

1879

The Throat and The Voice: Part 1, Chapter 15: Naso-Pharyngeal Catarrh

Jacob Solis Cohen

Follow this and additional works at: http://jdc.jefferson.edu/throat_and_voice

 Part of the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

Solis Cohen, Jacob, "The Throat and The Voice: Part 1, Chapter 15: Naso-Pharyngeal Catarrh" (1879). *The Throat and the Voice*, by J. Solis Cohen, M.D. 1879. Book 17.
http://jdc.jefferson.edu/throat_and_voice/17

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in *The Throat and the Voice*, by J. Solis Cohen, M.D. 1879 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

CHAPTER XIV.

NEURALGIA OF THE THROAT.

NEURALGIAS, or pains along the course of the nerves, occur in different portions of the throat, as they do elsewhere. The absence of evidences of serious disease, on the one hand, or the presence of tumors and the like pressing on the course of a nerve, on the other, indicate the true nature of the complaint, which is to be treated by the means usual in the treatment of neuralgias generally. It is quite possible, as in spasm, that the malady is often of reflex origin from disease in some distant part of the body; and in such instances the neuralgia will not be likely to subside permanently until that organ recovers, whether it does so spontaneously, as is sometimes the case, or as the result of intelligent treatment, as is more frequent.

These neuralgias are not to be confounded with the pains incidental to inflammatory and other affections of the throat, of which they are symptomatic accessories.

CHAPTER XV.

NASO-PHARYNGEAL CATARRH.

THE upper portion of the pharynx, above the palate, the roof of the pharynx, and the posterior portions of the nasal passages are liable to become diseased together in the form of what is known as naso-pharyngeal catarrh. It is quite common as a chronic affection or disease of long standing, and is usually the result of a succession of more or less acute attacks which have left the mucous membranes of the parts designated in a permanently swollen condition, with a disposition to excessive secretion from their mucous glands. In some cases, the glands themselves are diseased and permanently enlarged.

The symptoms are those of more or less continuous impediment to free respiration through the nose, and the accumulation of viscid phlegm or mucus in the upper part of the pharynx, and at the back part of the nasal passages. This mucus is usually hawked out of the throat by a more or less violent inspiratory effort through the nose, attended at times with more

or less gagging. Sometimes portions of the mucus, which cannot be discharged in this way, become desiccated into crusts, which decompose in the parts and give rise to fetid breath, and are discharged, at intervals of a few days, in masses of variable size, often more or less moulded to the shape of the parts from which they come. This discharge gives relief to a disagreeable sense of stuffiness in the parts, which gradually reappears as fresh masses accumulate. These masses are sometimes tinged with blood from rupture of small vessels. Sometimes these masses are swallowed, either voluntarily or unwittingly. They should always be expectorated. If taken into the stomach, they irritate that organ and the intestines, for they are insusceptible of digestion, and thus are apt to produce dyspepsia and irregular diarrhoea. There is no ulceration of the diseased tissues, except under peculiar conditions of system; a fact which it is well to bear in mind, especially if resort is had to advertising charlatans, who are often disposed to assert the existence of ulcerations to make their services appear the more valuable in case of cure at their hands. In fact, many of these practitioners state that the discharged masses of desiccated mucus are ulcers which have come away.

The chief point of treatment in this affection is to employ whatever means may be necessary to re-establish the general health or improve it, and to

cleanse the parts of these masses at regular intervals, so as to prevent their accumulation. If this cleansing is thorough and efficient, the mucous membrane, freed from the mechanical irritation of their presence and the chemical irritation of the products of their decomposition, will get well of itself. Without the cleansing, relief from treatment, local as well as constitutional, will only be temporary. Under proper management, the relief will be permanent.

There are several methods of cleansing the parts. The best material to use, in most instances, is a solution of table salt, or of carbonate of sodium, one teaspoonful to the quart of tepid water at about blood heat. It is necessary to have the fluid at about the same temperature and specific gravity of the blood, in order to avoid certain injurious effects which may otherwise follow. The fluid may be snuffed up from the hand or from a cup or other vessel, or be thrown into the nasal passages from a syringe or a spray-producer, or be passed over the parts in a douche from a vessel supplied with flexible tubing and a well-fitting nozzle, applied within each nostril alternately. These washes should not be applied until their method of application is shown and explained by the physician, because of a liability that the fluid may run through the vent-hole of the drum of the ear into the drum itself, and produce serious and sometimes permanent injury. The head should be slightly bent forward,

the mouth be kept open during the process, and all movements of swallowing avoided. With fluids of proper temperature and density, these precautions will almost always secure the individual from injury, unless there is some deformity, congenital or from disease, or an unnaturally large orifice to the vent-tube of the ear-drum.

When there is an offensive odor from the retained masses of phlegm and mucus, a disinfectant should be added to the cleansing solution. These ablutions should form an essential part of the daily toilet, as much so as a resort to the tooth-brush or the wash-basin.

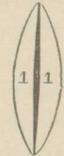
Cases of naso-pharyngeal catarrh kept up by the presence of foreign bodies, tumors in the nasal passages or dead bone, will not get well until after the removal of these sources of irritation.

PART II. THE VOICE.

CHAPTER I. VOICE.

THE VOICE is the sound generated in the larynx at the upper part of the air-passage, by the rapid vibration of the edges of two membranous bands, stretched transversely over the top of the windpipe, from before backward and slightly downward. A delicate elliptical space is left between the two vocal bands (Fig. V.); and the air from the lungs, as it escapes forcibly through this contracted passage, strikes the edges of these bands with a force which sets them vibrating. The sound started in the air-tube by this vibration is the voice. During ordinary respiration, these vocal bands are widely separated behind, so as to present a large triangular space between their edges for the uninter-

Fig. V.—Diagram of the Vocal Bands as Adjusted for Phonation, or Voice.



1. 1. Vocal Bands.