

LUDWIG'S ANGINA.

AN ANATOMICAL, CLINICAL AND STATISTICAL STUDY.*

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A cellulitis localized to the submaxillary region, regardless of the kind of infection, in the writer's opinion, is not a Ludwig's Angina; but becomes one as soon as the process invades the floor of the mouth and the pharynx. Poulsen as we have seen, assumed that the invasion occurred through the pharyngeal wall. Delorme merely located the phlegmon in the sublingual tissues without attempting to trace its further progress, while Semon simply stated that extension occurred from the throat to the neck, or from the neck to the throat, without reference to the path of progress. Davis seems to agree with Semon, but adds that it spreads along the connective tissue by direct continuity.

The writer hopes to demonstrate how a cellulitis about the submaxillary salivary gland, may progress along planes of connective tissue to the mouth and pharynx, and why such extension so quickly invades the region of the larynx. Leterrier said that not enough attention had been paid to the anatomy of the mouth in connection with Ludwig's Angina, and he is the only author so far as the writer can learn, who has paid any attention to it. He drew his conclusions from a study of the topographical anatomy of Tillaux and the demonstrations of Sebileau. The writer has made a special study of this subject by dissections of this region.

The anatomical work was done in the department of Applied Anatomy of the University of Pennsylvania, and the

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