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The Throat and The Voice: Part 1, Chapter 7: Chronic Sore Throats

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CHAPTER VII.

CHRONIC SORE THROATS.

CHRONIC SORE THROATS are sore throats of considerable duration—weeks, months, or years, as the case may be; the patient, as a rule, not being confined to the house, unless suffering from some enfeebling malady, or very much reduced by the sore throat itself.

In some cases they are the result of one or more attacks of acute sore throat. In others, they are the gradual result of prolonged exposure to irritating dust, chemical products and the like, as in store-keepers, factory hands, stone-cutters, stokers, photographers, workmen in chemical laboratories, and so on. Then, again, they occur without any assignable cause, attracting little attention until they have existed for a long time.

SIMPLE CATARRHAL CHRONIC SORE THROAT is the mildest form of the affection. It affects the mucous or covering membrane of the palate and pharynx, and, not infrequently, of the back part of the tongue also, and even the floor of the mouth far back. It is rec-

ognized by the bulging forward of the mucous membrane in irregular ridges. The membrane looks red and pasty-like, and is often overlaid by enlarged and tortuous blood-vessels. There is an irregular accumulation of mucus or phlegm at various points. The general health is often unimpaired, though there may be languor and indisposition to exert one's self. It is often merely an indication of disorder of the stomach or some other portion of the digestive tract.

The symptoms are those of local discomfort in the throat, with dryness of the parts, and a disposition to expectorate the phlegm that accumulates from time to time; but actual cough is not frequent, except to clear the throat out on rising in the morning. An unpleasant and disagreeable taste in the mouth is often a marked feature of the complaint.

As the disease is usually associated with disease of the digestive apparatus, proper attention to the latter will often cure the sore throat without special treatment. Where this does not suffice, or where the disease is not associated with disease of the digestive apparatus, soothing solutions in sprays are indicated—warm, tepid, or cold, as may be most grateful to the parts. Severe measures, such as cauterization and swabbing out of most kinds, are more apt to be injurious than beneficial. Gargles rarely reach all the diseased structures, and sprays are therefore to be preferred. (See page 37.) Lozenges of gelatine,

gum-arabic, real marsh-mallow (not the factitious marsh-mallow paste and gum-drops sold in the shops, which do not contain an iota of marsh-mallow), extract of liquorice, and the like, are often of great service. It usually requires a number of months to get rid of the affection, but the cure is apt to be permanent. When smoking keeps up the sore throat, or prevents its cure, the habit must be abandoned or suspended.

CHRONIC FOLLICULOUS SORE THROAT is a severer grade of sore throat than that last mentioned, and is the most frequent form of the affection in the United States. It consists not only in disease of the mucous membrane, but, also, and especially, in disease of the glands (or follicles) which are imbedded in the mucous membrane. It is that form of sore throat popularly termed *clergyman's* or *clerical sore throat*; but it is by no means confined to the clergy, or even to individuals who make special use of the voice, although very prevalent among them, and often due to improper or injudicious use of the voice, especially when suffering from slight sore throat, as will be detailed in the latter part of this volume. Its prevalence among clergymen seems to be in part due to the inequalities of temperature to which they are often subjected in the performance of their duties, with bare head exposed to draughts from open windows or in the open air. It has often been stated

that clergymen who preach extemporaneously or without manuscript, are less liable to the complaint; and this may be so, as far as the constrained position of reading from a desk interferes with the freedom of respiratory movement so essential to the favorable use of the voice without sensible effort. It occurs very often in wine-bibbers. It is not confined to the structures mentioned in connection with the simple catarrhal form of chronic sore throat (page 56), but is apt to involve the glands at the posterior portions of the nasal passages, the roof or vault of the pharynx, the glands in the base of the tongue and floor of the mouth, and those in the outer and inner mucous membrane of the larynx. It often occurs in scrofulous persons, in those subject to diseases of the skin, in those predisposed to consumption, gout, rheumatism, and other hereditary maladies, but is by no means confined to these classes of individuals. It is more frequent in the delicate than in the robust.

City life seems to favor the development of this affection, the evil results being due to inhaling the dusts, chemicals, and decomposing emanations, and so on, in the atmosphere of great manufacturing communities. These irritate the mucous membranes with which they come in contact, and set up an unhealthy secretion from the glands, which eventually stops up their outlets, and causes them to enlarge in the manner characteristic of the complaint.

The earliest intimation of the disease is usually a sensation of dryness in the throat with a disposition to expectorate, which may comprise the sum total of symptoms for a period of indefinite duration. If the disease continues, there will be more or less hoarseness, sooner or later, with inability to depend upon the voice for any unusual use of it. There may be some difficulty in swallowing, as the disease progresses, and some degree of impairment of hearing. There is rarely any actual pain in the parts, but rather a sense of discomfort as from the presence of some material which ought not to be there. Headache is apt to occur when the disease involves the top of the pharynx at the base of the skull. Dyspepsia and other disorders of digestion are not uncommon. The saliva and other secretions from the glands of the mouth, being wasted in expectoration and deteriorated in quality, are unfit for their normal use in assisting the digestion of starchy articles of food, which, therefore, reach the stomach but partially prepared for stomachic digestion, and excite dyspepsia. Indigestion impairs the quality of the blood, and brings in its train undue coolness of the extremities, and other evils. Though a general condition of impaired vigor ensues, there is rarely sufficient sense of ill-health to interfere with the ordinary requirements of business or other occupation; but all the ordinary

work is done with some amount of effort to keep up to the work.

