I must take issue with Dr Whale regarding the number of infectious TB cases likely to be encountered annually in the post-mortem room. The figures that she quotes are for those cases in which tuberculosis is given as the cause of death; they do not include the cases in which TB is either not the principal cause of death or is found incidentally. The latter cases, in which pulmonary TB unexpectedly turns up in a coroner’s necropsy, usually in an elderly subject, are by no means uncommon; I have personally performed two such necropsies in the past 18 months, confirmed by positive cultures.

Professor Grist’s continued survey shows quite clearly that there is an increased risk of TB in morbid anatomists and mortuary technicians, and I am sure that I am not alone in being personally acquainted with cases of tuberculosis almost certainly contracted in the post-mortem room.

It is only recently that any interest at all has been taken in post-mortem room safety, and it is hardly surprising that mortuary ventilation systems are still relatively undeveloped. I would also add that, quite apart from the infection issue, adequate ventilation considerably reduces necropsy odours, which, contrary to popular belief, are as offensive to the nostrils of morbid anatomists as to anyone else’s.

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References