

## CHAPTER VI.

## LYMPHITIS.

HAVING described the inflammation of the ganglia which constitutes a bubo, it will be necessary to devote but a few words to the consideration of lymphitis, since the phenomena are almost identical in the two cases; the latter being in fact a bubo seated in the course of a lymphatic vessel instead of in the terminal ganglion.

As with buboes, so with lymphitis, we find two forms:

- I. SIMPLE LYMPHITIS.
- II. VIRULENT LYMPHITIS.

**SIMPLE LYMPHITIS.**—Simple lymphitis may be due to any of the causes already mentioned as producing a simple bubo. A hard, uneven cord is observed running along the dorsum of the penis towards the mons veneris, in which it is usually lost. This cord is made up in part of the thickened and distended walls of the lymphatic vessels, but in part also of the infiltrated cellular tissue in its neighborhood. The dorsal vein and artery are usually included in the inflammatory engorgement and cannot be isolated from the vessel. There is often more or less œdema of the cellular tissue, especially of the prepuce. Considerable heat and pain are experienced, and the course of the inflamed vessel is marked by a red line upon the surface. As we shall see hereafter, these symptoms of acute inflammation are sufficient to distinguish lymphitis from the induration of the lymphatics which often accompanies a chancre.

This form of lymphitis is capable of resolution, which, indeed, is its most frequent termination. If suppuration occurs, the pus is not inoculable.

**VIRULENT LYMPHITIS.**—As a general rule, morbid products which undergo absorption do not manifest their presence in the lymphatics themselves, probably in consequence of the rapidity of their passage; and the changes which take place in the ganglia where their progress is impeded are the only indication that this system of vessels is affected. In conformity with this law, the lymphatics which convey the pus from a chancreoid in the direction of the ganglion generally escape, but in some instances inoculation takes place at one or more points in the course of the vessel, probably at the site of its valves, and virulent lymphitis is set up, the early symptoms of which are the same as those of the simple form. Suppuration, however, is inevitable, and when the abscess is opened a chancreoid is the

result, as in the case of a virulent bubo. Several of these virulent ulcers sometimes occupy the sides or dorsum of the penis, following the course of the lymphatic vessels, and communicate with each other beneath the integument by means of minute fistulous tracks, which may be penetrated by a fine probe.

This affection of the lymphatics is seldom met with in women, in whom, however, it occurs in rare instances in the labia majora.

The complications and the treatment are the same as those of the virulent bubo, although destructive cauterization is less frequently applicable, partly on account of the situation of the sore, but chiefly from the extreme probability that reinoculation will take place on the fall of the eschar; we must, therefore, be content in most cases with dressings of iodoform, a solution of carbolic acid, aromatic wine, etc.