anæsthetic, but by preference under general anæsthesia. Immediately before injecting the paraffin the syringe is filled and tried, and a few drops of hot water drawn into the needle, the point of the needle dipped in boiling water for two or three seconds and inserted at once into the tissues. The needle puncture should be made ½ inch or more from the depression and carried subcutanously a little beyond the point of greatest deficiency, making sure that the sides and root of the nose are firmly compressed, to prevent escape of the paraffin into the loose tissue near the inner canthi, and on to the forehead. The piston is then slowly and continuously compressed or screwed in, until sufficient paraffin has been injected, meanwhile the point of the needle can be moved about as desired. After a few seconds the needle is withdrawn. In two or three minutes the paraffin becomes firm and the assistant can remove his fingers, but the operator must continue moulding the nose to the desired shape for fifteen or twenty minutes when the paraffin becomes thoroughy set. Should the needle clog before sufficient has been injected, it must be withdrawn, cleaned and the operation repeated. Usually it is best to insert the needle from near the point of the nose.

The After Treatment. Flexile collodion is applied to the needle punctures and a lint dressing placed over the nose. If swelling of the nose or œdema of the eyelids occurs cold compresses should be applied, and the swelling will disappear in three or four days.

The quantity of paraffin required, varies with each case, (enough being used to correct the deformity so far as possible), the amount necessary in nose cases is usually between 2 and 8 c.c.'

The Dangers of Paraffin Injection.

Accidents following the injection of paraffin have been few, only two of a serious nature having been reported in European and American literature, in relation with this operation so far as I have been able to learn; in both the cases mentioned there was loss of sight in one eye shortly following injection. The first of these was reported by Leiser in April, 1902, and the other by Hurd, of New York, on the 11th of this month. In Leiser's case, thrombosis of the opthalmic vein followed injection. In Hurd's case, embolism of the central artery of the retina is said to have followed. This, I think, is an anatomical impossibility unless the patient had a patent foramen ovale. Many cases have now been reported in which no accidents have occurred. Of these 29 are by Paget, and 19 by Eckstein. A suppurating point appeared in one of Bush's cases, but after the pus escaped, healing occurred, the ultimate result being good.