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NEW AND ILLUSTRATIVE POINTS

—IN—

EXAMINATION

—OF THE—

NOSE AND THROAT.

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NEW AND ILLUSTRATIVE POINTS IN EXAMINATION OF THE NOSE AND THROAT.

By CARL H. von KLEIN, A.M., M.D.,
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TO reach an examination of the vocal organs, the main thing we have to contend with is the tongue. That organ is the most variable in the human body; its action is not only controlled by its mechanism, but also by the nervous action of the constitution. For example: A nervous patient will reject any foreign instrument that may be introduced in the mouth; he will aim to prevent with his tongue the introduction of a tongue depressor, either by drawing it together against the soft palate or by raising or doubling his tongue to the roof of the mouth, etc. One will lay his tongue flat; one will make it concave; another convex; in fact, my experience teaches me that there are no two patients who manipulate their tongues alike. At every examination, I find it necessary to have different-shaped tongue depressors for every patient. The merit of the patient handlign his own tongue depressor is too obvious, and needs no reinstatement.

The question now arises, how are we to supply ourselves with the different-shaped tongue depressors to suit each individual case? This is easily managed, and which I can demonstrate by the instrument as shown in Fig. 1. I allow the patient to try it; if it does not suit the case, I bend it either up or down, according to its needs; I try it again and again until it suits the patient's own desire. In such tongue depressors, and for that purpose the bend must be arched and not angular; you may bend them into any shape if the bend be rounded. For a concaved tongue, any shaped tongue depressor may be used; but for a thick and convexed tongue, I use a tongue depressor similar to that of Sims' vaginal speculum in different

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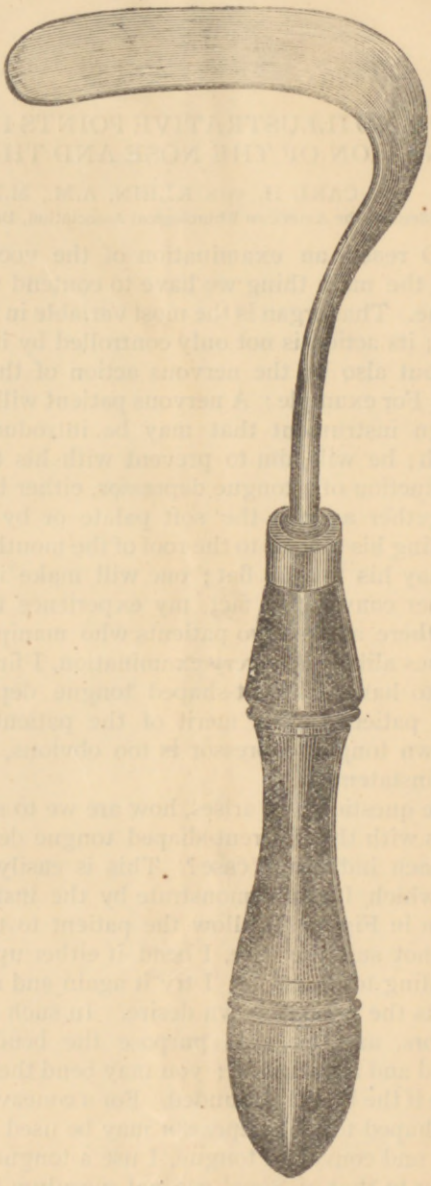
widths, according to the size of the mouth and tongue, as shown in Fig. 2.

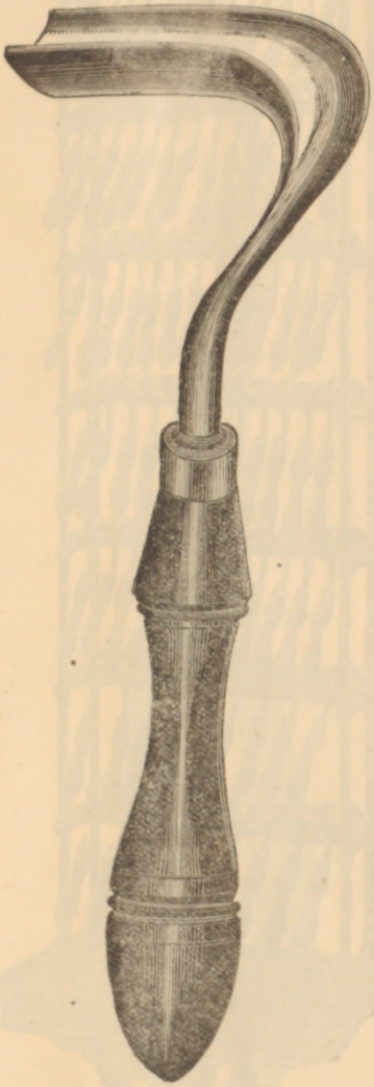
FIG. 1.



This instrument produces three different functions, and compels the tongue to lie in the proper position.

