

# Bulletin of The British Association of Sport and Medicine

## SECRETARY'S REPORT — August 1985

Many members will know that the Association's Treasurer/Membership Secretary/Editor of Journal, Dr. H. Evans Robson, again had the misfortune to be unwell and the Executive Committee is most grateful for the manner in which Mrs. Olga Harris has continued to run his office and to Dr. Clyde Williams who has effectively overseen the production of this copy of the journal.

During the last quarter considerable work has been done by both the Chairman and Secretary with the Association's lawyers and the Constitution, as agreed by the Annual General Meeting in 1984, has been amended to satisfy the Charity Commissioners and is now being redrafted in a form of words which will satisfy them. It has been suggested that if the Association should consider having a Patron in addition to a President, this should be incorporated in the Constitution at this time. This notion has gained considerable support and the advice of our Immediate Past President, Lord Porritt, has been sought.

The programme for Congress '85 appears elsewhere. Queries should be directed to the Secretary but bookings are being taken by Mr. Brian Webster, 14 Mayfield Court, Mayfield Road, Mosely, Birmingham.

David P. Chapman



To the Editor:

### CORRESPONDENCE

J. R. Casley-Smith,  
President, International Society for Lymphology,  
University of Adelaide,  
Box 498,  
GPO,  
Adelaide,  
South Australia 5001

### THE IMPORTANCE OF THE LYMPHATIC SYSTEM

Dear Sir,

It is perhaps rather unusual for an international society to feel that it is essential to draw attention to the very existence of its subject matter. However, such is the general lack of knowledge about the lymphatic system that the International Society for Lymphology believes that the following well-established points need reiterating:

1. All regions of the body are drained by the lymphatic system. Often the initial (terminal, capillary) lymphatics are joined in the most remote parts of the interstitium by tissue channels only a few tens of microns long, just as are the blood exchange vessels. In a few regions these channels form systems many cms long, but still drain into true initial lymphatics eventually. In the cases of the brain and retina they do this outside the skull. Except in oedema or in encapsulated organs, fluid will normally only enter the initial lymphatics if there are variations in tissue pressure — caused by movements, contractions of adjacent muscles, etc. These also help propel the lymph in the large lymphatics, but intrinsic contractions in their walls also cause it to flow.
2. The lymphatic system removes a small proportion of the smaller molecules from the tissues. Although this is often quantitatively small, it is still of considerable importance in helping to prevent oedema. Some of the smaller macromolecules also pass to the blood, but usually most of them (and certainly all the larger ones, particles, etc.) are removed by the lymphatic system — except for some removal by tissue proteolysis.
3. The presence of any oedema implies that the lymphatics (as well as the other mechanisms which act to prevent oedema) have been overloaded. This may be because of an excessive lymphatic load with a normal system, or because of a normal load with a deficient system, or both.
4. If all the lymphatics draining a large region (e.g. a limb) are simultaneously completely obstructed, the animal dies within 1-3 weeks from loss of protein via lympho-cutaneous fistulae. This does not happen in man because such abrupt and complete lymphostasis does not occur.
5. The neglect of lymphatic transport can cause considerable errors in physiological experiments on the blood microcirculation.
6. In clinical practice, while oedemas near the surface are often observed, many of those of deeper organs are not.
7. Oedematous tissue have poor oxygenation, considerably reduced functional capacities, and heal slowly. A chronic high-protein oedema is one cause of chronic inflammation and fibrosis.
8. Any interference with lymphatic transport can provoke a lymphoedema — especially if the system is deficient or overloaded. This may be as insignificant as an insect-bite. Iatrogenic damage includes: the removal of lymph nodes, lymphangiography (with media which damage lymphatic walls), excessive radiation, inappropriate surgical procedures damaging lymphatic trunks, which often lie adjacent to the large blood vessels. Sometimes special considerations make it essential to perform such procedures, but it must be realised that they may provoke lymphoedema.
9. Lymphoedema can now be prevented or treated, and sometimes completely cured, by a number of methods. It is no longer ethical to neglect it. As in all high-protein oedemas, diuretics are contra-indicated except in emergencies, or for co-existing diseases.
10. The objects of the International Society for Lymphology are to promote knowledge about the lymphatic system: its structure and function, its investigation in patients, the treatment of its deficiencies and its roles in immunology and neoplasia, etc. Information about this body, and a list of books and reviews on the lymphatic system may be obtained from:

The Secretary General, I.S.L., Tullastrasse 72, D-78 Freiburg, West Germany.

Yours sincerely,

J. R. CASLEY-SMITH, DSc, MB