who received an alcoholic diagnosis based on the standard nomenclature being used at that time.

At first glance, the rate of hospitalization for alcoholism for Navy and Marine Corps enlisted women (90 per 100,000) and for Navy officers (50 per 100,000) was in the same general range as that seen for Navy enlisted men and male officers. However, a large proportion (32 of 49) of the supposed alcoholic women were young individuals who did not fulfill independent criteria for alcoholism once their charts had been reviewed. It appeared as if most had disciplinary difficulties and others appeared to be situational drinkers whose mild rule infractions resulted in short hospitalizations to facilitate sobering up. Most service or civilian men under similar circumstances, such as returning to their quarters or homes intoxicated, would not have been hospitalized. There was also a subgroup (17 of 49) of the women who were older (a mean of 37 years), had been in the service and worked an average of 15 years, and whose alcohol problems were quite serious. For these women, alcohol and health difficulties were similar to those reported for both civilian and military alcoholic men.

Among officers, there is also a job breakdown distinction for rates of alcoholism, but the differences are nowhere near as dramatic as was true for enlisted men. One factor which is interesting for this presentation is that the Chaplain Corps had a slight but significantly elevated rate of alcoholism when compared to other categories.

Another way to subdivide alcoholics is based on the clinical picture at the time of hospitalization. The diagnostic nomenclature which must be recorded officially for each case encourages the physician to note a subdivision of alcoholism type. Prior to 1970, the military service used the subdivisions of “acute,” “chronic,” “psychosis,” and “unspecified,” which gave way after January 1, 1970, to the new ICDA-8 diagnostic breakdown of “habitual,” “addiction,” “episodic,” “psychosis,” and “other.” Because of our clinical impression that the criteria for subdividing alcoholics in diagnostic manuals were unclear, we investigated the relative usefulness of this subtypic scheme. As viewed from the military service, there was no evidence that the alcoholic subtype diagnoses were selecting relevant subtypes—a criticism especially true for the scheme introduced after 1970. With the advent of the new system, the percentage of men diagnosed as “other” or “unspecified” jumped from 6% to 40%, indicating that most clinicians found the new subtypic divisions to be relatively useless. This, coupled with

13 Schuckit and Gunderson, “Alcoholism Among Navy and Marine Corps Officers.”