the 50 (18%) cases splashes occurred during evisceration, and in six of these puerperal effusions, adhesions, or ascites were present, suggesting a predictable increased risk. During organ dissection, splashes occurred in 13 of the 50 (26%) cases, higher than during evisceration because of the longer time period, working closer to the material and the use of water for cleaning purposes. There was no difference in the splash rate among pathologists in terms of method of evisceration and dissection. Those splashes occurring during organ dissection more often went unnoticed and were not as predictable as those during evisceration.

Therefore, we suggest that surgical face masks should be worn routinely by pathologists at every post mortem examination as the risk of infection is often unknown. The cost is low and although inconvenient with breathing and misting up of spectacles may be found initially, these reduce with extended use.


### Speeding up necropsy reports

I was fascinated to read Benbow and Howard's report on necropsy speeding up reports.1 They had managed to reduce the delay to less than half in over half their cases. I looked at my last 100 cases and found that 41% were reported within seven days and 86% within 14 days. The median delay between performing the necropsy and signing out the full report was nine days.

In this department there is no differentiation between post mortem histology and surgical cases, apart from the fact that the post mortem blocks have an extra 24 hour's fixation, and they are stained and mounted after the surgical cases.

I used to worry about the delays in this department, particularly about the 14% of cases where the delay was greater than two weeks. I feel a lot better about it now.


### Book reviews


Claman and his group are well known for their work on mast cells and dermatological aspects of immunology. He is also an excellent writer, as confirmed by the current volume. The first chapter provides a useful up to date and general review of immunology. Numerous diagrams serve to help the reader through the complexities of the lymphoid system and of histocompatibility. The next three chapters deal with immunological aspects of the mother-fetus relationship and the maternal immune response to her fetus during a normal pregnancy. This is an excellent review of the continuing enigma of how the fetus survives as an alloantigen on the mother. The final two chapters describe clinical situations which result from abnormalities of the maternal-fetal immunological relationship. Some of these, such as Rhesus disease, are non-controversial. Other, especially immunological aspects of recurrent pregnancy loss, are among the most vigorously argued of all current topics in medicine. Happily, Claman provides a very thoughtful and unbiased review of this area.

This book could be profitably read by all those involved in research into the immunology of pregnancy and by practising obstetricians. For those with a more superficial interest in the subject, there is a very useful summary at the end of each chapter.

T CHARD


When I was invited to review this book my first reaction was to see whether it dealt with the "Sheffield Memorandum" and realised its significance. The "Sheffield Memorandum" was produced by five Sheffield consultant pathologists and was the most important piece of evidence submitted to the Hatfield Committee, set up by the ACP to consider the formation of a college of pathology faculty. If the book did deal with this, the chances were that it was good. It did, and it is.

The book traces the history of British pathology from its origins in England in the 18th century. Some of the earliest collections of pathological specimens date from 1726 at St Bartholomew's Hospital, London, where a Treasurer and Almoners Order Book records rooms for laying out the dead before burial and for anatomical and chirourgic preparations.

Almost every paragraph contains a gem, and it is clear that fundamental principles of the role of pathology in medical teaching and practice remain the same throughout history. Examinations have advanced since Smollett was asked, "If during an engagement you should be brought to you with his head shot off, how would you behave?" when being examined

W TIRMERLEY


This pocket-sized paperback is intended as a pictorial guide to surgical pathology for senior undergraduates and trainee surgeons and is part of a series of colour guides on various aspects of medicine from this publisher.

The format is that of short text with colour illustrations on the facing page. The overall arrangement is easy to follow but the photomicrographs are of variable quality and sometimes do not show what they are supposed to. The surgical illustrations are better. The text covers a lot of material in the style of short notes, under the headings of aetiology, incidence, microscopic and macroscopic appearances, and prognosis for each entity. This it does fairly well but there are some surprising omissions, for example, in the gastrointestinal section Helicobacter is not mentioned and although Dukes' staging is referred to, it is not explained as might be expected in a book aimed partly at undergraduates even where brevity is at a premium.