general hospital medical, nursing and ancillary staff and students to review interesting cases and to answer clinical questions.6

Does any of this occur? I would suggest that it often does not, and that this lack of support of autopsy practice from within the heartland of pathology may be one of the real reasons for clinicians’ lack of interest and the fall in autopsy rates. It has been observed that hospital-based pathologists, excluding those involved in paediatric/perinatal or forensic practice, do not even seem to like autopsies. Autopsies are considered to be technically messy and physically demanding and to detract from the more “scientific” and sterile world of histological and molecular pathology. In fact, they are sometimes seen as some sort of atavistic medical throwback, to be undertaken only by second-rate academics and those who are unemployable in the real world of 21st century anatomical pathology! Proof of the lowly status of the autopsy can be seen in the delegation of responsibility within hospital departments. All too often, the most junior registrar with the least training in anatomical pathology is designated to perform autopsies. The autopsy may even be undertaken in the absence of a consultant. Often it is a mortuary technician — one with many years of experience but no formal training, except in the “university of life and the school of hard knocks” — who teaches the unhappy registrar autopsy techniques. Registrars complain about how difficult it is to get consultants to review cases once dissections have been completed; and yet the literature maintains, and surveys have found, that “the necropsy is undertaken only by second-rate academics and those who are unemployable in the real world of histological and molecular pathology. It is administered as fine nebulae, and its adverse effects in this form are minimal. Patients may observe an initial slight odour, or stickiness on the face after nebulisation. When acetylcysteine is nebulised using a normal nebuliser it produces a dense mist. One of the less well known adverse effects of the medication was recently observed at a major teaching hospital, when an acetylcysteine cloud activated the hospital’s fire alarm! Medical, nursing and pharmacy staff need to be aware of this potentially embarrassing situation. To help alleviate the problem, acetylcysteine can be administered via a jet nebuliser, similar to that used to administer the antimicrobial pentamidine. The jet nebuliser uses an air or gas stream to break liquids up into smaller particles, decreasing the droplet size and thus eliminating the dense mist.

Could this be a scurrilous and unfair suggestion? Possibly. However, one way to assess the validity of these assertions would be to examine pathology department records to find out when the last time was that senior pathologists performed an autopsy examination by themselves. I would suggest that years might well run into decades. Perhaps the most impartial and unemotive way to assess this would be to use a scoring system to objectively determine a pathology department’s commitment to autopsy practice . . . And fortunately, one just happens to be available (see Box).

Competing interests
The author admits to a personal fondness for the ancient art of autopsy.

References

(Received 30 Mar 2005, accepted 28 Jul 2005)