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# The Throat and The Voice: Part 1, Chapter 3: Acute Sore Throats

Jacob Solis Cohen

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## CHAPTER III.

## ACUTE SORE THROATS.

THE term acute sore throat is used to designate an inflammatory condition, of comparatively short duration, affecting any portion or portions of the structures of the throat. Physicians apply separate names to inflammations confined to certain regions, but it is not requisite in this volume to allude to them individually. The chief general causes of acute sore throat are those already enumerated (pp. 22 and 23). There is another cause which must be borne in mind, which occurs chiefly in the dwellings of the poor, who are compelled to allow their children to play about the kitchen, and are unable to watch them carefully. The little ones try to get a drink of water for themselves from the spout of the kettle of hot water, and thus inflict severe and often irreparable injury upon their throats and their upper air-passages. In many instances, death is inevitable after an accident of this kind. Care must be taken, therefore, that the kettle of hot water, coffee, or whatever it may be, shall be kept out of the reach of children. A similar acci-

dent sometimes occurs with grown folks who are not careful about looking at their medicine bottles, and thus swallow a caustic liniment instead of a medicinal mixture, or administer the same to others. It is a good plan to insist upon it, that the apothecary should put all poisons, liniments, and the like in roughened bottles,—a special kind of which is made for the purpose,—so that the sensation imparted to the hand, even in the dark, will indicate caution, and thus prevent the liability of making such a dreadful mistake.

Scalds of the kind alluded to are apt to be very severe. The cough and spasm produced by the act of swallowing these hot and acrid drinks involuntarily spatters them about the top of the larynx, the upper part of the throat, and even into the nasal passages. Much of the mucous membrane of these parts is killed at once, and there is violent inflammation, with great swelling, sometimes to such an extent as to choke the patient to death, unless the windpipe is opened surgically to allow access of air to the lungs from an artificial aperture. Whenever such an accident occurs, whether in daytime or at night, the nearest reliable physician should be sent for at once, and the mind be prepared to learn that recovery is doubtful; and that, even if it take place, a great deal of deformity may result, interfering, perhaps permanently, with freedom of swallowing and freedom of breathing.

Ordinary sore throats, such as follow exposure to

cold, usually implicate the soft palate, uvula, and tonsils, and even the base of the tongue. Sometimes the back part of the throat (the pharynx) is involved, but not often. In some instances the upper portions of the air-passages (larynx and trachea or windpipe) are also affected, and in others the nasal passages likewise. The same sort of sore throats is likewise due, in some instances, to the peculiar influence of certain medicines which are being used in the treatment of other diseases. These medicines are chiefly preparations of mercury, iodine, antimony, zinc, belladonna, and stramonium. Whenever, therefore, a sore throat occurs, during treatment for another disease, and there is no ostensible reason to account for it, it is well to have the inquiry made as to whether it might not be the result of the action or overaction, or poisonous action of remedies in use at the time. Sometimes, too, these sore throats are occasioned by what is known in medical parlance as "reflex action;" that is to say, that an irritation of the nerves from a disease in the heart, liver, intestines, or some other organ, may be propagated along the spinal cord, which consists of the combined bundles of the nerve filaments that extend from it to all parts of the body, and then proceed from the spinal cord along the nerve fibres that leave it at another point to extend to the lining or mucous membrane of the throat.

Sore throat, again, occurs from an extension of

various diseases in the mouth, tongue, nose, and windpipe. It also occurs as a part of the ordinary manifestations of scarlet-fever, and likewise, but to a less extent, of small-pox and of measles. It also occurs in connection with a number of acute maladies, such as erysipelas, typhoid fever, rheumatism, influenza, and certain diseases of the skin. It likewise occurs in a number of chronic diseases. The reason why the throat is affected in many of these affections has not yet been satisfactorily determined.

COMMON SORE THROAT.—This is a slight superficial inflammation of the covering or mucous membrane of both surfaces of the palate and uvula, and usually of the mucous or covering membrane of the tonsils also, extending, in some cases, to the same covering of the back part of the throat (the pharynx); but the mucous membrane of the mouth remains free. It is most frequent in children and quite young adults.

The parts affected are red in color, more or less swollen, and secrete an excess of mucus. They are often quite painful on swallowing. Speech is often indistinct, but there is no hoarseness. There is no cough unless the uvula is elongated and tickles the back part of the tongue or the valve (epiglottis) on top of the air-passage.

