

EDITORIAL

Dear Friends,

We come to you after six months, having made no progress regarding communications between us. We are sitting in the sweltering heat of Bombay, with high tempers and low finances. A 'May day' signal is being sounded and your help urgently solicited for articles and opinions.

We would like to thank our President, Dr J. Roy Chowdhury for appreciating our maiden attempt at the Newsletter as we certainly need a lot of moral support to continue this venture.

we are giving you a bird's eyeview of the Jaipur conference in this issue along with Dr. Trott's Lecture being printed in detail. Dr. Monga's Lecture will be coming to you in the next issue.

So long folks,

Sincerely yours,

Maya Lulla

Darshana Daftary

Executive Council Members of The Academy For 1983.

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MEDICINES FOR MANKIND

Guest Lecture by **Dr. Peter A. Trott**
at XII Annual Conference of I. A. C., JAIPUR

USES AND ABUSES OF CYTODIAGNOSIS

Introduction

Aspiration cytodiagnosis has become increasingly popular in recent years as a method of making a tissue diagnosis. Begun during the 1920's at the Memorial Hospital, New York, under the guidance of James Ewing it underwent expansion in the 1960's in Scandinavia and has now been revived in the U. S. A. and adopted in many centres in the U. K. Therefore it is appropriate at this point in time, to attempt to assess its role objectively and come to certain conclusions regarding its place in the diagnostician's armamentarium.

Terminology

Aspiration cytodiagnosis has been given many names including "fine-needle aspiration biopsy", "skinny-needle biopsy", and simply "aspiration biopsy". This latter name is favoured by the Scandinavians, and all the classic papers by Franzen and Zajicek from the Karolinska institute in Stockholm call the procedure by this name. In the experience of clinicians and pathologists at the Royal Marsden Hospital, the term "aspiration biopsy" causes confusion among clinicians who are uncertain whether they are asking for a rapid atraumatic test that has a relatively low specificity or one that will provide a helpful result in rather more cases but takes several days to get an answer and requires a formal operation. I strongly favour the term "aspiration cytology" for the science and "aspiration cytodiagnosis" for the procedure, reserving the term "biopsy" for a histopathological process.

Comparison with Histopathological Biopsy

The following table compares the two diagnostic procedures of aspiration cytodiagnosis and histopathological biopsy.

| | Procedure | Facility of Diagnosis | False Reports | | Anaesthetic | Cost |
|----------------|------------|-----------------------|---------------|------|-------------|------|
| | | | Pos. | Neg. | | |
| Histopathology | Biopsy | Narrow | None | Few | Needed | High |
| Cytopathology | Aspiration | Broad | None | Some | Not needed | Low |

The "facility of diagnosis" has nothing to do with accuracy but rather indicates the spectrum of diagnosis that is possible with the two techniques. Cytopathologists should appreciate that tissue diagnoses are usually stated in histopathological terms and avoid the temptation to apply histopathological terminology freely for cytopathological material. The diagnostic facility of cytopathology is to indicate the difference between benignity and malignancy, although in many instances carcinoma as opposed to sarcoma can be diagnosed and abscess as opposed to other benign lesions can be indicated. A histopathological biopsy by comparison, can not only indicate carcinoma but suggest adenocarcinoma with or without mucus secretion

(Cont.)

and even having a papillary pattern. Thus the diagnostic facility is narrow, and there is even the opportunity to do special stains on serial sections in order to refine the diagnosis further.

There are two conditions, however, which have characteristic cytological features that enable an accurate diagnosis to be made. One of this is small cell carcinoma of the bronchus and other sites (formerly called oat-cell carcinoma), aspirates from subcutaneous metastases of which show a characteristic salmon pink coloured stain of their nuclei in a Giemsa preparation. Squamous carcinoma of the head and neck often spreads to regional lymph nodes where the elongated appearance of the nucleus and keratinized cytoplasm enables a diagnosis of squamous carcinoma to be made from an aspirate.

