

Our President

**Editorial**

CHANGING PATTERNS OF CARCINOMA OF UTERINE CERVIX

**Treasurer's Report 1983**

HIGHLIGHTS OF NAGPUR CONFERENCE



**NEWSLETTER**

APRIL 1984

**Announcements**

Nalinibai Thakkar Award

The Workshop of Early Detection of Cervical Cancer Using Colposcopy  
and Cytology held at Safdarjang Hospital

5th World Congress of I. F. C. P. C. at Tokyo, Japan,



## Our President

On the panorama of cytology in India, the name of Dr. Usha Saraiya has a unique place for she is amongst few Gynaecologists, actively involved in the microscopy of cytology.

She passed M. B. B. S. in 1960 from Grant Medicle College, Bombay by standing first amongst lady candidates and won the Lady Reay and President's Silver Medals. While studying for her D. G. O. & M. D. in Obstetrics and Gynaecology she did research on sterility which won her the S. N. Bhansali Prize.

She was introduced to cytology and Colposcopy during her brief association with Contraceptive Testing unit, of I. C. M. R.

She began Cytology Clinic in Cama and Albless Hospital in the late 60's when she was appointed as an Assistant Honorary. It was an uphill task for it was the first such clinic to be established in Bombay Later a "Dysplasia Clinic" was added to it, in view of the special care and attention needed for these women.

She is an Associate Honorary Professor of Obstetrics and Gynaecology at the Grant Medical College and an Examiner at Osmania Poona and Bombay Universities. Her attachment to Sir H. N. Hospital has enabled her to run a colposcopy clinic since 1970.

She has been a fellow of International Academy of Cytology and International College of Surgeons for the past several years. She is an active member of Association of Medical women in India, having served as Secretary, Bombay Branch and Editor of Journal and is eventually on the Board of Trustees. She has been the founder member of our Academy and has been deeply involved with its functioning. She edited our Newsletter for three years and has been on the Executive Committee. She was our dynamic Secretary for the past three years. Her succession to Presidentship has been a natural culmination after years of dedicated service to cytology. This is emphasised by the fact that 30 of her 50 national and international publications have been pertaining to cytology.

She has travelled extensively in India and Abroad and has presented material from India at meetings in Manila, Munich and Tokyo. All the Guest speakers at our Conferences have been her personal friends who have been introduced to our Academy.

She enjoys also an excellent reputation as a Clinician. She treads successfully on the tight rope of mother, wife doctor and academician. And yet it is difficult to meet a person so warm, considerate and forthright in today's world of cut throat competition. She has been our beacon of Light and IAC is sure to make great strides under her guidance.

# Editorial

Dear Friends :

That Cytology is prospering and expanding as an independent branch is heartening to know, as was proved recently in our Nagpur Conference. Dr. Grover informed us, there were more than 300 delegates and not many were there because of pathology conference following it. In our day to day practice we definitely note a change in trend of approach to cytology. A few years ago cytology was almost totally synonymous with gynecologic cytology. But as it is becoming more publicised and its effectiveness realised, more and more non-gynecologic work is coming our way. Surgeons and physicians are becoming aware of the unique value of aspiration cytology and this is aptly reflected in the changing pattern of our scientific sessions at our annual conferences where a few years ago hardly any non-gynecologic work was presented.

This year at the 11th annual training course of cytology, conducted by the cytology clinic of AMWI at Cama & Alibless Hospital, Bombay, there was a special deputation of about 15 pathologists from Government Hospitals of Maharashtra. This in its own way indicates that the unstinted efforts of all these years, by our more active members is paying dividends. Government too, has come to realise the value of cytology. It also indicates that many of us, who for one reason or the other have not been able to pursue the aim of popularising cytology should make fresh efforts. The time is ripe and so strike while the iron is hot. Do write to us if you need any help and keep us informed of your activities.

So long folks,

Sincerely Yours  
Maya Lulla  
Darshana Daftary

## Office Bearers and Executive Council Members for 1984

### President

Dr. Usha Saraiya, Bombay.

