

Alcohol Use Disorders

Maisto SA, Connors GJ and Dearing RL. 2007.
pp viii + 82. Hogrefe & Huber £16.50
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To quote the preface of this compact but informative addition to the *Advances in Psychotherapy – Evidence-Based Practice* series: “Alcohol abuse and alcohol dependence are problems that have baffled clinicians, researchers and policy makers for hundreds of years.” Within its covers a wide range of approaches to closing in with and neutralizing the harmful effects of alcohol misuse are to be found. American in style the “clinical pearls” and situational vignettes may grate with some British readers but in terms of getting the message across these seem to NKC to be as effective as any to be found elsewhere. Motivational Interviewing (MI) / Motivational Enhancement (ME) (p.37) based on the work begun by the psychologists Miller and Rollnick some 20 years ago may likewise seem over-mechanistic – but its value has been proven in the clinical setting. A good description of Cognitive Behavioural Approaches commences on p. 44 and leads on to Contingency Management and Community Reinforcement, Relapse Prevention and Psychopharmacological methods.

The book emphasises the assessment and treatment of alcohol use disorders, i.e., alcohol dependence and alcohol abuse (harmful alcohol use) respectively. This text is not intended to (nor does it) encompass alcohol-related disorders such as intoxication, neurological pathologies such as Wernicke’s encephalopathy nor the problems of alcohol withdrawal which can, on occasions, be fatal if it is sudden (e.g. following imprisonment). Neither does it deal with the alarming extent of present-day alcohol abuse in children or adolescents in the UK. For these areas the reader must look in other publications.

The first chapter describes alcohol abuse and alcohol dependence, but points out that these occur on a continuum of alcohol consumption and alcohol-related consequences; both alcohol consumption and its consequences must be assessed. Nearly one in twenty-five people worldwide have an alcohol use disorder, but the course and prognosis varies considerably from person to person. Based on twelve-month outcomes, research suggests optimistic outcomes for the treatment of alcohol use disorders, but long-term outcomes vary greatly.

The second chapter on theories and models emphasises that alcohol use disorders are heterogeneous in their presentation, course and aetiology, which endorses a biopsychosocial approach to understanding and intervention. The third chapter gives guidelines on assessment, supported by a number of appendixes that can “be reproduced by the purchaser for clinical use.” The fourth (and final) chapter describes empirically supported treatments, i.e., treatments that have “at least some empirical support for the modification of patterns or alcohol use.” The section on Brief Interventions has particular relevance for generalists or non-specialists, while the section on Psychopharmacological Methods is all too brief. Everyone should take note of the section on Mutual (Peer) Self-Help Groups, the idea of which should be introduced to all patients.

From the military Occupational Medicine viewpoint NKC sees the book as being of value to the Service MO and OHN in describing ways and means towards the alcohol-dependent patient gaining abstinence. Although these treatments are most usually applied by the CPN or AA counsellor, a “joined-up” approach to rehabilitation – especially in Graduated Return to Work (GROW) programmes for alcohol-abusing Service

personnel – normally yields the best results; this in turn requires all involved to fully understand the aims that the other team members are enabling the patient to achieve. Here the check-lists at the back of the book are useful. Even in cases where a P8S8 grading has to be recommended by a Service psychiatrist, a solid attempt at rehabilitation of the alcohol-abusing soldier before discharge together with continuing NHS care afterwards provides the best prophylactic against the downward spiral to homelessness in the nation’s cardboard cities, whose ex-Service populations are not exclusively male.

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Renkioi, Brunel’s Forgotten Crimean War Hospital

Christopher Silver. Sevenoaks: Valonia Press, 2007.
pp218, illus. Maps, £17.99
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The Crimean campaign will forever be recorded in British military history not only for such heroic deeds as the Charge of the Heavy and Light Brigades but also the inadequacies of the medical services contributing to the terrible loss of life, mainly due to disease. The hospitals were grossly overcrowded and insanitary places and their conditions brought to the notice of the public and government at home in part by the presence of the war correspondent.

As a consequence of the overcrowding of the hospitals the Duke of Newcastle wrote to the Military Commandant on the Bosphorus, Lord George Paulit instructing him to increase the number of hospital beds in the area. One of the options was to open temporary buildings close to the existing hospitals. This suggestion of adding huts soon developed into a complete hutted hospital being provided.

To find the person to plan and manage the construction of the hospital Newcastle did not have far to turn; Benjamin Hawes, the Under Secretary of State for War had as a brother in law, Isambard Kingdom Brunel.

In February 1855 Brunel was officially asked to undertake the project of providing a hutted hospital in the East. He immediately agreed. Wooden huts were not new in the Crimea, some having been previously shipped out for accommodation.

Brunel’s plans were formulated around various major requirements such as flat land, ease of access, good water supply and good sanitation. His design also stipulated good ventilation and adequate space between each bed and included flushing toilets.

He decided to build his hospital using prefabricated parts and to ship out to the area and assemble using a workforce of Greeks and Turkish but the frames being erected only by British workmen.

Edmund Parkes, the Doctor who was to head the hospital, selected the location. He looked at various sites closer to Constantinople but chose one on the Dardanelles, close to the ancient site of Troy. Here the ground was relatively flat, had a good water supply and with the ships carrying the parts for the hospital already on route, was closer to the sea lanes than any site on the Black Sea coast. The site was selected on 3rd May

1855 and the first ship arrived on 7th May, with the last ship arriving on 5th December; in all 11,500 tons being transported out.

The actual construction of the hospital is detailed in Chapter 5 of the book and included in this chapter are plans of the huts and the site itself.

Silver does take time to briefly inform the reader about Parkes and the other main members of staff, with further details of the staffing in Appendix 3.

By mid August 1855 500 beds were ready for occupation and Silver goes into much detail of the hospital as a working medical facility, albeit some great distance from the seat of war, which did restrict somewhat the number of patients admitted.

With the war over and the army coming home the hospital finally closed in mid 1856 and was put up for sale. Everything went under the hammer with Brunel buying many items himself and shipping them back to the United Kingdom including 500 toilets destined for the new military hospital at Netley.

Although not recorded in history as a hospital which was full of sick and wounded, as was Scutari, Silver points out that it was unique in that it was a purpose built military hospital, designed and prefabricated very quickly and importantly, a civilian staffed hospital. It was an architectural and engineering achievement and as Silver points out a precursor to the prefabricated hospitals used in the American Civil War and the Franco Prussian War. He fails to mention that hutted hospitals had been used in the American War of Independence and also at Sir James McGrigor's behest, in the Peninsular Campaigns.

The book has many illustrations, maps, and references for further reading. It has been a labour of love by the author who has done extensive work on one aspect of the Crimean Campaign and Army Health Care history which although previously briefly recorded, cried out for more work. He is to be commended.

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