NEWS AND VIEWS

American Society of Hematology

A Chapter of the International Society of Hematology

First Organizational Meeting, Boston, Massachusetts, Sunday, April 7, 1957, to precede annual meeting of the American College of Physicians, April 8–12, 1957. Meetings to be held in Aesculapian Room, Harvard Club.

Tentative Program

10 a.m. to 12:30 p.m.—Organizational Session.

2 p.m. to 3:30 p.m.—Scientific Session: The Preservation and Transplantation of Bone Marrow.

4 p.m. to 5:30 p.m.—: Paroxysmal Nocturnal Hemoglobinuria

5:30 p.m. to 6:30 p.m.—Informal Cocktail Hour.

Announcements

The meetings are open to all persons interested in hematology, irrespective of potential membership in the American Society of Hematology. It is urged that all interested persons attend the Organizational Session in particular.

Dr. James L. Tullis
Harvard Medical School
25 Shattuck Street
Boston, Massachusetts

Dr. William Dameshek
New England Center Hospital
Harrison Avenue & Bennet Street
Boston, Massachusetts

HARVEY TERCENTENARY CONGRESS 1957

June 3–June 7

At The Royal College of Surgeons, London

The Tercentenary of the death of William Harvey (1578–1657) will be commemorated by an International Congress on the Circulation. The theme will be:

A REVIEW OF THE PRESENT KNOWLEDGE OF THE CIRCULATION

Monday, June 3 — *Chairman:* The President.
Opening of the Congress.

9.30 a.m. — Knowledge of the Circulation from the 17th–20th Centuries.
Professor K. J. Franklin, Medical College, St. Bartholomew's Hospital, London. Dr. F. A. Willius, Mayo Clinic. Dr. J. Fulton, Yale University. Professor Sir Charles Dodds, Middlesex Hospital, London.

2 p.m. — *Chairman:* Professor G. W. Pickering, Oxford.
The role of the heart in the Circulation
Dr. L. Katz, Chicago. Dr. P. Wood, National Heart Hospital, London. Professor K. Matthes, Heidelberg. Dr. Silvio Weidmann, Berne.

Tuesday, June 4 — *Chairman:* Sir Clement Price-Thomas, Westminster Hospital, London.

9.30 a.m. — The results of cardiac surgery.
Sir Russell Brock, Guy's Hospital, London. Professor G. d'Allaines, Paris. Professor C. Crafoord, Stockholm. Dr. Maurice Campbell, Guy's Hospital, London.

2 p.m. — *Chairman:* Dr. C. S. Beck, Cleveland.
The coronary Circulation.
Dr. D. E. Gregg, Washington.

Wednesday, June 5 *Chairman:* Professor J. McMichael, Postgraduate Medical School, London.

9.30 a.m. The pulmonary Circulation.
Dr. A. Cournand, New York. Professor C. V. Harrison, Postgraduate Medical School, London. Dr. S. Radner, Lund, Sweden.

2 p.m. The fetal Circulation.
Dr. G. S. Dawes, Nuffield Institute for Medical Research, Oxford.

Thursday, June 6 *Chairman:* Dr. Macdonald Critchley, King's College Hospital, London.

9.30 a.m. The cerebral Circulation.
Dr. S. Kety, National Institute of Health, Bethesda. Professor Th. Alajouanine, Paris. Dr. E. H. Botterell, Toronto.

2 p.m. *Chairman:* Professor Sir James Learmonth, Edinburgh.
The splanchnic Circulation.
Dr. S. E. Bradley, New York. Dr. S. Sherlock, Postgraduate Medical School, London. Professor R. Milnes Walker, Bristol.

Friday, June 7 *Chairman:* Professor A. Kekwick, Middlesex Hospital, London.

9.30 a.m. The peripheral Circulation.
Circulation through the limbs.
Professor H. Barcroft, St. Thomas' Hospital, London.
Vascular innervation.
Professor W. D. M. Paton, Royal College of Surgeons, London.
Pathology of vessels.
Professor J. H. Dible, Postgraduate Medical School, London.
Surgery of occlusive arterial disease.
Professor C. G. Rob, St. Mary's Hospital, London.

