

blood pressure due to causes unknown. The other five per cent are called *secondary* arterial hypertension.

Various types of treatment have been suggested to combat essential hypertension. Fever produced artificially by the injection of foreign proteins has been tried. Some investigators are using renal extract. Several diets, including one based on rice, have been tried. Large doses of Vitamin A have been given, even up to almost 500,000 units daily, without good results. Operations known as renal omentopexy and nephropexy have also failed to insure recovery.

The only operation that occasionally seems to offer some help is one known as sympathectomy. This, however, is intended chiefly to relieve the symptoms; it does not hope to banish the original cause of the hypertension.

Sedatives like bromides and phenobarbital are used. Venesection, or the removal of blood from a vein to reduce the load in all the blood vessels, has been tried. Sometimes spinal fluid tap is employed to alleviate headache. When aspirin and similar drugs do not help, magnesium sulphate is sometimes injected.

If the patient has a severe nosebleed, which many hypertensive patients have, it is best not to stop the bleeding too soon. Very often this is nature's protective measure to relieve the hypertension. Many patients have been saved from internal hemorrhages by nosebleeds.

But the most effective treatment for hypertension lies in persuading the patient to accept a new way of life. This is often extremely difficult for the doctor. One 45-year-old patient told me recently: "My mind is still young. I still use lipstick. When I go someplace where there is dancing, I feel bad at having to take a back seat. It depresses me."

It is this unwillingness, or rather inability, of some of the patients to adjust themselves to new limitations which is the greatest obstacle the physician has to overcome. They can't swap the old way for the new. They can't face reality. Or if they can face it, they don't think life is worth living at a slower rate.

However, they have to make their choice. If the choice is the wrong one, they must realize that their lives may be shortened by many years.

## SYMBOLS

BY INEZ CLARK THORSON

Tinkling  
Of ice in tall  
Glasses is like laughter  
On lips that will not sing of love  
Again.

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# THE THEATRE

by GEORGE JEAN NATHAN

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## BLUE RIBBONS AND BLACK

HEREWITH, this department's nominations of relative merit and demerit for the theatrical season of 1946-1947, beginning September first and ending May first.

### MERITS

The best new dramatic play: *The Iceman Cometh*, by Eugene O'Neill.

The best new comedy: *The Fatal Weakness*, by George Kelly.

The best new musical show: *Finian's Rainbow*, by E. Y. Harburg, Fred Saidy, and Burton Lane.

The best revival: *The Importance of Being Earnest*, by the John Gielgud London company.

The best male acting performance, dramatic: Donald Wolfitt, in *Volpone*.

The best female performance, dramatic: Ina Claire, in *The Fatal Weakness*.

The best male performance, musical: Albert Sharpe, in *Finian's Rainbow*.

The best female performance, musical: Marion Bell, in *Brigadoon*.

The best stage director, dramatic: George Kelly, in *The Fatal Weakness*, with John Gielgud, in *The Importance of Being Earnest*, the close runner-up.

The best stage director, musical: Robert Lewis, in *Brigadoon*.

The best scene designer, dramatic: Robert Edmond Jones, in *The Iceman Cometh*.

The best scene designer, musical: Oliver Smith, in *Beggar's Holiday*.

The best costume designer, dramatic: Cecil Beaton, in *Lady Windermere's Fan*.

The best costume designer, musical: Eleanor Goldsmith, in *Finian's Rainbow*.

The best stage lighting, dramatic: Jo Mielziner, in *Happy Birthday*.

The best stage lighting, musical: Peggy Clark, in *Beggar's Holiday*.

The best novice actor's performance: Tom Pedi, in *The Iceman Cometh*.

The best novice actress' performance: Jennifer Howard, in *The Fatal Weakness*.

The best child actor: Richard Tyler, in *Christopher Blake*.