

persons in whom the soft palate is more depending than is natural the uvula touches the tongue; and if its terminal end becomes elongated, it hangs into the larynx, or so tixles the epiglottis as to cause it to become more or less pendent, when it then rests upon its lingual surface. There is a difference in the relative position of the soft palate and uvula in breathing by the mouth and the nose. When breathing by the latter, with the mouth shut, the situation of the uvula is pretty much as has been described; but when by the mouth, the soft palate is a little more elevated, and the tip of the uvula hangs perpendicularly over the centre of the opening of the larynx. This has been determined very accurately by a series of examinations and experiments upon various healthy persons; and, as I shall presently show, *vocalisation exerts a decided influence upon the position of both the soft palate and uvula.*

In its *relations* the uvula is connected anteriorly with the tendinous expansion of the levatores palati which spread out in the structure of the soft palate as far as the middle line, and posteriorly with the mucous membrane covering that part of the soft palate. It is also indirectly related to the tensor palati through its expansion in the tendinous aponeurosis, which is partly inserted in the raphe in the median line, in front of the levator palati. It is also contiguous to the palato-pharyngeus, although not directly in relation with it.

- *Uses of the uvula.*—According to the action of the muscle it is an elevator, and consequently shortens the uvula, and nothing more is said of it by anatomical writers. It is, however, a sentinel to the fauces, especially in the act of deglutition, for the moment that any substance comes into contact with it, whether saliva, fluid, or alimentary bolus, it excites to action all the surrounding muscles, until it is got rid of and the passage clear. But it possesses a function of certainly not less importance in *holding the soft palate tense and firm in the median line against the wall of the pharynx during the act of deglutition itself*, and thus prevents the passage upwards of any fluid or solid substance into the posterior nares. This might be considered a mere assumption were it not supported by the most convincing proof, as there is no opportunity of confirming its truth by inspection through the mouth. But it is otherwise when seen through the nose, and it was determined in the following manner:—A female, aged 36, lost the nasal bones, right turbinated bones and vomer, with part of the cartilaginous septum of the nose, through disease, leaving an external opening which she generally concealed with cotton wool and lint; the nose itself was otherwise natural. Through this opening a large cavity