Sometimes a sore throat of this kind following exposure to wet, is very severe for a day or two, and subsides suddenly to give way to an attack of acute



rheumatism. This form is known as *rheumatic sore throat*, and probably involves the muscles, or the sheaths of tissue in which the fibres of the muscles are enclosed, rather than being confined to the mucous membrane.

In severe cases there is considerable fever, and this is severer in children than in adults. In severe cases, too, the glands at the angles of the jaw become swollen.

It often happens that the sore throat is limited to one side of the body, and then the other side is apt to become affected, as the diseased action subsides in the first locality; and if the individual be imprudently exposed, the second attack is apt to be more intense than the first one.

Unless there is some grave constitutional disorder, this form of sore throat gets well spontaneously in from five to ten days, according to its severity.

Very often, cases of slight sore throat require no special medical treatment whatever. It is prudent, however, to keep in the house, lying upon a couch or bed, with a thin coverlid over the body to equalize the heat of the surface. This precaution will shorten the duration of the attack considerably, and render it less likely to subside into a chronic sore throat, as many neglected cases do. The bowels should be kept relaxed by resort to some mild medicine, as castor-oil, salts, magnesia, or rhubarb. The free use of mucif-

luginous drinks, such as barley-water, gum-arabic water, slippery-elm water, and the like, and of small fragments of ice retained in the mouth until melted, if agreeable, as they almost always are, will soothe the pain in the throat. Intense heat of the skin may be allayed by sponging the body with acidulated tepid water, bay-rum and water, or alcohol and water. This, with restriction to a very light and easily digested diet for a day or two, will be all that will be required in moderate and ordinary cases. Severe cases require the advice of the physician.

QUINSY.—This is a severer form of sore throat, in which the inflammatory action is not confined to the mucous membrane, but involves the tissues beneath it. It is quite liable to go on to what is called supuration, or the formation of pus. The organ most prominently involved is the tonsil; but the palate and uvula, the base of the tongue, the valve of the air-passage, the back of the throat, and the tissues that connect these various structures are all liable to be involved to a greater or less extent. It occurs more frequently in individuals with diseased tonsils than in other persons, and is most frequent in children and young adults. It is more dangerous in children than in adults, and in individuals with enlarged and diseased tonsils.

Quinsy usually begins with a chill, and this is followed by fever within twenty-four hours. Pain in

the throat is an early symptom. All the visible structures of the throat are inflamed and swollen, the tonsils in particular — sometimes only one of them, sometimes both of them, but usually one much more than its fellow. The swollen tonsil may project beyond the middle line of the throat, or the two tonsils may touch. They are usually covered with whitish or yellowish creamy secretions. The pain in the tonsil sometimes runs up along the fold behind it into the ear, with the vent-hole of which it is continuous (see page 15). There is indistinctness of speech, difficulty and pain in swallowing, and difficulty of breathing if the swelling is very great. The parts become dry, taste is impaired, and the breath offensive. Sometimes the saliva dribbles from the mouth because it cannot be swallowed. Sleep becomes difficult or impossible when the mechanical impediment to breathing is great, or when the nervous system is excited by fever and suffering. Children are liable to delirium and convulsions.

The disease lasts longer than common sore throat; and though the tendency of the attack is to recovery in most instances, there are not a few in which it is fatal from the formation of burrowing abscesses, which inflict irreparable injury. In many instances an abscess forms in the tonsil, and when this bursts spontaneously, or is discharged by the surgeon's knife, relief to pain is usually immediate, and the inflam-

matory process soon subsides, provided there are no more abscesses. An abscess that bursts spontaneously may suffocate the patient by flooding the air-passages; but this is infrequent. It is best and safest, however, to submit to an operation, if suggested by the medical attendant. A child, tormented for days by sleeplessness from pain, will sometimes go to sleep on the lap of its mother or nurse, after the discharge of such an abscess, even before the surgeon has wiped his knife.

