

CHAPTER IV.

*CHRONIC INFECTIVE CONDITIONS OF THE
PHARYNX.***SYPHILIS.**

PRIMARY sores are but rarely found in the throat ; when they do occur they are most frequently situated on the tonsils. The secondary lesions are much more common and are of infinitely greater importance. One of the earliest is erythema, which appears as a sharply defined area of congestion, pink in colour and irregularly shaped, and which is usually situated on the soft palate, but may also be found on the inner aspect of the cheeks and on the posterior wall of the pharynx. At a later stage, minute erosions may appear in the erythematous area. The mucous patch is the lesion most commonly met with ; it may be found on any part of the mucous membrane of the mouth or pharynx, and appears as a round or oval delicately opalescent area which projects slightly from the surface, and which is frequently surrounded by a narrow border of congestion. These patches vary in size from a pea to a sixpenny bit ; several may become confluent, and ulceration is then liable to occur. It is not uncommon to find a greyish deposit on the tonsil, not unlike a false membrane, rather streaky in outline, and associated with slight loss of tissue ; such an appearance is very suggestive of syphilis. In the tertiary stage gummata develop ; they tend to break down and give rise to deep ulcers, and have a special predilection for the middle line of the soft palate. They appear as rounded red swellings with a well-defined area of congestion round them : if not treated, they break down in the centre and form a circular ulcer containing a tough yellow slough ; the edge of the ulcer has a characteristic punched-out appearance. At a later stage the slough separates, leaving a circular perforation in the soft palate. The tonsils afford another favourite site for the formation of gummata, which may also occur on the posterior wall