as caretakers and made himself available for personal consultation. Third, the psychiatrist offered continuing formal education in the form of seminars for medical officers but later rel on informal individual contacts with referring medical officers as the best means of increasir the medical officers' involvement in human problems. Of the three, the first seemed to be th most important but would have been ineffective without the other two methods. As a result of this increased communication, preventive measures were given added emphasis and, in gene human problems were better handled, as evidenced by the reduction in the incidence and dura of psychiatric illness. There are six references. -- Author's summary

938 Electrocardiogram in Alcoholism and Accompanying Physical Disease. R.G. Priest, J.K. B and A.H. Kitchin. Brit. Med. J. 1, 1453-1454 (June 11, 1966).

The extent of electrocardiographic changes and concomitant physical disease in alcoholics pre senting as psychiatric problems were studied. In a series of 37 psychiatric inpatients with alcoholism, 20 had abnormal ECGs. The usual changes found were those specific for alcoholi cardiomyopathy (dimple and cloven T-waves); many reverted to normal during the hospital ad· mission. An abnormal ECG was the most frequent physical abnormality found in these patient The abnormal electrocardiograms were significantly associated with body weight occurring se in underweight patients (tau= -0.44, P= 0.02), and never in the authors' obese patients (tau= P= 0.02). They showed a tendency to occur in the presence of abnormal cardiovascular signs The liver was enlarged or tender in 15 of the 37 patients (but only in one were the flocculation tests unequivocally abnormal). An evaluation of the physical health of the patients in this seri showed relevant symptoms, physical signs, or abnormalities of special investigations in 32 of the 37 patients. -- J. Am. Med. Assn. References & Review:

939 "Skid Row" Syndrome: A Medical Profile of the Chronic Drunkenness Offender. J.S. Olin. Can. Med. Assn. J. 95, 205-214 (July 30, 1966).

From skid row, 227 chronic "drunks," inmates of the Toronto Jail, were studied to determine the physical features and illnesses of this group. Complete physical examinations, liver funct tests, routine hematology, urinalysis, chest radiographs were carried out and previous hospit records were obtained for each man. The data were analyzed by IBM computer and reported i terms of body systems. Items that occurred in sufficient frequency were separated out and lis to compile a "skid row" syndrome. The men averaged 45 years of age, had been drinking hea for 20 years and had four drunken convictions a year. Tuberculosis was found in 8.8%. Epile was confirmed in 8%. Cirrhosis of the liver was definite in 3% of the group; 75% were under th Canadian average weight, and 25% had significant body deformities. It was estimated that, if necessary therapy was carried out, 90% of the men would be able to perform useful labor. Th are 36 references. -- Author's abst.

940 The Accident Process. III. Disability: Acceptable and Unacceptable. A.H. Hirschfeld and R.C. Behan. J. Am. Med. Assn. 197, 85-89 (July 11, 1966).

Peptic ulcers and other suggestions of depression appear in histories of accident victims, indi· cating that disability exists before the mishap. After the accident has occurred, this disability is linked with an apparent physical defect, and it becomes acceptable to both patient and society Breaking this linkage is an important factor in successful therapy. Of equal interest is the fac that prior depression has measurable physical components. Increases occur in adrenal and gastric secretions. Ketosteroid, metadrenalin, normetadrenal, thyroid, and estrogen titers change, some in blood, others in urine. Such physical variables of preaccident depression cou be measured for prediction and possibly for preventive therapy. -- Authors' abst.

941 Surfer's Knots. Associated Bone Changes and Medical Problems. D.W. Gelfand. J. Am. Med. Assn. 197, 149-150 (July 11, 1966).

Surf riding is largely confined to the beaches of California and Hawaii, but is now gaining in popularity on the east coast as well. The physical hazards of this very exhilarating sport are those expected from the use of a heavy fiber glass surfboard in a pounding surf. These hazard: include a large assortment of cuts and bruises, and an occasional fatality produced by a rapidly moving board striking the head. In addition, regular devotees of the sport acquire surfers' knc soft-tissue swellings on the dorsum of the foot and just below the knee. Changes in the small bones of the feet are frequently found in association with surfers' knots. These bone changes consist of chipping and spurring of the dorsal surfaces of the tarsals and metatarsals. It was found that the surfers' knots are frequently symptomatic and occasionally require treatment. The problems encountered included pain and deformity of the foot, and erosion, hemorrhage, and infection of the surfers' knots.