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CLERGYMAN'S SORE THROAT

AND

POST-NASAL CATARRH

CAUSES, SYMPTOMS, AND TREATMENT

For Speakers and Singers

BY

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SURGEON TO THE HOSPITAL FOR DISEASES OF THE THROAT AND CHEST
LECTURER ON DISEASES OF THE THROAT AT THE ZENANA MEDICAL MISSION SCHOOL
HON. PHYSICIAN TO THE ACTORS' BENEVOLENT FUND
LATE ASSISTANT-COMMISSIONER STAFFORD HOUSE COMMITTEE
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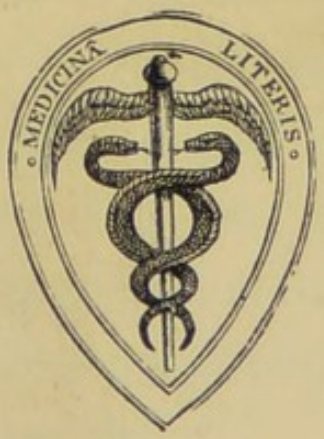

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PREFACE.

I BELIEVE it is a fact that more human suffering arises from the smaller rather than from the greater bodily ills, and that, taken in the aggregate, the former far outweigh the latter.

It is such a thought as this that has prompted me to write the following pages about a complaint, which, being of common occurrence, easily prevented, and—if taken in time—easy of cure, is, on account of its apparently trivial nature, allowed to continue untreated.

There is much that might be added that has been purposely left out, in order that, whilst giving as full a description as possible of the causes, symptoms, and treatment, all unnecessary details might be avoided.

G. S.

25, OLD BURLINGTON STREET, LONDON, W.
July, 1884.

CLERGYMAN'S SORE THROAT AND POST-NASAL CATARRH.

CHAPTER I.

DEFINITION AND CAUSE.

In order to understand what "Clergyman's Sore Throat" is, and how it is caused, it will be necessary shortly to consider the construction and position of the throat and post-nasal space.

That which is usually called the throat is, in the language of anatomy, styled the pharynx. In it are included all those parts beyond the mouth which may be seen when the latter is widely distended, and the tongue is depressed, either by natural effort or by a suitable instrument.

The roof of the mouth, or hard palate, terminates behind in the soft palate, a muscular curtain, which at ordinary times hangs down,

but which, during swallowing, goes upwards and backwards, and forms a partition between the mouth and the post-nasal space.

The uvula (see Frontispiece) hangs from the centre of the soft palate. Running down from it on either side are to be seen two bands of membrane, which are known as the anterior pillars of the fauces, and which constitute the anterior boundaries of the pharynx. Posterior to these, on both sides, are the tonsils. Behind them the posterior pillars of the fauces appear, and still farther back the posterior wall of the pharynx.

The posterior nasal space is a continuation upwards of the pharynx, commencing about the level of the soft palate, and ending above, at the base of the skull. It is only to be seen by looking through the nostrils from the front with a speculum, or by introducing a reflector behind the uvula.

Looked at from behind, it would appear as in the Frontispiece In the anterior wall of the space are the posterior openings of the nostrils, separated from one another by the nasal septum. From the outer margins of these openings three processes extend inwards

towards the centre; these—the turbinated bones—are clothed with pale pink mucous membrane, which is especially liable to become the seat of chronic inflammation.

The post-nasal space is bounded behind by an extension upwards of the posterior wall of the pharynx; whilst on each side are the orifices of the Eustachian tubes, which convey air to the middle ear. These orifices are trumpet-shaped, and covered with mucous membrane, which often becomes hypertrophied and prevents the free passage of air, thus causing deafness, as is explained further on.

Both the pharynx and the post-nasal space are clothed with mucous membrane, which is thickly studded with small glands or follicles about the size of a millet seed, and it is these that are principally instrumental in causing Clergyman's Sore Throat.