This will be followed by a week-end Conference on the more personal and biographical aspects of William Harvey's life at his birthplace—Folkestone, Kent:

Saturday, June 8 *Chairman:* Sir Geoffrey Keynes.

10.30 a.m. Harvey's birthplace: Professor T. Hare, London.
Harvey at Cambridge: Professor Sir Lionel Whitby, Cambridge.
Harvey at Padua: Professor A. P. Cawadias, London.
Harvey and French Medicine: Professor L. Chauvois, Paris.
Harvey the Scientist: Dr. W. R. Bett.

Afternoon Visit to Canterbury Cathedral.

Evening Civic Reception.

Registration fees: £10 0s. 0d. sterling for full Membership to both the Scientific programme and Social functions. Alternative enrollment fee of £1 0s. 0d. sterling daily for Scientific Sessions only. Further details and application for membership from:

Congress Secretary, 11 Chandos Street, Cavendish Square, London, W.1.

Special Fellowship in Medical Neoplasia

Memorial Center is a training center affiliated with Cornell University Medical College. Specializing in cancer and allied diseases, it participates actively in teaching at both undergraduate and graduate levels. It has a fully approved residency program in internal medicine, and, in addition, offers special fellowships for study to a limited number of graduate physicians.

I. Scope and Purposes:

A. To offer the physician trained in internal medicine the opportunities available at Memorial Center to study the natural history, diagnosis, complications, pathogenesis and

pathologic physiology, pathology and treatment of cancer, with particular emphasis on the leukemias, lymphomas and allied diseases.

B. To undertake an active supervised clinical investigation of interest to the service and the fellow in the field of medical neoplasia (non-surgical cancer and palliative therapy of patients with malignant tumors).

II. Outline of Activities of the Fellow:

A. The clinical or clinical and laboratory study of an approved or assigned problem under reasonable guidance and supervision. The study is to be carried out at Memorial Center under the aegis of the Medical Neoplasia Service of the Department of Medicine. Available for clinical investigation are hospital records of 40 years, plus an active service consisting of approximately 40 beds in the Memorial Center, and two out-patient clinics in which an average of 70 patients are seen weekly.

B. Attendance at a weekly service teaching conference.

C. Periods of assignment to various surgical clinics and conferences, cancer chemotherapy, radiochemistry, radiophysics, and radiotherapy.

D. The integrated study of the hematology and pathology of cancer.

E. Observation of the role of the medical consultant to patients undergoing radical surgery for cancer.

F. An unique opportunity to see and study the management of large numbers of patients with lymphomas, leukemias and allied diseases.

III. Prerequisites for Appointment to Fellowship:

A. Candidates must be graduates of recognized A.M.A. approved medical schools, and must have completed or be in process of completing two years of postgraduate training in internal medicine in addition to one year of interneship. Such training may be formal residency or its equivalent.

B. Candidates must be of the highest integrity and moral character and have an expressed interest, both academic and clinical, in the study of malignant neoplastic diseases.

IV. Financial Support:

A. The salary stipend is $6000 *per annum* without maintenance.

B. The fellowship appointment is for one year normally beginning July first, renewable for one or two years for select individuals who develop a special interest in some problem.

Applicants should apply in writing to:

Lloyd F. Craver, M.D.
Chief, Medical Neoplasia Service
Memorial Center for Cancer and Allied Diseases
444 E. 68th Street
New York 21, N. Y.

The Responsibilities of the Medical Profession in the Use of X-Rays and other Ionizing Radiation

Statement by the United Nations Scientific Committee on the Effects of Atomic Radiation

1. The United Nations General Assembly, being aware of the problems in public health that are created by the development of atomic energy, established a Scientific Committee on the Effects of Atomic Radiation. This Committee has considered that one of its most urgent tasks was to collect as much information as possible on the amount of radiation to which man is exposed today, and on the effects of this radiation. Since it has become evident that radiation due to diagnostic radiology and to radio-therapy constitutes a sub-

stantial proportion of the total radiation received by the human race, the Committee considers it desirable to draw attention to information that has been obtained on this subject.

