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SYPHILITIC ULCERS OF THE PHARYNX.

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The syphilologist has been accused of seeing syphilis everywhere; and unfortunately he does see it in all manners, classes, conditions and ages of individuals so frequently and under such peculiar circumstances that he is never surprised to see the disease obtrude itself under the form of one manifestation or another. The cases are numerous in which the disease was never manifested or the patient never informed of what it was. In the former, lesions show themselves without any satisfactory history, and in the latter there is none at all. In either case the untrained observer will boldly rush to the rescue, ignorant of what he has to contend with, and powerless to render any adequate or material assistance. On the other hand, the trained syphilologist recognizes the trouble at once and brings relief of so marked a character, and in so rapid a manner, that his acts are looked upon as being but little short of the miraculous. These few preliminary remarks have been suggested by the fact that many self-styled laryngologists have failed to recognize syphilitic ulcers of the pharynx which the writer recognized directly he saw them, and which he brought to a successful termination by a resort to proper local and general measures.

Syphilitic ulcers of the pharynx are by no means rarities. They occur with sufficient frequency to deserve more attention than has heretofore been accorded them. The ulcer may begin in one of two ways—either as a dark, brownish patch of the mucosa, or as a mucous patch. Whilst it may be true that these lesions do not invariably become ulcers, they do so sufficiently often to awaken an interest and lead to careful examination and adequate treatment. In all such cases

there is a syphilitic angina of a more or less pronounced character which in itself demands good local treatment, supplemented by internal medication. As a rule, the first evidence of localization of the syphilitic process in the pharynx is neglected by the patient, and it is only later on when a certain amount of destruction of tissue has taken place that he seeks for relief. At the beginning there is a feeling of dryness of the throat, accompanied by some heat. The patient is continually hawking and succeeds in dislodging but a very small quantity of glairy, sticky mucus. Later on, when the epithelial covering of the mucosa is removed, some pain is felt at every effort at deglutition, and this pain is accentuated by hot or alcoholic drinks, and by highly seasoned food or a large bolus. It is at this time that relief is frequently sought. Some who are more careless permit the trouble to go on until an ulcer has declared itself, often of a serious nature and possessing marked destructive tendencies.

To go into a full and detailed description of all the varieties of pharyngeal ulcers of syphilitic origin would require more space than the limits of a short article would permit. The principal varieties which occur in the observation of those who devote themselves to laryngology are the superficial, the deep, the phagedenic, and the gummatous. In all of these varieties the ulcers may be single or multiple, and in the latter case they are usually situated close to one another, and soon coalesce to form one large irregular lesion. The mucous membrane seems to share this among other peculiarities which it seems to possess in common with the integument. As a rule these ulcers of the pharynx are single, and it is only in those who have a depraved constitution and broken down tissues that multiple ulcers are noted. Even then they are rarely of the same age, but appear one after another, and rapidly coalesce in forming a large, painful lesion.

The superficial ulcer resembles a mucous patch very closely, but differs from it in some essential respects. It is deeper and there is very plain evidence of the destructive process which is going on. The contour is roundish or ovalish in form, as shown in Fig. 1, and the edges are more or less thickened and rounded on their edges. The sides are more or less sloping, and merely the basal membrane of the mucosa is attacked. On this account the spread is slow and centrifugal in a manner which is very regular. The floor of the ulcer is tolerably smooth, the secretion of pus being rather scanty and mixed with mucus. The ulcer is not a particularly painful one, but occasions much inconvenience on account of the muco-purulent secretion which is constantly forming. Care should always be exercised to prevent the spread of the lesion, which is apt to take place in a horizontal

direction and implicate a comparatively large area. Another complication which may supervene, if the soft palate is very mobile, is for the velum to develop a similar lesion on its posterior surface through the apposition which sometimes occurs. Whilst this is quite an infrequent occurrence, I have had occasion to note it on several occasions, and it produces a condition of affairs rather difficult of successful management. Another disturbing factor is the prolongation of the duration of the trouble which it brings about.