We may thus define Clergyman's Sore Throat as "chronic inflammation of the follicles of the pharynx," and post-nasal catarrh as "chronic inflammation of the glandular tissue and follicles in the post-nasal space, accompanied by thickening of the mucous membrane covering the turbinated bones." It is true that these

diseases may exist separately; they are, however, usually found together.

The causes of Clergyman's Sore Throat are best considered under two heads—firstly, predisposing; and secondly, exciting. Amongst the former may be mentioned struma,— unfortunately a rather vague term, but which is generally used to indicate the disposition that certain persons or families show to enlargement of glands in various parts of the body.

Gout, rheumatism, and syphilis also predispose to the disease, either by some local influence or by lowering the general tone of the system. Repeated attacks of acute sore throat naturally tend to set up chronic inflammation.

Of exciting causes, the first and most important of all is *overstraining* the voice. Clergyman's Sore Throat occurs almost without exception in persons who strain their voices to fill large spaces, or who speak in the open air; thus the overstraining is accompanied by exposure to cold, draughts, or damp.

Amongst those who use their voices in closed spaces are clergymen, singers, actors, teachers, and public speakers,—and these often suffer.

Amongst those who speak or shout in the open air are hawkers, costermongers, street singers, etc.,—and all these, in my experience, suffer without exception.

Overstraining the voice is in most instances accompanied by exposure to cold: the over-exertion produces weakening and thinning of the mucous membrane, and congestion of its small vessels and capillaries; and in this condition the cold air strikes the membrane and produces inflammation of the follicles or glands. These in turn become enlarged, and keep up the irritation, even when the voice is quiescent, by the secretion poured out by them.

If it should happen that this irritation be first set up in the post-nasal space, it induces pharyngitis in one of two ways—firstly, the mucus trickling down the pharynx soon irritates the parts below; or, secondly, the post-nasal mucous membrane being thickened, breathing through the natural passage becomes difficult or impossible. Thus the mouth is constantly kept open for the purpose of respiration, and unduly exposed to the cold air which, under ordinary circumstances, would be warmed by its passage through the nose.

The inhalation of foul air of any kind is also productive of Clergyman's Sore Throat; thus dwellers in cities are much more prone to the disease than those who live in the country. Again, persons whose trade or occupation compels them to breathe impure air, or dust—as, for instance, masons, sweeps, workers in flour mills, skin yards, hop stores, etc.—suffer much in consequence.

Clergyman's Sore Throat is often associated with indigestion; usually the former precedes the latter; occasionally one sees cases where the pharyngitis has arisen from the extension of the irritation upwards from the stomach.

The question as to whether smoking gives rise to Clergyman's Sore Throat has often been discussed. My own opinion is, that though smoking of itself seldom or never causes the complaint, it irritates a throat that has become diseased from other reasons. I believe that certain forms of smoking are much more injurious than others. Cigarette smoking is most so of all, this being partly due to the inhalation of the fumes of the paper.

A fertile source of sore throat is the habit which people have of leaving crowded and over-

heated rooms, and going into the open air to cool themselves. At such times the mouth is opened to inspire the cold air, and congestion of the mucous membrane is thus induced.

Another very injurious habit is that of taking hot and cold food or drink alternately—hot viands, and then iced water or ices. This custom is common in America, and is, perhaps, one of the reasons why Americans suffer in such a large proportion from chronic catarrhal affections of the throat and nose.

CHAPTER II.

HOW IT IS KNOWN; OR, ITS SIGNS AND SYMPTOMS.

In the case of persons suffering from Clergyman's Sore Throat, the first symptom that awakens them to the seriousness of their condition is *huskiness* or *hoarseness* of voice, and gradually increasing incapability of continued speaking. This will be recognized under different circumstances and at different times, according to the occupation of the patient. A clergyman is conscious that towards the end of his sermon his voice is failing and sounds husky, his throat feels dry and stuffy,—he tries in vain to clear it by short coughs, and he finishes in an almost inaudible voice. A public speaker notices that he is no longer able to make lengthened speeches in the same clear voice as heretofore. A singer feels that although the first song is got through well

enough, the second and subsequent ones are sung with a feeling of roughness in the throat,—that the voice has lost its "*timbre*" and sounds hoarse or nasal.