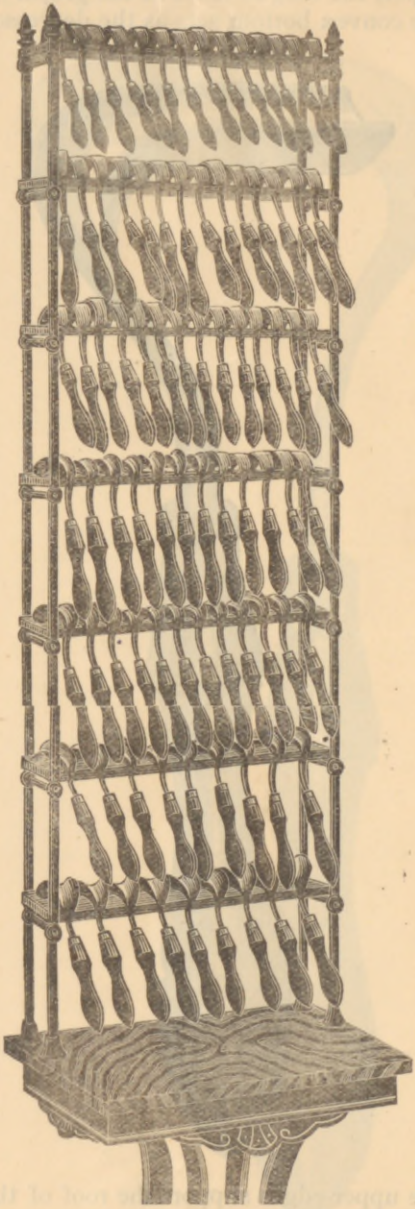
1. The convex bottom acts as the depressor.

FIG. 2.



2. The upper edges support the roof of the mouth and make the tongue irresistible.

FIG. 3.

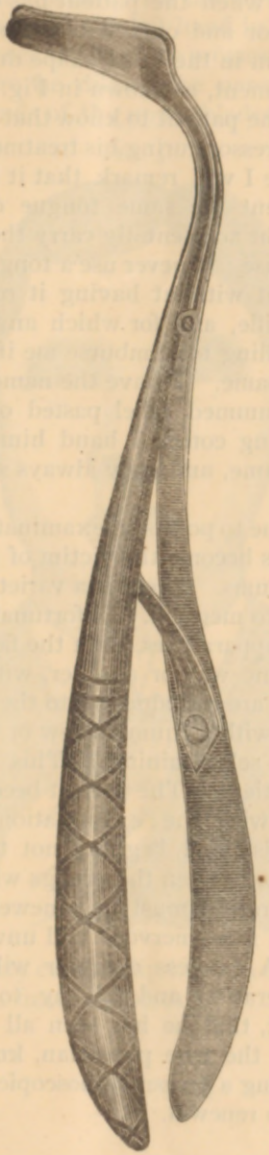


This is a cut of my rack of tongue depressors.

3. The concave portion makes a scopic channel to the throat.

The high polish of the instrument, with its shape,

FIG. 4.



not only makes a good tongue depressor, but also a perfect mouth speculum.

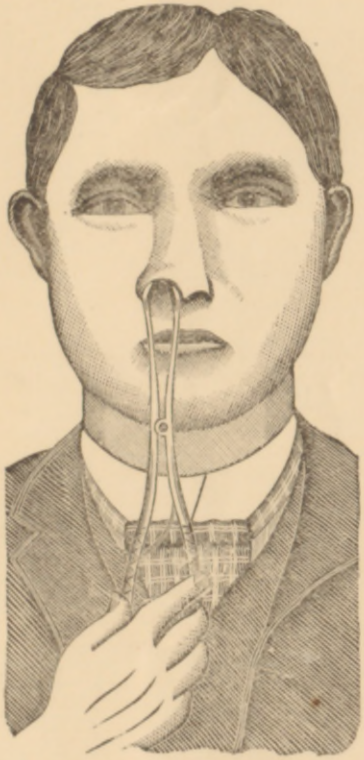
To be prepared for such an examination of the throat, it is necessary to have a score of tongue depressors ; so when the patient has chosen his own tongue depressor and curved to his own inclination, it should remain in the same shape during the entire course of treatment, as shown in Fig. 3.

It gratifies the patient to know that no one is using his tongue depressor during his treatment but himself, and right here I will remark that it is wrong to use for every patient the same tongue depressor, with which we might accidentally carry the germ of some infectious disease. I never use a tongue depressor on another patient without having it renickled, which costs but a trifle, and for which any patient would be but too willing to reimburse me if a demand was made for the same. I have the name of the patient on a small, gummed label pasted on the handle ; when the sitting comes I hand him the instrument bearing his name, and they always see that it is the right one.

We now come to points in examination of the nose. This organ has become the victim of different inventions of speculums. There is a variety of inventions, too numerous to mention. Unfortunately, all of them are torturing apparatuses, from the fact that they are all made in one way or another, with two or more prongs, which are introduced into the nostril, and are dilated either with a thumb-screw or spring until the instrument is self-retaining. This produces great pain to the patient. The patient becomes anxious to get through with the examination, grasping the operator by his hand, begging not to be hurt; and in nine cases out of ten the prongs will slip out, and the same operation must be renewed ; then the patient becomes more nervous and unwilling to renew the same. A careless operator will probably not renew the operation, and will say, to the satisfaction of the patient, that he has seen all that he desires to see ; while the true physician, knowing the difficulty of making a proper rhinoscopical examination, will pray for a renewal.

To overcome all these difficulties, I have devised this instrument as shown in Fig. 4, with which the patient dilates his own nostrils, without the slightest inconvenience to himself or annoyance to the operator. The patient introduces it with the right hand in the right nostril and with the left hand in the left nostril; the more he closes his hand or presses the handles together the more he dilates the nares, as shown in Fig. 5. The ends of the upper blades that enter the

FIG. 5.



cavity are slightly curved (lip-like) on each outer side, to prevent them from sliding out.