False reports are usually the product of the amount of material available. Thus, more malignant lesions are missed by aspirates than with needle biopsies - "some" being rather more than "few" in the in the table. False positive reports are of course occasionally made by both techniques - all pathologists are human and one can become tempted to offer a definite diagnosis when pressed to do so by a clinician (usually a surgeon) who 'knows' a particular lump is malignant, but in which the quality and quantity of the material aspirated is poor. It is far better to hold off and request more material or re-aspirate the lesion oneself and make a clinical diagnosis at the same time. Suspicious reports should be discouraged, and cytopathologists should not "sit on the fence", but attempt always to indicate benignity or malignancy. By (a) only diagnosing malignancy when it is certain and otherwise calling it benign, and (b) avoiding reporting things to be "suspicious", more false negatives will occur but false positives will be eliminated and the clinicians will be pleased with the service.

No anaesthetic is needed for a cytopathological aspirate because the needles are narrow and comparatively painless. Indeed, the procedure is complicated by the injection of intradermal local anaesthetic because a subcutaneous lump may be difficult to palpate when the texture of the overlying skin is distorted. Thus the cost is far less, both in terms of time and expensive materials. When aspiration cytodiagnosis replaces surgical excision biopsy requiring a general anaesthetic, which happens often in the field of head and neck cancer then the saving in cost is compounded.

Method

No one method is used universally although operators usually find a method that they like after trial and error. There are several devices designed to hold the syringe and apply negative pressure, but many workers have found that a 10 ml syringe held in the hand is the method of choice. This has the advantage of allowing the texture of the lump aspirated to be appreciated and so provide the clinician with an additional clinical sign. Holders for 10 or 20 ml syringes specially designed for aspiration cytodiagnosis called "Cameco Syringe Pistols" can be obtained from the following address :-

Henley's Medical Supplies Ltd.,
Alexandra Works,
Clarendon Road,
London, N8 ODL
United Kingdom

The essential requirements for aspirating solid tumours are the following :- (1) An air-tight syringe and needle because great suction is required to extract cells from a solid tumour. (2) Aspirating the right place, i.e., putting the sharp end of the needle into the middle of the tumour and aspirating so far as is possible in several places. (3) Ensure that the carefully aspirated contents of the material are squirted onto a slide and smeared in such a way that they can be stained. This is done by either drawing up a small amount of air (about 2 ml) into the syringe before aspirating which can be used to push the contents of the needle onto the slide after the needle is withdrawn, or by detaching the needle from the syringe before pulling it out of the tumour and drawing air into the syringe with which to squirt the material in the needle onto the slide.

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The recommended method for aspirating palpable tumours at The Royal Marsden Hospital is as follows :—

- (1) Fix the tumour between the thumb and index finger of the left hand in a right-handed a person.
- (2) Push a 21 or 23 gauge needle firmly onto a 10 ml syringe and draw 2 ml of air into the syringe.
- (3) Gently push the needle into the centre of the tumour noting its consistency.
- (4) Aspirate and at the same time move the needle around within the tumour so sampling different areas of it.
- (5) Allow the plunger to return to its starting position, i.e., at the 2ml point on the syringe.
- (6) Pull the needle out of the lump and push the contents of the needle with the 2 ml of air onto a slide. It is important to touch the needle tip onto the slide to prevent material splashing.
- (7) Smear the contents thinly with another slide and stain both slides.

The controversy over who should do the aspirate, clinician or pathologist, is a perennial one. In Scandinavia all aspirates are performed by the pathologist who is usually a full-time cytopathologist working in a department of clinical cytopathology. This arrangement has no counterpart in the U. K. and is a clinic to which patients are referred by hospital specialist or general practitioner. The cytopathologist therefore can make a clinical diagnosis by taking a history and assessing the clinical signs which complement the cytopathological appearances of the aspirate.

This approach has many advantages and is reflected in the high accuracy rate of their many published reports, especially for thyroid and salivary gland lesions. The disadvantages are few but include separation from and therefore lack of knowledge of histopathology and the difficulties pathologists may have in interpreting physical signs. Neither of these are particular problems and in my opinion it is far better for the cytopathologist responsible for reading the slides to perform the aspirate whenever possible. In the U. K. and the States there is a trend now to encourage histopathologists to become interested in aspiration cytodiagnosis and so provide a reliable tissue diagnosis based on a knowledge of histopathological appearances.