As for hawkers, street singers, etc., they generally carry on until they can hardly utter an articulate sound.

Dryness is the next and most important symptom. The throat feels dry and hot, and there is an inclination to clear the throat by short irritating coughs, which either do not bring any mucus away, or only small hard dry pieces; this cough is by-and-by accompanied by *pain* and *tenderness*, which become aggravated as the cough grows more frequent. When the disease commences in the post-nasal space, or spreads to it, a new set of symptoms arises. Here there is an increase in the quantity of the secretion rather than a dryness. At first there is constant effort to clear the nose by blowing; later on, as the mucus becomes thicker and tends to lodge in the posterior part of the space, efforts are directed towards clearing away the congealed discharge. The mouth is tightly closed, the tongue is pressed against the hard palate, the chin is protruded, air is deeply

inspired through the nose, and an attempt is made to swallow. All these actions occur almost simultaneously, and the result is that a piece of thick viscid mucus is ejected from behind the soft palate. The contortions of countenance accompanying this manœuvre are dreadful to look at, and the sounds are equally unpleasant to hear.

As the post-nasal disease advances, the difficulty of breathing through the nose increases, and the respiration is carried on almost entirely through the mouth. Thus, if the disease has not already spread to the pharynx, it is now almost certain to do so.

The disease may also spread to the larynx, or voice box, and the voice become permanently hoarse or completely lost. The symptoms in this case are almost the same as those in pharyngitis, save that the loss of voice is more marked and persistent, and the disagreeable sensations are transferred lower down. Another not uncommon symptom of Clergyman's Sore Throat is *deafness*, which arises when the inflammation spreads to the post-nasal space, and attacks the orifice of the Eustachian tubes. These, for perfect hearing, must be open, so as to admit air

into the middle ear; and the air being absent, the vibrations which should be communicated from without, first to the drum, and afterwards to the chain of small bones in the middle ear, do not take place, and thus deafness ensues.

I do not think that it is generally recognized how often Clergyman's Sore Throat leads to indigestion, and catarrh of the stomach. Out of the great number of cases of the disease that I am called upon to treat at the Hospital for Diseases of the Throat and Chest, I calculate that some sixty-five per cent. suffer from dyspepsia,—the more chronic the sore throat the worse the indigestion. This is readily understood when one thinks how easily this kind of irritation spreads. The mucus from the pharynx trickles down the œsophagus, causing irritation of the mucous membrane, which gradually spreads to the stomach, and gives rise to a fresh set of symptoms. Pain, or a feeling of weight or distension of the stomach, is experienced, commencing shortly after meals; or flatulence, or heartburn, or water-brash, is noticed. Usually there is an unpleasant taste in the mouth in the morning, and the bowels are confined. Pain is often felt between the shoulders, and the

patient experiences sensations of giddiness, or swimming in the head.

Bronchial catarrh also forms one of the sequelæ of Clergyman's Sore Throat. It follows from extension of the irritation first to the larynx and trachea, or windpipe, and then to the larger bronchial tubes, whose mucous lining becomes affected.

Having detailed the symptoms of Clergyman's Sore Throat, let us now consider the signs or the appearances in the throat that indicate its presence. These, though generally very characteristic, vary much in different individuals. In most cases, a number of small projections irregularly stud the surface of the pharynx; they are usually hemispherical in outline, and are sometimes translucent, but generally opaque. They vary in size from a pin's head to a pea. In colour they are of a deeper hue than the surrounding tissue, which is sometimes of a dark red or purple colour, or streaked irregularly with dilated blood-vessels. These prominences are enlarged or hypertrophied glands, or groups of glands, enlarged by an arrest of their secretion, which is retained by the blocking of the

orifice of the follicle, and thickened from the formation of connective tissue. When the secretion exudes from the follicle it appears in the form of white or yellowish spots, of cheesy consistency, on the surface or in the angles of the pharynx.

