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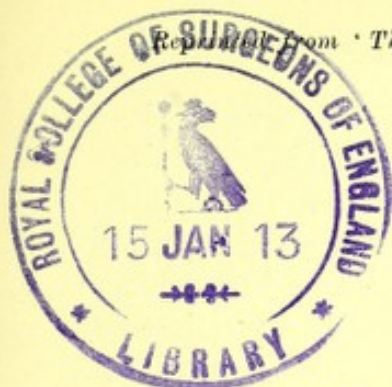
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**DESTRUCTION OF THE UVULA IN VINCENT'S
ANGINA.**

By **J. D. ROLLESTON, M.D.,**
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DESTRUCTION OF THE UVULA IN VINCENT'S ANGINA.*

By J. D. ROLLESTON, M.D.,

Assistant Medical Officer, Grove Fever Hospital, London.

A GIRL, aged 5 years and 10 months, was admitted to the Grove Hospital on January the 31st, 1912, certified to be suffering from diphtheria, on the seventh day of disease. Apart from an attack of whooping-cough about two years previously her health had always been good. There was no family or personal history of syphilis.

Condition on admission.—Well-developed child, showing slight degree of congenital ptosis of left upper lid. Deposit on left tonsil: 8000 units of antitoxin given. February the 1st: Ulceration of left tonsil and left side of uvula, numerous cocci and a few organisms resembling diphtheria bacilli in culture. February the 4th: Ulceration of tonsil and uvula more marked. Vincent's organisms in smear.

In spite of various local measures successively adopted—viz. syringing with solution of potassium chlorate and lavender, application of methylene-blue powder, and painting with tincture of iodine—the ulceration advanced, and was accompanied by much fœtor, dysphagia, prostration and insomnia. From February the 2nd to February the 14th the temperature was always above 102° F., and on the 11th was 105·2° F. (see chart). On the 14th the uvula was entirely destroyed. The larynx was not affected. On the 23rd local and general improvement occurred and cicatrisation rapidly took place. Vincent's organisms were still present in the throat smears on the 22nd, but none were found on March the 2nd. The voice long remained indistinct and nasal, but gradually became clearer. From March the 1st to the 9th there was some regurgitation, but none was noticed subsequently. Wassermann's reaction, performed by Dr. Cartwright Wood on March the 16th, was positive, but became negative on March the 30th without anti-syphilitic treatment. Beyond

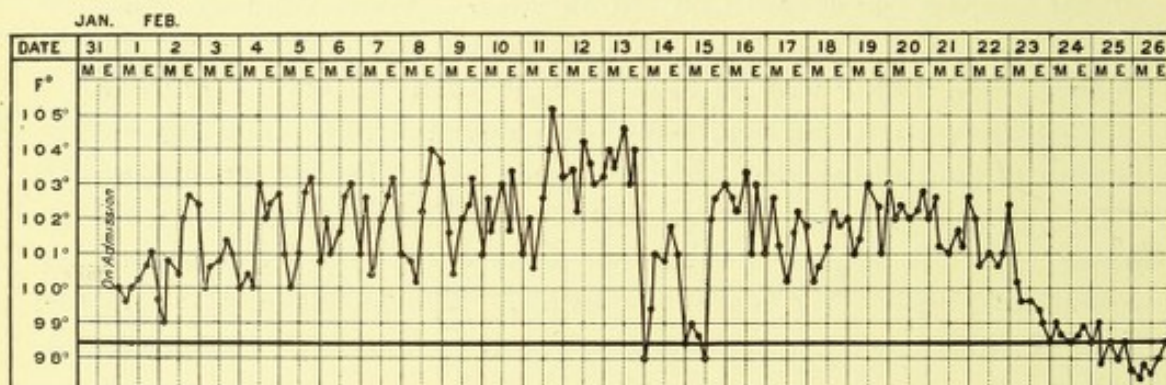
* The patient was shown at the Section for the Study of Disease in Children of the Royal Society of Medicine on April the 26th, 1912.

