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The Throat and the Voice, by J. Solis Cohen, M.D.  
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# The Throat and The Voice: Part 1, Chapter 12: Paralysis of the Throat

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## CHAPTER XI.

### TUMORS IN THE THROAT AND WINDPIPE.

WARTS and various other tumors are developed in the throat and windpipe, just as in other regions of the body. They give rise to cough, hoarseness, and difficulty of breathing, swallowing, or articulation, according to their location, size, and mode of attachment; but they rarely occasion pain. These symptoms are often erroneously referred to other diseases. Such growths usually result from catarrhal inflammations of the surfaces on which subsequently they become developed. Croup and measles are sometimes productive of them. When quite large, or very movable, their presence may be suspected by the character of the breathing. As a rule, however, they are only discoverable by observing their image in a little mirror held in the mouth. They usually require removal by some variety of surgical procedure, internal remedies being adequate for their absorption only in exceptional instances.

## CHAPTER XII.

### PARALYSIS OF THE THROAT.

PARALYSIS of the throat occurs in various forms as the result of disease or injury. Paralysis of the palate is recognized by its relaxed condition and the sluggishness with which it contracts on touching it with some foreign body, as the finger or a lead-pencil. In some cases it does not contract at all. This form of paralysis sometimes follows diphtheria, but occurs in many other diseases likewise. There is a nasal twang to the voice, and great difficulty in swallowing fluids, portions of which escape into the upper part of the pharynx, and thence run out by the nasal passages.

Paralysis of the pharynx is indicated by difficulty in swallowing, or even inability to swallow. The muscles of the pharynx fail to contract on contact of foreign substances. This form of disease is sometimes a manifestation of hysteria, as indeed is, sometimes, paralysis of any other portion of the throat, or indeed of any other portion of the body.

As will be explained in the article on voice, there

are two vocal bands at the top of the windpipe which are held asunder during ordinary respiration, and which are brought together during phonation or use of the voice. Now, some or all of the muscles by means of which these vocal cords are brought into apposition, may become paralyzed, in which case there will be more or less hoarseness, or even absolute loss of voice, according to the nature and degree of the paralysis. Again, the muscles which separate the vocal cords in breathing may become paralyzed, and then there will be no loss of voice, nor even hoarseness in most cases, but there will be great difficulty in getting the air to enter the air-passages, the symptoms being much like those mentioned under the head of croup.

The management of these various forms of paralysis requires treatment of the malady or injury by which they may be occasioned, and, very often, appropriate treatment by electricity, under the care of a competent physician. Paralysis preventing swallowing may require the introduction of a stomach-tube in order to feed the individual by the mouth; or the use of nutritive enemata to feed him by the bowel. Paralysis preventing due inspiration of air may require an artificial opening in the windpipe, below the seat of the disease, and the permanent use of a tube to keep the artificial orifice open until the paralysis is overcome, if it be at all remediable.

## CHAPTER XIII.

### SPASM OF THE THROAT.

**I**NVOLUNTARY contractions of the muscles of the throat sometimes occur, and are occasionally very serious, even to such a degree as to imperil existence. Thus, when the contractions take place in the muscles at the top of the windpipe, air cannot get through it into the lungs, and the individual necessarily suffocates, if the spasm does not relax in one or two minutes. Usually, however, the accumulation of carbonic acid in the blood, as a result of the spasm, produces a peculiar relaxing effect, due to carbonic acid gas poisoning, and, as the muscles relax, the air rushes into the air-passages with a stridulous noise, the blood becomes oxygenated again, and this oxygenation, in its turn, overcomes the threatened poisoning by carbonic acid gas. This is the condition which exists in the affection known as *spasmodic croup*.

SPASMODIC CROUP is a term long used, though improperly, to designate a peculiar disease to which children are subject during the first few years of