### Secretary

Dr. Kusum Verma, New Delhi.

### Treasurer

Dr. Mohini Garud, Bombay.

### Members

Dr. K. R. Harilal, Kottayam.

Dr. Kumud Gangwal, Jaipur.

Dr. Pratibha Prakash, New Delhi.

Dr. P. K. Agarwal, Lucknow.

Dr. Shobha Grover, Nagpur.

Dr. Snehalata Mittal, Indore.

Dr. P. N. Wahi, Ex. Officio, New Delhi.

### Chairperson of Accreditation and Examination Committee

Dr. U. K. Luthra, New Delhi.

### Editor of Journal

Dr. Jayasree Roy Chowdhary, Calcutta.

### Editors of Newsletter

Dr. Maya Lulla, Bombay.

Dr. Darshana Daftary, Bombay.

## CHANGING PATTERNS OF CARCINOMA OF UTERINE CERVIX

Summary of a talk given by Prof. R. E. Cotton on the occasion of the Annual Meeting of the Indian Academy of Cytologists at Nagpur, January, 1984.

Carcinoma of the uterine cervix remains a common condition and, in spite of modern methods of treatment, still has a high mortality rate. The incidence shows wide geographical variations which can be directly related to patterns of social and more particularly, of sexual, behaviour.

Survival rates for the disease are very much influenced by the stage of the tumour at the time of first presentation; thus clinical Stage I carcinomas have a 5 year survival rate of 80 per cent, but a corrected 20 year survival of only 60%. Clinical Stage IV carcinomas have a survival of less than 10% at five years and virtually none at 10 years. Long term survival figures become important in view of the relatively young mean age at presentation of the invasive tumour. Twenty years ago the average age was slightly under 50 years but this now appears to have substantially decreased to nearer 40 years.

Following the pioneer work of Papanicolaou it was established that smears taken from the surface of the cervix in asymptomatic women who had no clinical suspicion of malignancy of the cervix could lead to the diagnosis of a range of epithelial abnormalities which could be effectively treated by relatively simple surgical procedures. It thus became established that it was at least theoretically feasible to substantially eradicate this disease if populations at risk could be adequately screened by the taking of routine cervical smears.

For many years "positive" cervical smears were followed up by excision of a cervical cone and subsequent histological examination. As a result of collation of the large amount of diagnostic information which accrued, it has been possible to identify a natural history of the development of carcinoma of the cervix from the mildest of dysplastic epithelial abnormalities to the unsuspected early invasive carcinoma. The lesser degrees of dysplasia are believed in a significant proportion of cases to be

potentially reversible, frequently these changes being mimicked by reaction to inflammatory agents. It is generally accepted that the average time interval between the earliest epithelial abnormalities and a clinical invasive carcinoma of the cervix is in excess of 15 years, but there can be wide variations. A small but increasingly important group of patients have an accelerated natural history of less than three years. This group of patients (about 5%) are often young and very resistant to treatment with a consequential high mortality.

Practical evidence of the effectiveness of routine cytological examination of exfoliated cervical cells has been reported from a number of countries, particularly from North America, where some States and individual cities have been able to record reductions both in incidence and mortality of cervical carcinoma by as much as 60% since cytology screening programmes were introduced. Generally speaking, those countries who have the longest established screening programme have shown the greatest reduction in incidence and mortality, but in the last few years the rate of improvement even in these centres has slowed markedly and some countries are actually showing increases. In those countries where population screening programmes were not introduced in a substantial way until the late 1960's and early 1970's (including the United Kingdom) reduction of case incidence and mortality have been much less dramatic and some have thrown doubt on the efficacy of cervical cytology screening and its low benefit relevant to its cost.

Whilst the basic pathogenetic mechanisms of the induction of carcinoma of the cervix relate to contact of sperm DNA with cervical epithelial cells on the one hand, and some virus infections of the epithelial cells on the other, there is a great mass of epidemiological evidence which indicates that the disease is "sexually transmitted" and that both the primary factors and co variables are all related to social and sexual behavioural patterns.

