

Young Alcoholics

By C. M. ROSENBERG

The natural history of alcoholism has been described by Trice and Wahl (1958) and by Glatt (1967). The "average" alcoholic first begins drinking when aged 18, and by the time he is 26 he is drinking heavily and frequently becomes drunk. He begins to experience blackouts between the ages of 30 and 35, and a number of years later he is no longer able to control his intake of alcohol. He begins to lose contact with his family and friends and starts drinking alone. By the middle of the fifth decade he has reached his lowest point and seeks admission to hospital. In a proportion of cases* this process is markedly accelerated and patients aged 30 or less are admitted to hospital because of alcohol dependence.

Jellinek (1960) states that the risk of dependence on alcohol is high in those who are psychologically vulnerable and who use alcohol to alleviate their difficulties. In his view, the length of the period before dependence sets in varies considerably and is influenced in part by hereditary factors.

The aim of the present study was to investigate young alcoholics aged 30 or less to determine whether they differ from older alcoholics with regard to family background, personality, drinking patterns and use of other drugs.

DEFINITIONS

For the purposes of the study *alcoholics* were defined as "those excessive drinkers whose dependence upon alcohol has attained such a degree that they show a noticeable mental disturbance or an interference with their mental and bodily health, their interpersonal relations and their smooth social and economic functioning" (W.H.O., 1952).

According to Jellinek (1960) the most common types of alcoholics are those who are

* Approximately 5 per cent. of the 1,550 alcoholics admitted to the State psychiatric centres in New South Wales, Australia, during the year 1965-1966 were aged 30 or less.

unable to abstain from drinking for more than short periods (delta type) or who cannot control the amount they drink once they start (gamma type). *Heavy drinkers* are those who frequently become intoxicated and whose drinking may give rise to some social and economic difficulties, but who are not dependent on alcohol, although many eventually become dependent. *Social drinkers* are those who drink in moderation but from time to time may become drunk. *Abstainers* are those who never or rarely drink alcoholic beverages.

METHOD

Fifty alcoholics aged 30 or less were interviewed at a psychiatric admission centre serving the central Sydney area, and at a hospital specializing in the treatment of alcoholics. The study was begun in February, 1967, and was completed nine months later. During that period daily contact was maintained with the hospitals, and the case notes of all patients aged 30 or less were examined. All patients who were considered by the referring doctor or the admitting medical officer to have problems with the use of alcohol were seen personally by the author. Only those fitting the definition of an alcoholic were included in the sample. As far as is known every alcoholic aged 30 or less who was admitted for treatment to these hospitals during the period of the study was interviewed. Care was taken to ensure that each had recovered from the effects of alcohol withdrawal and was fully able to co-operate during the interview. A detailed history from each patient was taken during an interview lasting between 1½ and 2 hours. Information on the patient's family history, his childhood, educational and occupational history, his personality structure, his drinking habits and the sequelae of his dependence were obtained.

Following the interview each patient was asked to complete a number of psychological tests. Two tests designed to measure certain aspects of personality in relation to neuroticism and anxiety were:

- (1) The Eysenck Personality Inventory (EPI) (Eysenck and Eysenck, 1964) which purports to measure the personality dimensions of

neuroticism (which is a measure of the individual's emotional over-responsiveness and his liability to neurotic breakdown under stress), and extraversion-introversion (which refers to the individual's outgoing social proclivities), as defined by Coppen, Cowie and Slater (1965).

- (2) The IPAT Anxiety Scale Questionnaire (Cattell and Scheier, 1963). This test is designed to measure anxiety levels and to provide information on the factors causing anxiety.

Raven's Progressive Matrices (1938) test was used to measure intelligence.

Since older alcoholics admitted for treatment greatly outnumbered those age 30 or less it was decided to use a larger control group. This group comprised 100 consecutive admissions, aged 31 and over, to the same hospitals with the diagnosis of alcoholism during the period May to July, 1967. Cases with clinical evidence of brain damage were excluded. They were similarly interviewed and were asked to complete the psychological tests. The information obtained during the interviews was compared with that contained in the referral letter, medical notes and social worker's reports. Since nearly 60 per cent. of all the patients were living permanently apart from their families it was frequently difficult to check the reliability of the information.

