therapy is the responsible agent rather than the underlying disease.

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1 Capewell SJ, Wright AJ, Ellis DA. Pulmonary veno-occlusive disease in association with Hodgkin's disease. *Thorax* 1984; 39:554–5.

**This letter was sent to the authors, and Dr Rose replies below.

SIR,—I agree with Drs Ellis and Capewell that the likeliest sequence of events in their patient is that pulmonary veno-occlusive disease (PVOD) antedated the chemotherapy. However, their patient's pretreatment lung biopsy specimens showed no evidence of congestion, haemorrhage, lymphatic dilatation, iron deposition, or other feature suggestive of PVOD. Since the second lung biopsy, which showed both PVOD and iron deposits within thick walled alveoli, was taken after chemotherapy, the possibility that the latter may have played a part in the pathogenesis of the venous changes would at least appear to have warranted discussion in their paper. It is unfortunate that no necropsy was performed in their case.

Until further cases similar to theirs are published, a fortuitous association between PVOD and malignancy cannot be excluded. Their belief that PVOD in patients who received alkylating agents for malignancy is due to the malignancy rather than the treatment does not appear to be justified. Such an approach to patients with coexistent bleomycin pulmonary toxicity and PVOD requires one to ascribe the venous fibrosis to the underlying malignancy, while the parenchymal fibrosis observed in the same histological sections is attributed to bleomycin toxicity.

Regarding the reversibility of lung damage by cytotoxic agents, only the acute lesions are likely to be reversible and intimal fibrous obliterative lesions of PVOD, no matter what the cause, are likely to be equally permanent.

In order to try to resolve the unanswered question of whether PVOD in patients with malignancy is related to chemotherapy or the underlying disease, pathologists should examine stored lung sections from patients with malignant disease from the prechemotherapy era as well as postmortem material from untreated patients. If the postulate of Drs Ellis and Capewell is correct then the incidence of PVOD should be higher in such subjects than in the general population. At the present time the ratio of treated to untreated cases in the literature is four to their one case. A report of three cases of hepatic veno-occlusive disease associated with mitomycin C therapy[1] raises the possibility that different alkylating agents may affect different venous territories.

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1 Gothfried MR, Sudilovsky O. Hepatic veno-occlusive disease after high-dose mitomycin-C and autologous bone marrow transplantation therapy. *Hum Pathol* 1982;13:646–50.

Henry Hyde Salter (1827-71): a biographical sketch

SIR,—I read with interest the paper by Dr A Sakula (December 1985;40:887–8) but unfortunately there are several errors of fact, particularly about Salter's medical career, which need correcting.

It was Salter's failure to succeed Professor Robert Bentley Todd, who held the chair in physiology and morbid anatomy at King's College, that resulted in his move to Charing Cross in 1854. He was appointed lecturer in physiology and became an assistant physician in 1862. In 1866 he was appointed physician and lecturer in medicine and became a member of the board of management of the School, posts which he held until his death; and he was Dean of the School from 1867 to 1868.[1]

Naturally enough, at Charing Cross we are proud that such a distinguished clinician played such a prominent part in our school and would like the record to be corrected.

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1 Hunter W. *Historical account of Charing Cross Hospital and Medical School*. London: John Murray, 1914.

Notice

XI World Congress on Sarcoidosis

The XI World Congress on Sarcoidosis and other Granulomatous Diseases will be held in the Università Statale, Milan, Italy, from 6 to 11 September 1987 under the auspices of the International Committee on Sarcoidosis and other Granulomatous Conditions and the Comitato Italiano della Sarcoidosi. The last date for receipt of abstracts is 14 January 1987. Further details may be obtained from the Secretariat of the XI World Congress on Sarcoidosis, Congress Studio, Via Cappuccio 19, 20123 Milano, Italy.