the 50 (18%) cases splashes occurred during evisceration, and in six of these pleural effusions, adhesions, or ascites were present, suggesting a predictable increased risk. During organ dissection, splashes occurred in 13 of the 50 (26%) cases, higher perhaps 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 inconvenience with breathing and misting up of spectacles may be found initially, these reduce with extended use.

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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 four weeks 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 hours' 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.

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Book reviews

The Immunology of Human Pregnancy. HN Claman. (Pp 232; \$69.50.) The Humana Press Inc. 1993. ISBN 0-89603-251-5

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 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 allograft 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-contentious. Others, especially immunological treatment 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

The History of British Pathology. GJ Cunningham. Ed G Kemp McGowan. (Pp 375; no price given.) White Tree Books. An imprint of Redcliffe Press Ltd. 1992. ISBN 1-872971-57-1

When I was invited to review this book my first action was to assess 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 Hadfield Committee, set up by the ACP to consider the formation of a college or a faculty of pathologists. 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 Europe 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 surgical preparations.

Almost every paragraph contains a gem, and it is clear that the 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 at sea, a man should be brought to you with his head shot off, how would you behave?" when being examined

at Surgeon's Hall, London. Questions for the Edinburgh MD, at about the same time, were arranged in groups to include anatomy, medicine, pharmacy and chemistry and examples of early questions on anatomy referred to whether or not there are valves in arteries or veins, why breathing is easier in the erect posture, and what is a muscle. Two cases were given for diagnosis and the history was in Latin; and the student had

to defend in public his "inaugural dissertation".

Even in the 1820s one of the commonest student complaints was the shortage of post mortem examinations and the reluctance of relatives to give permission. An article in the *Lancet* in 1823 regretted the lack of attention paid to morbid anatomy for "without it the nature of disease can never be understood", and cases in which no lesions could be found to account for symptoms were well known. Malpractice suits were well established at this time—"if a surgeon commit an error in the practice of his profession, from a deficient knowledge of Anatomy, by common law of the land, the patient or sufferer may recover heavy damages". The importance of the necropsy in medical audit was quickly recognised.

The chapters dealing with the development of pathology in the 20th century leading to the formation of The British Society of Pathologists in 1927 (renamed the Association of Clinical Pathologists in 1930) and the College of Pathologists are particularly important and form a useful addition to information already recorded by WD Forster in his book *Pathology as a Profession in Great Britain* published in 1968. The author had been directly involved in much that went on as a member of council and president of the ACP, and of the first Council of the College.

This is a most enjoyable book. I strongly recommend it and not only to the medically qualified.

WR TIMPERLEY

Surgical Pathology, Colour Guide. WEG Thomas, JHF Smith. (Pp 160; 257 illustrations; paperback £7.95.) Churchill Livingstone. 1992. ISBN 0-443-03252-1

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, microscopical and macroscopical 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.

Overall, this is a fairly useful pocket guide but could be much improved by