

seconds. The assistant keeps up firm pressure all round the nose with his fingers, and by the use of a soft metallic ring. Cases differ in the amount of paraffin required, and surgeons differ in the melting point of the paraffin used. Paget prefers the melting temperature to be 110° to 115° Fahr.

The paraffin begins to set in less than a minute, but it remains doughy for about quarter of an hour. Hence the moulding to the required shape should be done at once and pretty vigorously, and must be continued until the paraffin has become hard and incompressible. The patient is put to bed, and a cold compress put lightly over the part. When consciousness is restored the patient is given a mirror, and while told to be quiet is instructed to gently mould the nose now and then for several hours in order to get as perfect a form as possible.

Sometimes the work is done at one operation, sometimes at two or more. Another thing, the paraffin invariably shrinks a little on cooling, so that a few drops may be required to be inserted later.

There is always a certain amount of soreness, and occasionally persistent redness after the operation. But both in the end subside.

The chief dangers to be guarded against are the possibilities of resultant embolism, and too large injections of paraffin.

Although the general results in a large majority of cases operated on have been satisfactory, and there have been no fatal issues; it has yet to be proved how well the treatment will stand the test of time. In closing, Paget says: "Only let nobody think that the method is so easy as it sounds. It is full of little difficulties; it wants experience, and it involves very grave responsibility."

Mucous Polypi of Posterior Naso-Pharyngeal Wall.

Lavrand (*Journal des Sciences Medicales de Lille*, October 18th, 1902) reports a case occurring in a girl aged 12 years. She was operated on for adenoids. The amount removed was small, which led to further examination, when a mass of mucous polypi were found hanging from upper part of post-pharynx. They were removed one by one. The condition is rare; no similar cases having been reported.

Treatment of Congenital Cleft of the Palate.

J. F. McKernon (*Transactions of American Laryngological Association*, 1902). The writer differs somewhat in operative technique from many authorities upon this subject. Prior to operating on the cleft he invariably performs tracheotomy, and the tracheal tube is worn continuously for ten or twelve days