IRISH DIVISION

THE SUMMER QUARTERLY MEETING OF THE IRISH DIVISION was held on Saturday, 10 June, 1967, by kind invitation of the Hospital Board and Dr. J. V. Glass, at St. Davnet's Hospital, Monaghan.

The following Officers were elected:

Chairman	Dr. J. V. Glass.
Secretary	Dr. Mary Sullivan
Junior Representative on Council	Dr. Michael Heffernan
Assistant Secretary	Dr. Haran.

Drs. Haran and McCormick were nominated from Northern Ireland, to fill vacancies on the Divisional Management Committee.

Mr. R. Percival, Executive Director of the Irish National Council of Alcoholism, read a paper on **"The Team-work Approach to Alcoholism".** He referred to the total inadequacy of communication in his particular subject, and the difficulties in conveying accurately what was meant. Alcoholism, as a word, was unsavoury in some minds, and alcoholism in itself was not one phase, but a continuous illness.

Treatment was only one part of a three-prong approach — prevention, treatment and after-care. Families of alcoholics must understand how to handle the patients, and therefore education and information were needed in all areas.

Conditions in rural areas were not helpful to the rehabilitation of the alcoholic—not providing any stimulating opportunities, or changed atttiudes towards the drinking problem.

The speaker went on to say how important the family doctor and the clergyman were, as they were often the first to be consulted.

A hopeful sign that the public were aware of the problem was the number of enquiries being received at the office of the National Council of Alcoholism, which in the first three months of its existence was 200.

Dr. R. D. Stevenson read a paper on **"The Non-Loss-of-Control Alcoholic".** This form of alcoholism should be distinguished from the more common "loss of control" type. The alcoholic went through various stages—the pre-alcoholic, the prodromal and the crucial phase. It was from this phase that the two types diverged.

The "non-loss-of-control" drank day after day, and kept his blood alcohol at a certain level. He had a good work record, did not suffer from frequent blackouts, did not disrupt society, but did upset the family budget.

If the patient attempted to stop, he would develop withdrawal symptoms. He showed physical effects to a greater extent than other types. Often the patient was only aware of his problem when for some physical reason he was advised to cut down on alcohol and was unable to do so.

The speaker gave results of his investigations into the two types of alcoholics in the clinic in Belfast, which was solely for addicts. Both types were kept on sedatives for 10 days after admission, Then psychological testing was done—M.M.P.I., 16 PF, Cornell Index, Eysenck Personality Inventory, etc. These tests showed no appreciable difference between the two groups, but both groups were more neurotic than the general population. The most striking difference, however, was the liver function test—the "non-loss-of-control" had more marked liver damage.

The speaker had used a questionnaire to collect data, which in itself had a therapeutic effect, as when the patient had answered all questions he often understood his problems better.

Dr. Stevenson concluded his paper by saying that in order to include the steady drinker in the diagnosis of alcoholism one had to broaden the concept of alcoholism, thus weakening its impact on the "loss-of-control" drinker.

The papers were discussed by: Drs. Glass, Quinn, Haran, Meenan, McCormick, Moore, McGrath, McLaughlin and Professor Browne.

https://doi.org/10.1192/S0007125067309293 Published online by Cambridge University Press