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## **VOMITING INDUCED BY AN ELONGATED UVULA; OPERATION; RELIEF.**

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VOMITING, as a symptom of some disturbance of the digestive canal, is so commonly associated with disease or functional derangement of the stomach and intestines, that we are likely to overlook the fact that the upper part of the alimentary tract is sometimes responsible for the difficulty. A common division of the causes of vomiting is into local, central, and reflex. In the pharynx and surrounding parts, from their exposed position and anatomic relations, we frequently find the origin and explanation of this last class.

Quite recently a case presented itself exemplifying this fact, and while impressing upon me the old medical axiom that to treat disease successfully we must find its cause and remove it, at the same time it illustrated the truth that seemingly grave conditions may arise from trifling causes, which if not discovered and removed, render all treatment useless and ineffectual.

The pharynx and adjacent parts can always be easily and quickly examined, and such examination should be made, so that we may consider or eliminate them as factors in all disturbances that may possibly originate there. In justification of these remarks the following case is interesting and instructive.

During the month of March, 1892, F. G., twenty-one years old, consulted me for nausea and persistent



vomiting. His face wore an anxious expression, though he was apparently in good health. The nausea had been annoying him for some time, but the vomiting had only commenced two weeks before. He was scarcely able to retain anything on his stomach. His health had previously been excellent. Medication had failed to give him any relief. I was struck by the man's face.

A month or so previously, in examining the throat of a patient, I found an elongated uvula. I advised an operation and appointed an hour for the next day. The patient was alarmed at the idea of any cutting, and did not return. Now, though this patient did not complain of any symptoms referable to his throat, I thought I recognized in him my former renegade. This identity, however, he denied; but curiously enough, on examining the throat, an extremely long uvula was found, resting on the base of the tongue and exciting retching with every attempt to swallow. The uvula was unusually elongated and tapering in shape, though not equal in length to one described by Morell Mackenzie, that was so long that it was inhaled into the larynx and produced symptoms of suffocation.

Under cocaine anesthesia a piece more than an inch in length was removed, and the next morning the patient returned relieved.

The terms excision and amputation as applied to this operation seem to me to be inappropriate and misleading, as they imply removal of the organ *in toto*, while uvulatome and uvulotomy accurately express the instrument and the operation.

Elongation of the uvula, though more frequently the result of a chronic inflammatory condition of the pharynx and naso-pharynx, which by causing constant hawking and coughing leads to lengthening of the organ and relaxation of the soft palate, may also be congenital.

In the majority of cases our attention is called to the



throat by a tickling, irritating sensation, as if a foreign body was present ; nausea and vomiting are not so common as symptoms of this condition.

The patient was a good singer and his voice was materially improved by the operation.

It is in the light of a practical lesson, rather than as an unusual or curious incident, that I think this case worthy of report, in that it teaches the necessity of making a thorough examination in every case that comes for treatment, and warns against any routine in prescribing drugs for symptoms that may owe their origin to many different causes.





