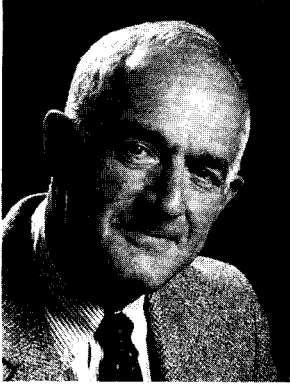


*EDITORIALS***THE I.S.L. PAST AND FUTURE**

Left to right: Allan E. Dumont, ISL President, 1979-83; J.R. Casley-Smith, ISL President, 1983-85; P. Ruben Koehler, ISL President, 1973-77.

The International Society of Lymphology (ISL) grew out of an "invisible college", a small but determined group of men and women who hoped that by studying a fluid drawn from the intercellular space and/or the system of vessels that transported this fluid they might come to a better understanding of some common clinical problems. Communicating informally with one another they exchanged information and ideas on an irregular basis. In 1966 this "invisible college" became the nucleus for the ISL. Flourishing now after a relatively short passage from birth to maturity, the Society has made it easy for many of us to share a common interest and at the same time establish enduring friendships.

We are still a small society and it is unlikely that we will become a large one. The subject of lymphology overlaps diverse fields of interest, but it is not a well-defined discipline like, for example, cardiology or gastroenterology. Many of our interests are therefore likely to remain well outside the immediate concerns of the majority of individuals in more well-defined or traditional fields of investigation.

Real progress, as Claude Bernard defined it, consists in exchanging old theories based on facts for newer ones based on more facts. Considered in these terms, there has been real progress in lymphology since our first Congress in 1966. Information about lymph and the lymphatic system has in fact accumulated at an unprecedented rate and the Society's main challenge now is how to maintain the steady infusion of younger investigators with fresh ideas into this field.

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There are only about 14 body systems, yet in most medical textbooks the lymphatic system rarely occupies more than 0.5% of the text. This discrepancy is usually not because the authors are unwilling to write more about it; rather, it is often because that is all they know!

Twenty years ago, the lymphatic system was little studied; some 5-10 laboratories in all the world were concerned with it. Macro-physiological studies were fairly plentiful (although far less than for any other system of the body), but few correlations had been made between ultrastructure and function (e.g., of initial or the collecting lymphatics) or between deranged ultrastructure and dysfunction (e.g., with disease or repair). Mayerson had just written of the two major problems of lymphology: "why material entered the system, and why it stayed in it". The relative importance of the lymphatic network in tissue homeostasis was still rudimentary, and the role of proteolysis in clearing the various tissue spaces of protein and fluid had not even been formulated. Drugs which increased proteolysis to substitute for a locally nonfunctioning lymphatic system were available, but no one knew their mechanism of action. Animal experiments and clinical trials in primary and secondary lymphedema were yet to come. The ISL, through *Lymphology* and the biennial congresses provided a formidable impetus for the exchange of ideas and greatly facilitated our present knowledge of these issues, however imperfect it still remains. As I ponder the future, it is distinctly unwise to try to prophesize the direction that lymphologic research will take. Whereas some of these imperfections will assuredly be unraveled, I am convinced with equal certainty that new gaps in our understanding will be revealed. The ISL and *Lymphology* must continue to provide the fertile soil necessary to allow these future gaps to be closed even as others open.

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The goal of the Society when it was founded was to build a bridge between different specialities in medicine and its allied sciences. This has been achieved, yet a great transformation has occurred.

In the early days twenty years ago, clinicians such as radiologists and surgeons dominated the Society. They were the largest number of members, and in the early meetings, material presented by these specialities also dominated the program. We heard many presentations relating to lymphography, contrast media and scintigraphy. On the clinical side, treatment of lymphedema prevailed.

Slowly over the years the interest and the emphasis gradually shifted to more basic lymphology. Areas such as immunology and physiology started to dominate. The trend continues, and clearly will attract further interest of the members in the future. This trend is also reflected in the membership. Specialties which were scarcely represented in the early days have now increased numbers while certain disciplines, particularly radiologists, have dropped. It is difficult to judge if this trend is for better or worse, but one cannot ignore the primary areas where the latest developments in medicine are rapidly occurring. Immunology is now in the forefront because of the progress in transplantation, treatment of hematological malignancies, and the global problems raised by AIDS, just to name a few. We have moved beyond "visual research" where studies of anatomy and physiology were commonly done with relatively "unphysiological" methods such as oil contrast lymphography. The new imaging modalities such as ultrasound, CT, and recently MRI have largely supplanted lymphography, although none has approached the resolution which is obtainable with direct lymphography.

What will the future bring? It is hard to predict. Probably over the next few years the emphasis will continue to be on "basic research." We will still have difficulty in

treating lymphedema, and discussion of this topic will prevail; however, greater clinical emphasis will be on treatment and understanding of hematologic malignancies and infectious diseases as well as the problems and understanding of transplantation rejection.

As a Society, we remain small and yet diverse. There is, however, the need for new and young enthusiastic "lymphomaniacs." Many of the founding members of the ISL are nearing retirement; the torch needs to be passed on!

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