note the marked "keeping" properties of the urines of patients taking large doses of creosote. I have allowed some of these specimens to stand for nearly two months without any change occurring in their reaction or production of fermentative changes. I have, unfortunately, not had the opportunity recently of treating a case of cystitis, or other disease of the genito-urinary tract in which fermentative changes occur, and where a non-irritant disinfectant would be of value, but it seems possible that creosote would be of use in such a case, seeing that no symptoms, either subjective or objective, have been noticed in any of these cases to show that the drug produces the slightest irritation when the mucous membrane is normal, though, of course, it might prove harmful to a diseased mucous membrane.

Lastly, it is asserted by many that creosote cannot be given to children in more than minute doses. I regret I have not had the opportunity of testing this objection, as few children suffering from phthisis are admitted into this hospital. I have, therefore, only been able to watch the effects of the drug in three cases. Two of the patients were 5 years of age and the other was 2 years older. The two former had marked pulmonary tuberculosis, the latter was suffering from fibrosis of the left lung with bronchiectasis and foetid expectoration. They all took 30 minims of creosote three times daily, with decided improvement in each case, and certainly no signs of toxæmia.

Having compared the objections raised against the administration of beechwood creosote in phthisis with the results obtained at this hospital by treating 100 cases with this drug, I would suggest that the following points are worthy of consideration and further investigation.

1. The best beechwood creosote can be given with benefit, in amounts varying from 120 to 240 minims daily, in cases of pulmonary tuberculosis.

2. The drug is best administered in cod-liver oil or in a spirituous solution, and in some cases the "creosote chamber" or oro-nasal inhaler may be ordered in addition, with advantage.

3. The dose should be small at first, but it can be rapidly increased to 40 minims three times daily for an adult. In 3 cases doses of 30 minims three times a day were well borne by children.

4. Large doses rarely cause any gastric disturbance; on the contrary, the appetite is frequently increased, symptoms of dyspepsia disappear, and cod-liver oil is more easily assimilated. The cough, expectoration, and night sweats are diminished, and the physical signs improved.

5. Owing to its disinfectant action in the alimentary canal the drug probably diminishes the risk of tuberculous enteritis by autoinfection when patients swallow their sputa, but owing to the increased peristalsis, which is created by creosote, it is usually contraindicated in cases where the ulceration is already advanced.

6. The drug does not tend to cause hæmoptysis, but rather to prevent its recurrence.

7. Creosote does not irritate the normal mucous membrane of the genito-urinary tract.

8. Owing to its extremely small cost pure creosote can be given to a much larger number of patients than the carbonates of creosote and guaiacol, which respectively cost four times and twelve times as much as the older drug.

REFERENCES.

- ¹ Hunterian Society, October 24th, 1894, and BRITISH MEDICAL JOURNAL, 1894, ii, 1177. ² Hoch, Wiener mediz. Blätter, 49, 1896. ³ Burney Yeo, *Clinical Therapeutics*, 1895, ii, p. 23. ⁴ Quoted by Hans Nordt. ⁵ *Zeitschrift für Klin. Med.*, xxix, 3 and 4. ⁶ Hare, *Textbook of Pract. Therap.*, 1892, p. 860. ⁷ *Lancet*, 1896, ii, 368. ⁸ *Ibid.*, p. 1373.

PAPILLOMA OF THE NASAL SEPTUM.

By MACLEOD YEARSLEY, F.R.C.S.ENG.,

Assistant Surgeon to the Royal Ear Hospital; Surgeon in Charge of Throat, Nose, and Ear Department, the Farringdon General Dispensary, etc.

As true papilloma of the nasal septum is undoubtedly of rare occurrence, every instance met with should be added to the list of recorded cases. The following case, sent to the Royal Ear Hospital by Dr. Alexander, agrees in its microscopical

characters with those laid down by De Santi,¹ and may therefore be regarded as qualified for addition to the record.

E. B., female, aged 20, complained of pain in the right nostril lasting for three months. There was occasional slight bleeding on rubbing, picking, or blowing the nose. Some difficulty of breathing on the same side had been noted. On examination a small papillary growth was seen in the vestibule growing from the cartilaginous septum about three-quarters of an inch from the orifice. It bled rapidly on touching with a probe. There was in addition slight hypertrophic rhinitis with a small spur on the right side. The growth was easily removed, under cocaine, with the cold snare. It consisted of unbranched fimbriæ springing from a base about half an inch in breadth. The fimbriæ under the microscope were found to consist of a central vessel, with a very small amount of fibrous stroma, covered with several layers of epithelium. The specimen, a photograph, and section were shown at the Laryngological Society of London on April 13th.

