Council can and cannot do. The General Medical Council is frequently blamed for supineness in situations where it has no possible power or discretion to act. Of course, the Medical Acts require amendment in the interests of the public and amendment in some directions might take shapes that would render the Council more practically useful to the medical profession.—ED. L.

COLLECTIVE INVESTIGATION OF PUERPERAL ECLAMPSIA.

To the Editors of THE LANCET.

SIRS,—The request of the Clinical Society of Manchester for reports of cases of eclampsia is meeting with a hearty response from medical men all over the country. The committee would like to point out that a diminution in the excretion of urea is coming to be regarded as an important physical sign of the pre-eclamptic state, more important, perhaps, than albuminuria. The vital point is one on which they hope their investigations will throw much light and reports which give quantitative estimations of urea and daily quantity of urine will be doubly valuable for this reason.

The use of the hypobromite process with Southall's ureometer is very simple and the apparatus is inexpensive (it can be obtained through any druggist for about 3s.). It may perhaps be hoped that those who are favouring us with reports of cases will find time to furnish data enabling us to correlate the output of urea with the gravity of the case.

We are, Sirs, yours faithfully,

T. ARTHUR HELME,

President.

J. PRICE WILLIAMS,

Honorary Secretary for the Investigation.

J. HOWSON RAY,

Honorary Secretary Clinical Society.

22, St. John-street, Manchester, March 4th, 1903.

THE LARGE INTESTINE AS AN INTER- MITTENT SYPHON.

To the Editors of THE LANCET.

SIRS,—Quite apart from any opinion as to the theoretical merits of Dr. R. W. Leftwich's ingenious views, as expressed in THE LANCET of Feb. 7th (p. 374) and 21st (p. 552), clinical observation supplies us with a demonstration of the fact that the colon is capable, when its lumen is patent, of transmitting fluid by gravitation—using that term in the usual sense—more rapidly than by longitudinal and annular peristalsis. My first observation five years ago and many subsequent ones were made in patients suffering from typhoid fever and led to my adopting a method of treatment which I described under the heading of "postural treatment" in a note on "Suggestions for the Practical Treatment of Typhoid Fever" published in THE LANCET.¹ I found that when the right loin was heavy and "dull" with fluid fæces, and the left loin resonant with gas, the cæcum and the sigmoid flexure could be made to exchange their contents and the character of their percussion note within a very few minutes by suitably tilting the bed or more simply the patient's body. Moreover, the same exchange could be subsequently reversed by reversing the lateral decubitus—a point of some importance in treatment, as it enables the cæcum to be charged with irrigation fluid after it has been cleared of fæces. In cases of that kind my present practice, which I may describe as the "empty bowel treatment," is to empty the cæcum by posture into the sigmoid flexure where the faecal fluid is within reach of the long tube or of an evacuating enema and then to irrigate the colon by means of a double tube with water containing charcoal powder in suspension. I now regard this daily toilet of the colon as belonging to the sanitary treatment of most cases of typhoid fever. The other details of the treatment concern the upper bowel and do not bear upon the point now under discussion.

I still consider that the rapid transmission of fluid through the length of the colon is mainly due to the alteration in the respective levels of the fluid and of the gaseous contents of an abnormally patent and atonic bowel, though I am prepared to admit that syphonage may come into play if at any moment the transverse colon and its flexures should become charged with an exclusively fluid column. The mechanism by which this syphonage might be brought about

by posture and by other favouring circumstances might perhaps be illustrated by a simple schema consisting of a glass tube shaped like the colon (interrupted in the middle by a short length of indiarubber tubing) with one end tightly fitted into the neck of a flask containing water and the other end fitted into a flask containing air. But no schema can teach us the complex working of the living bowel. It is possible that the gas contained in the cæcum may act under the influence of lateral pressure like the compressed air in the ordinary indiarubber hand ball pump in propelling the contents of the colon and sometimes in charging the transverse colon with a continuous column of fluid capable of syphonage. However this may be, it is probable that our knowledge of the mechanical functions of the colon is far from complete; and Dr. Leftwich's suggestive investigation has helped us to realise more clearly the many-sided resources of the living bowel which may combine some of the properties of rigid tubes with the advantage of contractility.

I am, Sirs, yours faithfully,

Curzon-street, W., March 8th, 1903.

WILLIAM EWART.

THE VENTILATION OF SCHOOL BUILDINGS.

To the Editors of THE LANCET.

SIRS,—I should be very much obliged if you would allow me through the medium of THE LANCET to ask for an opinion upon the medical aspects of the following point in connexion with ventilation. Certain systems of warming and ventilation are so arranged that the heating of the rooms is entirely done by the admission of hot air—that is to say, fresh air is propelled into the rooms but at a sufficient temperature to obviate the need of any further direct heating. This plan is becoming more common and it would be very useful to have some opinions upon the hygienic aspects of breathing air which, to allow for the cooling effects of the windows and walls, must be when admitted very considerably above the required temperature of the room. Would not such conditions tend to have an enervating and depressing effect upon the vitality of the children, to weaken their powers of resistance to colds, &c.? It has been suggested to me that one result of this would be a tendency to adenoid growths; the system is very largely used in America, so that it would be interesting to know whether the complaint is more prevalent in that country than here where the plan, although in use in many places, has not been adopted to anything like the same extent.

I am, Sirs, yours faithfully,

FELIX CLAY.

Buckingham-street, Strand, W.C., March 4th, 1903.

ADENOMA OF THE RECTUM.

To the Editors of THE LANCET.

SIRS,—In your leading article on this subject¹ you make the suggestion that an adenoma of the rectum may be a papilloma. I have examined a fair number of these growths and I have found that the greater number of them have no papillæ but are composed of tubes lying in a connective-tissue stroma. If they have no papillæ how can they be papillomata? The commonest simple tumour of the rectum is the adenoma. The villous tumour, which is not so common, contains both papillæ and tubes and is an adenopapilloma. I have never met with a pure papilloma of the rectum, although it is not improbable that they occur. I have entered into the question of the nomenclature of these epithelial tumours in the Erasmus Wilton Lectures for 1902² and in a communication to the *Journal of Pathology and Bacteriology*³ a reprint of which I inclose.

I am, Sirs, yours faithfully,

CHARLES POWELL WHITE.

St. Thomas's Hospital, March 3rd, 1903.

UNITED KINGDOM POLICE SURGEONS ASSOCIATION.

To the Editors of THE LANCET.

SIRS,—Will you kindly allow me to inform all those of your readers who are police surgeons of the following statement? I have forwarded a copy of our last annual report

¹ THE LANCET, Feb. 28th, 1903 p. 597.

² THE LANCET, Feb. 15th (p. 423) and 22nd (p. 491), 1902

³ The Pathogenesis of Tumours, *Journal of Pathology and Bacteriology*, June, 1901.

¹ THE LANCET, Dec. 8th, 1900, p. 1644.