What Tissues are Available for Aspiration ?

The answer is that all tissues, superficial and palpable, superficial and impalpable and deep lesions identified by radiological techniques are accessible to aspiration cytodiagnosis. The two potential dangers, haemorrhage and spread of cancer along the needle track have not manifested themselves in practice, due presumably to the narrow bore of the needles. In addition, it is apparent from examining the needle tips that the Tru-cut biopsy needles have cutting edges so that a hole is made in the wall of any vessel penetrated, whereas the narrower 21 or 23 gauge needles have dividing edges so that the fibromuscular vessel wall heals itself when the needle is withdrawn.

Needle track cancer has been documented in cases of prostatic carcinoma after transperineal biopsy using a 14 gauge (wide bore) biopsy needle but there appears to be no authentic case reported when 21 or 23 gauge needles are used. Indeed, a review by Sinner (1976) found no case of cancer spread along the needle track when 18 gauge or smaller needles were used in 5,300 cases of pulmonary aspirates. However, clinical evidence of pneumothorax was present in 27% of cases.

Aspiration cytodiagnosis in Sweden was started originally by radiotherapists for obtaining tissue from small palpable nodules from patients with a known malignancy that had been treated. Their attempts at biopsy had often resulted in an unsatisfactory histopathological report and it was evidently with a sense of frustration that the radiotherapist himself proceeded to aspirate the lesion and read the slides. This use for the diagnosis of recurrent or metastatic carcinoma is the single most useful application of cytodiagnosis in the Royal Marsden Hospital

The recent development of non-invasive radiological techniques for demonstrating intra-abdominal abnormalities using CT scan or sonography have opened up a whole new field for aspiration cytodiagnosis. this technique is especially useful for the diagnosis of pancreatic lesions that are prone to develop fistulas when biopsies using large needles are used.

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Abuses of Aspiration Cytodiagnosis

It is an accepted maxim that a clinical diagnosis of cancer requires a confirmatory tissue diagnosis when facilities are available. The extent to which aspiration cytodiagnosis can provide the tissue diagnosis depends on the degree to which the diagnosis is cytopathological rather than histopathological. For example, the difference between a well-differentiated adenocarcinoma of the thyroid and an adenoma is almost entirely histopathological, and therefore requires a surgical biopsy. Anaplastic or spindle-cell carcinoma of the thyroid usually found in elderly people is almost entirely cytological and can therefore be diagnosed by aspiration cytodiagnosis. Aspiration cytodiagnosis and histopathology are complementary to each other and abuses result from a lack of appreciation of this fact. For example, in the case of a palpable tumour of the head and neck region, the initial diagnosis may be made by aspiration cytodiagnosis in which malignant neoplasm is diagnosed. Although it is possible to consider whether or not this may be a lymphoma from the cytopathological appearances, the correct procedure is to recommend a surgical biopsy in order to refine further the diagnosis. Malignant melanoma is a special kind of tumour that should never be aspirated for two reasons. Firstly, the prognosis is correlated to the depth of invasion and it is understandable that needling such a tumour could spread cells into deeper tissues. Secondly, the diagnosis is histopathological and could be difficult to interpret after the distortions of needling. On the other hand, metastatic malignant melanoma in regional lymph nodes or subcutaneous sites is easily diagnosed by aspiration cytodiagnosis when the large pleomorphic cells with prominent nucleoli are evident sometimes with melanin pigment.

References

1. Sinner, W. N. Acta Radiologica Diagnosis (1976), 17, 813
2. Fable, W. J. Thin-Needle Aspiration Biopsy 1983 w. B. Saunders Company Vol. 14 in the Series, Major Problems in Pathology

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HIGHLIGHTS OF JAIPUR CONFERENCE

It is said that behind every successful man there is a woman; but in this era of Women's Lib we saw the reverse come true. The Urology Services Society, Jaipur headed by able Dr. K. C. Gangwal lent a strong and efficient support to the tremendous task of hosting this conference organised by Dr. Kumud Gangwal.