Nothing is said about treatment of these cases, as they are too important to be intrusted to untrained hands. It is quite likely, however, that the use of gargles will be suggested in the treatment of this disease. They are rarely of any service, chiefly because their use entails a great deal of pain. They may be entirely superseded, in the treatment of this and other forms of sore throat, by the use of sprays or douches propelled from the so-called atomizer, so frequently in use for diffusing sprays of cologne water and the like. The use of these sprays entails no pain, is really grateful and soothing, and the fluids reach the remoter parts of the throat which are never reached by the gargle. A gargle as ordinarily used only reaches the palate and base of the tongue, as a rule, as may be seen by experimenting with colored water — indigo water, for example. To reach the back part of the throat, it must be half swallowed; a dif-



ficult practice, and too painful for the subject of a sore throat. It is better to try and bring the fluid of the gargle in contact with the sore parts by holding it in the mouth, and then gently turning the head to one side and to the other, backward and forward, so as to let the fluid bathe the parts in succession, without making any gurgling noise by forcing the air through it as in the usual method. Another good plan is to carry the fluid back to the root of the tongue in a teaspoon, and then pour it over the parts as the head is thrown back, which will bring it in contact with the deeper structures of the throat; then the sides of the throat are bathed by appropriate motions of the head to either side; and the process is completed by suddenly bringing the chin down to the breast as the fluid is ejected, so as to bathe the middle portion of the throat, the tonsils, palate, and roof of the mouth.

COMMON MEMBRANOUS SORE THROAT.—It is highly desirable that the public should be aware that there is a comparatively unimportant disease of the throat in which the structures become covered with a membranous deposit, and which is often mistaken for diphtheria. The tendency in this disease being to spontaneous recovery, and the disease being mistaken for diphtheria, certain remedies are apt to be vaunted as efficient in diphtheria, because they happened to be used vigorously in a case of common membranous sore

throat which would have gotten well under ordinary management.

This affection occurs at all seasons of the year. Some individuals are attacked almost annually. Its most frequent immediate cause is a cold bath, or other exposure to cold, while the body is overheated or in active perspiration. Imperfect drainage and emanations from cesspools and refuse-heaps are often the apparent remote cause. During the prevalence of diphtheria, common membranous sore throat is often contracted by persons susceptible to sore throats from other causes, and may then become a starting-point for the severer disease.

It usually begins with a chill, followed by fever, which is sometimes quite severe; then there are two or three days of ordinary sore throat. At first, the palate, tonsils, or pharynx are covered with groups of little vesicles, which burst, become excoriated, run into each other, and get covered by a grayish-white pellicle or membrane, resembling the similar false membrane of diphtheria, which begins, however, in another way and under other conditions. The various parts of the throat are swollen, but not nearly as much as in quinsy, and the affection is usually confined to one side. A similar form of sore throat sometimes attends advanced stages of consumption in which there has been severe disease of the throat. The disease usually subsides spontaneously in from

eight to ten days. Sometimes it is fatal, however, chiefly in children, from extension of the membrane into the air-passages, death taking place mechanically by suffocation. It is difficult to distinguish this affection from diphtheria, especially when the latter is prevalent; but there is not that profound disturbance of the system due to blood-poisoning, which is the chief characteristic of diphtheria.

Common membranous sore throat often occurs again and again in some individuals, which is not the case with diphtheria. The appropriate treatment for this affection is that for ordinary sore throat, with such cleansing and astringent washes, sprays, and lozenges as the attendant physician deems suitable.

THE SORE THROATS OF SMALL-POX, MEASLES, AND SCARLET-FEVER.—The sore throat of small-pox is due to the development of an eruption upon the surface of the throat, mouth, and air-passages similar to that which is developed upon the skin. It is liable to be followed by permanent hoarseness in those who recover; and is quite apt to terminate fatally by ulceration in the air-passages.

The sore throat of measles is a catarrhal inflammation of the nasal passages, throat, and air-passages. The mucous membrane of the throat is often affected a day or more in advance of the skin, the palate being covered with small red points. It is liable to be followed by prolonged hoarseness.

The sore throat of scarlet-fever is very severe in some instances, to such an extent, indeed, as to be the main source of danger in that serious malady. Some amount of sore throat attends every case. In some cases it is the only manifestation. Susceptible nurses and physicians are liable to have sore throat nearly every time they are in attendance upon scarlatina. There is a diffuse inflammation of the throat, sometimes with small, pimple-like eruptions, and these manifestations appear a day or two in advance of the manifestations on the skin.

The inflammation is of a high grade, not unlike that of quinsy in moderate cases, and proceeding to ulceration and great destruction of tissue in severe cases. The inflammatory process is very apt to extend up into the drum of the ear and produce an abscess, which ruptures through the drum membrane and discharges externally at the outer ear. Many diseases of the ear are due to the sore throat of an attack of scarlet-fever. It is popularly believed, and sometimes taught by physicians, that children will "outgrow" such affections. Nothing can be more erroneous. Every such case demands immediate and skilful treatment, in spite of which, not infrequently, hearing is often impaired or lost.