A second report was published in February of 1973 by Cahalan and Cisin at the Bureau of Social Science Research. The main thrust of their work was to compare mailed and field-administered questionnaires of drinking practices in the United States Navy—but the results shed light on the actual prevalence of problems. Questionnaires were completed by 806 officers and 1,179 enlisted men (with an overall completion rate of over 80%) in four selected localities. The results of the two methods were quite similar and will be pooled for the discussion given below.

Table II was extracted from the original Table X by Cahalan, et al., by combining mailed and administered questionnaire results. Problem drinking was defined slightly differently by the original authors than is outlined in Table II—in Table II, this concept refers to men who reported numerous unfavorable consequences of drinking, rather than any one problem. The results corroborated the findings in the Army of a higher rate of problem drinking for enlisted men than officers, and for lower ranking men within respective officer/enlisted groups. These figures were in the same range for the army officers and enlisted men.

Thus, heavy drinking and the occurrence of alcohol-related life problems were common in both civilian and military settings. The overall problem drinking range for the military (officers and enlisted) is 26% in Table I, and 32% in Table II, while comparable figures for civilians in Table II were 22%. The military statistics paralleled civilian findings with higher rates of problem drinking in younger men with lower educational background and heavy drinking fathers.

—Studies of Diagnosed Alcoholism

It must be emphasized that the two surveys discussed above did not deal with alcoholism, but with drinking problems. Complementary to these findings, the staff of the Naval Health Research Center (formerly the Naval Medical Neuropsychiatric Research Unit) has carried out a series of investigations of men hospitalized with a diagnosis of alcoholism.

In order to fully understand the reported data, the biases involved in the collection of information must be kept in mind. We are reporting a hospitalized population rather than a clinic or population survey—there are differences in degree of illness, socioeconomic class, etc. We are also dealing with a first hospitalization rate which counts each individual admitted for the first time during the study period, a manner of reporting we chose because, with a large sample, it insures