The Association of Clinical Pathologists: 93rd general meeting

The 93rd general meeting was held at Imperial College, London, from 18 to 20 September 1973. Abstracts of most of the scientific communications and of some of the papers read at symposia on 'Some aspects of diabetes' (Chairman: Professor V. Marks), 'Urinary tract infections in paraplegics' (Chairman: Dr A. Percival), and 'Granulocyte function' (Chairman: Dr H. E. M. Kay) follow. A fourth symposium, 'Clinical pathology in other parts of the world' (Chairman: Dr M. G. Rinsler) was held on the morning of 19 September. The Presidential Address, 'Beyond "cogwheel" doctors and the management of the National Health Service', was given by Dr Frank Hampson. Dr P. I. A. Hendry, President both of the Royal College of Pathologists of Australia and of the World Association of Societies of Pathology, gave an illustrated talk on the forthcoming 9th Congress of the World Association of Societies of Pathology, to be held in Sydney in October 1975.

Chronic Granulocytic Leukaemia in Pregnancy

H. G. H. RICHARDS AND A. S. D. SPIERS (*Lincoln County Hospital, Lincoln, and Royal Postgraduate Medical School, Hammersmith*) Chronic granulocytic leukaemia (CGL) was diagnosed in two young women during early pregnancy as a result of routine blood examinations. Both responded satisfactorily to splenic irradiation with shielding of the uterus. The pregnancies proceeded uneventfully and each was successfully delivered of a normal and subsequently healthy baby. Both mothers later underwent elective splenectomy during a period of satisfactory haematological control; no operative or postoperative complications occurred. Although both patients have shown some thrombocytosis and peripheral blood basophilia since splenectomy, they remain well 60 and 30 months after diagnosis and 32 and 20 months after splenectomy on a continuous regime of chemotherapy in which the antileukaemia agent was varied (busulphan, 6 mercaptopurine, 6 thioguanine, and dibromomannitol). Attempts to reduce chemotherapy severely have always provoked leucocytosis with marked basophilia and some increase in immature granulocytes, marked thrombocytosis, and an outpouring of large nuclei fragments resembling those of megakaryocytes. No thrombotic complications occurred, but in one case temporary acne rosacea, herpes simplex, and erythema nodosum developed following prolonged oxytetracycline and chemotherapy. Bone marrow studies before treatment and during remission phases provided interesting cytological and histological contrasts.

Plasma Erythropoietin Values in Patients with Renal Failure¹

SYLVIA W. DAVIES AND EVELINE GLYNNE-JONES (*Area Department of Pathology, Exeter*) The post-hypoxic mouse method (Camiscoli and Gordon, 1970) has been used to measure plasma erythropoietin. Values expressed as percentage uptake of ⁵⁹Fe in mice after 1.0 ml test plasma are: normal males, mean $7.42 \pm 6.73\%$; normal females, mean $6.79 \pm 4.71\%$; males: females $p > 0.7$. These values are equivalent to 0.3 ± 0.25 and 0.27 ± 0.17 units of standard reference B human urinary erythropoietin.

Plasma of patients with chronic renal failure gave mean values of $9.71 \pm 7.28\%$ ⁵⁹Fe uptake per ml equivalent to 0.4 ± 0.3 units standard erythropoietin. The significance of our results will be discussed.

Reference

Camiscoli, J. F., and Gordon, A. S. (1970). In *Regulation of Hemopoiesis*, vol. 1, *Red Cell Production*, edited by Albert S. Gordon, p. 369. Appleton-Century Crofts, New York.

¹This work was carried out with the help of a research grant from the South-West Regional Hospital Board.

The Development of Myelomatosis in a Case of Existing Hodgkin's Disease

J. C. CAWLEY, A. H. GOLDSTONE, AND JEANNE ARNO (*Addenbrooke's Hospital, Cambridge*) This paper describes the clinical and pathological features of a patient with Hodgkin's disease treated by chemotherapy alone who developed fulminating myelomatosis approximately 26 months after the initial diagnosis of Hodgkin's disease.

This previously fit man presented at the

age of 65 years with fever and bilateral cervical adenopathy. Biopsy showed nodular sclerosing Hodgkin's disease, and staging without laparotomy or liver biopsy indicated the presence of at least stage IIIB disease. He was treated with six courses of MOPP (mustine, oncovin, procarbazine, and prednisone) chemotherapy, and this was followed by continuous chlorambucil. He went into a good clinical remission after the third course of combination chemotherapy, and this remission continued for approximately two years when biopsy-proven relapse in the tonsil occurred. Treatment with MOPP therapy was started once more, but he rapidly became pancytopenic, and remained so for the last six weeks of his life despite steroid, and later oxymethalone therapy.

Immediately before this period of pancytopenia, the total protein level was 6.3 g%, there was no definite serum paraprotein, and marrow aspirate contained less than 5% plasma cells. However, six weeks later the total protein was 10 g%, there was a full monoclonal γ peak, and the marrow aspirate was extensively replaced by plasma cells. The paraprotein proved to be IgGk in type, and immunoglobulin showed moderate immune paresis; no Bence Jones proteinuria was demonstrated. Shortly after the diagnosis of myelomatosis, the patient died as a result of pulmonary aspergillosis and probable fungal septicaemia, before antimyeloma therapy could be introduced.

The possible significance of this association between HD and myelomatosis is discussed in relation both to the previous literature concerning the development of a second malignancy in Hodgkin's