In the deep, syphilitic pharyngeal ulcer we have a lesion which most frequently originates from a superficial one, or rather which begins as one apparently so. In a very short time there is marked destruction of the submucous tissues, and the process manifests itself not only in

FIGURE 1.

a vertical direction, but at the periphery as well. The borders become irregular, of marked thickness, and of a dark, brownish red. They are thickened and indurated, presenting a more or less denticulated contour. The floor of such an ulcer is more or less excavated, and is very irregular in the surface presented. Granulations are large, but pale and of an unhealthy appearance. They break down easily and do not seem to exercise much, if any, power in the furtherance of healing. The general appearance of the lesion is given in Figure 2. So far as the surrounding mucous membrane is concerned, it is of a dusky red color, and is very typical of the syphilitic origin so much spoken of by syphilologists. The secretion is rather profuse and of a markedly purulent character. The destructive process not only manifests itself in a vertical direction, but spreads laterally until a comparatively large area is involved in the trouble. The process is not a very rapid one, but it is steady and is not only inconvenient, but soon becomes markedly painful. It occurs, as a general rule, in those individuals who have undergone insufficient or inefficient treatment,

and in whom there has been a great amount of neglect in following the medication which was ordered. In addition to this we find other cases which have been at work to render the condition more aggravated, chief among which is an over-indulgence in alcoholics. It must always be borne in mind that what constitutes a moderate amount in one individual is excessive in another, and will proportionately work harm in the one case where it does but comparatively little damage in the other.

The syphilitic phagedenic ulcer of the pharynx is one which, like all processes of that nature, is extremely virulent and most rapid in its course of destruction. It spreads with lightning-like rapidity and involves all the tissues in an irregular fashion and has no tendency whatever to self-limitation, a peculiarity which is often noted in the

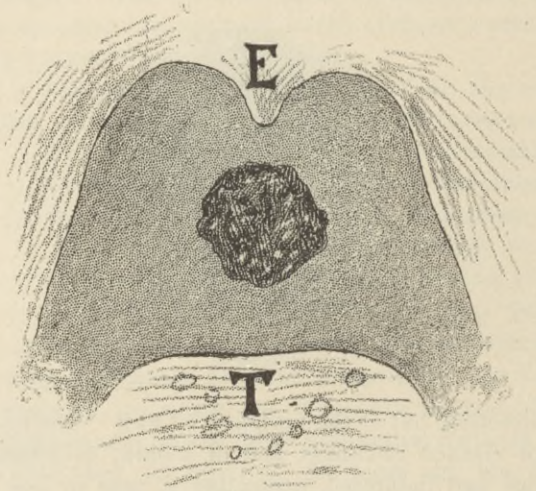

FIGURE 2.

two other forms which have just been noted. As would be naturally supposed it is of very irregular form and deep. The secretion is profuse and sanguinous, besides being somewhat ichorous. It has a great tendency to spread to the pillars of the fauces, and to attack the posterior wall of the velum palati, involving that structure in the destructive process. The great danger connected with this form of ulcer is its extension to the epiglottis, which is destroyed, and down into the larynx, producing ravages beyond repair and leading oftimes to a lethal exitus. This form of ulcer is, fortunately, quite rare. It is only seen in hospital practice, and only then in those who have existed under the most depraved physical conditions. It is individuals besotted by drink, living from hand to mouth, who sleep in doorways and in the parks and on the highroads, and are total strangers to

cleanliness, hygiene and proper food, who are the victims of this most destructive form of ulceration of the pharynx. As a rule, they exhibit external ulcers also, as an indication of the generally broken-down condition of their organisms. For such there is but little hope of bringing about an amelioration of their condition, as they cannot afford nor can public hospitals furnish them the proper means to obtain a perfect recovery.

