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## Clergyman's Sore Throat?

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THIS name was usually confined to two diseases, follicular pharyngitis and chronic laryngitis. The intention of the paper was to include the many varieties of diseases which produced sore throat in clergymen. It was often necessary to look beyond the pharynx and larynx to get at the origin of the evil. The term "Clergyman's Sore Throat" was inappropriate and unscientific.

Hence having no definite and distinct meaning, being ignored by some writers and differently defined by others, it would be better if both physicians and laymen would for the future consider the term obsolete. The writer adds emphasis to this idea by the remarks made in reference to distinct diseases, which patients suffering from so-called clergyman's sore throat have really been afflicted with.

It was now an acknowledged fact, well understood by the profession generally, and particularly emphasized by laryngologists, that the large majority of cases of chronic throat disease have their origin in nasal or naso-pharyngeal obstruction of one kind or another. Wherever we have nasal stenosis we have oral breathing, leading to throat irritation and other attendant evils. Voice users, of which perhaps clergymen are our most representative class, often suffer from this cause, and the soreness experienced in the throat is naturally referred to by them as the disease itself, instead of the effect of disease situated in another organ.

During the ordinary act of respiration the nose, when in a normal state, performs a threefold duty :

1. It cleanses the air from impurities, as it passes through the vibrissæ and over the ciliated epithelium.

2. It heats the air to a blood temperature by the time it reaches the naso-pharynx on its way to the lungs.

3. It saturates the air by the moisture thrown out as serous exuda tion by the venous sinuses of the turbinateds.

The nose can only perform this triple function when normally open enough to allow of free nasal breathing; and it is only of recent years that the importance of air saturation before reaching the naso-pharynx has been sufficiently recognized.