



NEWSLETTER

April 1986

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Editorial

Dear friends,

Three cheers to our previous editors Dr. Darshana Daftary and Dr. Maya Lulla, for the commendable job they have done in the past by bringing out I.A.C. Newsletter of high standard.

I thank all the members of I.A.C. for giving me the opportunity to serve our Association as the Editor of I.A.C. Newsletter. Please do not hesitate to write me about the activities conducted by you, which you feel can be known to everybody in the Association.

As the XVI I.A.C. Conference is scheduled for 29 & 30 Oct. 1986 at Pondicherry, you all must be busy preparing your papers to send their abstracts before 15th August 1986, to the Organizing Secretary, Dr. Vanaja Sankaran at Pondicherry.

Since next issue, I wish to introduce a new item in our Newsletter, in the form of an "Invited Article." I would like to hear from you in this regard.

My sincere thanks are due to Prof. S. J. Nagalotimath, my teacher & guide for his encouragement and advise.

- DR. PRAKASH V. PATIL

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Our President



Dr. M. Krishna Bhargava

Born in Bangalore on 17th July 1927. Obtained M.B.B.S. degree of University of Mysore, in 1951. Underwent training for 2 years (1958 to 1960) at Upgraded Dept. of Pathology, Andhra Medical College Vishakapatnam and obtained M. D. (Path. & Bact.) degree of Andhra University in May 1960. Obtained advanced training in Tumor Pathology as Colombo Plan Fellow (1968-69) at the Canadian Tumor Reference Centre (Ottawa) of the National Cancer Institute of Canada. Undertook special study of "Paratesticular Tumors of Mesenchymal and Vestigial origin."

Entered the Medical Services of Govt. of Karnataka, as lecturer in Pathology, at Medical College, Mysore, in Nov. 1953. Worked as Assistant Prof. from 1960 and was promoted as Professor in 1964. Served in several teaching Institutions in the Karnataka State. Was Medical Superintendent of Victoria Hospital, Bangalore, from 1974 to 1976. Worked as Prof. & Head of Pathology Dept., and Medical Superintendent, Kidwai Memorial Cancer Relief Research & Training Institute, Bangalore, from 1976 to 1980. Presently is Chairman, Division of Oncologic Pathology and Director of Kidwai Memorial Institute of Oncology, Bangalore since 1980.

Actively involved in many research activities.

Just to mention few of them—Cancer in Karnataka; Coronary Atherosclerosis in Karnataka; Cytogenetic studies in Leukemias and Human cervical cancer. Project Chief of Population Based Cancer Registry (I.C.M.R.) and Field Research Scheme for Early detection of cervical cancer in two lakh women belonging to ten Primary Health Centres in Rural areas of Karnataka (W.H.O. Assisted).

Has been a successful organizer and Administrator of various Scientific activities & conferences. To name few of them—founded the Society of Pathologists and Microbiologists of Karnataka in 1975 and was first convenor of Society; Conducted short term course on Hospital Administration at Mysore, in 1976; Organised 1st Karnataka State Cancer Conference in 1978, at Bangalore; Developed the Kidwai Memorial Cancer Institute from 1976 and initiated the process for conversion of Kidwai Memorial Institute of Oncology into an autonomous Institute by Govt. of Karnataka, in Nov. 1979.

Member of various organizations, holding important posts. Immediate Past President of Indian Association of Pathologists and Microbiologists. Has to his credit—70 scientific papers read at National and International Conferences; 37 articles published in National and International Journals.

I. A. C. President's Message Highlights

Thank you all for nominating me as the president of the Indian Academy of Cytologists for 1986-87. The Academy has had dynamic Presidents with vision and foresight. I hope that I will be able to rise to the expectations you have reposed in me. This I promise to do with your co-operation and support.