The perconference workshop on Urinary Cytology was well attended by participants from all over India. The extensive material presented at the workshop was amongst the best available in any part of the world.

The scientific programme was highlighted by Guest Lecturer Dr. Peter A. Trott, Cytopathologist at the Royal Marsden Hospital, London, U. K. Dr. Monga delivered a most informative and stimulating Oration on Immunopathology. The symposium on Pulmonary Cytology was greatly appreciated by all the delegates. This was followed by the Diagnostic Slide Seminar, conducted by Dr. Padam Kumari Agarwal, who had put in tremendous efforts to collect such unusual material from diverse sources.

The cultural and gastronomic bonanza at Hotel Amer Shiraz had to be experienced to be believed. Although it took us out of Jaipur in the biting cold, (Kudos to the Organisers for carting all of us there) every foot of the journey was worth the romantic atmosphere at the pool side with cozy fires and dancing damsels. They even made the delegates dance !

Jaipur is the city of palaces and nowhere could the dictum 'if you have seen one, You have seen all' be so totally false. Each one is an experience by itself. Jaipur is a city one would like to return to. (Dr. Gangwal, please take note.)

We express our heartfelt thanks to Dr. Kumud Gangwal and her team for the excellent management and warm hospitality.

Our President has said a big 'THANK YOU' to all the members who attended the conference and made it a grand success.

Editors.



NALINIBAI THAKAR AWARD

There were 6 papers competing for the award, which was carried away by Dr. Jaya Gogori, Research Officer, Cytology Clinic, Cama and Albles Hospital Bombay. Her paper was on 'Significance of Carcino-Embryonic Antigen in Diagnosis, Prognosis and Adequacy of Therapy of Cervical Cancer.'

CYTOLOGY RESEARCH CENTRE

(Indian Council of Medical Research)

The only one of its kind, this centre was established in January 1979, under the able Directorship of Dr. Usha K. Luthra at the Maulana Azad Medical College, New Delhi. The centre is not only for cytopathology but all branches related to it including immunocytology, ultramicroscopy, cytogenetics, epidemiology, etc. The aim of establishing this centre is to promote cytology, keeping in view specific requirements of our country, to collect, classify and reproduce all cytology material for teaching, establishing referral services and training of personnel in this field.

While various branches of cytology like cytopathology, cytogenetics, immunology and immunocytology and epidemiology and biostatistics have been fully developed; departments of ultrastructural cytology, photography and clinics for colposcopy and fine needle aspiration biopsy are in the process of developing.

The division of Cytopathology is involved in studying the natural history of cervical cancer and material is being collected from six major hospitals in Delhi. Over 48,000 smears have been studied by January 1982, with a dysplasia rate of 1.8% and 0.1% for Carcinoma Cervix.

The Cytogenetics division is more academically oriented at present and is preparing a teaching set on Human Cytogenetics in Health and Disease, with the help of various departments and institutes in the country.

The excellence of the Immunology and Immunocytology division is borne out by the fact that it is recognised by the National Health Institute of U. S. A. to receive gift kits of HLA referral serum. The centre also offers in-service training.

The division of clinical research has organised colposcopic clinics at 6 centres and also recently held a colposcopic workshop in collaboration with the WHO.

Training and Manpower development have ranked high in priority, with over 7 workshops having been conducted in various subjects ranging from simple Vaginal Smears, Breast and Pulmonary cytology to more complicated subjects like Cytogenetics. More than 60 participants took part in these workshops.

The centre is recognised by our Academy and ICMR for diagnosis and training.

The centre would welcome close linkages with other institutes in the country to offer various research programmes, use of sophisticated research equipments, exposure to workshops and teaching aids.

The development of this centre as a central nucleus collaborating various cytology activities in the country is envisioned.

Rules and Regulations of the The Indian Academy of Cytologists

We are printing the Rules the Rules & Regulations of the Academy inclusive of recent amendments. Please preserve this copy very carefully for future reference.

If you want any amendments, please send them to the Secretary before 30th Sept. 1983. If Secretary does not hear from you by 30th Sept. 1983. then it will be assumed that you approve of these Rules & Regulations and do not desire any amendments.