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a trace of albumin in the urine from February the 11th to the 19th no complication occurred. The knee- and ankle-jerks remained active, and there was no sign of diphtheritic paralysis.

The child was discharged in good health on April the 5th, and was shown before the Section for the Study of Disease in Children of the Royal Society of Medicine on April the 26th, when loss of the uvula and anterior pillars and portion of the soft palate and tonsils could be seen. The free margin of the soft palate presented a depressed pale area of scar-tissue. The voice was still slightly nasal, but there had been no further difficulty in swallowing.

The features of interest in the case are, first, the exceptional severity of the attack, and secondly, the behaviour of Wassermann's reaction. Vincent's angina is usually a mild affection, and readily yields to local treatment, such as painting with tincture of iodine or



applications of methylene-blue powder. Local treatment, however, in the present case proved unavailing, and improvement first seemed to begin after a good night's rest had been obtained by a dose of trional.

The uvula is frequently involved in Vincent's angina. Thus of the thirty-two cases recently reported by myself in this JOURNAL, it was affected in twenty, but the damage was never considerable, and complete regeneration of tissue always occurred. I can find only five other cases in literature in which the uvula was completely destroyed (Auché, Baron, Bruce, Niedner, Achard and Flandin). To these must be added a fatal case in a boy, aged 10½ years, related by Dr. Goffe at the discussion following the exhibition of this child. Before death the whole of the uvula and most of the soft palate had sloughed away, and at the necropsy the posterior pharyngeal walls, part of the tonsils, pillars of the fauces and larynx were found to be involved.

In Auché and Niedner's cases, as in my own, diphtheria bacilli

were present, but their pathogenicity was not tested. I may mention, however, that diphtheria bacilli have been found in gangrenous conditions in the mouth and throat, and in such cases are usually of diminished virulence and incapable of producing the characteristic phenomena of true diphtheria (Freymuth and Petruschky, Passini and Leiner, Sailer, Walsh). In the present case the aggravation of the local and general condition in spite of antitoxin renders it improbable that the diphtheria bacilli present played any considerable part in the morbid process. It is more likely that the numerous cocci, the exact nature of which was not determined, were of more importance, but the way was paved for these by Vincent's organisms.

The term "Vincent's angina" has been given to the present case on account of the predominance of the fusiform spirilla in the throat smears, but it may also be called a case of primary gangrenous angina. The great destruction of tissue, the penetrating fœtor, which was much more offensive than that usually observed in Vincent's angina, the resistance to local treatment, and the grave disturbance of the general condition, certainly justify such a description. At one time death, which is the usual issue in gangrenous angina, seemed probable, either from septic absorption or from involvement of the neck vessels with sudden and fatal hæmorrhage.

On the other hand, though an attempt is usually made to distinguish Vincent's angina from gangrene of the throat, there is little doubt, in my opinion, that the two conditions are closely allied. Roque, indeed, regards Vincent's angina as a variety of gangrene of the pharynx. In gangrenous angina, as Buday and Vezprémi have shown, the fusiform bacilli and spirilla of Vincent predominate, while the numerous other organisms with which they may be associated play only a subordinate part.

The presence of a positive Wassermann's reaction in Vincent's angina, apart from concomitant syphilis, has been recorded by other observers (Gerber, Much, Saverio). In Much's case, examination of the blood during the febrile period gave a strongly positive reaction, but a fortnight later, when the angina was cured, the reaction was negative. On the other hand the reaction is not invariably positive in Vincent's angina uncomplicated by syphilis, as three such cases reported by Sobernheim and two by Saverio all gave a negative reaction.

In view of the successful results obtained with salvarsan in Vincent's angina by direct application (Sourdel, Roger, Achard and

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Flandin), or by intra-venous or intra-muscular injection (Gerber, Rumpel), it is possible that salvarsan might have been of benefit in this case. Gerber, indeed, regards it as hardly less specific for Vincent's angina than for syphilis. In most cases, however, such treatment is unnecessary, the ordinary local measures being quite sufficient.

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