The field of Cytology has opened new vistas in not only the diagnosis of disease but also research. An experienced Cytologist can be as good as a Histopathologist if not better. It has advantage over Histopathology in certain areas. It has great capabilities which all of us should harness. Cytology, Cytochemistry and Immunocyto-chemistry have revolutionised the art of diagnosis and specific categorisation of lesions.

The future of Cytology is set with great possibilities. The cytological diagnosis of pre-cancer and cancer are of immense utility in the developing third world country, India. The Ministry of Health, Government of India, has accepted the document on National Cancer Control Program for implementation during the VII Five Year Plan. It is proposed to initiate an organised program for screening and/or early detection of uterine cervical cancer which is of top

priority. This stupendous work needs consolidation of the discipline of Cytology and recognition of this speciality as an independent but related branch in Pathology. It is necessary that the Cytology Units are established in all medical colleges and encouragement in the form of creation of separate and independent chairs is imperative. This is necessary to create interest and incentive to Pathologists to take up Cytology as a rewarding speciality. Further more it is necessary to generate man-power requirements of Cytopathologists, Cytotechnologists, Cytotechnicians to meet the national needs in taking up early detection of cervical cancer. May I request you to share my burden of steering the Indian Academy of Cytologists in the right direction.

All of us are working as a cohesive group. Although we are a small group, the quality of academic activities has been very good due to contributions from our illustrious Presidents, office bearers and members. Let us hope that, all of us will jointly try to build upon the foundations laid by them. In this task, we need your utmost cooperation and active participation in all activities of the Academy.

- DR. M. KRISHNA BHARGAVA
Bangalore.

Highlights of XV Annual Conference of I.A.C.

Annual conference held in Lucknow was a great success both socially as well as scientifically. It was preceded by a workshop on "Lymph nodes—aspersion and imprint cytology." Drs. Subhash Gupta, Dilip Das, A. Rajwansi and Padam Agarwal had worked hard to make it a success. Dr. Isaacson also delivered a lecture on 'Immunocytochemical studies in Lymphomas' in the workshop.

The conference was inaugurated by the Chief Minister and presided over by the Health Minister of Uttar Pradesh. Scrolls were presented to the founder members at the inaugural function. Dr. Mohini Garud, delivered the oration on "Diagnosis and Management of the preclinical carcinoma of the uterine cervix : A cytologists contribution to cancer control." She gave a very lucid account of researches carried out by her, over the past 15 years. The guest lecture was delivered by Prof. P. G. Issacson on "Value of cytochemistry in diagnosis of tumours". He highlighted the use of antibodies to intermediate filaments and other tumour markers in charaterisation of tumours on histological sections and in cytological preparations. The lecture was a treat for both the ears and eyes.

This year a large number of junior members

competed for the award papers. Dr. Jaswinder Kaur from Safdarjang Hospital, New Delhi, was awarded the Nalini Bai Thakar Prize for her paper on "Laryngeal Cytology", while I. J. Kalia from Bhilai was awarded Jwala Devi Prize for his paper on "Tuberculous lymphadenitis". Symposium on 'training programmes in cytology, was well received and generated lot of intersting discussions. Members were exposed to a variety of cases in the diagnostic slide seminar conducted by Dr. S. Bhaskaran.

A number of proferred papers were presented in two concurrent sessions. Dr. P. K. Agarwal, had worked hard to group papers on related topics for different sessions.

The organisers had not lagged behind in arranging the Social functions. Trips to various historical buildings were arranged. Banquet held on the night of 29th Oct. '85 will be remembered for a long time. We renewed our acquaintainces with many of our friends and made some new ones.

Next year we plan to meet in Pondicherry. Bye till then.

— DR. KUSUM VERMA
Secretary, I.A.C.