It is very well documented in many countries, particularly those in the West, that in the last twenty years there has been a marked change in such behavioural patterns with increase in the numbers of young and very young girls becoming sexually active and a related increase in factors such as promiscuity. It is highly likely that these changes in patterns of social behaviour have been responsible not only for the changing age incidence of epithelial abnormalities of the cervix but also for the failure of apparent progress in attempts to reduce further the disease incidence and mortality.

The advent of colposcopy has allowed accurate delineation and categorisation of cervical abnormalities with more conservative treatment opportunities by diathermy, cryosurgery or laser. These techniques in appropriately skilled hands are not only safe but carry minimal morbidity unlike cone biopsy.

Most patients who have died in the last few years from carcinoma of the cervix have never had a cervical smear at any time during their life and though the problem of increase in the disease in the young needs to be taken seriously and is one priority group, in numerical terms the somewhat older patient who fails to utilise cytology screening services remains in the first priority.

It can probably be fairly stated that had screening programmes not been available in Western countries during the last 20 years, there may well have been a very considerable increase in deaths from the disease, possibly of "epidemic" proportions.

In planning a population screening for cervical carcinoma, calendar age is less relevant than the age of commencement of regular sexual activity. Risk starts at that particular stage and the timing of smears needs to be similarly related. It is suggested that a first smear should be taken at about the time of commencement of sexual activity with a repeat one year later due to a built-in false negative rate of 10% for technical reasons, and followed by repeat

smears at intervals of between three and five years, depending on degree of risk and of availability of resources. Once the patient has reached the age of 60 years and has previously been regularly screened, it seems unnecessary to continue to take further smears.

Finally, availability of resources will vary very much from one country to another and the ages at which smears should be taken to produce the highest yields have been calculated from one extreme where only one smear at age 28 years can be afforded per patient at risk during her lifetime through the whole range of intermediates to an optimum cost benefit number of 18 smears.

It is my thesis that cytology screening programmes have worked well, their effect being to some extent masked by the trend of increase in incidence of epithelial abnormalities of the cervix as a result of changed sexual behavioural patterns.



# Treasurer's Report 1983

## READ AT NAGPUR CONFERENCE

I welcome all the delegates to the XIIIth All India Conference here at NAGPUR and I am happy to inform you that, despite a great deal of inflation around us, we, "The Indian Academy of Cytologists" are in a fairly secure financial position.

### We start with the good News first :

1. We are very fortunate in having involved the Cipla Pharmaceuticals (Pvt) Limited in helping our Academy from this year onwards. They have been kind enough to institute what will be called. "The Cipla Award" to be given to the Academy orator every year. As you all know, the executive Council of the Indian Academy of Cytologists chooses an eminent scientist for the Academy oration. All these years it was an honour to the scientist to be so selected, a Gold Plated Silver Medal was awarded. From 1984 onwards, thanks to Cipla Pharmaceuticals, we shall be handing over a cash award of Rs. 1000/- to the scientist as a token of appreciation.
2. The guest lecturer is also given a small token gift for having taking the trouble to come from great distances. This is donated by Dr. Late Shirin Methaji.
3. A sum of Rs. 500/- is to be given to the best paper by a cytotechnologist. This money has not yet come in, but is expected any moment.

### Now a little bit of grumbling on my part :

1. Ordinary Membership dues are not paid on time. I urge as many members as are likely to have a life long interest in cytology or colposcopy to become Life Members of our Association. This saves our office a lot of unnecessary correspondence and postage in writing notices to individual members.

2. Our exemption from Income-tax is unlikely to be renewed. This reflects a change of attitude by the Central and State Government towards any public registered Trust. A great deal of effort has been put in by since JANUARY 1983 when our old certificate expired. Unless a separate committee is formed to work on this it is going to be difficult to get this exemption renewed This work is now being done by Dr. Kusum Verma our Secretary.

