COMPLETE ADHESION OF THE SOFT PALATE TO THE POSTERIOR PHARYNGEAL WALL, WITH CONSEQUENT PARTITION OF THE POST NASAL CAVITY FROM THE MOUTH.

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"F. C., presented himself for examination on the 12th of April, to Dr. G. A. Tye, by whose kindness he was at once transferred to my care. The following are the notes of the case then taken:—

F. C. a young man of generally healthy appearance, age twenty-one years; occupation, a mill hand; married, has one healthy child. Previous health good, with the exception that three years ago extensive ulceration of the pharynx took place. This, after long treatment, healed; but resulted in the gradual and finally complete closure of the opening between the post nasal chamber and the mouth.

Present Condition.—The patient is well nourished and stoutly built. Suffers from frontal headache; the sense of smell almost absent; hearing slightly impaired; articulation thick and lacking in tone; an offensive mucous discharge from the nose occurs when the head is thrown forward, otherwise the discharge accumulates in the nostrils causing great annoyance. Examination by the mouth reveals complete adhesion of the velum palate to the posterior and lateral walls of the pharynx. The upper part of the uvula is lost in the adhesions, the point projecting like a bud from the back of the throat. Careful search with a small probe shews the utter absence of opening between the posterior nares and the mouth. Examination through the nostrils with a long slightly curved probe, reveals dense hard masses and bands of tissue against the posterior pharyngeal wall and along the floor of the chamber.

Only at one point, slightly to the left of the median line, and a few lines back of the edge of the hard palate, can the least impression be made by pressure with the probe from above, so as to reveal its presence by the mouth.

After careful consideration, operation was decided on. The nasal cavity was first washed out, and cocaine solution applied to the palate above and below. The laryngeal probe was passed along the left nostril, the soft region found, the probe carried back here as far back as indentation could be made, firm pressure applied, and the palate incised on the probe point, allowing it to escape into the mouth. A long, sharp-pointed, curved bistoury was used for cutting; lateral extension of this opening was made partly with the bistoury, partly with a pair of long, sharp-pointed, curved uterine scissors. The incision was now about half an inch in length, and, though the tissues were very rigid and dense, admitted of some dilatation. After washing the parts freely from above and below, and proving that respiration could take place through both nostrils, I passed a thread through the opening by means of a long curved needle, mounted on a handle such as is used in abdominal surgery. To the thread a piece of rubber tubing was attached, and by this a piece of wire, bent so as to form a loop above and two divergent forward curving ends below, was carried into the opening, and fixed by tying the slightly-stretched tubing to a small roll of lint in front of the nostril. The objects aimed at by the use of this hook was to draw the edges of the incision as far as possible apart, and, by its frequent movement, to prevent union; this was worn for about a week. Regarding syphilis, though denied, as the most likely cause of the original ulceration, I kept the patient on iodide of potash during the time of healing, and kept the parts thoroughly cleansed from above and below by the use of "Dobell's Solution." In spite of occasional dilatation, a strong tendency to contract was naturally manifested by the artificial opening. I therefore had the blades of a pair of blunt-pointed scissors bent at a right angle, their points slightly curved forward to avoid the roof of the pharynx, and their outer edges converted into cutting blades. After again using cocaine, I introduced these, first carefully examining by probe to test the probable range of their safe use, and by firmly opening them at once, made my incision over an inch long. This opening has been kept from reuniting by using the scissors, their blades lightly wrapped with batting, as dilators, and occasionally severing the commencing adhesions at the angles of the wound with the naked instrument.

On examining the patient early in November,