

fifteen minutes, as until quite firm the elasticity of the nasal tissues tends to flatten it out. If the nasal orifices or cavities have been narrowed by the previous disease, it is advisable to introduce Asches nasal tubes of a suitable size during the operation and retain them until the paraffin hardens. Other points of importance are not to allow paraffin into the needle until the injection is commenced, and once started, not to stop compressing the piston until the operation is completed. Otherwise the needle will clog and cause much trouble and delay.

After treatment.—Apply flexible collodion to the needle punctures and place some absorbent wool over the part. If swelling of the nose and œdema of the eyelids commence, iced compresses and cold astringent lotions should be applied. Immediately after the injection the skin over the paraffin is very white; this is soon followed by hyperæmia. In several of the reported cases and in my own two cases there followed some swelling of the nose and œdema of the eyelids, which disappeared in a few days under cold compresses. In one of my cases (the first) the superficial congestion of the nose has been marked, but is gradually subsiding, now four weeks after operation. In this case numerous dilated vessels were visible through the skin of the nose previous to operation. In Heath's⁹ case, redness persisted for about a month, then gradually disappeared. I have found that the application of an ointment composed of equal parts of suprarenal extract and vaseline to the hyperæmic area hastens recovery. My first patient suffered some pain in the nose on the first and second days after the operation, and the temperature rose to 99.8° F. and pulse to 120 on the second day. These were the highest points reached and the following day the temperature and pulse were normal and have remained so. In my second case no rise in temperature or pulse occurred, and no pain was felt during or after the operation.

The amount of paraffin required varies with the extent of the deformity to be corrected, but from 2 to 8 cc. is the amount that has been used in most of the recorded cases. When the larger amount mentioned is required, I believe it will be found best to inject it in two portions at short intervals, rather than the full amount at once, since if so done less reaction will follow.

The following are the chief points that have been urged against paraffin injections:—In one of Pfannensteil's⁵ cases treated for incontinence of urine, pulmonary embolism followed, in this case 30 cc. of paraffin melting at 113° F. had been injected accidentally directly into a vein. Embolism of the ophthalmic vein has followed injection of