I attended the meeting of the World Conference of Cervical Pathologists and Colposcopists in October 1982 in San Francisco on your behalf. We have added this new sub-section to our Academy and will be working in this field in future. I would like to have your whole hearted support in joining us in this new field of activity. There is an Entrance fee of Rs. 20/- and Rs. 35/- towards the Annual Subscription which is paid to the International Federation of cervical Pathologists and Colposcopists. Their meeting is in Japan this year which has been attended by some of us.

Finally I would like to thank all my colleagues on the executive Council for their unstinted help and support in running my office. The President, Secretary, Editors of News letter, Members of the executive Committee and all other office bearers have helped me to conduct my office without too many pitfalls. Thanks are due to Mrs. Paraskar and Lata Shirsat, my own secretary, accountant, Mr. K. B. Shah and Auditors for their help in running my office.

My thanks are due to all of you delegates for electing me to office and I wish all the best to the new Committee who will be taking over their offices this year.

## HIGHLIGHTS OF NAGPUR CONFERENCE



There was a lot of speculation as to how the conference will be as it was arranged at such a short notice. But there was no need for such an anxiety in the able band of workers headed by charming Dr. S. Grover. The weather was made to order and all had the opportunity of showing of their woolen wear.

The inauguration of the conference by Prof. G. B. Kadam was very apt and the honouring of Past Presidents emphasised the true appreciation of services rendered.

Dr. Kusum Verma's oration on Scope of Diagnostic Cytology with special reference to aspiration cytology" represented the tremendous energy she has poured into cytology for almost 15 years, Dr Kusum Verma graduated in 1965 from Lady Hardings College, New Delhi and stood first at the M. D. Examination. She received training in Cytology in Mass Gen Hosp. in Boston and Karalinska Institution at Sweden. She has been the associate professor of Pathology incharge of Cyto-pathology since 1972. I A C has indeed made a right choice in appointing her as the Secretary.

Dr. Hoshino's lecture though postponed to the evening because of breakdown of electricity was lucid and unravelled the mystry of florescence in very simple terms.

The symposium on Mass Screening Programme made us aware of many newer avenues.

Dr. Mittal's idea of putting up the prints of slide seminr was real novice and we hope this and other newer ideas will keep enriching the presentations.

The banquets and dinners were held at Hotel Upvan which fitted its name to a 'T'. It always comes as a great surprise that we have such great hidden talents of music in medical fields for the entertainment provided by them was nothing short of professionals. Dr. Jayaram's abandon dancing did a lot to make the atmosphere more relaxed. Dr. & Mrs. Cotton were also game enough to participate together with several delegates.

Dr. Cotton's guest lecture on changing patterns of Carcinoma of Uterine Cervix was eye opener and no one who was present there will be able to forget the lucidity and clarity with which he spoke for he had us enthralled even at the end of an exhausting day and was able to draw on our last nerve of mental capacity inspite of himself having delivered a marathon session at the International Academy of Pathologists earlier in the day. For the benefit of those of you who could not attend Nagpur Conference, Dr. Cotton's lecture is published in this issue.

The workshop on Breast Cytology was highly successful inspite of early birth pangs. We do hope that this will prompt all of us to hold these workshops all over India not only at the time of conference but all round the year.

On behalf of IAC, once again we say a big "THANK YOU" to Shobha Grover and her Organising committee for conducting this conference so succesfully and at such a short notice.



## Nalinibai Thakkar Award

This year we had a record number of papers competing for this prestigious award. Dr. Rakesh Shrivastava from Govt. Medical College, Nagpur, bagged the award this year. He presented a paper on Cytodiagnosis of pulmonary malignancies. Congratulations Dr. Rakesh Shrivastava and we hope you win many more laurels in future.



We congratulate Mr. Suraj Prakash for standing first in the examination for cyto-technicians conducted for the first time by Indian Academy of Cytologists at Delhi in 1983. He bagged a cash award of Rupees 500/-. We hope this inspires other cyto-technicians to take this exam. Suraj Prakash, we wish you success in life.