The surface of the throat, instead of being bathed in transparent thin secretion, is covered with thick viscid mucus; and yellowish or greenish masses are seen protruding from behind the soft palate, or adhering to the posterior pharyngeal wall.

Occasionally the mucous membrane on the posterior wall appears atrophied and tense, or whitish and transparent, as if thinned off by the irritation of the constant discharge.

CHAPTER III.

HOW IT MAY BE PREVENTED AND CURED.

THERE are many simple precautions which, if adopted, would guard against the advent of Clergyman's Sore Throat; but these, whether it be that they are not generally known, or that they seem too trivial for attention, are, as a rule, neglected.

Though universally understood, the fact is not sufficiently appreciated that nature has provided us with noses to breathe through and smell with, and with mouths for the purpose of speech and the entrance of food and drink into our bodies. It is a disregard of this wise provision that causes sore throats in many cases. The entrance to the nostrils is guarded by a number of hairs, which act as dust traps, and prevent particles of dust or irritating substances being inspired into the lungs. If the breathing be through the mouth,

this safeguard is useless. Again, if we breathe in the natural way through the nose, the air is warmed before reaching the throat and lungs.

In order to avoid sore throat, it is necessary to abstain from straining the voice. Care should be taken not to speak in any space, or in any tone, beyond one's capabilities. The proper production of the voice should be rigorously studied. We should speak only when there is sufficient air in the lungs, and we should inspire sufficiently at regular intervals when speaking. Nothing can be more injurious to the voice, or more disagreeable to listen to, than the struggling of a speaker without sufficient air in his lungs. He thus causes his voice to drop and become almost inaudible at the end of his sentences. The general health demands special attention, for should it fall below par the voice is almost certain to suffer, as in the cases of public speakers, singers, clergymen, etc.

To guard against such a contingency it is well in any case where the individual, either from the character of the profession or calling, from former attacks, or from hereditary disposition, is predisposed to the disease, to adopt precautionary measures. The body should be

sponged every morning, first with warm, and afterwards with cold, water, and then rubbed dry with a rough towel or with gloves, until the surface is warmed by the friction. Attention must be paid to the clothing. Flannel, silk, or merino, or a mixture of silk and wool, should be worn next the skin; regular and sufficient exercise should be taken, and a nutritious and digestible diet adopted. Overheated rooms and crowded assemblies must be avoided; and, as far as possible, draughts and undue exposure to cold must be guarded against.

In case of an acute attack suitable treatment must be adopted, *i.e.*, soothing inhalations, confinement to the house, complete rest for the voice, etc. It is a recurrence of such attacks that leads to chronic disease.

However, in spite of care, the trouble frequently becomes chronic, and displays all its unpleasant symptoms; and then some course of treatment must be adopted. This treatment will be either palliative or radical. Palliative treatment may for a time alleviate symptoms, but it cannot be conscientiously recommended for a continuance, as it can never effect a permanent cure.

The palliative treatment will consist in the exhibition of inhalations, gargles, lozenges, sprays, etc. etc.

Inhalations are employed by mixing the medicine prescribed with boiling water and inhaling the medicated steam from an apparatus constructed for the purpose. Many inhalers are in use, but as a rule they are cumbersome, expensive, and complicated. I have devised an apparatus known as the "Improved Inhaling Apparatus," which I venture to recommend. It consists of a distensible cap, fitted with a mouth-piece and air tube, which may be applied to any ordinary vessel of domestic use, such as a jug, tumbler, jam pot, etc.

