think in terms of periodic contact with his patient for at least 2 years regardless of whether he is participating in an Alcoholics Anonymous program or not, and should retain his role of supervising physician and counselor. If all physicians were adequately oriented to the clinical problems of addiction, there would be fewer mistakes in administering drugs to patients who cannot tolerate them normally or who could be started on addiction in another form. The problems of addiction are too great to be dealt with effectively by any one specialty. Until physicians as a whole are willing to participate in treating and counseling the addict, little improvement in the clinical management of addiction can be expected. -- Author's conclusions

201 Management of Acute Alcoholic Intoxication. M. P. Hoover. Can. Med. Assn. J. 83, 1352-1355 (Dec. 24, 1960).

An attempt has been made to present a practical approach, from the standpoint of the average practitioner, to the over-all management, whether at the home, the office, or in the hospital, of the acutely alcoholic intoxicated patient. It has been suggested that certain limits should be set, especially for the chronic repeater, primarily with the view that he may be motivated in the direction of accepting some responsibility and treatment of his problem. The necessity for using any technique or agency available has been stressed. If a special clinic exists in an area, this service should be used when necessary. Specific medications employed in the management of the acute withdrawal phase are mentioned, and the fact that paraldehyde and barbiturates are not used is commented upon. The emergency aspect of delirium tremens is emphasized and measures for investigation and management are outlined. -- Author's summary

202 Death by Liver Cirrhosis and the Price of Beverage Alcohol. J. R. Seeley. Can. Med. Assn. J. 83, 1361-1366 (Dec. 24, 1960).

It appears that deaths from liver cirrhosis, though small in number, are increasing rapidly, and rise and fall with average alcohol consumption. It also appears that alcohol consumption rises and falls inversely with alcohol price. It is sufficiently credible to justify a social experiment to determine whether an alcohol price increase would reduce liver cirrhosis mortality, while simultaneously furnishing a sizeable increase in government revenue, and hence occasion an increase in government services or a reduction in other forms of taxation.