CONCLUSION
6. Males predominated giving the ratio of male:female as 7:3 for the Hodgkin's group and 3:2 for non-Hodgkin's group.

7. Cervical & axillary lymphnode were mostly and equally involved in Hodgkin's group followed by inguinal, mesenteric and mediastinal. In non-Hodgkin's group axillary & inguinal showed the equal involvement followed by cervical & mesenteric. In this series no mediastinal lymphnode involvement was noticed in non-Hodgkin's group.

Four cases of extra nodal Hodgkin's was found as against the one case of non-Hodgkin's lymphoma.

8. Fever and loss of weight were the commonest symptoms. Night sweats was also observed.

9. In this series 10% cases showed bone marrow involvement.

10. Bone marrow involvement was equally common in Hodgkin's and non-Hodgkin's group.

11. Incidence of the bone marrow involvement was more or less similar to previous authors in Hodgkin's group while the incidence was lower in non-Hodgkin's group as compared to previous series.

12. Pattern of bone marrow involvement was diffuse.

13. This series is encouraging and thought provoking. A routine bone marrow examination in all case of lymphoma is highly recommended.
CONCLUSION

1. Twenty cases suffering from lymphoma, who were admitted in the M.L.B. Medical College, Hospital, Jhansi between July, 1989 to September, 1990, were studied and bone marrow biopsy was done in each case. The study was taken up to see -
   a. Distribution of cases in two groups of lymphoma (according to the Rye's modification of Lukes & Butler for Hodgkin's and Rappaport's classification for non-Hodgkin's), histological classification and according to the (Ann Arbor) clinical classification.
   b. Incidence & pattern of bone marrow involvement.
   c. The bone marrow involvement was correlated with various factors.

2. The ratio of Hodgkin's to non-Hodgkin's was found to be 1:1.

3. Among Hodgkin's group, commonest histological type was mixed cellularity. No case of lymphocytic depletion was found.

4. In non-Hodgkin's group commonest histological type was lymphocytic followed by histiocytic type. No cases of other types were found.

5. Maximum number of cases were in between 10-30 years of age in Hodgkin's group & 50-60 years of age in non-Hodgkin's group.