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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Problems with perinatal pathology

SIR,—We are concerned about a dilemma which exists with regard to the provision of a perinatal necropsy service in maternity hospitals. There appears to be a very awkward choice which hospital planning authorities are having to face between continuing to arrange for necropsy examinations to be carried out within the hospitals where such deaths occur and arranging for them to be conducted at an outside centralised laboratory which possibly offers a regional service. This question abuts on two related problems of current interest: namely, the frequency with which perinatal necropsies are performed, and the expertness of the pathologist available to do them.

Older pathologists can recall the days when the perinatal mortality was so high that a service for that age group was a considerable and routine component of the general pathologist's work load. As perinatal mortality has declined, the general pathologist's experience in the field has necessarily been reduced, and, paradoxically, or perhaps as a consequence, perinatal pathology as a specialty has emerged. The present situation is such that while peri-

natal deaths are a minor part of the general pathologist's duties, there are still too many such deaths for the small number of specialised perinatal pathologists to examine all of them.

If, therefore, an infant dies in a maternity hospital served by a general pathologist, should the necropsy be done on the premises by the general pathologist or by an outside itinerant perinatal pathologist; or should the body be transported to a centre offering a regional perinatal pathology service? The fact that it is easier to transport a dead infant than a living pathologist and the provision of specialised laboratory facilities mean that most perinatal pathologists prefer to perform referred necropsies in their own mortuaries. Thus referral of perinatal deaths to a regional centre for examination is becoming more common, partly because the opinion obtained is thought to be of more value, but in some cases because it is the only means of getting such an examination done at all.

The provision of a perinatal necropsy service outside the maternity hospital has, however, two important disadvantages. Firstly, the

fullest understanding of these deaths can only be achieved by discussion between those practising the principal disciplines involved—namely, obstetrics, paediatrics, and pathology,¹ and the mortuary is the most immediate and instructive forum where the cause of death can be clarified for all those who are concerned, and for that reason it merits a site which is generally convenient. Secondly, it is desirable to allow bereaved mothers and fathers adequately to mourn their loss by being able to see and touch their dead infant. A hospitably furnished viewing room should be available for this purpose near the mortuary where refrigeration facilities are available. It should be remembered that a high proportion of these mothers will be recovering from major obstetric disorders, caesarean section, or both. The distance between the postnatal ward and the mortuary is therefore of consequence to them as well as to their medical attendants.

The numbers of pathologists specialising in the perinatal period are few and are likely to decrease significantly in the foreseeable future. It, therefore, behoves us to give every en-