From Organising Secretary's Desk

Dear Colleagues,

It has been a matter of great privilege indeed for the Department of Pathology and Bacteriology, K.G.'s. Medical College Lucknow to have hosted the XVth Annual Conference of Indian Academy of Cytologists. From the day when I received a letter from Dr. Kusum Verma, Secretary of Indian Academy of Cytologists, asking me to host the annual conference and till the last day of the conference, every member of the department left no stone unturned to make this conference a success. We are well aware that inspite of the best efforts the arrangements may not have been upto the desired standard to which you may probably be accustomed. On behalf of all the members of organising committee and on my own behalf I would like to apologise for any lapses which were due to some unavoidable circumstances such as last minute cancellations of Hotel booking due to the speakers conference etc.

I hope everybody who attended the conference will agree with me that cytologists of all the cadres

enjoyed very knowlegeable and exciting scientific feast. The young Scientists presented their work very enthusiastically and participated in the discussions later on. The Senior ones provided a wealth of knowledge in their field of specialisation by way of moderating the scientific sessions lecturing and participating in symposium, diagnostic slide seminar, oration and guest lecture etc.

The credit for the success of this conference goes to all the members of the Academy who travelled from far and wide from almost all the concers of India.

We all are especially grateful to Dr. Usha B. Suraiya and Dr. Kusum Verma for providing timely help to organise this conference.

We all missed Prof. Usha K. Luthra and Dr. Jayasree Roy Chowdhury due to some uncalled for circumstances.

With regards,

Yours sincerely,
P. K. AGARWAL
Organising Secretary,

XV Annual Conference, 1985, K.G.'s Medical College, Lucknow.

Summary of guest lectures at XV Annual Conference of I.A.C.

1. "CYTOPATHOLOGY OF MALIGNANT LYMPHOMA"

When confronted by the problem of enlarged lymph node, or suspected extranodal lymphoproliferation, the histopathologist/cytologist (for these are complementary specialists) has to answer several questions. The first is to decide whether a lymphoproliferative condition is present, rather than some other neoplastic process. Lymphoproliferation may be due to non-neoplastic or neoplastic causes and this too has to be determined. Finally, if malignant lymphoma is diagnosed it is important, because of the implications for the choice of therapy, to classify a malignant lymphoma precisely.

The techniques available to the cytopathologist for dealing with lymphoproliferative conditions include touch preparations, cytospin preparation of tissue suspensions and aspirates. At present, touch preparations and cytospins are the most suitable for the analysis of lymphoid tissue, but it is hoped that with the refinement of cytological techniques aspirates will be suitable for the precise diagnosis of malignant lymphomas.

It is possible, on morphological grounds alone, to recognise lymphoproliferative conditions as opposed to non-lymphoid neoplasm. Even here however, simple morphology, (i.e. Wright - Giemsa stained cytological preparations), have limitations and these limitations are much more serious when it comes to separating non-neoplastic from neoplastic lymphoproliferation and further, to actually classifying a neoplastic lymphoid condition. Once one is satisfied that the cells are lymphoreticular in origin and this is not always easy, the presence of clearly neoplastic cells in the cytological preparation leads to a diagnosis of malignant lymphoma. Many lymphomas, however, consist of cells that show few or no cytological features of malignancy and in this case it is the

uniformity of the cell type, or a clear mixture of two cell types, that suggests the diagnosis. This is in contrast to reactive lymphoproliferation in which there is great variation in cell type, size, etc.. Thus, tumours of lymphoblasts, small lymphocytes and follicle centre cells can be recognised, as can the tumours of larger lymphoid cells such as the immunoblastic lymphoma. Hodgkin's disease can also be satisfactorily diagnosed on morphological grounds from cytological preparations. Of all lymphoid neoplasms it is perhaps the easiest to recognise.

