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

Rare Medical Books

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## The Throat and The Voice: Part 1, Chapter 9: Chronic Laryngitis

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## CHAPTER IX.

## CHRONIC LARYNGITIS.

**T**HIS is a chronic or long-continued inflammatory disease of the larynx, or larynx and windpipe, which may simply involve the lining and covering mucous membrane, or the lubricating glands in the membrane, or the tissues beneath, including the blood-vessels, nerves, muscles, and even the framework or skeleton of the parts. Sometimes it follows as the result of one or more attacks of the acute inflammatory affection of the same parts. Sometimes it is part and parcel of a chronic bronchitis or inflammation of the air-passages generally. Sometimes it is due to over-use or abuse of the voice; sometimes to the irritating effects of dust and other matters inhaled. Sometimes it is part and parcel of a certain variety of consumption of the lungs, in which case it is popularly known as consumption of the throat; but it is not positively known to exist in this form, unless the lungs are already in a state of disease.

Chronic laryngitis of all kinds is more frequent in adults than in children, and in males than in females.

When the disease is confined to the mucous membrane, it is usually in what is known as the catarrhal form, characterized by an excessive secretion of mucus or phlegm, which is expectorated by coughing. There are occasional or temporary sensations of pain in the parts, with more or less hoarseness, and, in some cases, a certain and variable amount of impairment in swallowing; but the general health is fairly good, unless the amount of secretion is very great and exhausting. The expectoration of mucus is usually greatest on rising from bed in the morning, to evacuate the accumulation over night. The affection is sometimes associated with the forms of chronic sore throat already described.

In some cases, as in scrofulous subjects, and especially in those of consumptive tendency, the disease is manifested to a great extent in the glands of the mucous membrane. These glands increase in size and in number; and when this takes place at the upper inlet of the air-passage, as is most frequently the case in the beginning, there may be sufficient swelling to interfere seriously with comfortable breathing, and to a certain extent with freedom in swallowing. There is greater cough and expectoration than in the simply catarrhal form of the disease, which always coexists with this glandular form.

In consumptive individuals, the glands eventually ulcerate, and sores are left, which very rarely heal of

themselves, or even under the most judicious management. The disease also penetrates into the deeper tissues, which are often destroyed and coughed out in small fragments. Sometimes an acute inflammation is produced by the disease of the skeleton or cartilages of the larynx, and dropsy of the parts occurs, somewhat like that described in connection with acute laryngitis (page 54); but it is more gradual, and rarely as extensive. On the other hand, it is much less susceptible of cure or amelioration. Indeed, the great majority of cases are not at all susceptible of cure. When this ulceration occurs, it is almost always evident that it has been preceded by ulceration of the lungs, and the two processes are almost certain to exhaust the individual. As the disease progresses, the hoarseness increases often to loss of voice. Towards the last, swallowing becomes extremely difficult, and absolutely impossible in some cases, so that there is an unhappy prospect of starvation, if it is impossible to nourish the invalid by means of the stomach-tube, or by nutritious fluids thrown into the bowel. The disease is rarely very rapid in its course; not quite so rapid, indeed, as in the severer forms of slow consumption of the lungs alone; the average tenure of life, after the development of the disease, being from four to seven years under good management.

The only means by which this disease can be de-

tected in its earlier stages is by the use of a little mirror passed into the mouth so as to reflect the image of the parts upon its surface. A pallid condition of these parts, with evidence of glandular swelling at the top of the windpipe, always indicates the suspicious character of the affection; and if there is impairment of the lungs, and a consumptive family history, there is rarely any doubt as to its nature.

The treatment of the disease consists in all those measures of invigoration which are practised in consumption of the lungs; with such local treatment, by inhalation and otherwise, as the condition of the larynx and windpipe may require. These can only be judiciously instituted under the supervision of the physician. Attempts at home treatment, without medical advice, are injudicious, and likely to cause the loss of valuable time; for it is only in its earlier stages that the disease is at all susceptible of cure.

Many cases of sore throat, with loss of voice, cough, and difficulty in breathing and in swallowing, are attributed to this throat consumption, when they are due to some other and much more remediable cause.