Correspondence, Book reviews, Notices, Corrections

when: pathologists used this finding of patchiness as a strong mandate for the diagnosis of Crohn's disease; others became reluctant to do proctocolectomies in ulcerative colitis cases that were indicated clinically, because they were fearful that patchiness of involvement meant Crohn's disease. As the armamentarium of drugs modulatory biopsies among patients with ulcerative proctitis (10 of 11 cases) rather than ulcerative colitis. Although we have shown that over time rectal biopsies from patients with ulcerative proctitis are indistinguishable from biopsies from patients with ulcerative colitis,1 it remains a possibility that these diseases may have different pathophysiology. Nonetheless, it is important to realise that in ulcerative proctitis, rectal biopsies may normalise over time. The presence of frankly normal rectal histology in patients with longstanding diagnoses of ulcerative colitis or proctitis alone raises the issue of the accuracy of the initial diagnoses. We support Levine et al in their contention that these diseases are dynamic in their expression patterns, and this fact should now be accepted into the new diagnostic dogma of ulcerative colitis.

Why has the conventional wisdom of absolute rectal involvement, and absolute disease continuity in ulcerative colitis persisted so long? We believe that it points to the selectivity of human observation. We only look for what we believe we should find. Patchy rectosigmoid involvement in ulcerative colitis is one example, but even more compelling is the idea of Helicobacter pylori could be missed in gastric biopsy tissue sections for so long, by so many!

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Rights of possession in human corpses

English law fails to recognise any right to possession of a corpse as the corpse is not a 'choke in action'. This means—for example, it cannot be stolen.1 However, what is not commonly recognised is that the executors may have the right to dispose of the body according to the terms of the deceased's will. Any interference in this right—such as removing the body (or as we learn might say, "choking in action") may raise a cause of action under the Law of Property Act 1925. This point has been made at least since Glazebrook lectured on criminal law at Cambridge in the early 70's. The legal rule that a body cannot be stolen commonly generates a belief that no other cause of action can possibly arise, although the example above shows that it can. The editorial team of the Journal of Clinical Pathology is to be congratulated in dispelling their readership of this common misconception.

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Proliferation indexes—a comparison between cutaneous basal and squamous cell carcinomas

We read with interest the article by Al-Sader et al that compared cell proliferation indexes in cutaneous basal cell carcinomas (BCC) and squamous cell carcinomas (SCC).1 We have evaluated silver-stained nucleolar organiser region (Ag-NOR) quantity, proliferating cell nuclear antigen (PCNA) labelling index, and mitotic index in the corresponding spontaneous canine cutaneous tumours obtaining comparable results.2 However, more recently, in an attempt to explain the paradoxical clinical behaviour of canine cutaneous BCC, we obtained interesting results studying the combined behaviour of mitotic index, apoptotic index, and mitotic phase distribution in the aforementioned tumours.3 In fact, in accordance with Brown and Gatter for human BCC,4 our results strongly suggest that a prolonged "M phase" of the cell cycle plays an important role in maintaining a slow rate of growth in canine BCC. The strong similarity between canine and human BCC and SCC support the opinion that spontaneous animal tumours could represent useful models for human disease.


Brain tissue banks in psychiatric and neurological research

We welcomed the article by Cairns and Lantos on brain tissue banks.5 The importance of such facilities in psychiatric and neurological research has not been adequately appreciated by the wider clinical community, perhaps because collection and storage of postmortem tissue for research is not as an emotive issue as requesting organs for donation. However, without such tissue banks little would be known about many debilitating conditions.

The South West Brain Bank in Bristol was established over 10 years ago to collect brain tissue from people suffering from dementia. It is from this experience that we write to emphasise certain points. Firstly, it is not only to potential donors and their relatives but also to the physicians requesting the donation, and those using the tissue for research.

Making the decision to donate tissue for research can be a very difficult one for most people. This can be made even more difficult if it is left to the time when loved ones are close to death or have died. It is far preferable that all arrangements are made in advance of the event, and it is helpful if potential donors and their families can be given information about the procedures involved in a donation (perhaps in the form of a leaflet). The details can be assimilated and discussed within the family and with the coordinator of the facility at a time when bereavement does not cloud the issue. We have found the role of the brain bank coordinator to be a crucial one at this stage. We have one person acting as the coordinator, an MLSO trained in neuropathology. She deals with the donation from the initial arrangements through to processing of the tissue for histological assessment.

Before a histological diagnosis is made, the neuropathologist is provided with as complete a clinical history as possible. This is obtained, using a standardised protocol, from all available hospital and general practitioner notes.

The continuing acquisition of tissue for research purposes relies heavily on an understanding of the importance of such donations by the medical practitioners who must make the request and, perhaps more importantly, by their patients and relatives. The responsibility for giving potential donors and their families adequate information and support regarding a donation lies with the brain banks who must approach this with compassion and sensitivity.

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If there is any department that reports trephines and does not own the first edition, then the second edition is an essential purchase. I have tried to do a “spot the difference” between the two editions to decide whether owners of the first edition should upgrade. The chapter titles are unchanged and most of the photographs and tables are the same. This is not a major rewrite but there are significant differences in areas such as immunocytochemistry and lymphoma classification. The REAL classification is included and compared with the Kiel and Working Formulation. Useful new antibodies are discussed, and a technical appendix has been added. Several pages are devoted to a new section on artefacts that should be particularly useful to haematologists who are less likely to be familiar with the artefacts common to formalin fixed, paraffin wax embedded sections.

The book emphasises an integrated approach for reaching a diagnosis. There is no place for a histopathologist reporting the trephine in ignorance of the aspirate’s appearance but it is also unsatisfactory if the trephine goes straight to the haematologist. The combination of good quality trephine sections and this book should encourage histopathologists to participate in this fascinating and demanding field. Haematologists reading this book will appreciate the additional information that can be gleaned from good quality sections and this may influence their attitude towards taking trephines.

S DILLY

Notices

Histopathology of the bone marrow
Wednesday 17 September 1997
Imperial College School of Medicine,
St Mary’s London, UK

A one day course suitable for career post holders and trainees in haematology and histopathology.

Numbers restricted to 40; CME approved (7 credits); cost £85 (including lunch).

Apply in writing enclosing a cheque (payable to Imperial College) to Jenny Guy, Postgraduate Course Organiser, Postgraduate Medical Centre, 2nd Floor, Mint Wing, St Mary’s Hospital, London W2, UK.

Second meeting of the European Study Group on Molecular Diagnoses
Wednesday 15 October 1997
Kathar House, The Hague, Netherlands

Registration is free.

For further information contact Prof. Dr. M Altwegg, Department of Microbiology, University of Zurich, Gloriastrasse 30, CH-8027 Zürich, Switzerland. (Fax: +41 (1) 252 8107)

Correction

Proliferation index—a comparison between cutaneous basal and squamous cell carcinomas


and not as published. The error is regretted.