

February 1967

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Recommended Citation

Imbriglia, Joseph E. (1967) "Case for the Post-Mortem Examination," *The Linacre Quarterly*: Vol. 34 : No. 1 , Article 12.
Available at: <http://epublications.marquette.edu/lnq/vol34/iss1/12>

Case for the Post-Mortem Examination

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Medical education is changing. The quickening expansion of scientific knowledge is strongly influencing medical practice, hospital care, and undergraduate and post-graduate medical education. Currently, there is restlessness and a call for change in the teaching methods in medical schools.

The medical student or the physician who would develop his scholarship is beset by a paradox. With modern specialization, one must narrow his viewpoint and limit the direction of effort in order to probe deeply and intensively. At the same time, he yearns to develop or retain a broad perspective in medicine. The effort to attain both seemingly opposite objectives simultaneously may cause dissatisfaction and unrest.

What will be the position of pathology in the new "completely integrated," "one-course" programs which straddle and disregard departmental structure in our medical colleges if, indeed, they do not abolish them altogether? Will pathology lose its identity if the pathologist obligingly does his "stint" at the bequest of a benevolent authoritative Dean or of an impersonal committee? Will pathology have no independent contribution to make of its own? Will the pathologist, in performing his assigned task for the clinical departments, present only the morbid anatomic picture and leave the dynamic interpretation to others?

At present, the autopsy is the stepchild of medicine, unwanted and neglected, its potential underrated. The autopsy is there to be done, like the delivery of the baby of an unwed mother; too often, the product is an abortion, rather than a creative, dynamic thing. Although often depreciated, the necropsy, which demands so much time and effort and offers so little reward or glory, may hold the hope for morbid anatomy and pathology. Only a qualified pathologist can perform an autopsy properly and interpret its gross and microscopic findings correctly. So long as the autopsy remains, there is no real danger that pathology will lose its identity. It is worth remembering that the current medical era evolved through anatomic dissection and the autopsy. Since morphology and function are not antagonistic, but two different aspects of the same biologic entity, both are essential for a full understanding of disease, including its fundamental biochemistry.

The first autopsy on medical record occurred in 1341. From that time on, the practice grew gradually, until, in the last century, Rokitansky and Virchow brought the study of the human cadaver to a new dignity. Through the efforts of such masters, new and more precise knowledge has been made available and has brought enormous benefits to medicine and the clinical sciences. By now the practice is frequent enough in modern medicine that

the words "autopsy," "necropsy" and "post mortem examination" come easily to the lips of even the rankest medical amateur. However, if few are ignorant of the procedure, there are still many with distorted notions of its morality. Some wonder that moral considerations are operative at all, when there is a question of a cadaver; others, usually from mistaken religious conviction or an unenlightened and sentimental delicacy condemn the operations as brutalities. Both positions are, of course, extreme. These problems must be met with utmost care and intelligence, so that the procedure shall, and will not antagonize the involved parties.

The autopsy is a scientific inquiry and should be regarded as a post mortem examination of the body to determine the pathologic processes present in relation to clinical phenomena and history; to determine the causes of the pathological processes, and to acquire confirmation regarding the processes and nature of disease. The more effectively these ends are accomplished, the greater will be the contribution of the autopsy to the sum of knowledge concerning the disease from which the patient died, and thereby to clinical medicine, to public health, and to the interests of the family of the deceased. The autopsy should cover not only those structures which are the seat of obvious alteration but all of the organs of the body, because the normality of certain viscera is often quite significant, as significant as the disease of others, and because organs that appear normal macroscopically are

frequently abnormal microscopically. The gross examination is amplified by microscopic studies, bacteriological, viral, toxicological, histochemical and other investigations as may be indicated.

The performance of the autopsy includes both an art and a science. The reputation of a pathologist depends in part on the precision and neatness with which he conducts an autopsy. The decorum of the autopsy room reflects a deep respect for the dead human body and under no circumstances should levity be condoned during performances of an autopsy. Procedures are carried out with efficiency and with dignity. The body, instruments and table are kept clean and orderly at all times.

The purpose of performing autopsies is many-fold. First of all, the teaching autopsy is the very backbone of modern medicine. It involves more than just a meticulous dissection and examination of viscera but includes as well many important ancillary studies of a qualitative and quantitative nature. For physicians in general the autopsy permits corroboration of a diagnosis and treatment or conversely, conceptual alteration if the diagnosis and/or treatment were incorrect. Autopsies are performed for public health purposes, for socioeconomic reasons to settle insurance claims, and claims for compensation in industrial diseases, for determination of vital statistics (e.g. lung cancer, heart disease and arteriosclerosis), for medico-legal reasons in determining cause of death, for

evaluation of surgical procedures and for a variety of family benefits (e.g. infectious or contagious diseases, hereditary diseases, exclusion of suicide or homicide, for the determination of unsuspected disease processes). It should be remembered also that patterns of disease are constantly changing.

Concerning facts and fallacies about autopsies it may be stated unequivocally that no religious denomination as a matter of policy forbids the performance of an autopsy. Students do not practise operations. They watch and learn from autopsies and only licensed physicians may perform them. No experiments are performed. Bodies are not mutilated or disfigured. Autopsies are not conducted behind barred doors. Every physician on the hospital staff and every medical student is privileged and encouraged to watch and to study at the autopsy table.

The prosector must consider the best way of communicating his interpretations from the autopsy so as to provide the answers of immediate interest to his pathologist and clinical colleagues, to students, to relatives of the decedent as well as for future research and education. For many of these purposes a complete typewritten autopsy protocol, preferably completed before it is of historical interest only, is used by most pathologists. Necropsy protocols should be adequately illustrated by black and white or colored photographs.

In this changing scene, an opportunity awaits us — to make effective use of the autopsy as the key instrument for the teaching of pathology. The autopsy is the natural focal point for integrating and correlating the manifold knowledge of the basic sciences with the clinical findings and for making the lessons learned applicable to other patients. We must make the autopsy a truly scientific investigation and an inspiring event for edification of the student, — a graduate as well as undergraduate.

Not yet is the autopsy dead! Dead only is the interest of some physicians, and, sadly enough, of some pathologists. The autopsy has always unfolded new entities and stimulated new studies. It shall continue to do so. By means of the autopsy, the pathologist can participate in the Renaissance of medical education. The autopsy serves as a focus for other teaching efforts. The pathologist must not let the hidden treasure of the autopsy slip from his hold. Pathology must not become secondary to any other field in the newer medical education. The autopsy, tried and proven, is an indispensable means of teaching and training. For the understanding of disease, pathology and the autopsy are here to stay; without them, there are uncertainty, confusion, and the danger of empiric correlations. Pathology brings us back to the reality of the patient.

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