If the disease progresses,—and it often remains at a stand-still,—the symptoms become aggravated, especially after unusual exertion or exposure. The voice may become so impaired as to interfere with the performance of public duties. Cough is more frequent, and the expectoration more viscid, and often accompanied by painful sensations deep down in the throat or at the root of the tongue; the patient becomes nervous, and experiences difficulty in swallowing at times, and in breathing at times; all of which adds to the mental disturbance that begins to be manifested, lest the disease be associated with disease of the lungs, or be indicative of some incurable malady.

The characteristic local manifestation of the disease is a series of groups of enlarged follicles in the back part of the throat, easily recognized as small, irregular, red elevations at various points of the surface. With this the outlines of distended blood-vessels are more or less prominent. Strands of unhealthy mucus sometimes adhere to the throat. The general surface often looks excoriated as if something rough, like a fragment of sandstone or a small nutmeg grater, had been drawn over it. It is very rarely, indeed, that these enlargements undergo ulceration, and when they do, it is in individuals either much broken down in health, or of decidedly scrofulous constitution.

It is a significant fact, that this disease of the throat does not, as a rule, follow a direct line down into the gullet or food-pipe, but goes along the larynx or top of the windpipe. This is due to the constant patency of the air-passage, while the food-pipe is only open during the special acts of swallowing. The special symptoms of this disease are impairment of voice, impairment of swallowing, impaired respiration, cough, impairment of hearing, and pain. These occur in varying grades, and are not all present in every case.

Impairment of voice includes all degrees of feebleness and hoarseness; and its manifestations may be intermittent or more or less continuous. It is usually due to involvement of the mucous membrane and glands of the larynx; but is sometimes altogether due to reflex action in the great pneumogastric nerve, which supplies both pharynx and larynx, as well as other structures. Just as a sip of water swallowed during an address, although it does not enter the larynx, where it would excite cough, clears up a momentary hoarseness by the reflex action of the cold and moisture transmitted from the pharynx to the larynx, just so a disease in the pharynx may produce manifestations in the larynx, without there being any direct involvement of the tissues of the latter.

Impairment of swallowing may be extremely trifling, and vary from that grade even to actual inability to swallow, though this extreme is rare. In some in-

stances the effort of swallowing is usually attended with pain, and sometimes with spasmodic sensations. Sometimes it is altogether nervous. Sometimes it is due to enfeeblement of the muscles from actual loss of substance. Occasionally it is due to ulceration.

Cough may be limited to a mere "hem" to rid the parts of uncomfortable sensations, and vary to extreme efforts to get rid of tenacious mucus that clings in strands to the abraded mucous membrane. In severe cases, especially when there is ulceration, the expectoration may be occasionally tinged with blood from rupture of delicate blood-vessels in violent paroxysms of cough.

Impaired respiration is usually nervous and reflex. In some instances, however, the glands in the upper part of the pharynx, and in the region bounding the outlets of the nasal passages into the throat, are enlarged, and occlude the nose behind, so as to compel almost continuous breathing through the mouth.

Impairment of hearing sometimes attends this disease, and is occasionally permanent, even after the throat has been cured. It is due to an extension of morbid disease up the vent-tubes of the drum of the ear, which open into the throat, one on each side of the respective posterior outlets of the nasal passage. In fact, the great majority of cases of impaired hearing from disease of the drum of the ear, and its contents and connections, are due to extension of

disease of the throat propagated in the direction just indicated.

Actual pain is infrequent, but uncomfortable sensations in the throat, as from minute or adherent foreign bodies, such as hairs, bristles, and the like, are quite common.

Enlargement or prolongation of the uvula so that its tip tickles the base of the tongue, or even the epiglottis, exists in some instances, and produces such disagreeable tickling as to provoke cough to get rid of it.

The treatment of this affection is tedious, but may be almost always satisfactory if properly instituted. Constitutional treatment is required in most instances, appropriate to the demands of the case, in maintaining the functions of the skin, stomach and intestines, and other organs, in as healthy a state as practicable. Any hereditary taint of scrofula, gout, rheumatism, or the like, requires appropriate measures accordingly. Tonics are often required. In certain cases, what are called nerve-tonics are especially requisite. Local treatment of the throat is almost always necessary. This consists in certain applications to the diseased follicles, for the purpose of getting rid of them by absorption, if practicable, or by actual destruction, if necessary. This requires careful manipulation at the hands of the medical attendant, or a duly qualified assistant, who has been carefully instructed by the

physician. It cannot be done effectually by one's self. In addition to this, the frequent use of sprays, such as have already been mentioned (page 37), are likewise of advantage.

Rest from vocal effort is often imperative, and in many cases absolutely indispensable to a cure; especially in those individuals to whom the use of the voice is a means of livelihood. It is chiefly the impracticability of resting the vocal organs that prolongs the treatment of the disease. Improper methods of speaking must be corrected. (See *Improper Use of the Voice, and Care of the Voice.*)

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