alcohol and prejudice are inseparable

A doctor may, at any time be called upon to treat the effects of excessive or prolonged alcohol consumption. Accurate data on the extent of the problem of alcoholism are not available since this is not a notifiable disease, but various attempts have been made to assess the incidence. Over ten years ago it was estimated that, in Birmingham, one driver in a thousand was 'under the influence'. In Los Angeles, the corresponding figure was eight and in Amsterdam, ten.1 More recently a figure of one in a hundred has been suggested for the incidence of addiction in the population of Great Britain.2 Whatever figures may be accepted, and admittedly they are bound to be guesses, good or bad, the fact of the alcohol problem remains, and the general practitioner or consultant physician cannot avoid meeting it. Treatments are various and each has its exponents. Whichever method is chosen for the long-term treatment of habituation or addiction, there is general agreement that good initial treatment is the intravenous injection of glucose with high concentration of vitamins of the B group and ascorbic acid. 'First aid begins in the patient's home with sedation, intravenous vitamin B-complex and ascorbic acid, and prevention of self-injury'.

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