

A SIMPLE AND EFFECTIVE METHOD OF ANÆSTHETIZING THE PHARYNGEAL TONSIL.

Read in the Section of Laryngology and Otology, at the Forty-first Annual Meeting of the American Medical Association, Nashville, Tenn., May, 1890.

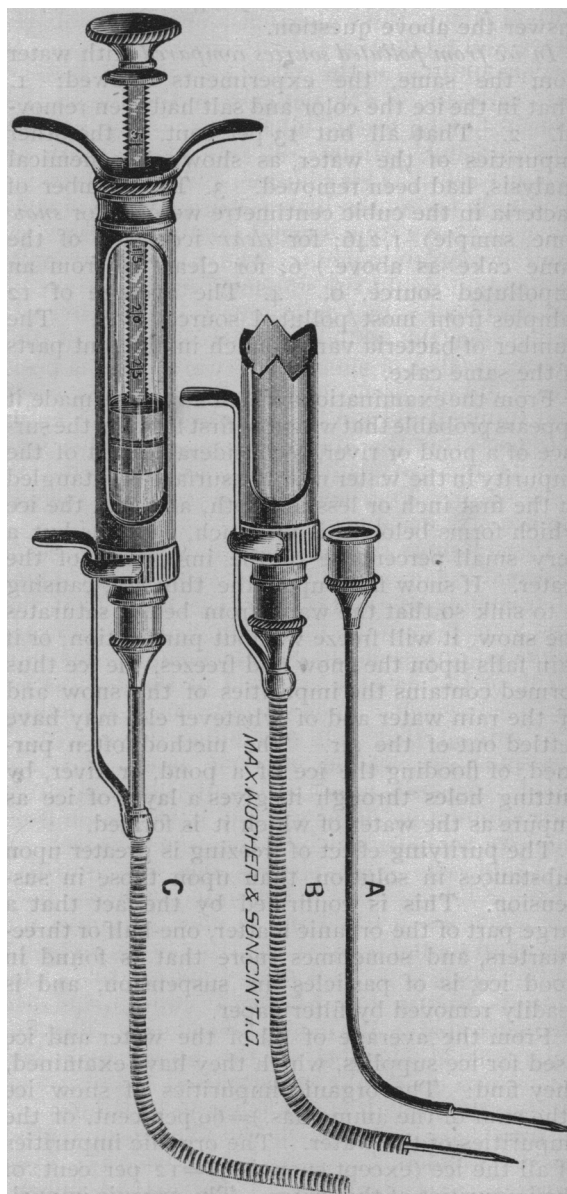
BY J. E. BOYLAN, M.D.,
OF CINCINNATI, O.

I wish to exhibit a simple instrument which, in my hands, has filled a long felt want. I am in the habit of removing hypertrophied adenoid tissue from the vault of the pharynx, with the patient in the sitting position, and without giving a general anæsthetic, to which I reluctantly resort, only in exceptional cases. In operating in this way, the greatest difficulty I had to contend with, was the very considerable pain which was invariably present, and which at times prompted the patient to refuse peremptorily a second introduction of the instrument. Local applications of cocaine, either by spraying through the nose, or worse, by means of the application of a brush to the naso-pharynx, proved most unsatisfactory; in the one case the sensitive nasal mucous membrane was chiefly affected by the cocaine; in the other, repeated introductions of the brush were usually impeded by reflex contractions of the muscles of the soft palate, and in neither was any satisfactory amount of anæsthesia produced.

In casting about for a remedy for this annoying feature, the following device suggested itself:

The instrument used consists of a very light and properly curved pharyngeal canula, to the tip of which an ordinary hypodermic needle is adjusted, and which is screwed in the usual way to the barrel of a graduated, glass, hypodermic syringe. To the posterior extremity of the barrel, finger rests are attached for greater convenience, and upon the thread of the piston rod a guard revolves, which is designed to regulate the amount of fluid injected. The canula was substituted for a less practicable, long, curved needle originally devised; when it is screwed to the syringe with the piston rod drawn, the instrument is a very handy one. With this syringe I am in the habit of injecting M. 15 of a 10 per cent. solution, or about gr. $1\frac{1}{2}$ of cocaine, into the tissue at the vault of the pharynx, before operating, and secure in this way, within five minutes, almost complete local anæsthesia. The pain of the operation, as compared with that after the application of cocaine, is almost null, an advantage which I am sure those who are in the habit of operating upon this tissue will appreciate. A further great advantage of this procedure is the ease and great celerity with which it is accomplished. The needle is readily introduced and quickly buried in the tissue in the medium line, in cases where the application of a brush or mirror is out of the question. To meet the objection which might possibly be raised, that injury might be done to

adjacent parts during introduction, I have devised a movable spiral wire guard (Fig. B), which can be slipped upon, or removed from, the canula in an instant. During introduction the guard covers the needle, as shown in Fig. C, and is slid back upon the canula with a finger of the operating hand when the injection is made. In most



instances, however, I believe this to be an unnecessary precaution, and have seldom had occasion to resort to it. Having found this method more pleasing in practice than in theory, I take great pleasure in recommending it, feeling convinced that it will give general satisfaction.