OBJECTS

The object of the Academy are.

- (a) To encourage research in both fundamental and clinical cytology.
- (b) To encourage co-operation among those actively engaged in the practice of clinical cytology.
- (c) To Standardize terminology.

MEMBERSHIP

Ordinary Members

Candidates for membership shall be nominated by two members of the Academy. The Application Form, duly filled, must be presented to the Council through the Secretary. The names of the candidates for membership of the Academy must be accompanied by a letter from both the proposer and seconder. These letters must state in detail the qualifications of the candidates. The Secretary shall circulate to the Members of the Council, or place before the Meeting of the Council, the nominations, to be acted upon. Election to membership is by majority vote of the Council.

If, at any time, the Academy shall be of the opinion that the interests of the Academy require the expulsion of the members, they shall submit the question to the statutory meeting or to a special meeting called, at which, if two-thirds of the members present vote by ballot for the expulsion of the member in question, his subscription for the current year (if it has already been paid) shall be returned to him and he shall thereupon cease to be a Member of the Academy. The matter shall be discussed in a closed meeting.

OBLIGATION TO BE SUBSCRIBED

Every person elected as a Member of the Academy shall, before his admission, subscribe the obligation in the following words :-

I, the undersigned, do hereby engage that I will endeavour to promote the interests and welfare of the Indian Academy of Cytologists and observe its Rules and Regulations so long as I shall continue a Member thereof.

PRIVILEGES OF MEMBERS

Members shall be entitled to the following rights and privileges :-

- (a) To be present and vote at all General Meetings.
- (b) To propose and recommend candidates for membership.
- (c) To introduce visitors at the Scientific Meetings of the Academy.
- (d) To receive gratis, copies of the Proceedings and Transactions of the Academy, issued during the continuance of their memberships, or such other publications as the Academy may decide from time to time.
- (e) To fill any office in the Academy on being duly elected thereto, subject, however, to the proviso that any member appointed to any office in the Academy, to which a salary or emolument is attached, shall lose, for the time being, the privilege of voting.

CESSATION OF MEMBERSHIP

Any member may withdraw from the Academy by signifying his/her wish to do so, by a letter addresssd to the Secretary, and it shall be effective from a date decided by the Academy after consideration of his communication.

LIFE MEMBERSHIP

Ordinary Members may become Life Members by paying a sum of Rupees three hundred only. (Amendment came into effect in 1978.)

HONORARY MEMBER

Honorary members may be elected at the statutory meeting on the nomination of the Council, notice being given on the Agenda Paper. The number of the Honorary Members shall not exceed 10. Honorary Members shall have the right to attend the meetings of the Association and to take part in discussions, but shall have no *VOTE*.

QUALIFICATION FOR MEMBERSHIP

Admission to Membership of the Academy, except that of the Members of the Founder's Committee, shall be by approval of the Executive Council.

Membership of the Academy may be offered to Graduates in Medicine or Masters of Science (Cytology) or Ph.D. (Cytology), with at least two of the following qualifications :—

- (1) Candidates must be engaged in the practice of cytology and have interest in cytology and its development for at least five years prior to nomination.
- (2) Candidates must be associated with a medical college/institute, a teaching hospital or a comparable research Institution at the time of nomination and admission to the Academy.
- (3) Candidates must have contributed scientific work in the field of cytology and must have been the author or co-author of at least three papers on cytology.
- (4) Any person who has been engaged in research or in the teaching of pathology or any allied science for atleast five years shall also be eligible for nomination.

ASSOCIATE MEMBERS

Associate membership will be offered to cytotechnicians and cytotechnologists who fulfill atleast two of the following criteriae;—

- (a) must be engaged in the practice of cytology atleast for 2 years prior to nomination.
- (b) must be associated with medical college/institute/teaching hospital or research institute at the time of nomination and admission to the academy.
- (c) muct have continued scientific work in the field of cytology or atleast one paper on cytology.
- (d) must be engaged in research or in teaching of pathology or any allied science atleast for 2 years or have a diploma or certificate in medical technology.

Associate members will not be eligible for life membership.

Associate members will have no voting rights and cannot stand for any office.

