Rights of possession in human corpses

I refer to my previous report in 1997.1 In the recent judgments Regina v Kelly and another,2 Lord Justice Rose accepted the common law rule that there is no right of property in a corpse or part thereof unless it has undergone a process of preservation requiring human skill. His Lordship stated that this no-property principle was so long established that it could only be changed by Parliament. However, there may be possessory as opposed to property rights. Theft, trespass, and conversion can all apply to possessory, allowing for both civil and criminal remedies and protection. Since the Court approved Dobson v North Tyneside Health Authority,3 where it was held that fixing a brain in paraffin was not sufficient to found property or possessory rights, there remains doubt as to the degree of skill required. In Regina v Kelly and another, the court again failed to indicate the degree of skill required to establish property. However, a point raised by the Court of Appeal in its ruling which is of particular relevance for the medical profession is that in future the courts may hold that body parts by their mere existence and without any acquisition of different attributes may be capable of being property if intended for use in transplantation, for DNA extraction, or as an exhibit in a trial. The recent auction of teeth from well known individuals intended for use in transplantation, for DNA attributes may be capable of being property if possessing human DNA. The only drawback is the likely cost of the procedures involved in forensic manner to determine the ancestry of a known person. The forensic test is based on the unique sequence of DNA in each person and is performed by the forensic laboratory. The results are then interpreted by the forensic pathologist to determine the identity of the person. Therefore, it is possible for a forensic pathologist to determine the identity of a person based on the unique sequence of DNA in each person. The forensic test is performed by the forensic laboratory and the results are then interpreted by the forensic pathologist to determine the identity of the person.
experience, this book attempts to identify the main areas over which the pathology laboratory can influence organisation-wide costs, ranging from re-examining the internal running of the laboratory itself to demand management. It consists of 10 papers, seven of which were written by staff of two co-owned laboratories in Tucson, Arizona—an on-site hospital laboratory facing a recurring 18% reduction in income and a commercial enterprise located a mile away. The first few chapters describe the strategies employed to avert bankruptcy. Their use of a clean sheet approach is described, and the solution which emerged included a merger of the two operations to make the urgent procedures being undertaken at the off-site facility. They describe the extensive consultations involved, the option appraisal process, and practical implementation details. A full two chapters are devoted to personnel issues, as it was appreciated early in the process that motivation of staff in a time of change and employment uncertainty was a key to the success of the whole venture: the emphasis in team building described in one chapter, and the staff appraisal process in another. The final few chapters go beyond the re-engineering experience and describe a variety of relevant management topics. These include the benefits that can be achieved by appropriate use of information technology and automation in testing (they suggest that heavy investment is required to make the necessary returns), and the place of point of care testing. A chapter on demand management is included: unfortunately, I found this chapter rather tedious, as it included a detailed literature review in support of some arguments, but sketchy local audits (which would probably fail peer review for publication) to justify other recommendations. While many aspects of the re-engineering process described cannot be readily transferred from an American private system to a UK public service, their focus on clinical outcomes throughout the whole process is a lesson that could be learnt by many.

This book reminds me of the proverbial curate’s egg: it is good, in parts. Unfortunately, it is marred by poor grammar and a generally colloquial writing style which I found irritating; the writing of individual chapters did not appear to be coordinated, as there was much repetition; and, for a softback, it is expensive at £75. However, few good books on laboratory management are available and the identification of even a single usable idea, demand management would make the purchase worthwhile.

A J MIJSUD


This is a useful book and one that I am more than happy to give shelf space to in my personal library.

G P SPIECKETT


I have finally had a chance to complete my review of this three volume work and I am delighted to say that I have at last found the section on peripheral nerve sheath tumours; and very good it is too! As I have already described, the general layout of the book follows the principle of advancing from the more basic histopathological descriptions which continue to work extremely well, particularly for organs such as the uterine cervix and the thyroid gland. Most of the comments I made previously apply equally to these two volumes, but I must state that I am even more impressed by the general quality of the illustrations (with only rare exceptions), having seen volumes 2 and 3.

For a multi-author textbook, the universal detail of information is incredible, with extensive and up to date references. I particularly enjoyed the chapters on medical diseases of the kidney and liver although I have seen better examples of Kimmelstiel-Wilson nodules in the past (fig 44-1H; it’s a nice capsular drop though). One further comment I have refers to the index which appears extremely thorough and I am pleased to say covers all three volumes without too much cross referencing.

I still find the font rather small in places (especially the references) but I do appreciate that to include so much cytology into just three volumes requires some corners being cut, and I am about due for my next eyesight check up anyway.

Overall, once again, I thoroughly recommend Principles and Practice of Surgical Pathology and Cytopathology to all cytohistopathology departments and, in contrast to my concluding comments last time, I find that I am consulting this book far more often at my desk than I ever did in the past when I was a trainee in surgery, probably because of Ackerman when reporting the surgicals and cytology.

