have greater distension of veins and more marked œdema on that side. The same is true of the air passages, which are also very frequently involved, and you may find that the compression of the lung, on the side towards which the tumour is lying, gives rise to diminished intensity of the breath sounds. Over the tumour itself the lung may be absent, having been pushed aside, so that in the dull area there is no respiratory murmur to be heard. In most of these cases cough is a prominent feature. It may or may not be accompanied by expectoration, and when this is present it is very frequently stained with blood. The colour of the blood is usually very bright red. The sputum often resembles that of pneumonia, but it is not rusty, as in the characteristic sputum of that disease. The blood in fact looks very much like red currant jelly, as was well brought out in our patient.

With regard to the origin of these tumours, they may arise from almost any of the structures contained in the mediastinum. You may have them originating in the bronchial glands, in the vestiges of the thymus gland, in the fat or connective tissue of the mediastinum, in the pericardium, or in the periosteum of the sternum. Their nature, as has been said, is usually malignant, and they generally attack middle-aged or elderly people, preferably males. It is extremely uncommon to find a young woman of twenty the subject of such a tumour. The most frequent form is the round celled sarcoma, or they may be true carcinomata. Occasionally they are syphilitic. In our case there was absolutely no suspicion of syphilis, and, having regard to the age, we may probably exclude carcinoma. The tumour then was most probably a lympho-sarcoma.

NOTE ON THE INTERNAL TREATMENT OF VESICULAR ECZEMA.

By LESLIE PHILLIPS, M.D. BRUX.,

Surgeon to the Birmingham Skin and Lock Hospital.

HOWEVER satisfactory the modern topical treatment of eczema may be, there are met with in practice numerous cases of the vesicular form of the disease in adults which have a marked tendency to spread or relapse; and after all the indications for treatment, including gastro-intestinal and diathetic, have been followed, there unfortunately still remain in many cases both a temptation and a reason to seek a remedy which we hope may have some specific or direct action in modifying or restraining the morbid tendency. I have, during the last two years, given some care to observing the effect of remedies and the results may be briefly summarised.

The marked influence of calcium sulphide on the nutrition of the skin in scrofuloderma seemed to justify its persevering employment in eczema, and it was used in a large number of cases, but in every case with a disappointing result.

Ichthyol (in pills) in one or two cases seemed to have a slight modifying influence, and in one case of relapsing vesicular eczema of the arms and hands the patient believed that the drug was of more benefit than any previously-used remedy.

The recent reports on the power of calcium chloride to increase blood coagulability suggested its use in the disorder under consideration, and it was employed in a large number of cases, but with entirely negative results.

Tartarated antimony has appeared to me to be very helpful in not a small proportion of cases, as was long ago pointed out by Mr. Malcolm Morris. I give sensible doses—namely, one-tenth to one-sixth of a grain thrice daily, and am in the habit of continuing it for long periods, it being seldom found needful to discontinue the drug on account of ill-effects.

My experience of thyroid gland feeding in vesicular eczema has been negative.

The hypophosphites appear to be occasionally useful.

DR. HOWARD W. ACHESON, of Farnham Street, Cavan, has been presented with a purse of sovereigns on his retirement from the appointment of medical officer of the Killnagh Dispensary District.

REPORT

ON

ASEPTIC AND SEPTIC SURGICAL CASES, WITH SPECIAL REFERENCE TO THE DISINFECTION OF SKIN, SPONGES, AND TOWELS.¹

By C. B. LOCKWOOD, F.R.C.S.,

Assistant Surgeon to St. Bartholomew's Hospital; Surgeon to the Great Northern Hospital.

I.—DISINFECTION OF THE SKIN OF THE PATIENT.

THE following is a continuation of the work upon the disinfection of the skin. In the last report, which was published in the BRITISH MEDICAL JOURNAL on May 28th, 1892, the difficulties of the subject were mentioned, and the following instance of them was given. Before removing a chronic mammary tumour from the breast of a young woman, the usual attempt was made to disinfect her skin. After a hot bath it was scrubbed with soap and water until, as the sister said, she almost cried. Next the skin was rubbed with carbolic lotion 1 in 20, and, finally, it was enveloped in an antiseptic dressing for eighteen hours before operation, and at the operation it was rubbed and washed again with perchloride of mercury lotion 1 in 1,000. It will be allowed that strenuous efforts had been made to disinfect this skin, but, nevertheless, I grew from it the bacillus epidermidis, a streptococcus with as many as fifteen elements in a chain, staphylococcus albus, and many diplococci. These cultures were obtained by simply removing a piece of the skin at the operation, and dropping it into the usual sterilised broth, which was afterwards kept for some days at summer temperature in an incubator.

Here it is necessary to meet an obvious objection to the method of investigation which I have pursued. To introduce the skin or materials into the broth, they were cut off with sterilised scissors, and dropped into it wet with perchloride of mercury or carbolic lotion. It might reasonably be said that this lotion was sufficient to account for the absence of growth in some of the experiments. However, this is, I think, negatived by the result of the following simple experiment: Six ordinary broth cultures received from a fine pipette 2, 4, 8, 16, 24, and 32 drops of perchloride of mercury lotion, 1 in 1,000, and were afterwards inoculated with a cultivation of micrococci grown from one of the bits of skin. On the following day, after having been kept at summer temperature for twenty-four hours, each contained an obvious growth, and this afterwards increased until all the broth was turbid. Now I should estimate that never more than two or three drops of lotion were introduced in any of the other experiments with skin or materials.

In passing, it may be remarked that the above is rather a striking instance of the inefficacy of the chemicals which we are accustomed to use. The cocci grew luxuriantly in a mixture of broth and perchloride of mercury, the strength of which I should estimate to have been 1 in 5,000.

A similar experiment done with carbolic acid gave similar results. Six broth tubes were mixed with 10, 20, 30, 40, 50, and 60 drops of carbolic lotion, strength 1 in 20, and then inoculated with the same culture of skin bacteria. In seventy hours the first four were turbid, and contained abundant growth, and before the end of the week the others followed suit, the one with 50 drops becoming turbid before the one with 60.

Thus I think we may safely infer that in none of the experiments was sufficient of the chemical introduced with the skin or other material to mar the result.

At the beginning of this year other experiments similar to the first were done with the same result. A piece of the skin of a girl's neck, from which I was about to remove a cervical exostosis, was prepared in the same way as the woman's breast. The broth into which a portion of it was placed soon contained cocci, diplococci, and strings of from four or five cocci.

¹ Two previous reports on this subject have appeared in the BRITISH MEDICAL JOURNAL (October 21st, 1890, and May 28th, 1892).