# Announcements

1. The Second UICC conference on cancer prevention in developing countries will be held in KUWAIT, December 1-4-1984.

The conference is organised in response to the request from UICC, Epidemiology Programme Chairman. The objectives of the conference are to demonstrate the epidemiological characteristics of cancer in the Developing countries and ultimately to develop appropriate preventive measures, which are feasible in each developing country.

## Topics to be covered are

- \* Trends in Cancer Incidence (Morbidity & Mortality) in developing countries.
- \* Risk Factors of relevant sites of cancer in developing countries.
- \* Primary prevention of Cancer in Developing Countries at present and in near future.
- \* Early detection of Cancer in Developing Countries, Efficacy & Perspectives.
- \* Underlying concepts of Cancer control Strategies in developing Countries.
- \* Prevention of Cancer Deaths in Developing Countries.

For further information write to :-

Dr. Y. T. Omar, M. D.,  
Director  
Kuwait Cancer Control Centre,  
P. O. Box 42262,  
Shuwaikh,  
Kuwait,

Tele : 810 007.

On behalf of IAC, we are planning to arrange a group travel to Kuwait and other Gulf countries, on concessional basis through a travel agency provided we manage to collect a group of 15 participants. If you wish to join, Please write to us before end of September, '84, at following address; :-

Editors, Newsletter  
Cytology Clinic  
Cama Albless Hospital  
Mahapalika Marg, Bombay-400 001.

2. Sixth world Congress of International Federation of Cervical Pathology And Colposcopy will be held at SAO-PAULO-SP BRAZIL, 1987.

3. Ninth International Congress of Cytologists will be held at Brussel, June 1986.

4. Eleventh World Congress of Federation of Obstetricians & Gynaecologists will be held in Berlin, September, 1985. There will be a workshop by IFCPC at Hamburg on this occasion.

5. Venue for our Annual Conference this year is in Aligarh. Dr. Ansar Khan has extended the invitation. Dates are not yet finalised, it will be either in end of November or beginning of December 1984.



## The Workshop of Early Detection of Cervical Cancer Using Colposcopy and Cytology held at Safdarjang Hospital

1 The workshop on 'Early detection of cervical cancer using colposcopy and cytology' was held on 24th & 25th January, 1984 under the auspices of Institute of Pathology - ICMR and departments of Pathology (Cytopathology) and Obstetrics & Gynaecology, Safdarjang Hospital, New Delhi.



The workshop was inaugurated by Hon'ble Km. Kumud Joshi, Deputy Minister for Health & Family Welfare. The Minister also released a teaching set on 'Colposcopy and cervical cytology with histopathological correlation' prepared jointly by the departments of obstetrics & gynaecology,

pathology (cytopathology) and the Institute of Pathology. The guest lecture on correlation of cervical cytology, colposcopy and biopsy in diagnosis of cervical lesions was delivered by Dr. Chandra Grubb, Director, Department of Cytology, University College Hospital, London

For the workshop, participants consisting of a team of one gynaecologist and one cytopathologist from the local medical colleges and hospitals were invited. The set will soon be mass duplicated for distribution to various medical institutes in the country. The set consists of nearly 200 slides and would cost approximately Rs. 250/-. Besides Dr. Chandra Grubb's lecture, there was a slide session conducted by her on the material which she had brought along. On the second day the faculty members drawn from Institute of Pathology and Safdarjang Hospital took lectures on principles of colposcopy, metaplasia and dysplasia, carcinoma in situ and invasive cancer, non neoplastic lesions of cervix. Practical demonstration on colposcopy was also conducted by Dr. S. K. Das, Gynaecologist, Safdarjang Hospital on both the days on patients representing almost all the variety of cervical lesions.