EPI results were obtained from 48 of the 50 young alcoholics and 95 of the 100 controls. IPAT anxiety results were obtained from 46 patients and 93 controls, and Raven's Progressive Matrices from 41 patients and 85 control subjects. Because of administrative difficulties it was not possible to obtain complete sets of results.

RESULTS

Forty-five of the young alcoholics were males and five were females. Seventeen were aged between 20 and 25 at the time of admission, ten were aged 26 and twenty-three were aged between 27 and 30 years (mean age at time of interview 26.1 years, S.D. 2.9). The control group ranged in age from 31 to 64 years (mean age 44.0 years, S.D. 8.1). In this group there were 86 males and 14 females.

FAMILY BACKGROUND

As shown in Table I, 28 of the 50 fathers of the young alcoholics were heavy drinkers or alcoholics. Only five of the mothers were in these categories, while 25 were reported to be abstainers, and 20 to be social drinkers. In 11 families both parents were abstainers, and in a further 10 one parent was an abstainer and the other a social drinker, or both were social drinkers. In 25 families one of the parents (usually the mother) was an abstainer or social drinker, while the other was a heavy drinker or alcoholic. There were four families in which both parents drank to excess. Although the siblings were still quite young, eight of the 75 brothers and one of the 66 sisters were known to be heavy drinkers or alcoholics.

In the control group of 100 alcoholics, 19 of the fathers, four of the mothers, 10 of the 157 brothers and six of the 154 sisters were heavy drinkers or alcoholics. Compared with the

TABLE I
Drinking Habits of Parents of Young Alcoholics and Control Alcoholics

	Abstinent	Social Drinker	Heavy Drinker	Alcoholic	Total	Significance χ^2	P
Fathers of young alcoholics	11	11	17	11	50	23.9 df=3	<0.001
Mothers of young alcoholics	25	20	3	2	50		
Fathers of young alcoholics	11	11	17	11	50	22.8 df=3	<0.001
Fathers of control alcoholics	28	53	10	9	100		
Mothers of young alcoholics	25	20	3*	2*	50	2.2 df=2	N.S.
Mothers of control alcoholics	53	43	1	3	100		

* Combined for purposes of χ^2 calculation.

controls, the young alcoholics had significantly more fathers who were heavy drinkers or alcoholics ($p < 0.001$). These fathers were lower down the occupational ladder and had less stable work records than the abstinent and social drinking fathers.

Fifteen of the first degree relatives of the young alcoholics had received treatment for psychiatric illnesses other than alcoholism. These were:

four fathers (three with depression and one with a phobic state),

six mothers (three with depression, one with an anxiety state, one with bromide addiction and one with schizophrenia),

two brothers (one with drug addiction and one with schizophrenia),

and three sisters (two with a "mental illness" and one for a suicidal attempt).

Since only 44 per cent. of patients maintained close contact with their relatives, these figures are likely to be under-estimates, and are suggestive only.

Only 12 of the 50 young alcoholics reported that the home environment during their childhood had been happy. A further 13 thought that their childhood had been similar to that of their friends, while half considered that their childhood had been unhappy and their home environment unfavourable. Reasons for these adverse circumstances included long periods of separation from their parents, poor relationships with one or both of the parents, parental disharmony and poverty. The majority of patients came from homes characterized by emotional and economic deprivation.

Of the 50 patients 18 had both their natural parents present in the home until their 15th birthday; 13 had both their parents absent for at least 30 months at some time before they reached 15. Fourteen of the mothers and 24 of the fathers were absent for long periods (30 months or more) during the patient's childhood. The reasons for the absence of a parent included: death of a parent (8 cases), separation, desertion or divorce (10 cases) and father absent abroad on military service (4 cases). Two patients were adopted in early childhood, and eight spent a period during their childhood in an orphanage, a special school or foster home. Alcohol misuse by the fathers was a major cause of parental disharmony and broken homes. Seventeen of the 28 heavy drinking or alcoholic fathers were absent for more than 30 months during the patients' childhood compared with eight of the 22 abstinent or social drinking fathers ($\chi^2 = 2.9$, $df = 1$, $0.10 < p > 0.05$).