The most efficacious sedative inhalations, which should only be employed in very painful or irritable cases, are the Vap. Benzoin, Vapor Lupulinæ, or Vapor Conii. Of stimulant inhalations, which should be employed in chronic cases accompanied by a great deal of thickening and secretion of viscid mucus, the best are the Vap. Acidi Carbolici, Vapor Iodi, Vapor Calami Aromatici, and Vapor Pini Sylvestris (of Throat Hosp. Pharm.). Gargles used to be generally employed, but they are not nearly so serviceable

as lozenges, and for this reason, that with the former the application only lasts a few seconds, and does not afford continued medication, whilst lozenges remain in the mouth for half an hour, or more, during all which time the throat is under the influence of the medicine employed.

For sedative effects there is in common use the Troch. Sedativ., Troch. Altheæ (Throat Hosp. Pharm.).

If astringents be necessary, the Troch. Acidi Benzoici, Troch. Kino, or Troch. Acidi Tannici can be used.

The spray is a very valuable form of application; and is especially useful in nasal and post-nasal troubles. The tube of the spray-producer is passed up the nostril from the front, and the medicated fluid is scattered all over the diseased surface, first washing away the congealed mucus, and then directly affecting the membrane by its stimulating or sedative effects as may be required. The best fluid for ordinary use for the nose and post-nasal space is the Nebula Alkalina of the Throat Hospital Pharmacopœia; for the pharynx and larynx, the Nebula Zinci Chloridi in one of its strengths as may be thought necessary. Nasal sprays, if

too strong, may cause considerable irritation or pain.

For the purpose of radical cure, astringent or caustic applications can be made with a brush; or solid caustic, or else one of the various pastes, or the electric cautery, can be adopted; the object with all being the same—firstly, to destroy the enlarged follicles; and secondly, to bring about a healthy tone of the mucous membrane. The brush applications, or pigments, are useful only for the latter purpose. Of caustics, the one most in use is the Nitrate of Silver, and the best paste is the Pasta Londinensis. It is true both of caustic and paste, that it is difficult to limit their operation exactly to the follicles; apply them with as fine points or in as small quantities as possible, and it will be found that they do not always confine their effects to the follicles alone, but often destroy the surrounding tissues. This difficulty is entirely obviated by the use of the electric cautery. A fine point of platinum wire is applied to the enlarged gland, the circuit is completed by touching a button in the handle of the instrument, and the follicle—and the follicle only—is destroyed.

When the latter manœuvre has to be performed in the post-nasal space, with the aid of a reflector passed behind the uvula, it is obvious what a great advantage there is in having some form of application that need not be called into active operation until on the very spot requiring its use.

When the larynx becomes affected, inhalations and astringent solutions, applied with the brush are most useful. Here the character of the disease differs somewhat from that in the pharynx. Most, if not all, the laryngeal glands are racemose—like a bunch of grapes—and are not affected in the same way as those in the pharynx. What is required is the treating of the general tone of the laryngeal mucous membrane rather than the destruction or obliteration of hypertrophied follicles.

When the digestion becomes affected, strict attention must be paid to the diet; all kinds of made dishes should be avoided, and only the simplest food eaten.

Any kind of green food—to wit, cabbage, cauliflower, spinach, and more especially those vegetables that are generally eaten uncooked, such as celery, watercress, salad, etc.—should

have no place in the diet of a dyspeptic patient. The bowels must be regularly opened. Rhubarb and Soda, combined with Gentian, is a very useful mixture; or Bismuth and Dilute Prussic Acid with Carbonate of Magnesia and Peppermint Water, when there is pain and flatulence.

When the mucous membrane covering the turbinated bones becomes thickened, the treatment by nasal bougies is often very successful. One of these instruments of a suitable size is passed up the affected nostril, where it is allowed to remain from fifteen minutes to half an hour; this operation is repeated every day for some time, and eventually the thickening is permanently reduced by the mechanical pressure exercised by the bougie.

Above all, for general treatment I would urge the use of Cod Liver Oil and Syrup of the Iodide of Iron.

Clergyman's Sore Throat is essentially a glandular affection. Where the glands in the neck or elsewhere are chronically enlarged, it is customary to recommend the above; and if this be right, it is surely reasonable to pursue the same course of treatment when the glands of the throat are affected.

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