2. Modern medicine has contributed to the control of many diseases and has substantially prolonged the span of human life. These results have depended in part on the use of radiation in the detection, diagnosis and treatment of disease. There are, however, few examples of scientific progress that are not attended by some disadvantages, however slight. It is desirable therefore to review objectively the possible present or future consequences of increased irradiation of populations which result from these medical applications of radiation.

3. It is now accepted that the irradiation of human beings, and particularly of their germinal tissues, has certain undesirable effects. While many of the somatic effects of radiation may be reversible, germinal irradiation normally has an irreversible and therefore cumulative effect. Any radiation of the germinal tissues, however slight, thus involves genetic damage which may be small but is nevertheless real. For somatic effects there may however be thresholds for any irreversible effects, although if so these thresholds may well be low.

4. The information so far available indicates that the human race is subjected to natural radiation,[1] as well as to artificial radiation due to its medical applications, to atomic industry and its effluents and to the radioactive fall-out from nuclear explosions. The Committee is aware of the potential hazards that such radiation involves, and it is collecting and examining information on these subjects.

5. The amount of radiation received by the population for medical purposes is now, in certain countries, the main source of artificial radiation and is probably about equal to that from all natural sources. Moreover, since it is given on medical advice, the medical profession exercises responsibility in its use.

6. The Committee appreciates fully the importance and value of the correct medical use of radiation both in the diagnosis of a large number of conditions, in the treatment of many such diseases as cancer, in the early mass detection of conditions such as pulmonary tuberculosis, and in the extension of medical knowledge.

7. Moreover, it appreciates fully the contribution of the radiological profession, through the International Commission on Radiological Protection[2] in recommending maximum permissible levels of irradiation. As regards those whose occupation exposes them to radiation, the establishment of these levels depends on the view that there are doses which, according to present knowledge, do not cause any appreciable body injury in the irradiated individual; and also on the consideration that the number of people concerned is sufficiently small for the genetic repercussions upon the population as a whole to be slight. Whenever exposure of the whole population is involved, however, it is considered prudent to limit the dose of radiation received by germinal tissue from all artificial sources to an amount of the order of that received from the natural background radiation.

8. It appears most important therefore that medical irradiations of any form should be restricted to those which are of value and importance, either in investigation or in treatment, so that the irradiation of the population may be minimized without any impairment of the efficient medical use of radiation.

9. The Committee is consequently anxious to receive information through appropriate governmental channels as to the methods and the extent by which such economy in the medical use of radiation can be achieved, both by avoiding examinations which are not

---

[1] The radiation due to natural sources has been estimated to cause between 70 and 170 millirem of irradiation to the gonads per annum in most parts of certain countries in which it has been studied, although higher values are found locally in some areas. See the reports "The hazards to man of nuclear and allied radiations" published by the United Kingdom Medical Research Council in June 1956, in which also the millirem is defined; and from information submitted to the Committee.

[2] See the report of the International Commission on Radiological Protection (published in the British Journal of Radiology—Supp. 6, of December 1954, in the *Journal français d'electro-radiologie*—No. 10, of October 1955, etc. and revised in 1956).

clearly indicated and by decreasing the exposure to radiation during examinations, particularly if the gonads, or the fetus during pregnancy, lie in the direct beam of radiation. It seeks, in particular, to obtain information as to the reduction in radiation of the population which might be achieved by improvements in instrument design by fuller training of personnel, by local shielding of the gonads, by choosing appropriately between radiography and fluoroscopy, and by better administrative arrangements to avoid any necessary repetition of identical examinations.

10. The Committee also seeks the co-operation of the medical profession to make possible an estimate of the total radiation received by the germinal tissue of the population before and during the child-bearing age. It considers it to be essential that standardized methods of measurement, of types at present available, should be widely used to obtain this information and it emphasizes the value of adequate records, maintained by those using radiation medically, by the dental profession, and by the responsible organizations in allowing such radiation exposure to be evaluated. The Committee is convinced that information of this type will make it possible to decrease the total medical irradiation of the population while preserving and increasing the true value of the medical uses of radiation.

Erratum

In the January 1957 issue of BLOOD, the top line of text on page 34 belongs on page 35, top.