

## NOSE AND ACCESSORY SINUSES.

**Alter, Francis.**—*Paraffin Injection in a Case of so-called Saddle-Nose.*  
"Med. Record," February 7, 1903.

The patient, a man aged fifty-five, had contracted syphilis at the age of twenty-two. There was almost complete destruction of the intranasal structures, with the exception of a thin strip of septal cartilage, which served in some measure to support the tip of the nose. The material used for the injection was a mixture of solid and liquid paraffin, one part of the solid to three parts of the liquid, with a melting-point of 40° C. An antitoxin syringe was used for injecting the paraffin. The injected mass was rapidly moulded into solidification, being encouraged by passing a piece of ice over the region. The result was eminently satisfactory.

W. Milligan.

**Paget, Stephen.**—*A Lecture on the Use of Paraffin for Sunken Noses.*  
"Brit. Med. Journ.," January 3, 1903.

In this paper the author gives a historical account of the employment of subcutaneous injections of paraffin in cases of sunken noses and in other various and diverse surgical procedures. Referring to the risk of embolism following injections, he says if every precaution be taken the risk is not more than 1 per cent., even when the injection is made into the loose submucous tissue of the rectum or vagina, and is practically nil if the injection is made under the skin of the nose or under a depressed cicatrix.

In his earlier cases the author used Eckstein's paraffin with a melting-point of 136° F. This paraffin is, however, difficult to handle: it sets rapidly, it causes a great deal of swelling and some inflammation, and may even cause some discoloration of the skin. In his latest injections the author has been using a mixture of two paraffins with a melting-point of 111° F. On account of the shrinking properties of all paraffins, it is usually necessary to do a little "touching up" a week or ten days after the original injection. To make the injection he prefers Eckstein's syringe. The usual preparations are made as for any other operation and an anæsthetic is given. The skin is nicked before the needle is introduced. After the necessary moulding, etc., of the nose a cold compress is placed over the face.

The author has injected twenty-six cases and has had good results in all. By way of caution he, however, remarks, "Let nobody think that the method is so easy as it sounds. It is full of little difficulties. It wants experience, and it involves very grave responsibility."

W. Milligan.

**Petersen, W.**—*Bilateral Frontal Sinus Empyema cured by Killian's Operation.* "Münch. Med. Woch.," March 10, 1903.

In this case the operation was successfully carried out, and the depression in the frontal region was subsequently effaced by injections of paraffin to the amount of about 8 grammes, effected in three sittings.

Dundas Grant.

**Schroeder.**—*Two Cases of Severe Acute Purulent Median Otitis, caused by "Schneeberger" Snuff-powder.* München: "Med. Woch.," November 25, 1902.

The first case was a man, aged thirty, who snuffed a pinch of Thuringean "Schneeberger" to relieve a severe cold in the head. He did not sneeze, but within ten minutes felt severe pain in the left ear, and developed the signs of hæmorrhagic median otitis. Posterior rhinoscopy revealed intumescence of the left half of the naso-pharyngeal cavity and the Eustachian cushion. Perforation followed, and healing took place in four weeks. In this case there was a spur on the left side of the septum, which closed the olfactory region, so that the powder went straight through the inferior meatus to the Eustachian tube.

In the second case, a boy, aged fourteen, suffering from ozæna, was recommended by his father to snuff up this same powder with the object of clearing "not only the nose, but also the brain." The result was "kolossal," but not exactly what was desired. Pain in both ears came on in a few hours, and the boy went through a severe attack of purulent otitis.

It appears that this powder consists chiefly of the powdered root of the iris, but the specimen employed probably contained veratrum.

Kessel and Haug have reported cases of acute ear disease resulting from ordinary snuff. *Dundas Grant.*

### LARYNX, Etc.

**Delavan, Bryson.**—*The Results of Treatment of Laryngeal Cancer by Means of the X Rays.* "Laryngoscope," December, 1902.

So far as the author has been able to ascertain, not a single case of carcinoma of the larynx has been reported as cured by X-ray treatment. In an average case, however, where the progress of the disease has not been rapid, and where a few days must necessarily elapse between the definite diagnosis of the disease and the performance of any operative measure for its relief, the author considers that it would be quite justifiable to submit the patient to treatment by means of the X rays. *W. Milligan.*

### EAR.

**Dowling, J. Ivimey.**—*The Ear Complications of la Grippe.* "The Journal of Ophthalmology, Otology, and Rhinology," May, 1902.

The author considers the chief predisposing factor in the production of these troubles to be an unhealthy condition of the nares and naso-pharynx; with these in a normal condition influenza would be less likely to induce auditory mischief. He divides the complications into immediate and remote. The immediate complications vary from an acute hyperæmia of the tympanum and its adnexa to a severe otitis media and mastoiditis. The remote, which set in from a few months to a year or two, consist for the most part of a hyperplastic inflammation of the Eustachian tubes with resulting stenosis, and are evidenced by labyrinthine symptoms—as tinnitus and vertigo—thickened and retracted membranes, and rotated mallei.