

paraffin into a vein in another case (Leser<sup>10</sup>). Meyer<sup>18</sup> claims that paraffin is more or less toxic, but no case so far has been reported in which undoubted toxic symptoms have occurred. Necrosis of the overlying skin has occurred, but serious destruction of tissue has not been recorded excepting after the use of paraffin of a high melting point, 112° F. or upwards. Paraffin embolism, I believe, is a real danger, but can only follow injection of this fluid into a vessel, hence is avoidable.

The points in favour of this method are:—(1) It proves successful in cases where the nasal deformity has been caused by destruction of bone and cartilage, and for which surgery has been able to do but little in the way of removing the defect.

(2) The ease with which the treatment is carried out and its comparative painlessness.

(3) Its freedom from risk of injurious after-effects, if care is taken to avoid injecting into a vessel and paraffin of a proper melting point is used.

In both my cases a marked improvement on the condition previous to treatment has been obtained, and although the results are not perfect, the gain justifies the procedure and a further trial in suitable cases.

**Case I.** J.F., 47, sailor, 25 years ago received a blow on the nose which resulted in permanent flattening. Twenty years ago had syphilis. Seven years ago had had necrosis of a portion of the septum which resulted in increased flattening of the nose.

*Present condition.*—Aug. 14th:—Marked flattening below the nasal bones, dilated vessels over surface. Almost complete obstruction of the left nostril with cicatricial tissue; right nostril also narrowed from same cause. No perforation in septum.

Aug. 16th:—Six cc. of paraffin melting at 104° F. was injected under the skin of the dorsum of the nose, 4 cc. from above the depression and 2 cc. from below it. The increase in elevation of the nose is about one-third of an inch.

The day after the injection the nose and eyelids were swollen considerably and there was slight elevation of temperature and pulse on the second day (99.8° F., 100).

On the 18th, a small slough was noticed forming on the dorsum of the nose the size of a pea. All swelling had disappeared within a week; slough separated on the 2nd September. Hyperæmia of the skin still marked. On the 23rd September the cavity caused by the slough had completely filled up and the resulting scar was very slight. The left nostril was enlarged and a full sized Asches tube put in.