Not only was there less heavy drinking or fewer alcoholic parents in the control group but, as shown in Table II, fewer of these patients as children had been separated from their fathers for long periods: ($\chi^2 = 8.8$, $df = 2$, $p < 0.025$). Such differences were not found when comparing the period of separation from their mothers ($\chi^2 = 1.9$, $df = 2$, not significant).

Young alcoholics reported differences in their attitudes towards their parents (Table III). Most (70 per cent.) were hostile towards their fathers—especially to those fathers who drank excessively and did not provide adequately for

TABLE II
Length of Separation of Patient from his Parent prior to age 15

	Not Separated	Separated less than 15 months*	Separated from 15 to 30 months*	Separated more than 30 months	Total	Significance χ^2	p
<i>Young alcoholics</i>							
1. Separation from mother	26	6	4	14	50	4.2	N.S.
2. Separation from father	19	6	1	24	50	df=2	
<i>Separation from mother:</i>							
1. Young alcoholics	26	6	4	14	50	1.9	N.S.
2. Control alcoholics	60	12	10	18	100	df=2	
<i>Separation from father:</i>							
1. Young alcoholics	19	6	1	24	50	8.8	< 0.025
2. Control alcoholics	55	15	6	24	100	df=2	

* Columns 2 and 3 were combined for purposes of χ^2 calculation.

TABLE III
*Relationship of Patient with his Parents before age 15**

	Mother	Father
Parent kind—poor disciplinarian	26	9
Parent kind—strict disciplinarian	9	6
Parent cold and strict, or punitive	3	13
Disinterested parent	12	22

$\chi^2=17.9, df=3, p<0.001$

* According to patient's description.

the economic or emotional needs of their offspring. The patients complained that their fathers had treated them unfairly, had shown little interest in them or were absent from the home. Those fathers who did not drink excessively generally had a better relationship with their offspring than those who were heavy drinkers or alcoholics. By comparison, 35 of the 50 young alcoholics had a close relationship with their mothers, although many complained that their mother was a poor disciplinarian. The majority of patients (68 per cent.) came from homes in which one of the parents was too lenient, while the other, usually the father, exercised erratic discipline only, was disinterested in his children or was absent from the home.

Pre-Morbid Personality and Associated Psychiatric Conditions

Kessel and Walton (1965) say that: "unless the personality of the alcoholic is taken into account the development of his alcoholism cannot be understood". Fox (1967) believes that, while alcoholics do not conform to any one personality type, a characteristic of them all is a low frustration tolerance and the inability to endure anxiety or tension. Clinical studies frequently emphasize the relationship between personality disorder and alcoholism, but Glatt (1967) classified only one-third of his patients as psychopaths. In the present study the diagnostic classification of Walton, Ritson and Kennedy (1966) was used. The patients were classified into three categories: personality disorder, psychoneurosis and psychosis. A personality disorder was defined as a definite "disturbance in the individual's patterns of relationship with other people, chiefly abnormal dependency, withdrawal or hostility". Three

degrees of personality disorder are described. In the *mild* degree, the patient is aware of difficulties in relation to others but is able to conceal this fairly well. Of the 50 young alcoholics, nine were considered to be mild personality disorders. Patients with the *moderate* degree of personality disorder have disturbances in their personal relationships severe enough to be apparent to others (19 cases). Those with a *severe* degree of personality disorder are the psychopathic patients whose disturbance is so gross that they cause actual harm to their social group through their aggressive acts or inadequacy (14 cases).

A number of the patients with personality disorders complained of periods of depression which preceded the onset of their heavy drinking. Difficulties in relating to others arose from the patients' feeling of inadequacy, inferiority, shyness and anxiety, which they felt unable to control. Over two-thirds were handicapped as a result of personality defects before the onset of heavy drinking. Twenty gave a history of antisocial behaviour while still at school, e.g. stealing, running away, destructive acts and truancy. Eight admitted to homosexual experience, but only two of these considered themselves to be homosexuals.