M SHEAFF


As research based technology becomes relevant to the routine diagnosis of infectious diseases, so those of us in the field must become competent in its theory and application. Nowadays is this more apparent today than in the rapid advances in molecular based diagnostic testing. The possibility to wait until others have discovered the problems
and pitfalls awaiting the uneducated is to be treasured. As an enthusiastic “molecular trainee” with a passing interest in sexually transmitted diseases (STDs), I was keen to read this book.

It is a collection of chapters each compiled by well known authorities. I was disappointed an introductory chapter outlining the principles of the different technologies was not available, so that a knowledge of these is required. Instead, this chapter examines the impact of molecular technology on STD diagnosis. The next two sections form the bulk of the book, first covering tests suitable for routine purposes and then others with a research application. A final section speculates on the future.

Necessarily the book is disjointed, as chapter authors discuss only the technologies applicable in their field. I found the format of having a single Materials and Methods section somewhat less than user friendly when more than one test was being described. Thus, by way of example, test components for PCR, LCR, TMA/NASBA, and QRT replicase are listed together, followed by a single Methods section. Also the Notes section, highlighting what can (and therefore will) go wrong at each stage, is separated from the rest of the text.

This is not a book for the beginner, but as a reference for practical procedures it is commendable, not least as source of primer sequences, and for the extensive reference section at the end of each chapter. G L RIDGWAY

CD-ROM reviews


The CD-ROM is simplicity to access; viewing software is contained on the CD and requires no installation.

After this undemanding introduction I was anticipating a leisurely “mouse” through an atlas compiled by the French contributors to the FAB classification of the leukaemias, but the “front end” is rather unfriendly. The screen is cluttered and relies on various tones of grey for impact, field demarcation, and highlighting. Navigation is acceptable only when the menu construction is worked out.

Generally the images offered excellent and extensive representative examples of leukaemic proliferations. However, I did find two problems with the images. A general darkness which became visually tiring after a short while, and an overall “pinkness” to the background. This may be a personal preference for a white/blue, more neutral hue.

The “thumb nails” are of size that allows easy selection of images for further, closer viewing. The expanded image sharpness was good. I found that the zoom feature was unhelpful. On zooming, image degradation hindered examination of finer details.

My copy had a bug which precluded navigation from one topic to another unless the programme was exited.

It is a pity that such a high quality library of images is not as user friendly as it could be. This makes it less attractive to the casual sampler and probably more useful for academic reference. With the basic image archive available and a well designed environment for presentation and navigation this could set the gold standard for such packages.

P W G SAUNDERS


Neuroanatomy is a subject which most pathologists will remember from medical school as being full of specialist terms for different nuclei, tracts, spaces, and regions. The InterBRAIN program on this CD-ROM is essentially a computerised version of an atlas of neuroanatomy, with some added extras, intended primarily for medical students and neuroscientists. It and this over 200 illustrations, with zoom figures, taken from the atlas of the brain “The Human Central Nervous System” by Nieuwenhuys, Voogd, and van Huijzen.

The minimum system requirements for running the program are a Pentium 166 MHz processor, 32 Mf RAM, eight speed CD-ROM drive, and Windows 95 or NT. It can also be run on a Macintosh Power PC.

Installation requires the system extension QuickTime for Windows 2.1.2 SE; other versions of QuickTime are not recognised. This makes for a fiddly start, involving copying files into the Windows system directory, and is rather different from the simple install programs usually present on CD-ROMs.

The InterBRAIN program takes about one minute to start from the CD-ROM. I also found it rather slow in use on a machine with above the stated minimum system requirements. The CD-ROM comes with a booklet explaining how to use the program. I always find it a bad omen when a supposedly interactive program needs supporting by a booklet or manual and this was no exception. The program is not at all intuitive to use. Navigation is effected primarily through context sensitive Popup menus (there are separate program, figure, structure, and navigation menus) and through the use of the TAB key which switches on/off all opened additional windows (notes, legends, etc). There are also 28 keyboard shortcuts of the CTRL+ “something” variety that I cannot imagine anyone remembering. This all makes for quite hard going.

Is it worth persevering? It probably depends on whether or not you like computer assisted studies. The images cover gross anatomy, vessels and meninges, brain slices, microscopic sections, and functional systems. The 2D figures are fine. I found that the accompanying text was brief and the 3D models were a little disappointing although they were rotatable. I could appreciate that medical students could use it to learn neuroanatomy and to revise for examinations, and that it could be useful to some neuroscientists. Having spent time with it, my own feeling was that, when I needed to look something up, I would rather use an atlas. That is a shame because the idea is good, but a newer version needs to be much more user friendly.

J R SALISBURY

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Revised January 1999
Rights of possession in human corpses.

M M Hudson

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