Cleveland (A. H.)

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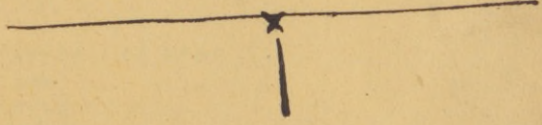

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[Reprinted from THE MEDICAL NEWS, May 26, 1894.]

A NEW FORM OF PALATE-HOOK.

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WHILE in most cases posterior rhinoscopic examination is possible without the aid of a palate-hook, in some instances such a device becomes an absolute necessity.

In view of this and on account of the generally unsatisfactory forms of retractor which illustrate the instrument-maker's catalogues as well as most text-books on rhinology, I desire to call attention to the instrument shown in the accompanying cut.

The main portion of the retractor consists of a piece of medium-weight steel wire about twelve inches long. This is bent back upon itself at its middle and there again sharply bent up on the flat to form a hook. At about two and a half inches from this hook the ends are again bent upward upon the flat, at an obtuse angle. From the hook to this latter bend the wires are securely fastened; from there on they are separated horizontally in a V-form. Over this outer portion slides a flattened ring having projections upon its inner side to catch in

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parallel notches upon the outer surface of the diverging arms. To this portion also belong the two curved arms which rest upon the upper lip, or which, if necessary, may be made to rest within the nostrils. Flattened metallic handles are fastened to the ends of the main portion.

In using the instrument the handles are approximated, and the slide drawn out until in contact with them. The hook is then introduced behind the palate, the necessary traction made to draw it forward, and the slide allowed to fall until the bars engage the lip or slight pressure may be made upon it with the ring finger.

Simply allowing the handles to spring apart fixes the catch and the instrument is in position. The angle at the vertex of the V throws the handles above the lip and thus out of the way of all manipulations.

In removal, the handles are pressed together, the instrument pushed slightly, and the hook disengaged by turning, when it may be withdrawn.

The superiority of this to all other forms of self-retaining retractors lies in the fact that both introduction and withdrawal may be accomplished with one hand. By the exercise of a little dexterity, the retractor may be used and a complete examination made with one depression of the tongue—often a great convenience when that organ is muscular and rebellious.

In my own practice I have frequently had occasion to use the hook, and it has always proved very satisfactory. In introducing this instrument I can unfortunately make no personal claim of invention. It was devised several years ago, by an American whose name I have been unable to learn, while studying in Vienna, and although in use there, is not generally known in this country.

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