



Bodies of evidence

AUSTRALIA'S PATHOLOGY MUSEUMS MUST BE PRESERVED TO PROTECT OUR PRECIOUS MEDICAL HISTORY FOR FUTURE GENERATIONS OF DOCTORS AND PATIENTS.

DAVE HOSKIN REPORTS.

In a way, I'm looking at a murderer. The victim has been dead a long time, expiring approximately 60 years ago.

We know their death was quick, but the perpetrator of the crime is still present at the scene. It sits there like a massive shadow cast over the right-hand side of the victim's brain – a perfect example of intracerebral haemorrhage.

Around me are thousands of other deadly killers, all neatly labelled. Behind me, the tiny body of a child floats in yellow preserving solution, the top of its head ruined by anencephalus. A few steps onward is a heart, its surface blown outwards by cardiac infarction.

As I lean closer to the glass, I'm reminded of an interview in which film director David Cronenberg talked about his fascination with the body's interior. Arguing that there's just as much beauty under the skin as there is on the surface, at one point Cronenberg even suggested there should be a beauty contest for our internal organs.

It's an odd idea, but standing here in the University of Melbourne's Harry Brookes

Allen Museum of Anatomy and Pathology, I can't help feeling he's onto something.

Unlike most museums, these collections are as much about the present as the past. When a pathology museum at the university was first proposed in 1859, its chief aim was not simply preserving the historical record, but to illustrate morphology. Specimens were gathered to demonstrate body structure, to illustrate disease and to chart the way its patterns change over time. The result was that museums such as this became an essential aid in teaching doctors about disease.

They have also kept pace with technology. A visitor to the Museum of Human Disease at the University of New South Wales would never know that once upon a time most of its specimens were simply stored in jars of alcohol. Today digital microscopes and virtual microscopy provide a far closer view on disease than ever before, and computers are ubiquitous.

Every exhibit has been completely photographed and digitised; every image has been linked to its histology, radiology and clinical history; every student has been given a copy of this resource on CD. >



Professor Denis Wakefield among some pathology specimens at the Museum of Human Disease, University of New South Wales.



PHOTO CREDIT: WARREN CLARKE

Professor Robin Cooke: many factors have played a part in pathology museums' decline as a teaching tool.

Modern obstacle course

Despite these efforts to move with the times, these days many pathology museums are under threat.

One of the principal reasons is obvious: running a museum is an expensive exercise. A successful collection requires considerable storage facilities, specialised expertise in preparing and maintaining specimens, and many man-hours of hard work to host quality exhibitions.

"There's less and less funds available within medical schools and universities to do these types of things," explains Professor Denis Wakefield, head of the Museum of Human Disease and the School of Medical Sciences at the University of New South Wales.

"Often medical schools look around and say 'where can we cut the cost?', and one of the obvious places is to get rid of museums."

Just as serious is the increasing difficulty in obtaining tissue specimens. There are a number of reasons for their scarcity, but one of the most obvious is simply a change in accepted medical practice.

The number of specimens obtained during surgery, for example, has been significantly reduced.

"It's all done by keyhole surgery," Professor Wakefield says.

"You can't bring out a big specimen that way. You break it all up and suck it through tubes and you end up with nothing to show anybody."

Similarly, because of the demand for more detailed pathological analysis, more incisions are being made in specimens than was previously the case. The result is that even if large surgical specimens are retrieved intact, they may be too damaged to be worth displaying.

The other traditional source for specimens was autopsies, but unfortunately, for many reasons the autopsy rate has dropped to almost zero in some hospitals.

"Pathology departments are being pushed," says Professor Paul Monagle, head of the Department of Pathology at the University of Melbourne.

"Autopsies are an awful lot of work, and unfunded work. There is no Medicare benefit for an autopsy outside of the perinatal period."

A major shortage of anatomical pathologists in Australia's teaching hospitals also hasn't helped matters. However, Professor Monagle doubts that the decrease in autopsies can be attributed to work practices alone.

"I think the major issue is that our clinical colleagues often just don't wish to ask for autopsies anymore," he says.

"Part of that may be because they believe they already know why their patients are dying, and part of that may be because that, in this day and age, we have to get full informed consent.

"Many people, when faced with the prospect of going and asking people 'can we take the specimen for a pathology museum?' find that rather daunting and don't wish to do that."

In the public interest

This delicate process of obtaining patient consent is another hurdle for pathology museums to overcome.

"Probably one of the biggest things you can do in life is to donate something of yours," says Rita Hardiman, curator of the Harry Brookes Allen Museum.

