



Annual incidence (95% confidence interval) of hairdressers with a stated occupational skin disease. Data are for Upper Palatinate, Upper-Franconia, Middle-Franconia, and Lower-Franconia (Northern Bavaria) from 1990 to 1992 and, after governmental reorganisation, for Upper-Franconia and Middle-Franconia from 1993 to 1999

## Comment

An impressive downward trend in cases of occupational skin diseases in hairdressers has occurred in Northern Bavaria over the past decade. This seems to reflect improvements in working conditions due to new legislation and intensified preventive measures rather than a change in the natural history of occupational skin disease.<sup>5</sup> Because of the size of the region studied and the sampling scheme, the findings can be generalised and applied to Germany as a whole.<sup>2-3</sup>

Although the prognosis for recovery from occupational skin disease has not changed significantly over the past five decades,<sup>5</sup> cooperation between dermatolo-

gists, government physicians, employers, employees, the competent workers' compensation board, the hairdressers' guild, hair cosmetics manufacturers, and legislative authorities has led to a reduction in occupational skin diseases in hairdressing. However, to achieve a longlasting reduction, interdisciplinary cooperation must be continued and primary prevention should start as early as possible, preferably by legally binding supplementary medical pre-employment examination.<sup>2</sup> The Principle G24 "Skin diseases (other than skin cancer)" is under discussion in Germany.

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## Postmortem examinations using magnetic resonance imaging: four year review of a working service

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Magnetic resonance imaging is useful in postmortem examination of neonates.<sup>1</sup> As an alternative to invasive autopsy, the Jewish community asked for magnetic resonance imaging to be used in postmortem examinations in the general population. This service was established with the cooperation of the local coroner, and started in March 1997. Three private magnetic resonance imaging facilities take work for six coroners. Though funded, for religious reasons, by the local Jewish community, the service has also examined Muslim and Christian bodies. We describe the first fully operational service of its kind.

### Methods and results

Since the inception of the service, the bodies of 53 people (28 women and 25 men), with an average age of 76 (range 54-96) years, have been examined. All were non-suspicious deaths referred to the coroner because the general practitioner or hospital doctor could not issue a death certificate or there had been recent surgery or other condition needing automatic referral to the coroner.

The cause of death was determined from magnetic resonance imaging and the clinical history. Bodies of people with metabolic disease, or other pathology unlikely to cause macroscopic changes in anatomy, were excluded from examination.

A confident diagnosis of the cause of death was made in 47 cases (87%). In six cases the clinical history and magnetic resonance imaging findings were inconclusive: invasive autopsy was necessary. The scan and autopsy results are given in the table. A full clinical history was obtained in all cases, but in one case further clinical information became available later, casting doubt over our diagnosis with magnetic resonance imaging.

### Comment

In cases of non-suspicious death, magnetic resonance imaging is a credible alternative to invasive autopsy. General practitioners and hospital doctors accurately certify only 31-75% of deaths; the six cases examined by both magnetic resonance imaging and autopsy suggest that imaging is at least as accurate.<sup>2-5</sup>

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Cause of death identified by magnetic resonance imaging and autopsy in 53 cases

Magnetic resonance and clinical history	No	Autopsy
Cardiac ischaemia or cardiac death	31	—
Pneumonia	6	—
Aortic aneurysm	3	—
Disseminated malignancy (one renal in origin)	2	—
Cerebral infarction	2	—
Cerebral haemorrhage	1	—
Adult respiratory distress syndrome (after surgery)	1	—
Pulmonary embolus (after surgery)	1	—
Pulmonary oedema, pleural effusions, abnormal left ventricular wall signal	1	Ischaemic heart disease, pulmonary oedema
Normal brain and lungs, left ventricular hypertrophy, pericardial fluid	1	Ischaemic heart disease
Old brain ischaemia, thorax and upper abdomen normal, history of ischaemic heart disease	1	Ischaemic heart disease
Fractured neck of femur, pulmonary consolidation, and oedema	1	Ischaemic heart disease, pneumonia, gastric erosions, pseudomembranous colitis fractured neck of femur
Pulmonary oedema, empyema pericardial fluid, septicaemia	1	Pulmonary oedema, pneumonia, pericarditis, septicaemia, empyema
Cardiomegaly, pulmonary oedema	1	Ischaemic heart disease

Knowing the clinical history is important for evaluating images, particularly when a specific clinical question has been raised. After the clinical history was discussed with the coroner, however, nearly half the cases referred by hospital doctors were accepted by the coroner without any postmortem examination.

Many cases from general practice were referred to the coroner because the doctor had not seen the patient for several weeks, even though the patient had a proved history of disease. The doctors were either too busy or unavailable to visit the mortuary to review the body after death. In cases such as these, where specific diseases could be evaluated, magnetic resonance imaging was most valuable.

Magnetic resonance imaging is a useful examination technique. The hard copy images are suited to audit and quality control, which are noticeably absent from the present system. Imaging is expensive, however, as we scan the head, thorax, and upper abdomen. The availability of scanners and radiologists' time also limit its use.

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## Rising incidence of Kawasaki disease in England: analysis of hospital admission data

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Kawasaki disease is the leading cause of acquired heart disease in children in the developed world and may be a risk factor for adult ischaemic heart disease.<sup>1</sup> A fifth of untreated children develop cardiac lesions during the acute phase of the disease. The cause remains uncertain. Epidemiological studies support an infectious agent inducing the disease in a genetically susceptible minority. Superantigen toxins have been implicated. Reported incidence rates differ considerably throughout the developed world with rates in Japan 10 times those in the United States and 30 times those in the United Kingdom and Australia.<sup>2-4</sup> Hospital surveillance data suggest the incidence of Kawasaki disease in Japan has risen by over 50% between 1987 and 1998.<sup>2</sup> To ascertain whether there had been a simi-

lar rise in England, we investigated trends in hospital admissions for Kawasaki disease using routinely collected statistics from 1991 to 2000.

### Methods and results

The hospital episode statistics database provides information on every inpatient admission to English NHS hospitals. Coding accuracy and reproducibility are better for acute conditions than for chronic disorders.<sup>5</sup>

We examined all emergency inpatient admissions for children younger than 17 years primarily diagnosed as having Kawasaki disease between 1 April 1991 and 31 March 2000. We excluded 293 interhospital transfers to avoid duplication. Coding of