

CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. CANTAB.

SORE THROAT.

The title of this paper is distinctly unscientific, inasmuch as sore throat is a symptom of many diseases, and not one ailment in itself. It was, however, suggested to me not long ago that I should say something in this series about sore throats in general, and I am glad to do so now. The suggestion is not a bad one, for the various conditions that are accompanied by soreness of the throat are not easy to "dig out" from the average textbook of medicine even with the aid of a good index, which, incidentally, is generally the worst part of most medical works.

Sore throat, that is to say, pain on swallowing felt inside the throat—and I am leaving out altogether the conditions which give rise to pain by pressure from without—may be due to a large number of conditions, which differ very much in their significance, and it will be as well to point out at once that the intensity of the pain has nothing whatever to do with the gravity of the outlook. We have now to see firstly to what the pain is due, and then how to distinguish the conditions which give rise to it. Lastly, we shall discuss the treatment of the illness itself.

The actual cause of the pain is swelling (from inflammation) of the tonsils and surrounding tissues, and this again is practically always due to the presence of microbes of one kind or another. When we consider the function of the tonsil—apart from that of serving as prey to the energetic dresser in the throat department, who is anxious to remove it—it is really surprising that we do not suffer much more frequently from sore throat. The tonsils are the microbe traps of the body. Situated as they are between the mouth and the two tubes that convey air to the lungs and food to the stomach respectively, any germs that are present in the air or food have to pass over them before they can reach either the respiratory or alimentary systems, and are usually, though not always, arrested by the tonsils.

When the germs that settle on the surface of the tonsils are carried by the blood stream into their interior they meet with a large quantity of white blood cells, or leucocytes; in fact, the tonsil is composed mostly of leucocytes. So a fight occurs between the two, and, as a rule, the leucocytes win, and the germs are disposed of, so that they do not get any further

into the system than the tonsil itself, and we do not know that there has been a fight at all in the majority of instances. Sometimes, however, the microbes succeed in multiplying at first, and thus an inflammation of the tonsil occurs, and we feel it as a sore throat, which is generally accompanied by a certain amount of headache and fever, indicating that some of the poisonous products of the activity of the germs have been absorbed into the general blood stream.

Inasmuch as the process in the main is the same at first, whatever the nature of the invading microbe may be, it follows that tonsillitis may be due to very many different kinds of microbe, but as the poisons that are produced vary very much in their effects when absorbed, we want to know at once, if we can, what microbe is present, in order that we may be prepared to recognise and deal with the much more important results of absorption of its poisons later on.

In practice it is rather difficult to do this; the appearance of the throat is very deceptive, and there is not a very wide difference to the naked eye between a tonsillitis which is really going to subside very soon and without leaving permanent effects, and a similar inflammation which is due to diphtheria, for instance, and which may kill the patient. The only person who is omniscient in these matters is the recently qualified man.

Whatever the microbe may be, the tonsils swell and project into the mouth; sometimes they touch each other in the middle line, so that swallowing is very difficult. Their surface becomes covered with little yellow points of pus, which is coming from the pits which stretch down into the interior where the leucocytes are. At this stage the inflammation may gradually subside, as in simple tonsillitis, or may go on either to ulceration, or eating away of the tonsils, which in extreme cases may drop off altogether, or to formation of an abscess in or behind the tonsil itself, a condition which is known to the laity as quinsy.

It is impossible here to enter fully into the question of diagnosis, but it will be as well to point out some of the conditions in which tonsillitis is found. We may have, firstly, a simple "follicular" tonsillitis, which soon subsides and is not at all dangerous to life—the ordinary "sore throat," in fact—or the case may turn out to be one of scarlet fever, diphtheria, or syphilis. The age of the patient is of immense help—more so than is generally understood—in this connection. In a child, both scarlet fever and diphtheria are very common, simple tonsillitis rare, and syphilis of the tonsils prac-

[previous page](#)

[next page](#)