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 requires not only 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,³ but also that of the coroner or the procurator fiscal.⁴

While there is no sanction for failure to comply with the Human Tissue Act set out in the Act itself, the common law crime of 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 1961.⁵

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 quoted in this paper, 1046 were deaths from natural disease.¹ 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 testing for alcohol 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 when 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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- 1 Cox DE, Sadler DW, Pounder DJ. Alcohol estimation at necropsy: epidemiology, economics and the elderly. *J Clin Pathol* 1997;50:197–201.
- 2 *Coroners Act 1988*, s 20. London: HMSO, 1988.
- 3 *Human Tissue Act 1961* s 1(2). London: HMSO, 1961.
- 4 *Human Tissue Act 1961* s 1(5). London: HMSO, 1961.
- 5 *Coroners Rules 1994*, r 9 and r 12. London: HMSO, 1994.
- 6 Dobson v North Tyneside Health Authority [1997] 3 BMLR 146–153.
- 7 Carmichael IHB. Sudden deaths and fatal accident inquiries. *Scots law and practice*. Edinburgh: W Green, 1993:1.03.
- 8 R v Lennox-Wright [1973] CLR 529.

Oil immersion magnification without the oil

Most of us have a 100× 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, and the inability to switch between high and low power 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 100× 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 100× oil immersion lens fitted, allowing high power magnification with and without oil, and the added benefit of video.

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Book reviews

Pathology in Dentistry. E Sheffield. (Pp 281; £56.95.) Oxford Medical Publications. 1996. ISBN 0 1926 2421 0.

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 medial two thirds of each page giving an impression of rather uneconomical use of paper 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 £56.95 it is good value

and should be seriously considered by both medical and dental undergraduates as an introduction to pathology.

L W L HORTON

Clinical Reproductive Medicine. Cowan BD, Seifer DB, eds. (Pp 400; £60.75.) Lippincott-Raven. 1997. ISBN 0 3975 1186 8.

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. Thus it contains all of the appropriate background material for specialist examinations, including basic reproductive physiology 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). Overall, however, the book can be recommended to a young clinician seeking to become better informed in this particular topic.

T CHARD

Physician's Guide to the Laboratory Diagnosis of Metabolic Diseases. Blau N, Duran M, Blaskovics ME, eds. (Pp 508; £65.00.) Chapman and Hall Medical. 1996. ISBN 0 4125 7604.

In the preface to this book the editors state that most 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. As more and more metabolic disease variants present in the older age groups adult physicians will occasionally come into contact with these disorders. However, genetic metabolic disease and its diagnosis will remain mainly in the hands of specialist paediatricians and laboratories. I cannot see changes in health delivery systems affecting this, and lawyers would have a field day if it did. On the other hand successful treatment of many of these disorders will result in an increasing adult population requiring treatment.

A prestigious list of international authors (regrettably few from the UK) has been assembled by the editors. Clearly a lot of thought and a great deal of work has been put into the construction of the chapters and the result is a uniform structure involving nomenclature, background biochemistry, clinical signs and symptoms, diagnosis, and treatment. This makes it easy to find one's way around initially, however, when one attempts to get into the detail of the book it is very obvious that it is highly condensed and far from simple. For example, many general physicians faced with a metabolic pathway with