Associate members will pay annual fees of Rupees ~~twenty~~ ^{50/-} as ordinary members pay Rupees ~~thirty~~.

(This amendment came into effect in 1982). ^{30/2}

(Cont.....)

SUBSCRIPTION

Each ordinary member shall pay annual subscription of Rs. 50/-. The Subscription is payable in advance, and becomes due on 1st January each year. For membership of the Association to be effective, cash/cheque/draft or a banker's order for payment of the subscription shall be received by the Treasurer within three months of the election; but the Academy shall have the power to relax this requirement in exceptional cases. Any member whose subscription is in arrears for three years and who has been duly notified of the fact, shall, if the Academy decides, be removed from the membership of the Association. The Academy has the right to enhance the subscription as and when required.

MEETINGS OF THE ACADEMY

General Meetings of the Academy shall be of the following kind :—

- (i) Annual
- (ii) Special
- (iii) Requisition

Annual and Special Meetings will be called by the President on the written requisition of 2/3rd of the members on role.

Scientific Meeting of the Academy will be held once a year. This may either precede or follow the General Meeting.

The following rules shall be applicable to all General Meetings of the Academy.

- (a) 20 Members shall constitute a quorum.
- (b) The President shall take the Chair. If the President is not present, on the expiration of fifteen minutes after the hour fixed for the Meeting, the Members present shall proceed to elect a Chairman.
- (c) The business of each Meeting shall be proceeded as per Agenda prescribed, but on written notice being given to the President or the Secretary, not less than 48 hours before the hour of meeting, a motion for the immediate transaction of urgent business may be made and, if such motion be seconded and carried, this Rule shall be suspended.
- (d) Notice of motion on any matter shall be given by a letter to the Secretary not less than one month before the General Meeting at which the motion is to be moved.
- (e) All motions and amendments, except those emanating from the Council, shall require to be seconded before they be discussed. Amendments must be sent in writing. Not more than a single amendment to the original motion shall be laid before the Meeting at any time. When any such amendment has been negatived or has been allowed to take the place of the original motion, other amendments may be proposed.
- (f) The usual method of voting shall be by show of hands unless division is called for. It shall be competent for any Member present to call for a division. The Chairman's decision on the show of hands shall be final.
- (g) Voting may be by ballot if it is specifically demanded at a meeting through a motion to that effect duly carried.

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(h) The Chairman shall have a casting vote besides his own.

General Meetings shall be held at such times and at such places as the Academy may decide.

The order of business at such meetings shall be as follows :—

- (a) Confirmation and adoption of the Minutes of the previous meeting.
- (b) Matters arising out of the Minutes of the last meeting.
- (c) Names of Members admitted to the Academy.
- (d) Consideration of urgent business, if any.
- (e) Reports and communications from the Council.
- (f) Matters of current and routine business. If any question arises as to whether any particular question is one of the current business and routine, it shall be decided by the Chairman.

The Scientific Meetings of the Academy shall be held in such institutions in India as may be feasible. At these meetings, the Members will make communications on their original work in the field of Cytology and may give demonstrations. The time given to an individual will not usually exceed thirty minutes unless permitted by the Chairman. The President will preside over these meetings, but, in his absence, he will nominate a senior person to preside over the meetings. The general management, including setting of the order in which the items of agenda are to be taken and appointment of the Sectional President, etc., shall be done by the President and the Secretary. The President and the Secretary, if they feel it essential, may extend the meeting over more than one day.

The Secretary shall give one month's notice of the place and the date of the meeting and shall, at the same time, intimate the date by which notice of intended communications and demonstrations must reach him. One week before the meeting, he shall issue the Agenda papers.

Members may introduce visitors to the Scientific Meetings of the Academy and may arrange with the Secretary for communications and demonstration being given by the visitors.

POWERS AND DUTIES OF THE PRESIDENT

The powers and duties of the President shall be as follows :—

- (a) To preside at all the Meetings of the Academy and to regulate the proceedings at such meetings.
- (b) To ensure due effect being given to the Rules and Regulations made by the Academy.
- (c) To be Ex-officio Member of all Committees appointed by the Academy
- (d) In case of doubt as to the interpretation of any of these Rules, to decide on the interpretation. In such cases the President's interpretation shall be final.

