

ELECTRIC TREATMENT IN ARTERIO-SCLEROSIS AND CASES OF HIGH BLOOD PRESSURE.

To the Editor of THE LANCET.

SIR,—I have read with great interest Dr. W. Lyne Blight's lecture on Arterio-sclerosis as reported in THE LANCET of June 5th. In his excellent work on the therapeutics of the circulation, Sir Lauder Brunton gives as his opinion that by careful estimation of the blood pressure, and by keeping the tension at a proper level by diet, regimen and medicine, the cardiac failure or the cerebral apoplexy, which are common causes of death in advanced years, may be averted for years and the life not only prolonged greatly, but the senile decay or paralysis, which are so trying to the patients themselves and their friends, may be prevented. I fear this good advice is not followed as regularly as it should be, and our patients beyond middle age are not sufficiently warned in the words of Dr. Blight, that, although they may be feeling in good health, they should have their blood pressure taken from time to time, or they make one more of the number who may die suddenly by rupture of a cerebral vessel or thrombosis, &c.

After 28 years of practice I have long since given up relying on drugs alone to remedy this dangerous condition, and I quite agree with Dr. F. Howard Humphris that no article or monograph is complete without a reference to the value of suitable electric treatments. With the choice at my command of either high frequency (auto-conduction cage or auto-condensation couch), static, diathermy, ionisation, or Bergonié-faradic, I must confess that, like Dr. Lacquer (Archives of Roentgen Rays, February, 1907), I find "in advanced arterio-sclerosis little permanent benefit from high frequency."

With more or less advanced cases of arterial sclerosis and its attendant high blood pressure (especially in plethoric cases), I have found a course of ionisation (of lithium iodide) and a short course (a week or less generally) of carefully modified Bergonié-faradic treatment has not failed me, so far, in reducing a blood pressure of, say, 160 mm. or 200 mm. down to 120 or 160 mm. respectively as the case may be, and the result is usually maintained for months, which is equally important. By reference to my case book I see that a patient losing 40 mm. blood pressure in four such Bergonié daily treatments lost only 11 oz. weight in all in a case in which loss of weight was not desired, and that after the lapse of over three months the patient's blood pressure had not risen 5 mm. This seems to me as good as can be expected, and certainly exceeds what I have obtained from drugs alone.

I am, Sir, yours faithfully,

Bournemouth, June 25th, 1915. G. HERBERT RUTTER.

PROCEEDINGS OF THE MEDICAL ASSOCIATION OF THE ISTHMIAN CANAL ZONE.

To the Editor of THE LANCET.

SIR,—By direction of the President of the General Council of Medical Education and Registration I have to inform you that this Council has received from the Privy Council a copy of the Proceedings of the Medical Association of the Isthmian Canal Zone for the half year October, 1912, to March, 1913, which may be seen at this office by any medical practitioner who may be interested in the matter.

I am, Sir, yours faithfully,

299, Oxford-street, London, W.,
June 25th, 1915.

A. J. COCKINGTON,
Acting Registrar.

The War.

THE CASUALTY LIST.

THE following names of medical men appear in the casualty lists published since our last issue:—

Killed.—Lieutenant G. M. Fleming, R.A.M.C.; Lieutenant L. P. Jones, 9th Royal Berks Regiment, was a medical student of Oxford and St. Bartholomew's Hospital.

Died of Wounds.—Second-Lieutenant R. B. Buchanan, 5th Royal Scots Fusiliers, had passed with honours all but the final examination in medicine at the University of Edinburgh and on the outbreak of war was gazetted lieutenant in the Royal Army Medical Corps, but finding he could not be sent on active service until he was fully qualified was transferred on his own application to the Royal Scots Fusiliers.

Wounded.—Lieutenant J. Cowan, Lieutenant R. D. Brownson, attached 1st Battalion Norfolk Regiment, Lieutenant W. H. Shephard, Temporary Lieutenant A. J. McC. C. Morrison, attached R.F.A., all of the R.A.M.C. Lieutenant H. Seddon, attached 1st West Lancs Regiment (T.F.), of the R.A.M.C. (T.F.). Surgeon F. H. Rees, R.N., Drake Battalion.

DEATHS AMONG THE SONS OF MEDICAL MEN.

The following sons of medical men are to be added to our lists of those who have fallen during the war:—Lieutenant E. L. Frost, only son of Dr. Edmund Frost, of Eastbourne; Private W. Y. Dawson, Australian Imperial Force, eldest son of Dr. Yelverton Dawson, of Southbourne and Mallow; Captain R. H. Gallagher, son of the late Captain J. Gallagher, I.M.S., in France, as the result of a motor accident; Captain Philip Shephard, eldest son of Dr. Philip C. Shephard, Aylsham; Lieutenant E. K. Colbourne, of Victoria, B.C., third son of Dr. L. Colbourne, of Beckenham; Mr. C. D. B. Whitby, eldest son of Dr. C. J. Whitby, of Bath, while a prisoner of war, from wounds received in action; Lieutenant E. J. K. P. Pigott, 1st Royal Irish Regiment, son of Dr. F. K. Pigott, of Shrewsbury; and Second Lieutenant C. N. Rundle, eldest son of Lieutenant-Colonel C. S. Rundle, I.M.S. (retired), of St. Heliers.

Midshipman Geoffrey C. Harold, who lost his life when the *Hogue* was torpedoed last September, was the son of Dr. John Harold, of London.

NATIONAL REGISTRATION AND THE SUPPLY OF MEDICAL OFFICERS TO THE SERVICES.

The answers which must be rendered to the official inquiry in connexion with the National Registration Bill should at once clear up, first, the general question as to whether there is a dearth of medical men with our naval and military forces; and secondly, how that dearth, if any, can best be filled by making use of medical men still in civilian employment and by re-sorting in an economical way the duties of those already with the forces. For it must be admitted that there is no great reserve of medical men to draw upon, and however paramount the needs of the army may be, the civilian population, upon which the energies of the fighting forces are ultimately based, must be maintained in good health. Nine-tenths of the men upon the Medical Register for practical purposes fall within the scope of the National Registration Bill, and every man on the roll will have to