

was exposed, which permitted of a perfectly good view of the action of the soft palate from its nasal aspect during the act of deglutition, with or without food. Under either circumstance a double arch was seen, in the form of two convex swellings, held in a state of firm tension by the action of the uvula pressing down the centre of the soft palate, with its end resting flat against the wall of the pharynx. Here was the motor uvulae muscle, situated superficially, like a distinct band tied round the soft palate in its most important resisting part, to prevent the possibility of food passing upwards; and in this it was supported co-ordinately by all the neighbouring muscles concerned in the act of deglutition. This phenomenon was perhaps more perfectly visible during the swallowing of fluids than solids, yet it was always distinct with the latter or when no food was in the mouth, only in the last the prominence of the two arched swellings was not quite so great.

A number of observations were made, and experiments performed from time to time, yet they all tended to the same results, thus proving incontestably what was not hitherto known, that the uvula acted as a *point d'appui* in holding the soft palate tense in the middle line against the pharynx during the act of deglutition, at the same that it acted as a compressor of the soft palate itself. Its tension ceased the moment that the constrictors of the pharynx had fully exerted their influence over the fluids and solids swallowed. The strong attachment of the muscle in its origin from the palatine aponeurosis, or fibrous continuation of the soft palate, will readily explain the power the muscle possesses in compressing the soft palate, and meeting sometimes very considerable resistance in the passage of the alimentary bolus, or, may be, a large gulp of liquid. This compressing power would be incapable of exertion were it not the terminal end of the uvula strongly fixed against the wall of the pharynx.

Whilst the uvula thus has its special uses in the act of deglutition, it exerts a not less decisive influence upon the voice when uttered in a very loud tone, or in singing the higher registers, whether contralto or soprano in females, and tenor and barytone in males; then is its character as a *levator* or shortener clearly exerted, a use indeed that any one can readily demonstrate in his own person who has sufficient command over the muscles of his throat to allow him to see it. If this power of shortening or elevation is impaired by the removal of the whole or greater part of the free exposed *muscular* end of the uvula, then are the singing powers so seriously damaged that instances are known where a professional life has been ruined in consequence. Indeed, every true