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of the pharynx ; in these situations also the gummata tend to break down, and deep ulceration follows. When the ulcers heal, white scars are left which are usually sufficiently characteristic to enable a diagnosis to be made. During healing there is a great tendency for adhesions to form between the soft palate and the posterior wall of the pharynx ; these are sometimes so extensive that the naso-pharynx may be almost entirely cut off from the mouth. If large gummata have been allowed to break down in the soft palate, the uvula and velum may be entirely destroyed, or the ulceration may extend to the hard palate, and a communication be formed with the nose.

SYMPTOMS.—The symptoms complained of in the secondary stage are usually limited to discomfort or slight pain in the throat, but where ulceration has occurred within a few months of the appearance of the primary sore, there may be marked dysphagia. In the tertiary lesions, pain is usually absent, the patient being driven to seek advice owing to food gaining access to the nose when eating, or else from the speech having become markedly nasal.

DIAGNOSIS.—The diagnosis of syphilis of the pharynx is not difficult as a rule, though it is often impossible to obtain a history of infection corresponding to the appearances met with in the throat. It must be remembered, however, that no hard and fast line can be drawn between secondary and tertiary lesions ; deep ulceration may be observed within a few months of infection, while gummata may not appear for many years after the first manifestations of the disease, and then after a period of absolute freedom from symptoms ; and further, the so-called secondary lesions may reappear from time to time for several years after the primary infection. Syphilitic erythema and mucous patches are so characteristic in their appearance that it is unlikely a mistake will be made as to their nature ; but the mucous patches may readily escape notice in a casual examination, and this is one of the reasons why State regulation of prostitution fails so signally in diminishing venereal disease. Gummata on the tonsils may present very considerable difficulty in diagnosis, as they have to be distinguished from cancer ; but in the latter condition there is usually pain shooting up to the ears, there is more induration, and the cervical lymphatic glands may be enlarged. It must not be forgotten, however, that cancer and syphilis may both be found in the same individual.