When Urban and Fischer sent me this book for review, at first I thumbed through it, and more and more it became a real pleasure to start reading. As a critic, however, I remembered Oscar Wilde: “Critics are said to read the books they should review, not at all. Yes, they do not read them, and they should not read them.”

(1) Dear reader: You will not agree. Probably Wilde meant literature and not a scientific book.

When the publisher sent me this perfectly produced text of 690 pages, they also told me that their production had lasted longer than they had calculated, but that now they are proud of this thoroughly and magnificently, in multiple colors, illustrated text. The anatomical illustrations by one of the authors, S. Kubik (Prof. of Anatomy at the University of Zurich) are outstanding and in the line with Mascagni (1787) and Rouviere (1932). This book reflects also the life-long experience of the driving force behind this book: M. Földi. He created our commonly used lymphatic language as lymphatic load, lymphatic transport capacity, lymphatic safety-valve insufficiency, low/high output failure. E. Földi, wife of M. Földi, has contributed the practical section of this book: Pages 495 to 638. It represents 23 years of therapeutic experience and personal care for affected patients in their special and unique hospital (120 beds) exclusively for lymphatic diseases. Any severe lymphedema problem, protein-losing enteropathy, suicidal lympholipedema: The reviewer has seen these patients return most satisfied from this “lymphology-hospital.”

The various treatments, described in this text in detail: Complex decongestive therapy (including manual lymph drainage as started in the second half of the 19th century) is combined and integrated with the broad field of physical medicine. Together, both specialties are to serve the individual patient for the best therapeutical result.

The contents of the almost seven hundred pages, with 31 contributors, are divided into a scientific and a practical section. The scientific part includes chapters on the anatomy of the lymphatic system; the interstitium with its microcirculation; lymphostatic diseases with their morphological changes; fundamentals on comparative lymphology; lipedema; benign symmetrical lipomatosis; chronic venous insufficiency; angiodysplasias; molecular lymphology, and a special gem: the genetics of lymphedema. Most chapters are concluded by suggestions for further reading.
and by a reference list. The practical section: Instructions for conservative therapy: General remarks, multiple techniques with many practical and time-tested tips, therapeutic effects, contraindications concerning manual lymph drainage; decongestive kinesiotherapy; respiratory therapy; compressive therapy, other kinds of physiotherapy. The practicality of conservative treatment may differ concerning the various areas of the body. Therefore specific additional guidelines concerning e.g., the head and neck region, the trunk, the arm, the leg, are provided.

Half a century ago. Sir Harold Gillies spoke of plastic and reconstructive surgery as a battle between beauty and blood supply. He also realized that “all tissues with blood-vessels have lymphatics” (2). For the main clinical problem: Lymphedema, he introduced and tested the “lymphatic wick,” realizing that the main problem was not blood-supply, but the altered lymph-circulation (2). About 260 million people on this earth suffer from some form of lymphatic failure: Lymphedema. Yet, lymphology is often treated as a step-child of medicine, and the most recent edition of Cecil’s Textbook of Medicine does not contain a chapter on lymphedema. In our multifaceted, super-specialized medicine of today we are tempted to think body-region or organ-specific. Ubiquitous physiologic and pathologic processes, e.g., also linking lymphatics to blood vessels, are yet unusual to us. The future will certainly bring us forward, and this book is a big step into the horizon of progress.

REFERENCES


Leo Clodius, MD
Zumikon, Switzerland