

which, however, I see certain physiological objections. Where the use of the small occlusive cap is impracticable the Dutch cap is probably the next best thing.

The experience at our clinic, I think, confirms not only my own view but the view expressed some months ago by the Special Medical Research Committee of the Society of Constructive Birth Control, that the internal cap for the woman affords an adequate and satisfactory measure of contraception for normal cases. Practice in contraception, however, is undoubtedly to-day in urgent need of some entirely satisfactory means for women with prolapse or abnormal cervixes, and also for the incorrigibly careless, who, while perhaps approaching to the state of feeble-mindedness, are not actually feeble-minded. In addition to the thousand personally instructed cases recorded at the clinic, we have been in touch in correspondence in the last year or two with something approaching 10,000 cases, which, so far as the less complete data about these women go, appear entirely confirmatory of the personal records obtained through the clinic.

I am, Sir, yours faithfully,

MARIE C. STOPES.

61, Marlborough-road, Holloway, N. 19.

* * Clinical experience ought to be recorded with the authority of the medical officer of the clinic.—
ED. L.

? CAUSE OF DEATH.

To the Editor of THE LANCET.

SIR,—In reference to Dr. Henry Bird's letter in THE LANCET last week, from the position in which the body was found it seems possible that death resulted from a dislocation of the neck. Were the vertebrae examined p.m.?

I am, Sir, yours faithfully,

Wylam-on-Tyne, August 5th, 1922.

W. H. BISHOP.

THIRST AND RECTAL SALINES.

To the Editor of THE LANCET.

SIR,—It must be apparent to all fellow-students of Dr. Doreen Stranger (THE LANCET, August 5th, p. 304) that she has sacrificed hospital attendance for private research, for the administration of water instead of saline per rectum has been practised and vigorously taught in at least one clinic at Edinburgh Royal Infirmary for some years.

I am, Sir, yours faithfully,

EDMUND R. BOYD (H.S.).

County Hospital, Huntingdon, August 5th, 1922

THE HOT OPERATING THEATRE.

To the Editor of THE LANCET.

SIR,—I have for many years run my private operating theatre on the lines advocated by Mr. R. P. Rowlands in the last issue of THE LANCET, and can corroborate his conclusions in nearly every detail. An atmosphere which, owing to its excessive heat and moisture, reduces surgeons and nurses to the consistency of a boiled rag, cannot be other than harmful to a patient whose resisting powers have been reduced by disease or injury plus an anaesthetic. Even in recently constructed theatres it is quite common to find that steam from the sterilisers finds its way into the air of the theatre.

The principle of applying the heat where it is required—i.e., to the patient—instead of to all the contents of the theatre, has not yet met with general acceptance. A very moderate amount of external heating suffices for a patient who is placed on the table in fairly good general condition and whose vitality is not depressed during the operation by chill from exposure, severe loss of blood, trauma from rough operating, or over-anaesthetisation. For supplying the patient with heat the electrically-heated table is the best. In tables heated by cans or bags of hot water, the heat lessens as the operation

proceeds, and is least at the end of the operation, the very time at which the patient requires it most.

For warming the theatre itself to a reasonable temperature, the old-fashioned radiator, still to be seen in recently built theatres, is far too much of a dust trap. The heating apparatus should be built into, and should form part of, the plane surface of the wall. Flat metal plates, electrically heated, answer admirably. Ventilation, in practice, resolves itself into either sucking the foul air out, its place being taken by air, more or less vitiated, from the rooms and corridors adjacent to the theatre, or diluting the foul air by driving in a continuous stream of out-door air, filtered, and if necessary warmed, the excess of air escaping from the theatre into parts of the building adjoining the theatre. The driving-in method is by far the better.

In July, 1914, the writer was in a newly built English theatre, which was being "ventilated" by an enormous extracting fan. The workers and the spectators found the atmosphere intolerable. Fortunately, the architect, in a moment of mental aberration, had fitted the theatre with an ordinary sash-frame window, which had to be opened to its fullest extent before the impending asphyxia could be obviated.—I am Sir, yours faithfully,

C. HAMILTON WHITEFORD.

Plymouth, August 5th, 1922.

THE MEDICAL DIRECTORY, 1923.

To the Editor of THE LANCET.

SIR,—The annual circular has been posted to every member of the medical profession. Most of the returns have already been received. If any practitioner has not yet sent us the latest information, we shall be glad to receive it by an early post.

We are, Sir, yours faithfully,

THE EDITORS.

7, Great Marlborough-street, London, W. 1,
August 2nd, 1922.

NIGHT SWEATS

To the Editor of THE LANCET.

SIR,—The valuable communication on this subject by Dr. Marcus Paterson, in your issue of July 29th, calls for some comment, not because the statements therein are inaccurate, but because they give a wrong impression as to the frequency of night sweats in cases of pulmonary tuberculosis under proper hygienic conditions. Tuberculous patients very often give a history of profuse slumber-sweats; but in my experience such sweating is very rare under "sanatorium conditions."

When I was a visiting physician at the Mount Vernon Hospital for Diseases of the Chest, at Hampstead, about the time when the open-air wards were opened, I once asked the R.M.O. to look out some cases of night sweats, in order that I might study the circumstances with the consent of my colleagues; he could, however, only find three recent cases in the hospital, one of which had ceased to sweat at night, one had left the hospital a week before, and the third had just died. There were no cases amongst my own in-patients there. During the first 11 years of the existence of the Crooksbury Sanatorium, when I was directly responsible for the treatment, night sweats were equally rare. Out of 411 consecutive cases treated there between 1900 and 1911, only three had profuse night sweats after the first few days; and all three had extensive lesions and much constitutional disturbance. One of my colleagues there asked, on joining me, to have a supply of special pills for use in case of night sweats. There was, however, never any occasion to use a single one, and they remained untouched in the surgery. Both at Mount Vernon Hospital and at the Crooksbury Sanatorium at that time (1896–1911), the majority of cases admitted had extensive active lesions with fever; but with proper ventilation and good beds night sweats were decidedly rare.