BOOK REVIEW AND REFLECTIONS ON JOHN KINMONTH

Editor's Note:


Chapter contributions by other authors.
336pp with index and illustrations.

This book presents a fairly comprehensive view of lymphatic disease and treatments with particular emphasis on surgical approaches. The first chapters provide an interesting introduction towards history with, curiously, emphasis on descriptions of anatomy based on the cadaveric anatomy engravings of Mascagni performed over two hundred years ago. Surprisingly, little on the normal lymphatic anatomy of the living as depicted in the seminal work of Kinmonth and which established him as a significant figure in lymphatic history are presented. These latter insights were largely derived from studies in patients given prophylactic endolymphatic treatment for tumors and undergoing observations of the thoracic duct.

The chapters, including contributions from invited authors, on physiology of lymph production and propulsion, pathology, lymphangiogenesis and genetics are all excellent as also is the discussion of the relationship between the lymphatics and venous disease. With regard to the treatment of lymphedema, a better balance could have been achieved with inclusions of descriptions of the techniques of manual lymphatic drainage as described by Földi.

From an historical perspective, the first books from the surgical unit at St. Thomas Hospital were centered on Kinmonth's lymphographic technique with subsidiary studies and reflected the work over twenty years or so until 1982. The subsequent twenty years over the period inherited by Browse have taken a different pathway veering away from direct lymphangiogram techniques and descriptions towards indirect techniques of establishing lymphatic disease and expanding the horizons to include advances in genetics, pathology, lymphangiogenesis and the treatment of lymphatic diseases.

Many of the lymphographic illustrations were previously published by Kinmonth and associates but the descriptive texts differ.

In view of the current interest in the sentinel node, the text is rather dismissive of the sentinel node concept "when applied to lymph drainage of the lower limb" accompanied by a snapshot x-ray (Fig. 2.7) showing some lymphatics bypassing the sentinel node. This can happen—but usually after the initial node has filled and the increased resistance leads to collateral flow patterns. It is important to remember that ultrafluid lipiodol is more viscous than lymph, and lymph flow pattern assumptions should be accordingly tempered.

Regarding other sites of lymphography, the statements that "apart from a few rare cases of facial edema we have had little
cause to perform lymphograms on the head and neck" (page 39) is annotated with
"a lymphatic large enough to inject just in front of or below the ear," [but the preferred
(optimal) site is actually over the mastoid bone area]. They continue with “resulting
lymphograph shows that vessels and glands similar in size and appearance to those seen
in a cadaveric dissection.” One wonders also
whether living anatomy really does closely
resemble Mascagni’s interpretations.

Finally, I found slightly disconcerting the
continual reference to lymph ‘glands’ in the
text. However, occasionally the term lymph
nodes was interspersed, and this was the
preferred Kinmonth definition.

This book is a suitable acquisition to a
library or to clinicians committed to
lymphatic study and caring for patients with
lymphatic disorders. It is dedicated to John
Bernard Kinmonth and states his life span as
“1917 to 1983.” The exact dates are actually
May 9, 1916, until his premature death on
September 16, 1982.

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