

phatic nodule behind the left ramus of the jaw, which was smooth and firm, but not hard. This lymphatic nodule was tender, and there was also some pain and discomfort on the left side of the neck from the ear downwards, which had been present for several days. The left epitrochlear lymphatic nodule was enlarged, but soft. Neither tubercle nor Löffler bacilli were found in either smears or cultures made both by myself and by Dr. Charlotte B. Spring. The only micro-organisms found were staphylococci. There was no fever, and he had good general health.

Such history as was given was corroborative of the view that the lesion was a chancre, or at least syphilitic. The patient had been exposed with two Babylonish women shortly before, and he said that he had been treated in New York in the first part of January by a doctor who was not cleanly in regard to his instruments. Of course, the New York incident was too far removed to permit of thinking the lesion a chancre, but there remained the bare possibility that it might be one of the deep ulcerative processes that sometimes occur in the throat in secondary syphilis. Against this was the fact that there were no concomitant symptoms. All possibilities, however, have to be weighed in the consideration of a doubtful case.

The patient that same day on which he came to me saw two other physicians, both well versed in this particular class of disease. Each of them, on independently examining it, thought that the lesion was a chancre. We all three met that afternoon and concluded, that although the affection looked so characteristic, that it would be better for the patient to await the appearance of other manifestations before definitely determining on a diagnosis of syphilis, and in the meantime we prescribed a mouth wash of peroxide of hydrogen, and internally we ordered tincture of chloride of iron to be given in thirty-drop doses every three hours.

By April 5th, the fifth day under our observation, the lesion had dwindled to a very small surface, and the enlarged lymphatic nodule at the left angle of the jaw was hardly perceptible. By April 6th the lesion had entirely healed.

I did not see the patient again professionally for about four years. On March 3rd, 1905, he came to me with an affection in the very same situation as before, and it was then that I got an insight into the cause of the resemblance of the previous lesion to a chancre. It was explained by the peculiar shape of the affected crypt of the tonsil, which was deep and funnel-shaped and had a bulged-out rounded rim. In this funnel-shaped cavity there was a dirty, grey mass that simu-