The Association of Clinical Pathologists: 82nd General Meeting

The 82nd general meeting of the Association of Clinical Pathologists was held in Harrogate on 17, 18, and 19 April 1969. The programme included a symposium on 'The small intestine' at which invited speakers read the papers. This symposium will be published in the Journal later in the year. The second symposium was concerned with 'Radioisotopes in the pathology laboratory'. There was also a forum on the Zuckerman Report at which the opening speakers were J. L. Stafford and A. G. Marshall with the Editor of the Journal in the Chair. Abstracts of some of the remaining papers follow.

CARCINOMA *IN SITU* AND EARLY INFILTRATING CARCINOMA OF THE BRONCHUS

M. K. MASON (*St James's Hospital, Leeds*) A series of patients with a carcinoma *in situ* or early infiltrating carcinoma of the bronchus is described. Such lesions have been found in 2% of patients undergoing pneumonectomy or lobectomy for bronchial carcinoma. The carcinomas are all squamous in type and present in two ways. First, they may form an intrabronchial papillary mass, producing obstruction and gross radiological abnormalities. Secondly, there may be change to carcinoma *in situ* without the formation of a mass, so that x-ray changes are absent. Diagnosis of carcinoma in the first group is straightforward, but it is difficult to recognize that the lesion is an early one until after its removal. Preoperative diagnosis and localization in the second group is often very difficult and careful investigation is required. Carcinoma *in situ* may be suspected on clinical grounds in these patients as they often present with frequent small haemoptyses.

When a carcinoma *in situ* is found it is considered that it should be removed by as conservative a procedure as its site permits. Following excision, a good prognosis for the tumour can be expected. The significance of these lesions is discussed and it is suggested that they are frequently multifocal or potentially multifocal in origin. A prolonged follow up is required as there is an increased risk of a further carcinoma subsequently developing.

ASBESTOS LEVELS IN HUMAN LUNGS

C. GOLD (*M.R.C. Pneumoconiosis Research Unit, Penarth, Glamorgan*) With the development of the KOH extraction method for the detection and quantitation of asbestos in lung tissue it has now become possible to evaluate the pathological changes observed in terms of the amount of asbestos present.

Over a period of three and a half years (1965 to 1969) a series of 620 extracts was examined from lung biopsies, lobectomies, pneumonectomies, and postmortem lungs. Three hundred and thirty-six were positive for asbestos. Two hundred and ninety-two of these were quantitated

and related to the presence or absence of asbestos lung disease.

The values obtained ranged from nil to 13,000,000 asbestos forms per gram of dried lung tissue and fitted fairly well into four main groups depending on whether there was no disease, mild, moderate, or severe asbestosis present.

The known association of asbestos and malignancy was confirmed but the pattern was less clear cut. All the extracts from the positive tumour cases gave abnormal results. Lung values varied considerably in pleural and peritoneal mesotheliomas and tumour extract levels were low. Bronchial carcinomas gave variably raised lung counts too but there was a difference in that the tumour tissue gave relatively high counts also.

In view of the widespread use of asbestos, the increasing number of reports showing the presence of asbestos in 20 to 60% of routine necropsies, and the known industrial and occupational risks, it would seem important to define significant disease levels. These could be used to control community and individual exposure risks while regulated utilization of a valuable mineral like asbestos continues.

'APPARENTLY BARREN REGIONS' OF THE TEMPORAL BONE

I. WRIGHT (*Manchester*) Many unsolved and interesting problems remain in the pathology of the petrous temporal bone. Too often these remain unexamined histologically because the general pathologist remains unaware of the paucity of material already available for study in certain diseases. A list of these was given, and removal of the temporal bone at necropsy was described.

THE SUBSTANTIA NIGRA IN PARKINSONISM

L. WOLMAN AND S. ROY (*Department of Neuropathology, Royal Infirmary, Sheffield*) A comparison of the changes in substantia nigra in three cases of idiopathic Parkinsonism seen by light and electron microscopy has been made. Characteristically there was a loss of pigmentation due to reduction in number of pigmented nerve cells, with residues of melanin lying free in the tissue or in histiocytes