

indefinitely. Meyer¹⁸, however, thinks it is slowly absorbed, and Stein¹⁹ that it is replaced by connective tissue.

Paraffin of what *melting point* is most suitable? The consensus of opinion of those who have recorded their results is in favour of paraffin melting at 104° F. In my two cases paraffin of that degree of hardness was used. In several experiments (carried out in the Pathological Laboratory of McGill University) on rabbits, with paraffin melting at 102°, 107° and 112° I got equally good results with each, but there seems some ground for believing that in the case of the human subject, paraffin with melting points of under 100° may be absorbed, while those of 112° and upwards may cause necrosis of the overlying skin. In my first case, a slight superficial necrosis of skin the size of a pea occurred, but this I believe was due to the increased tension and not to the density of the paraffin.

Preparation of the Patient.—Careful cleansing of the part to be operated upon, strict aseptic precautions generally, and perhaps the injection of a few minims of a one per cent. solution of cocaine is all that is required.

Method of Performing the Operation.—Various more or less elaborate methods have been suggested, but the following simple one meets the requirements. Sterilize the paraffin by heating to 212° F. in a covered beaker; allow it to cool to 120° F. as tested with a sterile thermometer; then place the beaker in a basin of water at 120°. Fill a warmed, sterile, 5 cc. solid metal, serum syringe, to which the needle is yet unattached, with the warm paraffin. Express any air bubbles, quickly screw on a warmed sterile large calibered needle, and place the syringe thus charged until required in a basin of a saturated solution of boric acid at 120° F.

The operation.—The needle of the charged syringe may be inserted from near the tip or root of the nose as is most convenient, but it should be entered at a point at least half an inch distant from the depression and be carried subcutaneously a little beyond the point of greatest deficiency, making sure that the sides of the nose towards the inner canthi and the tissues over the nasal eminence are firmly compressed by the fingers of an assistant or by some mechanical appliance to prevent the escape of the paraffin in these directions. The piston of the syringe may then be slowly compressed, the point of the needle moved about as required, and when the desired amount has been injected, withdrawn. The assistant still retains his finger at the sites indicated, while the operator moulds the paraffin as it hardens, which in my experience takes two or three minutes or even longer. It is advisable to continue to keep the paraffin in good position for ten or