Prevalence of HIV and hepatitis C markers among a cadaveric population in Milan

Cattaneo et al report the interesting finding of human immunodeficiency virus (HIV) infection in individuals lacking risk behaviour. With any postmortem sample, serological false positivity is a well known phenomenon, and in the above instance in particular, confirmatory testing is important for confidence in test results. Although concordance in different screening assays is an excellent predictor for true positivity with any antemortem blood samples, the same may not be true for postmortem samples, where false positivity as a result of unsuitability of analyte can occur with more than one assay. When a single screening test is used, confirmation is especially important.

The authors reply

We thank Drs Barbara, Galea, and Warwick for their letter concerning our article on testing specimens from cadavers for markers of human immunodeficiency virus (HIV) and hepatitis C infection. The points they raise are all covered in the article, but are worth emphasising.

We are well aware that false positive serological reactions can occur with postmortem samples and commented on this in the discussion section; it was for this reason that data for hepatitis B serology were not included. We agree that confirmation testing is especially important and were pleased with the concordance of the postmortem results for HIV testing between the enzyme linked immunosorbent assay (ELISA) and agglutination methods, and between the postmortem samples and confirmed (where known) antemortem findings.

Our article emphasises that in the subjects studied, lack of risk behaviour does not mean that there was necessarily no risk behaviour—just that it was not common knowledge and was unknown to the pathologist carrying out the necropsy.

The main point of our paper was that medico-legal practice deals with a particular and selected population that has a high prevalence of markers for HIV and hepatitis C infection, irrespective of known risk behaviour, and in many cases a rapid and easily performed screening test would give early warning of a potential problem.
regard statistics as a form of codified guesswork and, at worst, a tool to increase the chance of publication of data beyond a p value of 0.05. It is a challenge to write for such a partitioned readership and Jones and Payne have, quite rightly, tended to serve the needs of the less numerate majority.

This book is well laid out with the use of highlighted sections and abundant graphical illustrations. There are few formulae with which to grapple and the text is mainly a narrative account of the statistical manipulations and the reasons behind them. This is leavened with a sprinkling of biographical snippets.

Overall, this is not a "how to do it" text but rather it explains why things are done that way. The volume is relatively slim, there are less than 190 pages of figures and text and this has led to a rather steep rate of ascent in the introductory section. However, for a readership that has a medical background and has endured formal attempts by statisticians to justify their stewardship of the Holy Grail, this text is to be recommended. Those undertaking research projects that require detailed statistical interpretation may then move on to more applied texts such as Altman's Practical Statistics for Medical Research (Chapman and Hall, London 1991, ISBN 0 412 27630 5). However, many may not make this progression and an acquaintance with the contents of Clinical Investigation and Statistics in Laboratory Medicine would, nevertheless, be a major advantage.

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