

AN INSTANCE OF STAPHYLOCOCCIC INFECTION OF THE TONSIL SIMULATING A CHANCRE.*

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In the diagnosis of chancre in its usual situations, the danger lies in mistaking lesions that are not chancre for chancre. On the contrary, when chancre occurs in an unusual situation the danger lies in considering it to be some other affection. The following is an instance, however, where the lesion looked so strikingly like a chancre that, although it occurred in a very unusual situation, all the men who saw it were impressed with its resemblance to the primary lesion of syphilis.

The patient, the subject of this paper, first consulted me October 18th, 1893, on account of a seborrheic eczema in the left scrotal thigh fold, which, of course, has nothing to do with the present question. He next came to see me, April 1st, 1901, under the following circumstances:

A few days before, he had started on a trip in the southern part of the State. On March 30th, on arising in the Pullman in the morning, he glanced at the reflection of his throat in the mirror and was horrified to see a large yellow lesion on the left tonsil. He went directly to Los Angeles, and saw two of my friends there, men who are used to seeing syphilis. As the patient expressed it, the best thing they "handed out to him" was syphilis, and they freely told him they thought the affection either an epithelioma or syphilitic ulceration. They proposed to cut or burn it out. He said he would return to San Francisco before having anything done. I saw him on the morning of April 1st, 1901, and it had then the appearance of a chancre.

There was a circular crateriform ulcer, or what appeared to be an ulcer, the size of a nickel on the left tonsil. The floor of this ulcer had a yellow covering, and its edges were rounded and raised. The left anterior pillar of the fauces was bulged forward, rounded and smooth, and of a deep red color. There was a small extension of the ulcer downwards, but its general outline was circular. On looking into the mouth, the observer looked right straight down on the floor of the ulcer, and it gave the impression of being a chancre. On palpitating the sore, it was not found to be very hard, only fairly firm. The ulcer was not painful, but the patient expectorated a good deal and it evidently irritated him. There was one enlarged lym-

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