

RECENT ADVANCES IN THE TREATMENT AND CONTROL OF THE LEUKEMIAS AND LYMPHOMATA

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With expert differential diagnosis and the judicious selection and application of the increasingly broad and varied methods of treatment, both the acute and chronic leukemias and the lymphomata, chiefly lymphosarcoma and Hodgkin's Disease, are curable in increasing numbers. The outlook is distinctly optimistic in this segment of the malignant diseases.

The registry for acute lymphosarcoma or acute lymphatic leukemia now records more than 200 patients living and well nine to 15 years after the original diagnosis. There are "cured" Hodgkin's Disease and lymphosarcoma patients living 15 to 20 years following the original diagnosis and therapy.

We now believe it to be necessary for the reticuloendothelial defense system of the body to be maintained functional in order for the chemotherapeutic and other agents of therapy to continue to be effective indefinitely. It has been possible to stimulate a waning reticulo-endothelial-[R-E]-system response by antigenic challenges such as B.C.G. vaccination. The autoimmune system may be influenced by steroids and Imuran.

Current modalities include radioactive isotopes Co-60 and P₃₂; the alkylating agents; the purines, specifically 6-mercapto-purine, and other chemotherapeutic agents such as cytosine arabinocide (Cytosar), phenylalanine mustard (Alkeran); l-asparaginase starvation of the cancer cells, or vaccination with autogenous leukemic cells, attenuated or killed. Very recently, in some patients with acute myeloblastic leukemia, the removal of the spleen, which seems frequently to carry the majority of the blast cells versus the bone marrow content, has resulted in remissions, in combination with chemotherapy. The time seems right for the further exploitation of these various agents, singly and in combination, so that the number of "permanent remissions" may be rapidly increased. It is not possible to predict, in the beginning, which patients are going to respond and to resist unfavorable complications, so that at this time, every new patient diagnosed has the potential of a long healthful life.

The Study of Time. J. T. Fraser, F. C. Haber, and G. H. Muller, Editors. Springer-Verlag, New York, Heidelberg, and Berlin. 1972. 550 p. \$20.30.

This volume contains the proceedings of the *First Conference of the International Society for the Study of Time*, held in West Germany in the fall of 1969. The papers were all published previously in the journal *Studium Generale* (1970-71). The papers are by accomplished persons from many fields and are divided into the following general topics: Time and Physical Sciences; Time in the Life Sciences; Time, Philosophy, and Logic of Time; Time and Culture; and a special section on Flight Dysrhythmia (or post-flight resynchronization, or, as I prefer, jet-set fatigue). This last symposium was sponsored by Pan American Airlines, which raises interesting possibilities concerning the future funding of such interdisciplinary conferences.

The papers are generally of high quality and do not require an extensive technical background in the author's area of expertise. In this way the book is written for the non-specialist. Paper topics range from J. D. North's paper, "The Time Coordinate in Einstein's Restricted Theory of Relativity" to S. Watanabe's rather confusing "Creative time", to a series of papers (by R. Efron, E. Poppel, J. Michon, P. Meredith, and H. Dobbs) on aspects of the perception of time, to philosophical treatments offered by D. Hamlyn and A. Prior, to papers on time in specific cultures (H. B. Green, "Time in Four Negro Subcultures"), to papers with literary pretensions. Though some of the papers are nicely done, and though the collection as a whole does give some idea of the range of cross-disciplinary interest in time, I would recommend using the library's copy or the original journals to glance through those papers of interest.

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