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The Throat and the Voice, by J. Solis Cohen,  
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Rare Medical Books

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## The Throat and The Voice: Part 1, Chapter 13: Spasm of the Throat

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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

life, though it occasionally occurs at a later period also. There is a sudden spasmodic closure of the vocal bands at the top of the windpipe, between which the air passes uninterruptedly in ordinary breathing. This interferes with inspiration, and the forced effort to inhale the air produces a characteristic noise (vocal stridor) as it passes the very narrow chink between the vocal bands. This sound is almost identical with that which occurs in some cases of true croup, or of whooping-cough, or when some local irritant has got into the windpipe, or the tube leading to it. On account of the similarity of this sound to that produced in forced inspiration in croup, the disease has been termed "false croup," "spasmodic croup," and so on. But it is not croup, for there is no inflammation, and no development of a morbid product to interfere with the breathing. It is a spasm, owing to disease of the nerves of the parts, usually due to indirect or reflected influence from irritation in the mouth, stomach, intestinal canal, spinal column, and so on. It occurs during teething, indigestion, and other conditions, and is much more frequent in scrofulous or rickety children than in others. Sometimes there is only one paroxysm, such as has been described, coming on suddenly, and usually at night. Sometimes there are several, at periods of a few hours, days, weeks, or even months. In the intervals, the child is apparently well. There is danger of death from suf-

focation during any of these paroxysms, but this occurrence is not very frequent.

If a child should be suddenly roused from sleep with great difficulty of getting breath, cold water should be dashed upon the face and chest, its body be exposed to the cool air, and the surface slapped to excite respiration by reflex action to "bring it to," as it is called. Hartshorn, if at hand, or strong water of ammonia may be held near, but not too near, to the nose. A good plan is to dip a couple of fingers in the fluid and move them about at a distance of half an inch or so from the nostrils. If the spasm does not relax almost immediately, the forefinger should be passed down the child's throat, to try to force an entrance into the air-passage, or to pass beyond any obstruction which may be felt. This is usually all that there is time or opportunity for doing during a first paroxysm. Warm water should be kept at hand in apprehension of subsequent paroxysms, so as to place the body of the child in a warm bath while the neck and face are being bathed with cold water. Meanwhile the services of the physician should be solicited for advice as to the general treatment of the case, and the proper method to be pursued in case of a repetition of the spasm.

SPASMODIC COUGH, due to uncontrollable approximation and separation of the vocal cords, sometimes occurs, usually in excitable and hysterical individuals,

chiefly females. It has been likened to St. Vitus's dance, as that disease affects the limbs, and certainly accompanies a few cases of that affection. The cough is characterized by frequent repetitions of some peculiar sound, incessant almost, for the time being, and imitative of the cry of some of the lower animals; that of the yelp of a little dog being by far the most frequent sound. Sometimes it is like the quack of a duck, and so on. The sound is sometimes repeated as often as every second, during a minute or two, to be resumed after a brief pause of five or more minutes. Any excitement usually brings on the cough. It does not cease even during meals, in some cases. It does not occur during sleep. The affection is often of long continuance, even for months or years, and is sometimes very distressing. It is not commonly due to any disease in the throat or windpipe itself, but usually to some irritation elsewhere. It is essential, therefore, in the treatment of this affection, that the individual submit to whatever treatment the physician considers appropriate to restore the equilibrium of general health, even though the organ treated be far away from the throat, and without any direct connection with it. Electricity suitably applied, so as to subdue the irritability of the great nerves that course along the neck, will often promptly control the cough; but the cure is not apt to be permanent unless the cause of the reflex irritation be removed.

EAR COUGH.—A variety of spasmodic cough is actually due to irritation in the ear, probably conveyed along a nerve that runs on the inside of the drum membrane of the ear. It is less intense than the spasmodic cough just described, and can be excited by placing the finger or some other object in the ear.

It is to be cured by treatment directed to the ear, and not to the throat.

SPASM OF THE PHARYNX, or entrance into the gullet, sometimes occurs, especially in hysterical subjects. Here there is an inability to swallow, the sensation being as though there were some mechanical obstruction to the passage of the food. There is great fear, in the mind of the individual, lest food and drink should go the wrong way, *i. e.* into the air-passages, and produce suffocation. Sometimes there is a spasm of the palate, too, with more or less constant uneasy sensations in the parts.

These cases require the judicious management of a competent medical attendant.