ADMINISTRATION AND OFFICERS

The administration, direction, and management of the affairs of the Academy shall be entrusted to a Council composed of the Officers of the Academy, viz., President, Secretary, Treasurer and six Members of the Academy. The President, Secretary and the Treasurer will hold office for a period of one year, and will be eligible for re-election. From among the Members of the Academy, one-third will retire every year and will be eligible for re-election after lapse of one year.

Not more than one of the offices of the President and the Secretary shall be held by the same person.

The Council shall nominate a President, Secretary and a Treasurer by election at the Statutory meeting of the Academy. In case of incidental vacancy of the President, the senior most member of the Council shall perform the duties of the President. In case of incidental vacancy of the Secretary or Treasurer, the President will nominate from amongst the members of the Council to hold the office till the next meeting of the statutory body.

MISCELLANEOUS

No person appointed to any office in the Academy, to which a salary or any emolument, other than a conveyance allowance, is attached, shall have the privilege of voting. If any member be appointed to any such office, he shall be incapable of voting at the Meetings of the Academy as long as he continues to hold it, but shall not be deprived of any of his other privileges of Membership.

There shall be kept such record of the Proceedings of the Academy as shall, from time to time, be prescribed by the Council.

All letters, notices, minutes of the meetings and other documents connected with the business of the Academy, shall be filed in the order of their dates, and shall be preserved.

The Members of the Academy will be required to complete a proforma concerning themselves and their career, to complete their personal records to be maintained by the Academy. ★

Announcements

1. Our President Dr. J. Roy Chowdhury has been elected President of 'Indian Association of Chemotherapists' for the year 1983-84. We congratulate her and we are sure all the members are proud of her achievement.

2. The fifth World Congress of International Federation for Cervical Pathology & Colposcopy will be held at Sasagawa Hall, Tokyo, Japan from April 11-14, 1984. For further information please write to : Secretariat, c/o. Dept of Obstetrics & Gynaecology, School of Medicine, Keio University, 35 Shinanomachi, Shinjuku, Tokyo 160, Japan.

We hope all members will actively participate in it.

3. The XIII Annual conference of Indian Academy of Cytologists will be held at Cuttack, Orissa, on 2-3rd December 1983. For further information please write to : Dr. Gauri Shankar Acharya, Organising Secretary, Regional Centre for Cancer Research and Treatment, Cuttack Orissa.

Cuttack is a beautiful place and no one should miss this opportunity of going to Orissa.

4. The Indian Academy of Cytologists is planning to conduct an examination for cytotechnicians. Examination will be conducted in Delhi in Oct-Nov 1983. For details write to : Dr. Usha Luthra, Sr. Dy. Director General & Director Cytology Research Centre, ICMR, Ansari Nagar, New Delhi-29.

Cytology Clinic of Cama & Albless Hospital, Bombay is pleased to announce that they will be conducting one week crash course for all the students undertaking the above exam. No fees

will be charged but outstation candidates will have to make their own arrangements for stay. Dates for the course will precede the dates of exam by one week. Please book in advance to enable us to make arrangements.

5. The Indian Academy of Cytologists has been entrusted with the job of accreditation of cytology laboratories through its Accreditation and Examination committee in this country. This is an important step taken by the Academy for standardisation of diagnostic Cytological services in the country. Some of the laboratories have already been approved by the Academy for accreditation during past years. Criteria for accreditation of cytology laboratory and application form can be obtained from Dr. Usha Luthra, Sr. Dy. Director General, Cytology Research Centre ICMR, Ansari Nagar, New Delhi-29.

Applications and a bank draft/cheque of Rs. 200/- towards the fee may be sent to the Chair Person. Applications are received throughout the year.

6. Dr. Chandrakant Shah, our member from Ahmedabad has been invited to participate in a Plenary session on 'Gynaecological Oncology' at the Asia-Oceanic Congress of Obstetrics & Gynaecology at Seoul, Korea.

We congratulate Dr. Chandrakant Shah and wish him all the success.