Five patients were diagnosed as psychoneurotics; all these had severe anxiety symptoms, sometimes associated with long-standing phobias. Three patients were schizophrenic; two of these had been adopted as children, and a third had a mother who was also a schizophrenic.

In the control group, 28 were judged to have been normal or to have had only a mild degree of personality disorder prior to the onset of heavy drinking. Forty had a moderate degree of personality disorder, 16 were psychopaths, 12 (mostly women) were psychoneurotics or depressives, and four were schizophrenics.

These young patients did not differ markedly in their psychiatric diagnoses from the controls, although severe personality disorders (psychopaths) were more frequent among them (28 per cent. *v.* 16 per cent.).

Psychometric Results

The results of the Eysenck Personality Inventory (EPI, form A), the IPAT Anxiety

TABLE IV
Results of Psychological Tests of Young Alcoholics Compared with Controls and Norms.

Test	Young Alcoholics		Control Alcoholics		Norms	
	n=48		n=95		n=2,000	
EPI (form A)	mean	S.D.	mean	S.D.	mean	S.D.*
N	17.8	4.5	16.1	4.8	9.1	4.8
E	12.7	4.1	11.9	3.7	12.1	4.4
	n=46		n=93		n=935	
IPAT Anxiety Scale	mean	S.D.	mean	S.D.	mean	S.D.†
	49.2	11.1	44.9	10.2	27.1	11.4
	n=41		n=85			
Raven's Progressive Matrices	mean raw score	S.D.	mean raw score	S.D.	‡Average normal range for subjects aged 25 is 37-49 and 24-41 for subjects aged 45.	
	39.8	10.2	32.8	12.2		

* EPI norms quoted from the Manual of the Eysenck Personality Inventory.

† IPAT norm quoted from the Handbook for the IPAT Anxiety Scale Questionnaire.

‡ Norms for Raven's Progressive Matrices for different age groups quoted from Guide to the Standard Progressive Matrices by J. C. Raven (1960). H. K. Lewis and Co. Ltd., London. Australian norm for young adults is 43.3, S.D., 6.6—quoted from Manual for the Standard Progressive Matrices, Australian Council for Educational Research, Melbourne, 1966.

Scale Questionnaire and Raven's Progressive Matrices are set out in Table IV. The EPI results show that both alcoholic groups differ significantly from the mean for normal subjects for neuroticism, but not for extraversion. The young alcoholics had a higher mean neuroticism score than the alcoholic controls ($t=2.1$, $df=141$, $p<0.05$).

The results of the IPAT Anxiety Test indicate that the young alcoholics have a very high degree of frustration tension (sten score for factor $Q_4=10$), and marked ego weakness (sten score for factor $C=9$). Their mean total anxiety score of 49.2, S.D. 11.1 (sten score=9.4) was significantly above the score for the older alcoholics ($t=2.2$, $df=137$, $p<0.05$). Sten scores of 9 and above indicate that the 96th percentile has been reached or surpassed. The results strongly support clinical impressions that alcoholics have abnormally high levels of anxiety, which they are unable to control or release in a suitably adaptive manner.

Results of Raven's Progressive Matrices indicate that young alcoholics are of higher intelligence than the alcoholic controls ($t=2.9$, $df=124$, $p<0.01$). However, members of the younger group were on the average nearly 20 years younger than the controls. This difference

in scores may reflect a real difference in intelligence between the two groups, or the lower intelligence of the controls may be the result of ageing (Williams, 1965) combined with a longer period of heavy drinking.

DRINKING HISTORY

On the average the young alcoholics first began drinking when aged 15.3 years (18.3 years for the controls). Thirty of the 50 became drunk during their first drinking experience. The mean age when first drunk was 17.1 (22.5 for the controls). Twenty-eight experienced difficulties in relation to their drinking before reaching age 20, and only a third had enjoyed more than five years of moderate social drinking. Nearly all (86 per cent.) of the young alcoholics had experienced amnesic periods (blackouts) after bouts of heavy drinking.