The limitations of pure morphological cytology, with respect to lymphoproliferative conditions, can largely be compensated for by the use of immunocytochemistry. The most satisfactory technique is to prepare an adequate number (say 20) of touch preparations of the lymph node biopsy which should be received fresh and unfixed in the cytology laboratory. These are air dried and can be kept at -20°C for several days, if necessary. Prior to immunostaining, the cytological preparation should be fixed in cold acetone for 30 minutes. There are a number of immunoenzyme techniques available for staining cytological preparations but the standard PAP or indirect immunoperoxidase techniques suffice. A large panel of polyclonal or monoclonal antibodies currently used to stain both paraffin and cryostat sections can be applied to these preparations to yield valuable information. The most useful antibodies are those that recognise B cells, T cells, immunoglobulin light chains (kappa and lambda) T cell subsets and Reed-Sternberg cells. Touch preparations from a reactive lymph node will reveal a mixture of B and T cells and the former will demonstrate expression of both kappa and lambda light chains. A B cell lymphoma will show staining of the majority of the cells with an antibody to B cells and these will express a single light chain. T cell lymphomas on the other hand will demonstrate a majority of T cells and often a disturbance in the T cell subset ratios. Antibodies which recognise the

Reed-Sternberg cells of Hodgkin's disease are also available and work well in cytological preparations. Using appropriate antibodies, the less common types of lymphoma, such as those of monocyte/macrophage origin, can also be recognised. By using a sufficiently broad panel of antibodies, it is possible, in conjunction with morphology, to classify cytological preparations of lymphoma with a high degree of accuracy.

The limitations of a cytological diagnosis of lymphoma relate to the inability to comment on the tissue architecture, which is often an important prognostic indicator. Furthermore, cytological preparations may be inadequate or, more importantly, may not reflect the neoplastic population. Thus, for example, a B cell lymphoma may contain a high content of T cells which, on occasion, can outnumber the neoplastic cells. Nevertheless, as more monoclonal antibodies become available, it is inevitable that cytological diagnosis of lymphoma will come to be more frequently performed.

2. THE ROLE OF IMMUNOCYTOCHEMISTRY IN THE DIAGNOSIS OF TUMOURS.

For many years pathologists (& for the purposes of this lecture I consider histopathologists & cytopathologists as a single entity) have been criticised and have criticised themselves for being students of structure and not of function. The advent of immunocytochemistry has answered these criticisms and radically changed the face of pathology. The technique enabling the recognition of antigens in tissue was pioneered by Coons and Kaplan in the early 1940s. These workers used immunofluorescent labels on their antibodies. This technique was performed on fresh frozen tissue, required photography for the permanent record and posed difficulties in correlating the distribution of antigens with tissue structure. The discovery of horse radish peroxidase by Graham & Karnovsky in 1966, really marked the beginning of immunocytochemistry. Using peroxidase as the label, antigens could be reliably demonstrated under the light microscope on sections which themselves formed the permanent record. The pathologist was thus able to study the

distributions under the light microscope in the setting with which he was most familiar. The only serious limitation to this technique was the availability and specificity of antibodies. Pathologists were thus quick to apply the discovery of monoclonal antibodies to immunocytochemistry and we are in the position today of being able to demonstrate thousands of antigens with relevance to all the major sub-divisions of pathology. Nowhere is this more pertinent than in tumour pathology, where pathologists have been quick to seize upon the immunocytochemical techniques in an effort to discover labels relevant to the diagnosis of malignancy. Since the inception of immunocytochemistry, pathologists have searched for antigens that were specific for neoplastic transformation. Not surprisingly, this search has been fruitless, but nevertheless, there are many other avenues which are helpful in the diagnosis of tumours. Oncofetal antigens, such as carcinoembryonic antigen & alpha-fetoprotein, can be visualised in tissues and assist in the discrimination of malignant tissue from benign. The former has been particularly exploited in diagnostic cytology of the cervix and body fluids. However these antigens are also expressed in non-neoplastic conditions these are therefore often not very discriminatory. More useful is the demonstration of an alteration of an expression of normal antigens. Neoplastic tissue often expresses inappropriate antigens such as HCG and other peptides. The aberrant expression of substances by tissues usually but not always connotes a neoplastic process. Recent work in my own department has shown that the squamous epithelium of the uterine cervix does not react with monoclonal antibodies to low molecular weight cytokeratin. This is true too of dysplastic epithelium and carcinoma in situ. However, invasive squamous cell carcinoma expresses these low molecular weight cytokeratins which can be detected using immunocytochemistry. We are currently exploring the application of these observations to cytological smears. Under certain circumstances neoplastic tissue may not express highly specialised antigens native to that tissue and this can be utilised in discrimination of neoplastic tissue, or its degree of differentiation. There may be an altered distribution of antigens in neo-

