Progress of Medical Science.

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF J. PRICE-BROWN.

The Use of Paraffin for Sunken Noses.

Stephen Paget (*British Medical Journal*, January 3rd, 1903), in a lecture to post-graduate students, gives a *resumé* of the history of the use of paraffin in the treatment of saddle-nose since its introduction by Gersuny, of Vienna, in 1899. Prior to this, however, Gersuny had used it in four different cases in other parts of the body. In his first case, that of a young man, he injected melted paraffin into each side of the scrotum to assume the place of testicles removed by castration, and to enable the man to pass the medical examination required for admittance to the army. The second and third cases were to lengthen the soft palate after operation for cleft. The fourth was to raise a sunken cicatrix. Then came the fifth, the first one to raise the sunken nose. Each of these cases gave a good result.

Being so apparently successful in its use, many other men have followed his example, and have used it with more or less success in correcting deformities and restoring functions in different organs of the body.

Paget himself has confined his use of paraffin to correcting the deformity of sunken bridge of the nose, and has already treated twenty-six cases.

The only object of this treatment in saddle-nose cases is cosmetic—to improve the personal appearance of the individual; and it is claimed, when properly conducted, that the injection of melted paraffin beneath the skin of the depressed nose will accomplish much toward the desired end.

Paget's method of treatment is the following: The patient, instruments, etc., are prepared aseptic[illegible]y as for any other operation. Two assistants are requi[illegible]d. An anesthetic is administered. Meanwhile the paraffin, in a suitable syringe covered by rubber sheeting, except the pointed half of the needle, is kept in a water bottle six or seven degrees higher than the melting point of the paraffin. The skin is nicked and the needle, first dipped for a second or two into boiling water, is passed well under the skin, a little to one side of the middle line, below the point where the bridge ought to be, and directed upwards. The injection—the instrument holding several c.cms.—should be at the rate of 1 c.cm. every ten