CHAPTER VI

Irritants and atmospheres

Ideally an actor or singer should breathe clean fresh air. In practice most dressing-rooms, and many stages, are hot, dry and dusty. I can only repeat what I said at a 'COMET' Conference in 1972 considering lubrication of the vocal mechanism:

A speaking or singing voice may fail when there is nothing wrong with the structure of the pharynx or larynx, but only a defect in the essential LUBRICATION of the mechanism—and especially of the vocal cords. When one considers these rapidly vibrating structures, it seems clear that they can only be expected to withstand such exercise if they are lubricated by an adequate amount of thin mucus, especially from glands in the laryngeal ventricles. It is also advantageous if the whole of the pharynx is well lubricated. This is self-evident if one listens to a speaker in excellent voice except for his having to pause at intervals to 'clear his throat'. It is also noted in the nervous orator with his ineffectual sips of water taken to relieve dryness.

Considering certain singers' throats over a period of years, I have often noted that those which are well lubricated survive longer. The same, surely, is true of any other piece of machinery. With this in mind, I invariably consider lubrication when examining the throat of a professional voice user.

Many conditions which result in lubrication defects will be familiar, but will be listed briefly for completeness.

They include emotional factors (particularly 'stage-fright'), nose and sinus conditions, excessive smoking and drinking, the sicca syndrome, medicaments (such as 'cold cures' and antihistamines which inhibit mucous and salivary secretion) and also poor air-conditioning. Tracheo-bronchial secretions may enter the larynx from below and impede lubrication.

We have all seen films of the phonating and singing larynx, and discussion has usually been concerned with cordal configuration and movements. I have been particularly interested to observe the jets of mucus squirted onto the cords by the ventricular glands. Surely the amount and consistency of this mucus is important, and how could the cordal epithelium survive without it? This natural lubricant should be adequate in quantity and thin in consistency. The patient will often complain of too much mucus, when actually the trouble is that there is too little mucus and it is too thick.

Treatment

The management of many of these conditions is straightforward. I will therefore mention only those medications which may not be so well known and which I have found helpful to my own patients. Even if more obvious trouble, such as vocal nodules or other vocal abuse damage is evident, improving lubrication may greatly help and can be attempted without having the artist miss performances.

Systemic medicaments

My most frequent prescription is for 'Organidin' 5 ml. q.d.s. for two weeks, and repeated every few months. This is an iodide compound and stimulates mucous glands.

If inspissated tracheo-bronchial secretions cause trouble they may be thinned by giving 'Bisolvon' two 8 mg. tablets three times a day for a week.

Very dry mouths may be moistened by stimulating salivary and mucous glands with 20 mg. of Myotonine taken by mouth about an hour before performing.

https://doi.org/10.1017/S0022215100095244 Published online by Cambridge University Press

Local treatments

These may be delivered to the larynx to wash out sticky mucus using a de Vilbiss spray and my own laryngeal syringe. I frequently add them to my 0.5 per cent solution of 'Benadryl'. One drop of sodium lauryl sulphonate to about 50 ml. of the solution adds a detergent action, and a few crystals of urea are mucolytic.

The 3 per cent of alcohol and 6 per cent of glycerine in normal saline, as devised by Proetz for use in the nose, also makes a harmless lubricating spray.

Attention to atmosphere

Humidifiers are now available which are great improvements on former models. Finally, one may advise one's patients to try taking short walks in the fresh air, which is an atmosphere many of them seldom breathe!

It is ridiculous that several million pounds may be spent in building a new theatre, but a few more thousand to install HUMIDIFICATION is not forthcoming.

A more localized problem may present when a dressing-room is shared by smokers and fellow-artists whose throats are particularly sensitive to tobacco fumes. Understandingly bad temper results, but there is no solution. (In my view, the height of bad manners is for a back-stage visitor to enter when smoking.)

Other irritants may trouble the performer, particularly stage 'smoke' which may be used excessively by a producer or his over-enthusiastic assistant. This 'pollution' can be reduced, but it needs a 'firm hand'. Fumes from transport can also cause trouble, but little can be done about it except avoiding traffic-blocks in rush hours. Although allergy is frequently blamed as a cause of vocal dysfunction (particularly in the U.S.A., where all self-respecting North Americans seem to enjoy their 'allergies'!) this hypersensitivity is really rather rare (except in the nose) but nothing will persuade the patient that her trouble is more psychological than allergic. However, foods, drinks and very hot, cold or irritant substances should be avoided. Peanuts are hazardous as the oil may inflame the larynx if it comes nearby, and many a poorly paid singer may unwisely make her lunch off them. However, most performers get to know of anything which disagrees with them, and there is some truth in the old saying that 'everyone is a fool or a physician at forty'.

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https://doi.org/10.1017/S0022215100095244 Published online by Cambridge University Press