

ACUTE INFLAMMATIONS

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the notice of the specialist, and it is fully discussed in works on general medicine. It is necessary, however, to make some remarks on the diagnosis, as diphtheria must be distinguished from other inflammatory conditions met with in the throat. In typical cases the disease is characterized by the formation of a false membrane, patches of which are seen on the tonsils and the soft palate, and sometimes also on the posterior wall of the pharynx. The colour of the membrane varies; it is usually grey, but may be dead white, yellow, or dark brown. The membrane is firmly attached to the mucosa, and if forcibly removed a bleeding surface is left, on which it soon re-forms. Diphtheritic sore throat is not, however, always associated with the formation of false membrane, and in these cases it is indistinguishable by the naked eye from simple sore throat. False membrane, however, may appear upon the fauces during the first week of scarlet fever, and in some other conditions. In many cases, therefore, a diagnosis cannot be arrived at until a bacteriological examination has been made. It is not right, however, to wait for confirmation by the microscope; but the patient should be isolated as soon as diphtheria is suspected, and treated as if he were suffering from that disease.

HERPES.

This condition is rarely met with in the throat, but the possibility of its occurrence must be borne in mind, for it is one of the conditions which may be mistaken for diphtheria. Groups of small vesicles appear, which are usually situated on the soft palate, but also occur on the pharyngeal wall. They soon become opalescent, and burst, leaving white, round, shallow ulcers, which may coalesce and give rise to an appearance resembling false membrane. The ulcers are surrounded by an area of redness, and may occasion considerable pain. The condition is not serious, and the treatment consists in the use of a mild antiseptic mouth-wash or pigment (see Appendix).

PEMPHIGUS.

This disease is very rarely met with in the throat, and the bullous stage is hardly ever seen. The blebs are much larger than herpetic vesicles, and may be found on any part of the mucosa of the mouth. They very soon burst and collapse, giving rise to ulcers covered by thin white epithelium. There