FROM THE SECRETARY'S DESK

Dear Members :

I am taking this opportunity of communicating with you through the columns of our Newsletter. I hope all of you have been well and active in Cytology.

First of all, I am happy to inform you that our building is now complete. we will soon be shifting from our cramped space to a spacious laboratory and lecture hall on the 1st floor. It has taken us over ten years of negotiations with the Government to get this accommodation but it is well worth it. I extend a cordial invitation to all of you on behalf of my staff and on my personal behalf. Whenever you are in Bomday, do visit us. We have a large collection of slides/Kodachrome/teaching material, etc. We will be happy to share it with you.

Since we have overcome our first and basic problem of space, we have announced that we will conduct a short course for the students undertaking the Cyto Technologists Examination. This will be a Group Educational activity which is being suggested by A&E Committee. I hope all of you will select the Cyto Technologists from your own Dept who are ready to do this examination and start preparing them from now on.

We have just been revising our membership lists. It is satisfying to know that we have about 72 life members giving a good stability to the Academy. There are about 100 ordinary members and only 5 associate members. In most other Cytology Societies, there are more technologist members and I do urge all of you to give this opportunity to your Staff to become members. Cyto Technologist is a unique professionally qualified person whose prestige and status will be enhanced by membership to a scientific body. Do give this a serious thought.

All eyes are focussed on Montreal at present. India will be represented by our President, Dr. Roy Chowdhary and Dr. U. K. Luthra. Others attending and reading papers are Dr. Gita Jayaram of Delhi and Dr. Chandralekha Shroff of Bombay. I hope they have an enjoyable trip and return enriched with what's new in Cytology. As for our own conference, I believe, Cuttack is humming with activity. The first circular should soon be in your hands. Although I have sent out some invitations, I have not yet finalised the Guest Lecture. Perhaps after Montreal, we will come to know.

I would like to fix up our conferences two years in advance. It helps everyone to plan things and the host organisers get more time. When I think of 84 and 85 conferences, interesting places come to my mind. Benares, the holy city, Jodhpur from where we can visit the desert city of Jaisalmer and Aligarh where I believe Dr. Ansari Khan is already thinking of inviting us. I hope you give a serious thought to this and come ready with your invitations. Better still would be to convey your invitations to me so that I can put them before the Executive Council.

The following members have joined our academy this year. I extend to them a hearty welcome and look forward to their active participation.

With best wishes to each and every one of you,

Yours sincerely
Usha Saraiya.



List of New Members



Dr. Rajendra Singh Dhaka

Military Hospital, Wellington, Nilgiri 643231

Dr. A. K. Dey

Prof. of Obstetrics & Gynaecology, Cuttack 753007

Mr. Naresh Kumar Agarwal

Cytology Research Centre, Maulana Azad Medical College, New Delhi 110002.

Dr. Subodh Kumari Das

Ludhiana.

Mr. Kishan Lal Chandra

Cytology Research Centre, Maulana Azad Medical College, New Delhi 110002.

Dr. S. V. Rajlakshami

Associate Prof. of Pathology, Medical College, Kottayam.

Mr. Satish Chandra Tripathi

Asst. Prof. J. N. K. University, Jabalpur (M.P.)

Dr. Hemlatha Krishnaswamy

Prof. of Pathology, Vellore.

Dr. Chandralekha Shroff

Associate Professor, Pathology Dept., L. T. Medical College, Bombay 400081.

Dr. V. P. Gopinathan

Amla Cancer Hospital, Amla Nagar, Trichur, Kerala

Dr. Subrat Kumar Panda

Tutor, Pathology Dept., A11 MS, New Delhi 110029

Dr. Anne K. Grover

Pune.

Dr. Haraprasad Pati

Tutor, Pathology Dept., A11 MS, New Delhi 110029

Dr. Ambiy V. R.

Reader, T. N. M. C., Bombay.

Dr. A. Bhaktaviziam

Professor & Head of Dept. Vellore 632004.

Dr. Visweswara R. N.

Asst. Prof. of Cytopathology, G. K. N. M. Hospital, Coimbatore 37.

