mould, very common in brown and barley bread &c.; the conidia are colourless, varying from 1 m. to 2.5 m. in diameter, and, what is especially noteworthy, thriving best at from 37° C. to 40° C., just the heat they meet with in the human body. According to Siebenmann these spores are very widely diffused, and it is quite conceivable that under favourable conditions of heat and moisture they might increase and multiply to an enormous extent, and be extensively disseminated by air currents over vast tracts of country. All evidence during the recent epidemic seems to point to an atmosphere impregnated with pathogenic germs, and it is not a little significant that the period of greatest influenza intensity was marked by comparatively mild, moist, and "muggy" weather. The suddenness of the invasion of influenza, the large numbers simultaneously attacked, the extreme rapidity with which it spreads, and the apparent caprice of its course, all point to an air-borne contagium. In suggesting this theory as to the etiology of influenza, I do not, I need hardly say, wish to assert dogmatically that the spores of the *aspergillus fumigatus* are absolutely the cause of this obscure disease, but merely that it is more than possible that they or some allied fungus or spore may originate it, and to suggest to those who possess the requisite skill and apparatus a line of research which, I believe, may help to solve this difficult question.—I am, Sirs, yours truly,

CHAS. EGERTON FITZGERALD, M.D.

Folkestone, Oct., 1891.

"NEW GUNSHOT WOUNDS COMPARED WITH OLD."

To the Editors of THE LANCET.

SIRS,—Under the above heading your Berlin correspondent, in your issue of Oct. 31st, p. 1019, draws attention to Thurnwald's statement that by the new bullets "the soft parts are less bruised, and the bones less shattered." In the "Surgical Report of the Belfast Riots," as published by me,¹ referring to the changed character of the bullet wounds of the day, is the following: "I think the altered shape and greater velocity of the modern rifle bullet has much to do with the result. To me it appears less of a crushing and more of a cutting missile, and a study of the records of military surgery from the time of Hunter, Bell, Larry, Guthrie, Hannen, Longmore, and the surgery of the American civil war, will show that, in proportion to the increase in velocity of rifle bullets so did the sloughing from gunshot wounds diminish." The fact that the slow velocity is the principal cause of the bruising is first, I think, suggested by Richard Wiseman in the introduction to his treatise on "Gunshot Wounds," in which the following passage occurs: "What I have said of gunshot happeneth at sea frequently by a splinter, which, though it may have lost its force to make a wound, yet it sometimes bruise the skin to the flesh so forcibly as to extinguish the natural heat, and to make it black" (see ed. 1686).

I am, Sirs, yours truly,

Dublin, Oct. 31st, 1891.

GEORGE FOY, F.R.C.S.I.

THE BELFAST ROYAL HOSPITAL.

To the Editors of THE LANCET.

SIRS,—I have seen a paragraph in THE LANCET headed "Belfast Royal Hospital," bearing upon a recent inquest in that institution and the sanitary condition of the hospital. Were it not that I am in the midst of scholarship examination papers in connexion with Queen's College, Belfast, and that other matters of a grave character press upon me just now, I should have been disposed to furnish you with a full and complete statement of the case as it came before me at the inquest. In the meantime, may I request you will be so good as to insert in an early issue of your valued periodical, the report of the medical and surgical staff of the Belfast Royal Hospital, with my short statement in reply, as they appear in the Belfast papers. I herewith forward them for your use. The short statement which appeared was all the length I considered it necessary or right to go in the daily papers; but as the subject has been entered upon in THE LANCET, I hope you will see the propriety of giving publicity to the "report," and also to my brief reply. The subject has been much commented upon here in professional circles, and it has naturally excited con-

siderable interest. I should therefore desire to see the whole question more fully and candidly dealt with than it has been yet in the medical press. I should say that a medical periodical is the proper quarter to discuss it. Should circumstances allow me, I hope to make, at not too remote a period, such a reply to the "report" as to show that in place of the Belfast Royal Hospital being in a proper sanitary condition, and well suited to the safe and successful performance of capital operations within its walls, this institution has been, and still is, in a foul, impure, and objectionable condition for the reception of medical and surgical patients. The staff of the hospital have been coerced into this controversy; their position and relationship to this institution and to its board of management are such that they cannot afford to dispute their arbitrary authority, as their existence or non-existence as members of the staff absolutely depends upon the favour or the frown of the former. More of this, I hope, hereafter.

I am, Sirs, yours faithfully,

Oct. 31st, 1891.

R. T. DILL.

* * We fear, with the existing pressure on our space, we cannot open our columns to what would no doubt prove a prolonged discussion, whilst the issues involved are mainly of local interest.—ED. L.

THE OPERATION OF COMBINED PYLORECTOMY AND GASTRO-ENTEROSTOMY.

To the Editors of THE LANCET.

SIRS,—He is a daring man who, in these days, can confidently affirm—"The case I am now reporting is the first in which the operation has been performed in this country." This is what Mr. Bowreman Jessett says of his excellent case of combined pylorotomy and gastro-enterostomy, published in THE LANCET of Oct. 24th; and he has fallen into error, for an operation on exactly the same lines was performed by me in the Bristol Royal Infirmary on March 25th, 1891. Some of us may think that the terms "first," "first published," "first successful," "first successful published," and so forth, might be applied to operations with more propriety by others rather than by the operator himself. If "first" has to be applied to my operation, there can be no harm in speaking of it as the "first unsuccessful" case, and in saying that an account of it, or as much of it as is worth recording, has been in print for five months, and will be published soon. I may add that I wrote to Mr. Jessett and told him of my case, for I believed that he would like to correct his error in the current number of THE LANCET. As he has not done so, I venture to do it for him.

I am, Sirs, yours faithfully,

Clifton, Bristol, Nov. 2nd, 1891.

J. GREIG SMITH.

To the Editors of THE LANCET.

SIRS,—In your issue of Oct. 24th, Mr. Jessett publishes a case in which he had performed the operation of combined pylorotomy and gastro-enterostomy with success on a patient suffering from pyloric cancer—a result which is most satisfactory. This operation was performed on Aug. 4th, 1891, and in his paper (p. 923, line 22) he says: "The case I am now reporting is the first in which the operation has been performed in this country." This is scarcely correct. On July 9th, 1890, I saw a case of pyloric cancer in consultation, which I thought a very suitable one for removal. Dr. Lowson was chosen as the surgeon, and on July 25th, 1890, he performed the operation of combined pylorotomy and gastro-enterostomy. The case, which was not successful, has not been so far reported, but the merit of being the first to perform the operation in this country belongs rather to Dr. Lowson than to Mr. Jessett.

I am, Sirs, yours obediently,

Hull, Oct. 31st, 1891.

FRANK NICHOLSON.

REMOVAL OF A FRAGMENT OF STEEL FROM THE RETINA BY MEANS OF THE ELECTRO-MAGNET.

To the Editors of THE LANCET.

SIRS,—I have read with much interest the case reported in THE LANCET of Oct. 24th by J. Tatham Thompson, M.B., under the above heading. In the last paragraph of

¹ Med. Press & Circ., Sept. 1st, 1886.