The gummatous ulcer of the pharynx is one which is the result of either carelessness or of inefficient treatment. It always originates from a gumma of the pharynx, and unless this lesion be recognized and efficiently treated as soon as it appears a very ugly ulcer will result. As every one knows, the final stage of the gumma is ulceration, and when this occurs a rather large suppurating cavity is the result. In the pharynx but one occurs at a time, and it is a rather important matter to recognize the lesion, as, if it be permitted to go on, it may bring on a caries of the body of the vertebra over which it is located. Many cases of caries of the bodies of the cervical vertebræ have proven fatal or resulted in a certain amount of spinal paresis which could have been relieved had a proper diagnosis been made in time. In the gummatous ulcer there exists a lesion not larger than the little finger-nail, or perhaps as large as the thumb-nail, which is very deep in character and having slightly sloping walls. It is abundantly provided with granulations, and has a tendency to heal under the slightest encouragement. A rather reddish areola surrounds the ulcer, whose edges are somewhat indurated and have a tendency to curl outward. The pain is not excessive, but it is in proportion to the depth of the process. The secretion is a rather thick pus and rather abundant in character. As a rule, the contour is a very regular one, most often roundish, and occasionally ovalish. The floor is irregular, owing to the granulations and to the amount of destruction, which varies greatly even in different portions of one ulcer. At all times and in any event the gummatous ulcer is one which should be closely watched, and, if possible, prevented by early and thorough treatment of the gumma. Gummata of the pharynx and of the palate are by no means rare, and the laryngologist should perfect himself in their diagnosis and treatment.

All of these varieties of syphilitic ulcers possess the peculiar fetor so characteristic of hectic destructive processes. But while they are all similar in the sort of smell they emit, they differ very materially in the matter of intensity. The more shallow the ulcer the less intense is the fetor, although at its best it is nauseating and disagreeable to the patient as well as to others. In those cases in which there is caries the stench is overpowering and nauseating to a degree.

It is even more powerful than in cases of caries of the nasal bones of congenital syphilis. In order to mitigate this odor, those who possess it often resort to musk pastilles or equally strongly perfumed candies, and succeed in rendering the smell still more disagreeable. The only efficient method of getting rid of the foul breath is by means of thorough and efficient treatment.

I do not purpose taking into consideration the internal or general treatment which should be followed, as it would take up too much space. Suffice it to say that it should be very active and thorough, or else but short and unsatisfactory progress will be made. The local treatment differs in the different forms of pharyngeal ulcers of syphilitic origin. One general rule, however, may be laid down—the lesion should be thoroughly cleansed before any application is made or before operative measures are attempted. This is not only for the purpose of permitting applications to act better, and to have a clear field, but to prevent infection from the numerous pyogenic organisms which always swarm in these ulcers. The best detergent to employ is without doubt a bichloride solution, 1-1000, either swabbed or sprayed on the lesion. Having cleared it and cleansed it the application proper may then be made.

In the superficial ulcer a solution of acid nitrate of mercury in the strength of one to eight may be applied. Or nitric acid, C. P. is good if properly used, and the best method is as follows: A piece of soft pine wood of the size of a lead pencil is cut off square at one end. This is dipped in nitric acid, which is allowed to soak in the wood. The squared end is then placed against the ulcer which turns white. Very little pain, or none at all, follows such an application. The healing process sets in immediately, and one or two more applications at intervals of two or three days will suffice. The same treatment carried out in a little more energetic manner will prove equally valuable in the deep ulcer. Experience will show that neither nitrate of silver nor chromic acid act as well, and, in addition, obscure the lesion. In the phagedenic form currettement should be employed, and then followed up with the nitric acid, more especially at the edges. When a gummatous ulcer is to be treated the sharp spoon should be used thoroughly; and if the underlying bone is involved it should be thoroughly scraped out. After doing this a bichloride solution of not less strength than 1-250 should be applied.

Such is a brief outline of the appearance and local treatment of pharyngeal syphilitic ulcers. Were it not for the limitations of space I would detail a few illustrative cases of different forms which have occurred in my practice.