Loss of control, or inability to abstain from drinking, among the young alcoholics occurred on the average at age 22.1 years (range 16 to 27 years), i.e. less than seven years from the time of the first drink. This period was considerably shorter than that for the control group, in which loss of control occurred after nearly 20 years of drinking. Forty-two of the young alcoholics lost control within the first ten

years of drinking; only 11 of the controls experienced loss of control within the first 10 years of drinking compared with 45 after 11–20 years of drinking, and 44 after more than 20 years of drinking.

Most of the young alcoholics (62 per cent.) drank mainly beer, while the remainder drank beer and spirits. When they were unable to afford these beverages a number would drink cheap wine or methylated spirits. Thirty-eight per cent. of the young alcoholics had drunk methylated spirits at some time during their drinking career, compared with only 12 per cent. of the controls, ($\chi^2=13.8$, $df=1$, $p<0.001$). The majority (68 per cent.) felt the need to drink each day. The remainder were able to abstain for longer periods, but their drinking took the form of “benders”. The young alcoholics generally preferred to drink at the pub, but few belonged to a definite social group, and nearly two-thirds drank mostly on their own. As a group, the young alcoholics were more likely to be solitary drinkers (64 per cent. *v.* 52 per cent.) than the controls, but not to a significant degree.

The reasons given for heavy drinking included the relief from anxiety, depression and from feelings of inferiority. Typical comments included: “Worry makes me want to drink”; “Drink helps to settle my nerves”; “I always feel lonely and self-conscious when I am sober”, and “It helps me to forget things”. Alcohol had the effect of making them feel “as good as other people”; “It makes me feel great”; “When I am drinking I feel that I know everything”; “I feel proud that I can drink more than older men”, and “I drink because it gives me confidence and makes me feel more adult”.

Their addiction seriously impaired their interpersonal relationships and economic functioning. Thirty-two had never married, and of the 18 who had only eight were still living with their spouses. Most (56 per cent.) had drifted away from their families, from whom they could no longer expect any support. Nearly one-half were living alone with no fixed abode during the months preceding their admission.

Forty-two of the 50 patients had a previous admission to hospital because of their drinking,

and one-third of the total had had two or more previous admissions. Thirty had had episodes of delirium tremens. Their drinking had brought them into conflict with the law, and over three-quarters (78 per cent.) had convictions for being drunk and disorderly, for violence, larceny and drunken driving. Nearly half (48 per cent.) had made one or more suicidal attempts—the most common method being drug overdoses (24 per cent.) and wrist-slashing (18 per cent.). The young alcoholics did not differ significantly from the controls with regard to previous hospitalizations and offences against the law, but tended to have made more suicidal attempts.

OTHER DRUGS

Twenty-six (52 per cent.) of the young alcoholics admitted to taking other drugs. They were classified as occasional users, moderate to heavy users, and addicts. Fifteen patients used drugs occasionally (less than once a week). Seven of these had obtained amphetamines and barbiturates illicitly, and four from general practitioners. Four used proprietary drugs containing bromides. Ten used drugs more frequently (two or more times a week). Six of these took amphetamines and/or barbiturates, and four used bromides. One patient, a bromide user, was addicted. This patient had a number of admissions to hospital because of drug overdoses. Drugs were used for the relief of symptoms such as lethargy, anxiety, depression and frustration or for “kicks”—especially by the psychopathic group. A number had experimented with cocaine (two patients), morphine (four), marihuana (two) and LSD (two). Although many of the young alcoholics knew drug takers and peddlers they generally kept away from drug taking groups. Comments by alcoholics included: “I’d hate to be a drug addict. Drinking alcohol is bad enough.” “I’ve seen too much of what happens to junkies to want to be like them”, and “I’m not in a crowd that takes drugs”.

Of the 100 control subjects, 16 admitted to taking drugs—nine used combinations of amphetamine and barbiturates, six used bromides and one used marihuana and LSD (These figures are probably under-estimates.)

The incidence of reported drug taking among young alcoholics was significantly higher than among the controls ($\chi^2=21.4$, $df=1$, $p<0.001$).

