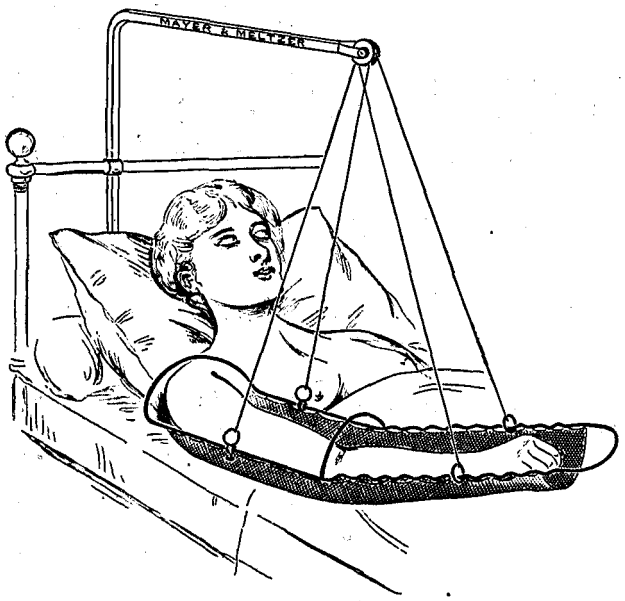
Cradle Splint for Use After Lymphangioplasty.

Mr. W. Sampson Handley, F.R.C.S., in the course of one of the Hunterian Lectures on the Surgery of the Lymphatic System, recently delivered by him, in which his principal theme was the surgery of dropsy, gives an example of a cradle splint, made by Messrs. Mayer and Meltzer, of Great Portland Street, W., which is here illustrated, which he uses after lymphangioplasty, by which the arm can be placed in a suitable and comfortable position. The lecturer stated that the dropsical arm acquires most of its importance from the excruciating pain which it causes—a pain which in the worst cases almost passes the limits of endurance. This pain is referred to the whole limb, and varies from a dull ache to an intolerable burning agony.



The onset of the dropsical arm of breast cancer is determined by the blocking, not merely of the main lymphatic trunks, but also of all the collateral routes about the shoulder, by which the lymph could find a passage. The pathology of brawny arm is a corollary to the permeation theory. The permeation spreads from the breast in an ever widening circle. Until two years ago, the lecturer stated, the only treatment available for cases of dropsical arm, after elevation had ceased to produce any effect, was either amputation of the arm or the use of morphine. The readiness of patients to listen to the suggestion of amputation is the best possible proof of the intolerable agony caused by the disease. The operation of lymphangiostomy is palliative only; it has no claims to prolong life, but in favourable cases the effects are: (a) Complete relief from pain within twenty-four hours, unless the pain is partially due to some cause—such as nerve pressure—independent of the œdema. (b) A marked and rapid fall in the tissue tension of the whole area drained by the silk threads which are buried in the subcutaneous tissues of the arm. (c) Rapid subsidence of the swelling in the hand and forearm. (d) Return of power to the paralysed arm if the paralysis is of recent date. (e) An improvement in the general condition dependent partly on relief from pain, and its associated symptoms of insomnia and depression, and partly from the abandonment of sedatives.

The lecturer went on to say that the principal difficulties of the operation are connected with the maintenance of the silk in an aseptic condition. Owing to the large area dealt with, extending on to the back, the necessary changes in the posture of the arm, and the length of the silk threads, accidental contact may very easily occur between the silk and the surface of the skin, the edges of the incisions or surrounding objects. I regard the use of masks as essential, and the silk ends not actually dealt with at the moment must be kept wrapped in sterile gauze, which is also useful to protect them from the edges of the incisions as they are being drawn in after the probe. This method contains modifications which my experience has shown to be desirable. My object has been to simplify the operation, to reduce the number of incisions necessary, and as a reasonable precaution to insert the threads in such a manner that they can, if necessary, be withdrawn with a minimum of trouble. All the threads can be withdrawn by reopening the two incisions just above the wrist. Fortunately I have never been obliged to do this. There is no need to fix the upper ends of the threads by knotting them together, as I formerly thought, for the silk soon becomes adherent along its whole length to the tissues in contact with it.

The operation of lymphangioplasty should not be applied indiscriminately, but should be reserved for the severer degrees of lymphstasis in which other modes of treatment are powerless.

The whole lecture, which is extremely interesting, is published in the *British Medical Journal* of April 9th.

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