

INTRACAPSULAR EXTRACTION OF CATARACT.

SIR,—May I be permitted to correct a slight inadvertence in Lieut.-Colonel Lister's interesting letter (April 7th, p. 612)? The mode of intracapsular extraction selected for the case to which he so generously refers, and in which retro-ocular haemorrhage had to be guarded against, was not Colonel Smith's. That would have been the least suitable since it requires greater pressure upon the globe than any other mode of extraction, and the pressure is followed by rapid relaxation, the effect of which upon brittle blood vessels could not but be dangerous. I have the greatest admiration for Henry Smith's operation in its proper place, and am glad to acknowledge indebtedness for his invaluable teaching, but in my case, cited by Colonel Lister, a different procedure from Smith's was adopted, for the lens was looped out entire by my fine wire loop attached at right angles to a short stem, a mode by which intracapsular extraction is effected without pressure upon the globe.

The case reported was one of four private patients on each of whose remaining eye I practised intracapsular extraction, with good result, after the first eye had been lost, elsewhere, in such good hands that a repetition of the ordinary operation would have presumably invited a similar disaster. The remarkable immunity of intracapsular extraction from post-operative irido-cyclitis makes it, to my mind, the operation of choice whenever the first eye has been lost by anything of that kind, or by needling. After retro-ocular haemorrhage, however, it is not to be recommended, unless, as in the case under consideration, the danger of cyclitis is greater still.—I am, etc.,

ERNEST E. MADDOX, M.D., F.R.C.S. Edin.
Bournemouth, April 11th.

THE COOLIDGE X-RAY TUBE.

SIR,—I have used the Coolidge type of x-ray tube almost exclusively since the beginning of 1914, and with every satisfaction until recently. I now find that I can no longer depend upon these tubes to carry out the work for which they are designed. It has been the justifiable boast of the makers that these tubes could be so regulated as to give the desired output of a particular type of x-ray. During the past nine months, however, it has been my unfortunate experience to obtain tubes which will not "stand up" against a high voltage current. The reason appears to be that occluded gas is left in the tube which during work becomes hot and so sets free the gas; the tube then takes on some of the characteristics of a "gas" tube, showing green rings around the circumference, and being totally useless for further work until cooled down; even then the same thing happens again as soon as the tube is heated up. This I have found to occur with new tubes and with so-called replacement tubes. Previously a standard Coolidge tube would run for one and a half to two hours or longer at a parallel spark-gap of 10 in. and with a current of 10 milliamperes passing through the tube, without causing any trouble or anxiety.

It appears to me that the only way out of the difficulty at present would be to have a certificate from the National Physical Laboratory stating that a particular tube has passed the requisite tests. If all users of these tubes will agree to accept no tube without this certificate, manufacturers will cease to produce anything but the best.—I am, etc.,

W. M. ROBSON, M.D., F.R.C.P. Lond.
Northampton, April 13th.

VOMITING AFTER DEEP X-RAY THERAPY.

SIR,—The obstinate and most distressing vomiting which so frequently occurs after and often during the prolonged application of deep x-ray therapy, especially when it is applied to the thorax or upper abdomen, has been one of the most trying concomitants of the treatment.

Whatever the cause may be—whether due to direct irritation of the stomach or of the vomiting centre by the changed condition of the blood brought about by the rays—there is obviously gastric irritability, and it seemed to me to be probable that the administration of chloretone would be of benefit. The results, so far, have been satisfactory, and others, practising this form of treatment, may be glad to try it.

I give castor oil the afternoon before the treatment and an enema next morning. The patient takes a light breakfast of tea and toast and butter an hour and a half before coming for treatment, and soon after 10 grains (0.65 gram) of chloretone

is administered. I endeavour to persuade the patient to do without lunch, but, if they feel they must have something I give a cup of strong soup with a biscuit about 1 p.m.—that is, after about the first three hours—and also I give a further 5 grains of chloretone. About 6 or 7 p.m. a further 5 grains is given, and a drop enema of a solution of the exact saline constitution of the blood. (I have used "normosal," a German preparation, dissolved in the appropriate amount of water.)

Since adopting the above procedure I have treated eight cases:

- One of epithelioma of the larynx (5 hours); no nausea or vomiting.
- One of cervical carcinoma (6 hours); no nausea or vomiting.
- One mediastinal tumour (6 hours); no nausea or vomit ng.
- One malignant prostate (4½ hours); no nausea or vomiting.
- Four scirrhus (7, 6½, 5½, 5½ hours respectively). One patient vomited once during the night after the treatment, the others not at all.

The first case on which I tried the chloretone was one of tumour of the cervical region of the spinal cord, with intense pain. This patient had had morphine and lyoscine for some time before the treatment. I only gave the 10 grains in the morning, and the patient, who had four hours' application of the rays, had no vomiting during the treatment, but did vomit intermittently for two days. Had the chloretone been continued this would not, I believe, have occurred.—I am, etc.,

J. CURTIS WEBB,
Hon. Radiologist, Gloucester Royal Infirmary.
Cheltenham, April 5th.

THE TRAINING OF NURSES IN COTTAGE HOSPITALS.

SIR,—I would like to draw attention to the training of nurses in cottage hospitals. According to the regulations of the General Nursing Council the teaching and experience of probationers in these institutions is not, and cannot be recognized for admission to the Register; it is true that there is a clause in the scheme under which two or more small hospitals may work together to furnish the necessary requirements, but under the conditions required this is not, except in very few instances, practicable.

It is unfortunate, for many reasons, that all the training of nurses in our small hospitals should, so far as registration is concerned, be wasted. I have no information of the number of these probationers, but as they serve about 4,000 beds the number must be very considerable. Although they receive no lectures or routine instruction from members of the staff there can be no doubt that the training is of very real value; it is essentially practical. Their work involves a larger amount of responsibility than is the case in the big hospitals, and allows for a considerable degree of initiative; it is done under the more immediate supervision of the experienced medical staff, who, I feel sure, would confirm my opinion as to the effective value of the teaching.

These hospitals admit probationers at a younger age than the large hospitals; this, I think, is a great advantage—a girl is more teachable at that age, and, although she may then wish to take up nursing as a profession, she may alter her mind if her desire cannot be fulfilled for two or three years. Moreover, if she enters a small hospital, say, when she is 18 or 19, and finds that the work does not suit her or she is not suited to it, she has plenty of time to enter upon some other occupation.

To the cottage hospitals themselves some recognition of their training would be a great assistance, for the difficulty of obtaining probationers has, on account of the conditions now required for getting on the Nurses' Register, become a serious one; if a girl intending to become a nurse knows that two or three years spent at a small hospital will not only fill up the time until she can be admitted to a larger one but will also be counted as part of the three years' training required, she will naturally be more inclined to apprentice herself there than would otherwise be the case.

From the point of view of the larger hospitals themselves the acceptance of this training would mean that there would be a larger recruiting ground from which they could gather nurses; it would, too, provide them with a better opportunity of testing the suitability of and selecting their probationers, who also would be of more use to them than if entirely untrained, and the hospitals would not be troubled as they are at present with so many that are found quite unfitted for the work.—I am, etc.,

Bradford-on-Avon, March 24th.

CHAS. E. S. FLEMMING.