plastic tissue and this is well exemplified in the B cell lymphomas where the tumour expresses a single light chain as opposed to reactive non-malignant proliferating lymphoid tissue.

In tumour pathology, whether at the cytological or histopathological level, the discrimination between lymphoreticular tumours & other tumours is an important and recurrent problem. The reason for this is that the treatment & prognosis of lymphoreticular neoplasms differs markedly from other solid tumours. With the use of monoclonal antibodies that recognise leucocyte common antigens, this discrimination is no longer a problem. These antibodies can be applied either to tissue sections or cytological preparations and reliably label tumours of lymphoreticular origin. The value of immunocytochemistry in the diagnosis of lymphoreticular tumours has been discussed already in the summary of my lecture on lymph node cytology given at the pre-conference workshop of the Academy.

Immunocytochemistry can be applied to the differential diagnosis of solid epithelial tumours with good effect. Most epithelial tumours will react with antibodies to cytokeratins and can thus be discriminated from mesenchymal tumours (sarcomas). An important and common tumour, which can mimic a host of different neoplasms, is the melanoma. Melanomas do not contain cytokeratin, but can be recognised by other antibodies including that to S100 protein. Carcinomas can be subdivided using immunocytochemistry which can reliably label some specific tumours such as carcinoma of the prostate or tumour groups such as the carcinoid group. As more and more tissue specific antibodies become available, the problem of the unknown primary should become less and less. I must stress that these antibodies can be applied to histological and cytological preparations with equal facility. It is important, however, that cytological preparations be washed in suspension before being stained for non-leucocyte antigens. The

reason for this is not clear, but may be related to the obscuring of antigenic sites by tissue fluids.

Tumours of mesenchymal origin usually can be shown to contain the intermediate filament vimentin. This group can be further subdivided by staining for desmin, which is a component of muscle cells. Antibodies to factor VIII related antigen react with endothelial cells and thus is of help in discriminating the angiosarcomas. Some soft tissue tumours, such as synovial sarcoma, mark both with antibodies to cytokeratins and vimentin, indicating that these are true mixed, i.e. epithelial and mesenchymal tumours. Another common problem is the discrimination between chondrosarcoma and chordoma which can be morphologically very similar. While chordomas contain low molecular weight cytokeratins, as does the notochord from which they are derived, chondrosarcomas are negative for this antigen. The reverse is true of the antigen lysosyme, which is demonstrable in chondrosarcomas but not in sarcomas.

Cytologists and histopathologists alike rely principally on the shapes and sizes of cells for their diagnostic acumen. Histopathologists are more fortunate in having, in addition, tissue patterns available to them, but even then there is a limit beyond which morphology is of no help and may even be misleading.

There is no doubt that the morphological disciplines of cytology and histopathology have advanced dramatically in the last decade thanks to immunocytochemistry. The development of new techniques in this field, together with those of molecular biology, are changing the face of these disciplines with extreme rapidity. Pathologists are living in exciting times.

- PROF. PETER G. ISAACSON,

London.

Colposcopy - A Rendezvous with History

The star attraction at Hamburg, at the International workshop on Colposcopy was Hans Jacob Wespi, perhaps the Senior-most Colposcopist in the world. Age and experience get due reverence in all parts of the world and so it was that Dr. Wespi was revered by all the younger Colposcopists including Malcolm Coppelson, the current President. It was indeed a pleasure and an honour to be introduced to this doyen of Colposcopy. He on his part said he was happy to meet for the first time a Colposcopist from India, and that too a sari-clad one. He lived in a small town near Zurich and when I told him that I was also going to Zurich, he very kindly invited me to his house to discuss the state of Art in Colposcopy. That invitation to me was a "Rendezvous with History".

