

## THE BOTTOM OF THE BARREL

In an interesting article which appeared in *The Lancet* of 29 January 1966, from the Alcohol Impact Project, Institute of Psychiatry, Maudsley Hospital, the epidemiological factors which lead to the 'broken-down' inebriate or 'skid row' alcoholic are discussed.

In South Africa alcohol addiction is rife, and possibly hidden in our slum areas there may well be 'narrow-gauge skid rows', but there is no one disreputable area deserving of this title. The problem, therefore, remains a hidden one. 'Drunks' we see in all our major cities, but these should not be confused with addictive alcoholics. Research work in hospitals for White alcoholics in this country can provide invaluable information, as is clearly shown by the study of alcoholism and psychiatric disturbance in the Coloured people of the Cape Peninsula by Gillis *et al.*, which is still to be published. A discussion of the findings from the point of view of diagnosis and treatment in the London study referred to above will make interesting

reading for those concerned with the problem of alcoholism.

Addiction to alcohol is explained today in terms of the following assumptions: Even with a so-called *weak-addicting* drug, enough taken over a long period of time will induce a biochemical change in the body which then becomes the physical basis for a syndrome of pharmacological dependence. Years of drinking, presumably caused by psychological factors and inability to face up to social pressures, are reputed to be responsible for the syndrome. Not unlike the schizophrenic who has drifted down the strata-rungs of society because of the inability to cope in the normal social milieu and finds areas in which he can live and possibly work and contain himself, skid row provides a haven for vagrant drunks and in such settings so many of their needs are met.

These men are addicted to alcohol, and chemical dependence is established in severe form. The appalling severity