

## DISEASES OF THE PHARYNX

mucous membrane of the buccal cavity should be inspected first; to do this thoroughly the spatula is used to draw the cheeks away from the upper and lower jaws in turn; the inner aspect of the lips, and the under surface of the tongue should also be looked at. In this way the whole mucous lining of the mouth can be examined rapidly, and any abnormality will be detected at once. It is essential to carry out this examination when there is any suspicion of secondary syphilis, for the delicate mucous patches characteristic of this disease easily escape notice.

The state of the teeth and of the tongue must not be overlooked, for abnormal conditions of either of these organs will not infrequently throw light on symptoms referred to other regions. Dentures should therefore be removed, to permit of examination of the underlying parts; for in numerous patients, especially of the hospital class, these plates are fitted over carious roots.

Attention can now be directed to the soft palate, where in particular anæmia should be looked for. The distance of the velum from the posterior wall of the pharynx is sometimes a factor of importance. In singers, this space should be large, as this gives more room for resonance, and the quality of the voice is thereby improved. The mobility of the soft palate may also be tested, either by making the patient say "ah" while the throat is being inspected, or by asking him to repeat a test sentence, such as the following, which has been suggested by Professor Wyllie, of Edinburgh:—"Billy Button bought a butter biscuit." If the action of the palate is impaired, the "b's" are all pronounced "m's." Nasal speech caused by insufficiency of the palate is called *rhinolalia aperta*, in contradistinction to that caused by nasal obstruction, which is known as *rhinolalia clausa*, and which is typically found in adenoid vegetations. It is necessary at times to test the tactile sensibility of the soft palate; to do so it should be touched with a probe, a comparison being made between the two sides.

A careful inspection should be made of the tonsils. They should not project beyond the anterior pillars of the fauces, nor should the latter be adherent to the tonsil. The mouth of the so-called supra-tonsillar fossa, which is found in the upper part of the tonsil, should also be examined. The clinical importance of this cavity, first recognized by Paterson and Killian, has now been fully admitted. The fossa is really intra-tonsillar, and lies