

A CONDEMNATORY NOTE ON THE USE OF PARAFFIN IN COSMETIC RHINOPLASTY.

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It appears that the subcutaneous employment of oil and liquified paraffin has been known for some years, and Corning in 1891 makes reference to his use of solidifying oils in surgery. However, Gersuny in 1900 was the first authority of note to advocate the use of paraffin injections for prosthetic purposes, and his advocacy of its use led to widespread interest in the subject, so much so that the method was taken up with marked enthusiasm by surgeons both in Europe and in this country. The advantages claimed for the method were that the operation was practically without pain, caused no scars when the proper injection technique was followed, and corrected nasal deformities that could not well be overcome otherwise. That considerable enthusiasm was manifested in the subject of paraffin injections for cosmetic purposes, is evidenced by the detailed text-book descriptions of the technique, and also by the numerous case reports which began to appear in the literature. The method was taken up by a good many skilled and well-recognized surgeons and rhinologists, but the charlatans, the advertising "beauty doctor" and others of that ilk were quick to see the possibilities in a financial sense in its appeal to the popular imagination, and seized upon the method with avidity, and with this added to their armentarium reaped, and still reap, a harvest from their willing victims amongst the laity. While paraffin injections for cosmetic purposes still continues to be employed by a good many well qualified surgeons and rhinologists, its widespread employment by the advertising "beauty doctor" tended to cast ill repute upon the method, and as case reports of untoward results have come into the literature with unpleasant frequency in late years, its first burst of widespread popularity has waned considerably. Time has afforded a proper perspective, and while paraffin injections may still have a certain place in some few cases, it seems only necessary to point out some of the many untoward results reported, to justify condemnation of the method in toto.

Some of these untoward results collected from various sources are toxic absorption or intoxication after paraffin injection, variously attributed to impure paraffin employed; inflammatory reactions of marked degree; loss of tissue from sloughing; pressure necrosis; air embolism and paraffin embolism; primary diffusion

or extension of paraffin into other tissues; interference with action of the alar muscles and consequent embarrassment of respiration; leakage of paraffin after injection; paraffin absorption and disintegration with loss of the cosmetic result attained, partly or in toto; dermal hyperemia and hypersensitiveness, and in some cases a breaking down of the tissues with abscess formation. Cases of retinitis, optic neuritis and of sudden blindness after paraffin injection have been reported, and from the long series of untoward results and oftentimes serious complications reported in the literature, it would seem that the death knell of this method of cosmetic rhinoplasty must be sounded amongst the leaders in this special field, and with a campaign of education extending through the profession to the public, that same public may be made aware of the fact that this paraffin method of cosmetic rhinoplasty is dangerous even in the hands of the well equipped surgeon, and doubly more dangerous and to be avoided at the hands of the ignorant, unscrupulous and uneducated "beauty doctor."

LOCAL ANESTHESIA BY QUININE SALTS AND THE COMMITTEE REPORT.

To the Editor: The valuable report of the Committee of the Section of Laryngology, Otology and Rhinology on local anesthetics is before me. The committee states that quinine-urea, so far as nose and throat operations are concerned, has practically gone into "innocuous desuetude." Inasmuch as I first published cases of adenectomy and tonsillectomy operated under quinine anesthesia, may I be allowed to make the following statement:

My paper was published in the Journal in 1908 (l. i., p. 496). During the following twelve years I have injected tonsils and adenoids with no other drug. During the earlier years I was sometimes annoyed by edema and a slight amount of sloughing. I was using three grains of the quinine hydrochloride in two drams of water. Since reducing the strength of my solution to one and a half grains to two drams I have had no reason to complain of my results. My technic is as follows: Half an hour before operation the patient is given from four to eight drops of a 1/10 of 1% solution of scopolamin under the tongue. One-half of a three-grain powder of quinine hydrochloride is freshly boiled in a spoon with sufficient water (distilled) to fill my 2-dram syringe. The tonsil to be removed, with its pillars, is thoroughly massaged with a stiff applicator wound with a very small amount of cotton with a minimum amount of 20% cocain kept sterile by 1% phenol. This is repeated three times at two or three minute intervals, after which the quinine solution containing two or three minims of epinephrin solution is introduced with a short straight needle deeply into the supra and infra tonsillar regions as well as through the pillars. After ten to fifteen minutes the anesthesia is generally entirely satisfactory to both patient and surgeon. The complete absence of toxic symptoms would seem to make this as nearly a fool-proof method as any that has been devised, and in view of the fact that surgeons will not always be able to throw the responsibility for tragedies upon druggist or nurse, I believe the method is entitled to a better fate than "innocuous desuetude."

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