2 Practical demonstration on fine needle aspiration cytology was carried out by Dr. Mohini Nayar in one of the local workshops on Rhinoplasty conducted by the department of ENT, Safdarjang Hospital, New Delhi. The participants from various parts of the country took keen interest in the new technique and promised to carry out the procedure which they thought was really useful for the rapid diagnosis without resorting to surgery.

3 The department of Pathology (cytopathology), Safdarjang Hospital, New Delhi and the Institute of Pathology will shortly be completing the teaching set on thyroid and breast pathology.

# 5th World Congress of I.F.C.P.C. at Tokyo, Japan, 11th-14th April 1984

## Memories of Land of Cherry Blossoms and Mount Fuji.

By

Dr. Maya Lulla, Editor, Newsletter, I.A.C.



I had the privilege of attending 5th World congress I.F.C.P.C. at Tokyo, Japan and I will try to give you birds eye view of the conference. This was my first trip abroad and I enjoyed it immensely.

I was travelling with Dr. Usha Saraiya and we both landed at Narita International airport on 9th April at 9-15 p. m. The Airport is very huge and beautifully illuminated. There are lots of signposts to direct you to various counters and lot of banners standing "Welcome to Japan" but very little manpower was seen at the airport. Everything works on Computers and Automation.



Drive from airport to City terminal is about 70 minutes and it took us about 90 minutes to reach our hotel. We were booked at Hotel Miyako-Inn which was located just across the street from the conference venue i. e. Sasakawa Hall. In the hotel, rooms were although small but very compact. There was no facility and also no need for room service. On each floor there was a Vending Machine where you could insert coins and get hot or cold drinks, shampoo, after shave lotion etc.

Next day i.e. 10th April we took full day city tour and visited Tokyo tower for panoramic view of the city, Happon garden which is a beautiful Garden Restaurant, Imperial Palace Plaza and Tsaka pearl gallery where they gave a practical demonstration of process of culturing artificial pearls. This was followed by a lucky draw and from our group of 30 visitors 3 lucky winners were given a pearl each as a sovenir.

Although conference was fixed to coincide with cherry blossoms but cherry blossoms had not bloomed by 10th April due to unusual extreme cold winter this particular year. However by 19 April when it was time for us to leave Japan, Cherry Blossoms were seen in full swing throught the country and it was really a breathtaking scene.

The Conference was inaugurated on 11th April at Sasakawa Hall by Secretary of the Congress Dr. Tenjin, President of the congress Dr. Kurihara introduced the honoured guests, which included Past President of IFCCP Dr. Maclean, Dr. Eric Burghardt (Graz, Austria) Dr. Staf (U. S. A.) Dr. Jordan (U. K.), Governor of Tokyo Mr. Suzuki, President of Japan Medical Association Dr. Honeda, Vice President of FIGO Dr. Sakamoto, President of Japan society of Obst & Gynaec Dr. Suzuki, President of Japan Association Maternity Welfare Dr. Moriama. Honoured Guests also included Presidents of various National bodies affiliated to IFCCP and our Academy was honoured by presence of our President Dr. Usha Saraiya on the stage. This was followed by Presidential Address by President of IFCCP Dr. Salvatore (Brazil), Closing remarks were given by Vice President of the congress Dr. Noda, This was followed by a Musical programme Yokosuka band.

The thing which impressed me most in the Opening ceremony was the Mike. It just appeared automatically from the floor of the stage and by remote control it was adjusted to the height of individual speaker without any kind of disturbance and at the end of ceremony it just disappeared in the floor. This is just to tell you about the advance in technology made by Japanese.

Congress President Dr. Kurihara in his Presidential Lecture highlighted the basic differences between Cytology and Colposcopy and also reminded us that Congress coincided with Birth Centenary of Hans Hinselmann, father of Colposcopy He was born on 6th August 1984.

