

Dominion Medical Monthly

And Ontario Medical Journal

VOL. XXXIV.

TORONTO, MARCH, 1910.

No. 3.

Original Articles

REMARKS ON VINCENT'S ANGINA, WITH REPORTS OF CASES.

BY GRAHAM CHAMBERS, M.B., AND HERBERT WILLSON, M.B.,
TORONTO.

The term "Vincent's Angina" is applied to an infectious inflammation of the throat, resulting in superficial or deep necrosis. The affection is apt to be mistaken for other morbid conditions of the throat, especially diphtheria and syphilitic ulceration.

The materies morbi of Vincent's Angina appears to be a fusiform bacillus or a spirillum. The former germ, usually called bacillus fusiformis, is probably the causative agent. In 1896 Vincent called attention to the possible relationship of these germs to ulcerative anginas. In the following year Bernheim reported thirty cases of angina and stomatitis (ulcerative), in which both the bacillus fusiformis and spirillum were found. In 1898 Vincent presented additional records; and since that date many cases have been reported by various physicians.

The clinical manifestations of the disease are fairly definite. In some cases there is very little constitutional disturbance; in others the onset is characterized by feverishness, loss of appetite, furred tongue, sore throat and a general feeling of malaise. The course of the temperature is variable. In the superficial variety the elevation varies from 100° to 103°F., falling to normal in a few days. In the deep variety the fever may continue for one or two weeks.

The clinical signs are somewhat variable. The lymph nodes in the upper part of the neck are usually swollen. The breath of the patient is generally foul. The infection may begin in the mouth or throat. The affection of the mouth is an ulcerative stomatitis, usually commencing on the gums (ulcerative gingivitis). The prim-