I have always been awed by the historical perspective of various branches of our subject. In particular, I find the history of Cytology and Colposcopy fascinating as they are happenings of this century and I have practically lived through the developments of the last 20-30 years, when all the concepts have been formed. A historical perspective also gives you an insight into the future.

So I happily took a train through the picturesque countryside of Switzerland to Aarau where Dr. Wespi has lived and worked since the last 50 years and has now retired with his charming wife. Aarau is a cantonal town and has a cantonal hospital like a district hospital. There is no university in Aarau but Dr. Wespi was at Zurich University.

He first met Hinselmann in Hamburg in 1935, and therefore, this year's International workshop in same city was the Golden Anniversary of that first meeting. Dr. Schmitt was a lady Colposcopist, an assistant of Dr. Hinselmann, who had been sent to Zurich to impart training in Colposcopy. Unfortunately the career of this lady came to a tragic end when she was shot by the Russian during the war.

Colposcopy in the early thirties was just gaining ground. There was no Cytology then. Dr. Papanicolaou was still struggling in the States to get some recognition. With the advent of the world war, however, everything received a setback. Dr. Wespi and Dr.



Dr. Usha Saraiya with Dr. & Mrs. Wespi

Walter Schiller of Schiller Iodine Test got together to write a book on "The early Detection of Cervical Cancer." This book was translated into English by Mrs. Schiller and published by Grune and Stratton after the war in 1949.

Dr. and Mrs. Schiller were Jewish and so had to flee the country just before the war. They settled in Chicago and worked well into old age. Dr. Schiller died in 1955 of Parkinsons. At that time Schiller Iodine Test was recommended as a Screening Test in the absence of Cytology and all Schiller positive areas were advised colposcopy. Today, there is much confusion in the minds of all students whether Schiller positive area is Iodine negative or positive and also as to the causes. For the simplification we now use the term glycogenated and non-glycogenated areas. Hence I feel sorry that future generations of students may not even know of this great man. Schiller did not believe in Metaplasia and his views were always at variance with his colleagues like Robert Meyer. He believed that cells migrated or went swimming from ecto to endo-cervix and vice versa. Once when he was to deliver a lecture, on these theories he got up from his seat in a packed auditorium and went to the stage and started his lecture. Then, in walked Dr. Robert Meyer and had to sit in the only unoccupied seat that of Dr. Schiller. Immediately Dr. Schiller said, "Meyer has just taken my place. Does that mean he has become Metaplastic to Schiller? No he is still Meyer, although he is in my place and I have moved on to another place". This

story is an oft-quoted one whenever there are debates and discussions on Metaplasia.

Dr. Wespi remembers with nostalgia his visit to U. S. A. after the war when he met George Papanicolaou as also Ruth Graham who impressed him a lot as a brilliant woman. At one of his demonstrations there was a young Resident listening ardently. This was none other than George Willbanks the President Elect of the International Federation. This fact Dr. Wespi came to know only at Hamburg this year.

Dr. Wespi's personal contribution to Colposcopy is Colpophotography. Originally the book he wrote with Mesterwedt had only diagrammatical representation of lesions. At that time Colpophotography was not developed. In 1958, Dr. Wespi developed a simple photographic attachment and made it possible to record the findings. Later cameras improved substantially and the newer editions of the book have beautiful colour photographs. However, out of respect for his teacher, the name of the book has not been changed and it continues to be known as Mesterwedt Atlas of Colposcopy.

Till today Dr. Wespi's mind is clear and he is still researching and writing although he retired from clinical work last year. His latest contribution is benign acanthotic non-glycogenated abnormal epithelium, which he says does not fit into C. I. N. classification except perhaps as C.I.N.O. The etiology is still not known but the patterns are often noted in the Colposcopically directed biopsies of Schiller positive areas.

