

---

The Throat and the Voice, by J. Solis Cohen, M.D.  
1879

Rare Medical Books

---

1879

# The Throat and The Voice: Part 1, Chapter 8: Enlarged Tonsils

Jacob Solis Cohen

Follow this and additional works at: [http://jdc.jefferson.edu/throat\\_and\\_voice](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 8: Enlarged Tonsils" (1879). *The Throat and the Voice*, by J. Solis Cohen, M.D. 1879. 10.

[http://jdc.jefferson.edu/throat\\_and\\_voice/10](http://jdc.jefferson.edu/throat_and_voice/10)

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](mailto:JeffersonDigitalCommons@jefferson.edu).

## CHAPTER VIII.

## ENLARGED TONSILS.

ONE form of chronic sore throat consists mainly in a permanent enlargement of the tonsils. It is most frequent in children and young adults, and it rarely occurs after the thirtieth year. Sometimes it is congenital, or at least noticed very shortly after birth. It usually occurs in individuals whose constitutions are imperfect from scrofula or other hereditary taint, or have become impaired by acute or chronic disease followed by impoverishment of the blood, as it is termed.

The enlargement varies from the merest increase of volume to a size as large as walnuts, the two tonsils touching each other, and pushing the palate forward. They are likewise apt to be enlarged upward and downward. The condition is readily recognized on inspection of the throat through the open mouth, and the extent may be determined by following the outline of the gland, beyond sight, with the finger. The tonsils are often diseased, and adherent to the folds of the palate.

The symptoms are impairment of articulation, attended in some cases with impairment of respiration and swallowing. The mouth is often kept habitually open; the throat is dry from rapid evaporation of its moisture; there is snoring in sleep, and the voice has a nasal twang. The necessity, sometimes existing, for bending the head forward, or toward the side least affected, in order to breathe effectually, may give rise even to permanent deformity of the chest walls. The impairment of respiration leads to insufficient oxygenation of the blood, and eventual general ill-health. In extreme cases, suffocation is at times imminent, and death may occur rather suddenly from this cause.

The treatment of enlarged tonsils is both constitutional and local. In cases of moderate severity, and of recent standing, constitutional treatment, alone, may be adequate to a cure. In most instances, local treatment is necessary; and in very many it becomes absolutely requisite to remove a considerable portion of the diseased glands by surgical procedure,—a perfectly safe and advisable operation.