It was nice to see familiar faces of Dr. Jayasree Roy Chowdhury, Dr. Burghardt and Dr. Takahashi in the audience. Dr. Roy Chowdhury chaired one of the sessions at the congress. A large number of the papers on various aspects of cervical cancer were presented and all the stalwarts in the field of Cytology like Dr. Coppelson (Australia), Dr. Richart (USA), Dr. Wied (USA), Dr. Staf, Dr. Coupez (France), Dr. Joelsson, Dr. Jordan, Dr. Ferenzy, (Montreal, Canada), Dr. Stegner (West Germany), Who were merely names to me so far as I had read their names in the Journals and Books, I got the opportunity to see them in real for the first time and also got an opportunity to talk to many of them.

The topic that impressed me most was Dr. Wied's lecture on Automation Cytology. He talked about Rapid computerisation between Cyto and Histo samples. The whole process takes barely 3 to 4 minutes. His lecture was very simple and easy to understand. Latest things that were discussed regarding the treatment of cervical cancer were Co2 laser excisional conisation for CIN and Microinvasive cancer and extraperitoneal Lymphadenectomy+Amputation of Cervix as line of treatment for poor surgical risk patients. There was Diagnostic Slide seminar on "Educational Techniques in Colposcopy" moderated by Dr. Townsend (USA). It generated lot of discussion. I got an opportunity to see very large number of Colpophotographs in 4 days of conference.

From India 3 papers were presented one each by Dr. Saraiya, Dr. Mohini Garud and myself. Dr. Saraiya read a paper on "Evaluation of cervical lesions by combined use of Cytology, Colposcopy and Histology" and since Dr. Garud could not attend conference her paper on "Enigma of diagnosis and management of microinvasive cancer of uterine cervix" was read by Dr. Saraiya. Both papers were very much appreciated by the audience. I read on "Significance of (CEA) carcino embryonic antigen in diagnosis, prognosis and adequacy of therapy of cervical cancer". Dr. Alec Ferenzy was the Chairman of my session and after the session was over he came and congratulated me on my presentation. These few words of encouragement from a senior person like him really made my day. I asked him for a photograph with him and he graciously obliged.

At the General body meeting New council was elected and Dr. Coppelson was the incoming President of IFPC. At present IFPC has 18 member nations affiliated to it and we are proud to be one of the nations affiliated. At present we have only 19 members from IAC who are members of IFPC. We should involve more and more members of IAC to become members of IFPC so that many more of us will participate actively and will get an opportunity to present our work at international level. There were many invitations hold the 6th world congress and at last Dr. Salvatore's invitation was accepted. The Venue for 6th world congress of IFPC is Sao-Paulo, in Brazil 1987 I request all the members of IAC to start making preparations from now only. This time we must have larger delegation from India rather than barely 2 or 3 from India.

After the Congress we went for Post Congress tour which took us to Kamakura - noted for its great bronze image of Buddha,  
Hakone - which is a beautiful lake resort and weather permitting you can see Mount Fuji from here,  
Kyoto - the Old capital of Japan.  
Nara - the oldest capital of Japan.

We got the opportunity to travel by Bullet train which runs at a speed of 210 miles/hour. I would recommend Hakone lake resort to anyone going to Japan.

Now regarding the food habits of the Japanese, their speciality is Sukuyaki dinner, the famous Japanese beef meal. They are very fond of sea food specially raw fish, sea weeds etc.

To familiarise you with their economic status, their standard of living is high. It is rather an expensive country. The starting meter of the taxi is 470 yens i. e. about Rs. 23/-, one local call is 100 yens i. e. Rs. 5/-, one glass of Juice or drink costs 500 yens i. e. Rs. 25/-

Japanese are very punctual. They work by seconds. Banquet and dinner timings were 7-9 p. m. and if you were instructed that Bus will pick you up at 6-47 p. m., you had to be in the lobby by 6-45 p. m. If you come even a minute late you would probably miss the bus. There is lots more to say but space does not permit.

My Compliments to Dr. Kurihara and his Colleagues for excellent arrangements at the congress. We made a lot of friends at the congress and we hope to meet some of them again sometime in India (as many of them were Keen to come to India) or otherwise certainly in Brazil in 1987.

Till then,

**SAYONARA**