I asked Dr. Wespi if he would answer some questions & whether I could share my experience of meeting him with my colleagues back home by writing an article on the meeting. He very graciously agreed.

U. S. : What do you think of Virus & Cancer Cervix?

WESPI : This is a current craze. I am sure virus etiology is very important but it is difficult to believe that all cancers are caused by the virus. Cancer Cervix is a very old disease. Long before women started smoking, there

was Cancer Cervix and before viruses were known, there was Cancer Cervix.

U. S. : What do you think of W.H.O. Statement that Cervical Cancer is a Preventable disease?

WESPI : Well, it has not been prevented anywhere in the world so far. Even if theoretically it is possible to detect Dysplasia by Cytology, it is not possible to treat all cases of Dysplasia. Besides continuous annual checkups of all women can never be done. I think it is a little too premature to call it preventable at this stage of our knowledge.

U. S. : What do you think of India & what message would you have for the Doctors of India?

WESPI : Please convey my regards to all. I am aware of your organisation. Way back in 1954. Dr. Watteville asked me to write an article on Colposcopy for the Indian Journal of Obstetrics and Gynaecology and it was published in VOL. XV, Page 171, 1954. I have also written an article on effect of Iodised Salt in pregnant women and its effect on the Thyroid of the new born, which is another area which interests me. This was published in Journal of Indian Medical Profession in 1960. I believe all of you still have to concentrate on good obstetric care and reduce perinatal and maternal mortality. But I am happy to note that you have developed Cytology & Colposcopy. I wish you good luck.

By that time it was late afternoon. Mrs. Wespi announced that our lunch was laid out in the garden. After a delicious meal they dropped me to the station and bid a fond farewell. Throughout my journey back I thought of the famous lines.

"Your life is God's Gift to you,
what you make of that life,
is your gift to God."

- DR. USHA B. SARAIYA,
Bombay.

The AMWI conducted the 13th 'Cytology Course', successfully at Cama and Alless Hospital, Bombay, from 10th to 22nd March 1986, under the able guidance of Dr. Usha Saraiya and her efficient team.

Announcements from Secretary's Office

1. The next Annual Conference will be held in Pondicherry on 29th & 30th October 1986. It will be preceded by a workshop on 'FNAC of Thyroid' on 28th October, 1986. For more information contact Organising Secretary—Dr. V. Sankaran, Associate Professor, Dept. of Pathology, JIPMER, Pondicherry-605 006.
2. Beginning 1st January 1986, annual dues from members of I. A. C. are being increased. The new rates are—

Full Members—

- Annual dues — Rs. 50
- Life Membership — Rs. 500
- Associate Members—Annual dues— Rs. 30

3. All the applications for full or associate membership of IAC must be accompanied by application processing fees of Rs. 50/-. The admission fees being charged from new members is being dropped.
4. THE CYTOTECHNICIAN FELLOWSHIP OF IAC for 1985 and 1986 are lying unutilised. Members desirous of availing them may contact the Secretary.
5. Members are once again reminded to send information about their cytology laboratories to the secretary. This would help in bringing out a directory on cytology laboratories in the country.

— DR. KUSUM VERMA

Wrong Addressess

Letters and circulars posted to the following members of I. A. C. are being returned back as below mentioned addresses are wrong. We would appreciate if other members of I. A. C. can help in getting their addresses corrected. Information about correct address may be sent to Secretary, I. A. C.

1. Dr. Anusuya Rao,
253/A, Jolly Marker Apts. I,
Cuffe Parade,
BOMBAY-400 005.
2. Dr. Bholanath Banerjee,
Burnpur Road,
ASANSOL-713 304.
3. Dr. Sandhya Jain,
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6. Dr. Dipendra Mukherjee,
9/4, Kadar Box Lane,
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