Correspondence, Book reviews, Correction

have any authority to authorise the collection or retention of specimens for other purposes, including research. If samples are required for teaching or research, then the requirements of the Human Tissue Act have to be met, whether the necropsy be a normal hospital one or a medicolegal postmortem examination. When the examination is a medicolegal one, then the removal of material for research need not comply with the consent of the person in lawful possession of the body, who, in the absence of a request by the deceased that his parts of his body be used for purposes of inter alia research, has to establish that the surviving relatives of the deceased have no objection to the removal of material for that purpose, but also that of the coroner or the procurator fiscal.1

While there is no sanction for failure to comply with the Human Tissue Act set out in the Act itself, a conviction is not considered a disobedience of a statute may be relevant. A man who impersonated a medical practitioner was successfully prosecuted for disobedience of a statute after he removed the eyes from a body contrary to section 1(4) of the Human Tissue Act 1961.6

In the absence of a history of alcohol abuse or a death in which alcohol is considered not to have contributed or caused death, the retrieval, retention and analysis of samples for alcohol content falls outside present legislation. Of 1730 cases noted in this paper, 1046 were deaths from natural disease. Only 91 of these had a history of alcohol use; therefore, it appears that the remaining 955 analyses were undertaken with no legal authority.

Given the quoted price of each test (£15), it seems unfortunate that the authors felt that they needed to analyse 1046 cases to prove what most coroners and full time forensic scientists are well aware of; namely that routine screening by alcohol content is not cost effective. Some pathologists believe that the retention and analysis of material from medicolegal necropsies is not justified where the coroner refuses to pay for such work. Coroners can only pay for further investigations where they have decided to hold an inquest and they are satisfied that they are pertinent to the cause of death. Pathologists should be aware that retaining material not relevant to the cause of death places them out with current legislation.

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Oil immersion magnification without the oil

Most of us have a 100x oil immersion lens as part of our standard microscope kit. However, many, like me, must be reluctant to use it very often because of the inevitable mess, susceptibility to fingerprints and the inability to clean high oil immersion lenses without cleaning the slide every time. These days, many demonstration microscopes are fitted with a video camera and monitor, and I have found that this equipment allows the use of the 100x lens without oil. Simply closing the iris diaphragm of the condenser and observing the image on the video screen rather than through the eye pieces results in an acceptable high power view. The use of oil does, of course, improve the quality of the image, but the video screen method without oil provides a high power image of a quality that is adequate for many diagnostic or demonstration purposes. The cost of video cameras and monitors has fallen steadily over recent years, and it could be argued that the purchase of a video system is better value for money than an expensive high power oil free lens, assuming that there is already a 100x oil immersion lens fitted, allowing high power magnification with and without oil, and the added benefit of video.

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This is a very elegantly produced volume that should prove popular in its target market—those seeking to become board certified in reproductive endocrinology in the USA. It thus contains all of the appropriate background material for specialist examination in the UK as well as reproductive endocrinology and biochemistry. The student is greatly helped by the numerous original diagrams, though it is not immediately obvious why some figures are duplicated at the beginning of each chapter, other than as pure decoration. From a factual point of view the material is relevant and up-to-date, though obviously it is possible to criticise a number of omissions. For example, there is no material on the receptor deficiency syndromes, a very active clinical research topic at the present time. There is also no mention of the use of progesterone containing intrauterine devices for the treatment of dysfunctional uterine bleeding (perhaps reflecting the US origins of the book), and very limited information on the immunological treatment of recurrent abortion (which is surprising because this is very widely practised in the US). However, the book can be recommended to a young clinician seeking to become better informed in this particular topic.

T CHARD

In the preface to this book the editors state that not all books dealing with inborn errors of metabolism are detailed, complex, time consuming, and difficult to comprehend. Their target audience are general physicians whose knowledge of metabolic disease is not large. It is therefore rather unusual to see a book that makes the subject accessible to the general practitioner, and it is obvious that it is highly condensed and far from simple. For example, many general physicians faced with a metabolic pathway with

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This is a brief but comprehensive text. The first four chapters cover general pathology and the remaining 12 deal with systemic disease. The text is confined to the medical two thirds of each chapter giving an impression of rather uneconomical use of time. Although the broad margins clearly will be very useful for annotation. Where appropriate the margins contain photomicrographs, gross photographs, tables, and diagrams. The photographs are of extremely high quality but some suffer from a rather small size and less than adequate labelling.

A particularly valuable feature is the introductory paragraph at the start of most of the chapters on systemic disease, which gives an overview of the pathological principles peculiar to that system together with a summary of normal structure and function. Each chapter is followed by a helpful and succinct summary box.

There are indexing errors and some text references to a topic treated elsewhere are followed by (P000) instead of the page number. The text is clear and readable. The multitude of demands on undergraduates’ time makes one question whether a dental student should be required to have such a wide knowledge of pathology, but as long as those who design the curriculum deem that this should be so there will be a definite place for this textbook. At £36.95 it is good value and should be seriously considered by both medical and dental undergraduates as an introduction to pathology.

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