Owing to the confusion caused by the papers of Hopmann² and Schaffer, in which both authors have included a number of growths which are not true papillomata, it is somewhat difficult to arrive at the number of undoubted cases on record. In compiling the following list I have not mentioned those in which no microscopic examination was made. Wright³ remarks "it is impossible to say how many cases of true nasal papilloma have been observed." He gives an excellent summary of the bibliography.

REFERENCES.

- ¹ *Lancet*, December 8th, 1894. ² *Archiv f. patholog. Anat. u. Physiol. u. klin. Med.*, No. 93, 1883, p. 213. ³ *New York Med. Jnl.*, December 26th, 1891.

BIBLIOGRAPHY.

- Arrowsmith, 1 case mentioned by Wright. Butlin, 1 case, *St. Bartholomew's Hosp. Reports*, vol. xxi, 1885. Cohen, 1 case, *Rivista Clinica e Terapeutica*, No. 2, February, 1887, p. 75. De Santi, 1 case, *Lancet*, December 8th, 1894, p. 1341. Ingals, 1 case, *Trans. American Laryngol. Assn.*, 1889, p. 64. McBride, 1 case, *Diseases of Throat, Nose, and Ear*, p. 295. Mackenzie, 5 cases, *Dis. of Throat and Nose*, vol. ii, p. 377. Noquet, 1 case, *Revue de Laryngol.*, June 1st, 1891, No. xi, p. 339. Nuthall, of St. Louis, 1 case, mentioned by De Santi. Swain, 1 case, *Trans. American Laryngol. Assn.*, 1895, p. 179. Turner Logan, 1 case, *Proceedings of the Laryngol. Soc. of London*, vol. iv, p. 21. Wright, 1 case, *New York Med. Jnl.*, December 26th, 1891; 1 case, *Trans. American Laryngol. Assn.*, 1895, p. 177.

A CASE OF GANGRENE OF BOTH FEET IN AN EARLY GENERAL PARALYTIC.

By JOHN R. LORD, M.B.,

Assistant Medical Officer, London County Asylum, Hanwell; late Resident Clinical Assistant, Joint Counties Asylum, Carmarthen.

THE trophic changes in general paralysis are many and varied, the most common being the occurrence of a large sloughing bed sore, usually forming very quickly; but the rapid and simultaneous occurrence of gangrene involving both feet is so unusual and perhaps unique that I have thought it worthy of recording. The case is as follows:

M. D., aged 50 years, was admitted to the Joint Counties Asylum, Carmarthen, on January 12th suffering from what appeared to be general paralysis of the insane, the supposed duration being fourteen days. Her mental condition mainly showed considerable loss of mental power, with ideas of grandeur as regards money, her musical capabilities, her connection with the Royal Family, etc. Physically she was a well-built woman, inclined to obesity, with flabby muscles, and exhibiting various signs which pointed to changes in the nervous system. The pupils were unequal, right larger than left, and the latter reacting much more readily to direct light and accommodation. There were coarse tremors generally, and the speech was suggestive of general paralysis. The left knee-jerk was exaggerated, but there appeared to be no motor or sensory paralysis. On January 15th she was examined carefully and nothing unusual noticed. On the following day, however, both feet were found to be cold and of a dark blue colour, nearly black, with swollen dorsa and ankles and considerable tenderness. There were swellings in each popliteal space and on the outer side of the left knee-cap a black patch, the latter disappearing in a few days. Her general condition was good and the temperature normal. The treatment adopted was thorough disinfection of the parts and protection in cotton wool.

By January 17th a change was noticeable. She was very exhausted, with a weak pulse and a dry brown tongue. The feet had become warm except the toes, and the dorsum and ankle had assumed a dull red black colour. The temperature in the evening was above normal. In three or four days blebs formed, and the peculiar odour of gangrene exhaled. She was restless and sleepless, requiring hypnotics, but otherwise her general condition had improved. For some days her condition remained stationary if it did not improve; but soon a downward course commenced, and she steadily grew worse. The temperature up to January 26th was normal in the morning with an evening rise to 100°; after that the temperature was usually 100° in the morning and in the evening above 102°.