Sixteen of the control group had developed an addiction to alcohol within the age range of addictive drinking of the young alcoholics, i.e. before age 27. An analysis of these patients showed that their mean age at the time of interview was 37.2 compared with a mean age of 45.1 years for the remaining 84 controls (mean age for total control group was 44.0 years). These 16 were more likely to have had an alcoholic parent and to be unmarried. They started drinking earlier, first became drunk at an earlier age, and were more likely than the remaining 84 controls to be taking other drugs. They were more likely to have a severe degree of personality disorder. Their mean neuroticism score of 16.6 was higher than that of 15.9 of the remaining controls, but lower than that for the young alcoholics. These 16 patients appeared to form an intermediate group between the young alcoholics and remaining controls. By eliminating them from the control group the differences in family background, personality and drinking habits between the young alcoholics and the controls were accentuated.

DISCUSSION

The literature on alcohol addiction in young people is sparse but there is some evidence linking drinking by them in excess of social standards with factors such as adverse home circumstances, personality disturbances and delinquency. Maddox (1964, 1966) studied the drinking attitudes and habits of young people and found that they expected to drink in anticipation of the adult role. The great majority of young people learn to use alcohol sensibly and in moderation, but in a minority drinking is less well controlled. Maddox suggested that this group shows its rebellion against and hostility towards adult authority and values by excessive drinking. Mandell (1964) found that young people who drink were more likely than non-drinkers to have committed some aggressive act. MacKay (1961) studied 20 adolescent problem drinkers and found that most of their fathers and some of their mothers were alco-

holics. Their lives were characterized by marked personal and economic deprivation. Mečír (1961) suggested that drunkenness in adolescents usually signified an unbalanced personality, or defects in education or early environment. Sielicka (1961) reported that the majority of young people who had been admitted to a sobering-up centre came from very poor home backgrounds and some showed evidence of psychopathy.

The influence of the parents' behaviour on the children has been stressed by a number of authors. Robins (1966) found that when the father was an alcoholic or a psychopath his child was at risk of being similarly affected in later life. Such a father was more likely than other fathers to desert his family, to fail to support them, to treat them cruelly or to be disinterested in them and, therefore, to exert little discipline.

Nylander (1960) reported that the children of alcoholic fathers, when compared with the children of non-alcoholic fathers had more symptoms such as headaches, anxiety, sleep disturbances and aggressive behaviour. The most common cause for their admission to hospital was for antisocial behaviour. These symptoms were more common among the children from broken homes than from intact homes. Aronson and Gilbert (1963) found that the sons of alcoholics (who are potential alcoholics) can be distinguished from their peers in certain personality traits. These traits, which include dependency and evasion of unpleasantness, are considered to be characteristic of the alcoholic. These authors present their findings as evidence that personality is a causative factor in the development of alcoholism.

In the present study, young alcoholics were found to be more likely than older alcoholics to have had a father who drank excessively. Compared with the controls they had a higher rate of separation from their fathers before reaching the age of 15. Their anxiety and neuroticism scores were higher and they were more likely to be living alone and moving about from place to place. They began drinking earlier than the controls, became drunk earlier, and lost the ability to control their drinking at a much earlier age. They were less likely than the controls

to have had periods of abstinence from alcohol, and were more likely to be taking other drugs. A number had had trouble with drinking from quite an early age, and, unlike the controls, few had had long periods of social drinking before the onset of their addiction. Many had used alcohol for the relief of symptoms such as loneliness, shyness, depression and an inability to handle anxieties or frustrations. These difficulties appeared to be associated with defects in personality and to unfavourable circumstances during the patient's childhood.

SUMMARY

A clinical and psychological study was made of alcoholics aged 30 or less. The majority had an underlying personality disorder. A history of antisocial behaviour during adolescence was common. The rate of previous admissions to hospital, police convictions, and suicidal attempts among them was very high. Psychometrics revealed high levels of neuroticism and anxiety, giving support to the clinical impression that they drank in order to relieve symptoms such as loneliness, feelings of inferiority, anxiety and frustration. Compared with older alcoholic controls they were more likely to have had a parent who drank excessively and to have come from a broken home. They began drinking earlier and became dependent on alcohol at a much earlier age than the controls. The present study indicates that the age at which addiction to alcohol occurs depends, at least in part, on the severity of the personality disorder and the use, from an early age, of alcohol in large amounts to alleviate symptoms.

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