

INEQUALITY OF THE PUPILS IN TUBERCULAR MENINGITIS.

To the Editors of THE LANCET.

SIRS,—My friend Mr. Buxton has rather mistaken the origin and object of my letter on "Inequality of the Pupils in Various Diseases." It was written because I noticed that Dr. Pasternatski, in writing on this subject, and enumerating several diseases where this symptom existed, did not mention tubercular meningitis. Now, as my experience is that it is often present where tubercle of the cerebral membranes exists, I was desirous of knowing if this was an accidental omission, or that Dr. Pasternatski had not observed the symptom in tubercular meningitis. It did seem to me more than a coincidence that my fatal cases had unequal pupils to a very marked degree (I have copious notes of a very interesting case in a boy of nine, where one pupil was widely dilated and the other contracted to a pin's point, both insensible), while in the cases of recovery it did not exist; and it still appears to me reasonable that the pressure on the brain, whether caused directly by tubercle or by fluid the result of tubercle, should produce graver symptoms when that pressure is all on one side, and not shared between the two cerebral hemispheres; and thus unequal pupils may become an important and valuable symptom affecting the prognosis, although of course not necessarily excluding the diagnosis; and Mr. Buxton has not shown that there is not a tendency—and I think there is—for the fluid to gravitate more or less on one side in this disease. I did not examine the fundi; the pupils in every fatal case were insensible.

I am, Sirs, yours truly,

March 22nd, 1887.

FREDK. H. ALDERSON, M.D.

ERYSIPELAS AFTER VACCINATION.

To the Editors of THE LANCET.

SIRS,—The article on the above subject in your last issue induces me to draw attention to a factor of importance in the causation of erysipelas—i.e., hereditary predisposition. This was brought forcibly under my notice a few years ago, while holding the post of public vaccinator to a district in Yorkshire. I had a severe case of spreading erysipelas following vaccination in a child nine months old, who eventually recovered after a long illness. There was nothing either in the history of the inserted lymph, or, as far as I could judge, after careful inspection and inquiry, in the sanitary surroundings of the patient, to account for the disease, but there was a decided family history of erysipelas, both parents having suffered from it, the father being peculiarly prone to attacks of the facial variety. All other explanations failing, I attributed the occurrence to the depressing influences of teething and an inherited predisposition to the development of erysipelas, the vaccination wounds merely affording an inlet to the active elements of the disease, which under different circumstances might have been innocuous. The case made a lasting impression on my mind, and is certainly suggestive in view of similar occurrences.

I am, Sirs, yours faithfully,

JAMES TURTON, M.R.C.S.,

Late Public Vaccinator, Dewsbury Union.

Brighton, March 20th, 1887.

"A CASE FOR INQUIRY": A DISCLAIMER.

To the Editors of THE LANCET.

SIRS,—THE LANCET of the 12th ult. has only just come into my hands, and I am very much astonished to find in your annotations a paragraph which, unless the matter is cleared up, may be considered to refer to me. I find on looking at the Medical Directory for 1884 that I am the only T. Young in the whole of the United Kingdom possessing the qualifications mentioned. I have been unable as yet to procure copies of the *Illustrated London News* for the dates to which your paragraph refers; but whatever the matter may be, I most emphatically disavow any knowledge of it, inasmuch as I neither know nor have ever had any communication with Mr. Alabone. I assure you that both advertising and assumption of titles which are not legal have as little of my sympathy as of yours. I feel sure that,

with your usual justice and impartiality, you will allow me in your next issue to disclaim any connexion between the "Dr. T. Young" mentioned in your issue of the 12th ult. and myself.

I am, Sirs, yours faithfully,

THOMAS BRETT YOUNG, L.R.C.P., L.R.C.S. Edin.
The Laurels, Hales Owen, near Birmingham, March 22nd, 1887.

* * We gladly insert our correspondent's letter.—ED. L.

MANCHESTER.

(From our own Correspondent.)

HOSPITALS AND PROVIDENT DISPENSARIES.

IN THE LANCET of the 19th inst. is an article on Co-operation of Hospitals and Provident Dispensaries, pointing out the importance of this subject on the work of the committee which is now considering how best in London to organise medical attendance on the poor and prevent indiscriminate giving of free medical relief. The committee might gain some valuable information by applying to the proper quarter here. For many years the provident dispensary has worked with the Royal Infirmary and other medical charities, with the object of preventing abuse of the latter. Inquiries are made into the circumstances of all patients applying for aid, and after having given what assistance or help may be needed at the first time of coming to hospital, they are referred to the provident dispensaries, if their means are found to be such as to enable them to pay the scale of charges fixed by them. By this means the out-patient departments especially are kept from being overcrowded, and those who are proper objects for the work of the charities receive more attention than if the numbers were swelled to an almost unmanageable extent.

ST. MARY'S HOSPITAL.

At the late annual meeting of St. Mary's Hospital the balance-sheet showed an unsatisfactory condition, the expenditure in the past year having exceeded the income by £348. A most important matter was decisively announced—i.e., the attempt to raise a fund for building a new hospital. Already subscriptions to the amount of £10,000 have been promised, and important help has been promised by Madame Marie Roze, who will give a concert in aid of the movement. Many years ago Jenny Lind, then in the height of her fame, gave a concert on behalf of the Royal Infirmary, the proceeds from which went largely towards building a new wing.

THE SOUTHERN HOSPITAL,

which in a quiet unobtrusive manner does a good work on the south side of the city amongst women and children, is about to extend the sphere of its usefulness by adding a lying-in department to its present operations. Seeing that we are practically without a lying-in hospital, the effort is one worthy of support.

THE ROYAL INFIRMARY

has recently made an attempt to obtain funds from a rather unusual source, by applying to the various Local Boards for a contribution out of the rates, and in several instances the application has met with success. An announcement made at a late meeting of the Infirmary Board that the Fever Hospital was about to be extended, at a cost of £3000, has caused some correspondence in the daily press from some who object to all the infectious disease in Manchester and neighbourhood being taken to one spot, and from others who dispute the right of the Infirmary Board to expend its funds at all on a matter which it is the duty of the health authorities to attend to. The neighbouring borough of Salford has just disposed of its Fever Hospital, to the London and North-Western Railway, for upwards of £20,000, so that the Corporation will have to make fresh arrangements for the isolation of their infectious disease.

FEVER HOSPITAL FOR BRADFORD.

The Town Council of Bradford, in the adjoining county of Yorkshire, have just purchased the Fever Hospital there from the trustees of the hospital for the sum of £10,000. As a result of the action taken by the Sanitary Association, the City Council will for the future publish its Health Committee's report annually, instead of biennially, as hitherto. It has also been successful in obtaining the use of the playgrounds