be distortion of the size of objects (macropsia or micropsia)—or they may be associated with sensations of familiarity or with personalisation of the image (autoscopy). The Doppelgänger phenomena; thus "phosphenes"—sparks of light produced by himself, is most commonly attributed to lesions of the parietal lobe.[16]

Finally, hallucinations occur with disorders of the eye. As there is often a coexistent central disturbance, many fanciful explanations have ascribed ocular hallucinations to illusory phenomena; thus "phosphenes"—sparks of light produced by mechanical distortion of the globe—vitreous opacities in myopia, and the movements of a detached retina may all excite hallucinations.[3] In these circumstances it has been argued that entoptic images from the retinal ganglionic network and from "luminous dust," which are normally filtered out from conscious perception, impinge upon the deranged mind and are misconstrued.[17]

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[3] Duke-Elder, S, and Scott, G I, *System of Ophthalmology*, vol XII, p 560. London, Kimpton, 1971.
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Physician to the bereaved

To what extent should a coroner's pathologist be a counsellor to the relatives of the deceased? This question has been raised in a recent article[1] by Dr Lester Adelson, who is one of the most experienced forensic pathologists in the United States. He maintains that the medicolegal pathologist has a direct responsibility to explain and interpret the circumstances and cause of death to the relatives, whereas the clinical pathologist reports back to a clinician, who is the intermediate link with the bereaved survivors.

In Britain how far do coroners' pathologists counsel the relatives? Probably this is the exception rather than the rule, but circumstances here are somewhat different from America, where, in many jurisdictions, the pathologist is a medical examiner, with legal status and quasijudicial powers as well as his medical knowledge. He has a responsibility not only to conduct the necropsy but also to classify the circumstances of the death, assuming the functions of the English coroner in addition to his more technical role.

In Britain the pathologist works at the behest of the coroner, to whom his report is made, so that it is not always easy for him to pre-empt the coroner's certificate or the inquest by discussing the matter with the relatives in the early stages. Indeed, before an inquest the matter is sub judice, and in the case of a death which might proceed to criminal courts clearly the pathologist could not discuss the circumstances freely. These cases are, however, the exceptions: in the 80% of coroner's cases in which death is due to natural causes there seems no reason why the coroner's pathologist should not make himself available to the relatives if they want clarification of the cause of death and further explanation about the circumstances. In some cases this is already done, notably in connection with the "cot death" syndrome. The British Guild for Sudden Infant Death Study was founded as a counselling service by a full-time forensic pathologist, and for many years Professor John Emery has been carrying out a similar function among bereaved parents in Sheffield.

Many deaths requiring medicolegal investigation leave the relatives in a state of profound emotional unrest. By the very definition of coroners' cases, they are usually sudden, unexpected, or traumatic. The survivors are more shocked than if death follows some illness, where previous explanations by clinicians should at least have prepared the ground for the fatal outcome and have given some understandable reasons for it. In forensic cases the reverse is frequently true, and the emotions aroused vary from stunned grief to outright anger. The sudden loss of a middle-aged husband and father from a myocardial infarction may engender shocked disbelief. The surviving spouse of a suicide may show anger at what is seen as selfish inconsideration. Self-recrimination is common among mothers of cot-death babies, while murder and rape may lead to intense hatred against the perpetrator as the prevailing emotion.

Perhaps it is not in these spheres that the pathologist has most to offer the bereaved but rather in the everyday interpretation of medical terminology and explanation of the basic mechanism of death. It is extraordinary how relatives, otherwise well educated and intelligent, can repeatedly fail to grasp the basic facts surrounding the death. Though they may appear to absorb the first explanation, later conversations show the doctor that they really had no real concept of what he was talking about. Even the most explicit, jargon-free report may still be incomprehensible to many relatives, and here the pathologist can do much good by explaining what to him are matters of the utmost clarity.

In the past coroners' pathologists may have been too ready to shelter behind the rampart of legal privilege. This is not as impervious as many would like to think, and in cases where there are no real medicolegal complications there is no reason why the pathologist should not meet the relatives on request and explain as much as they wish to know. The coroner's co-operation can surely always be obtained, and a lead obtained from him as to the limits of discretion allowed. The range of questions which may come from the relatives is infinitely wide, from "How much did he suffer, doctor?" to "Will this stop my getting the insurance money?" Most questions and inquiries, however, are heartfelt searchings for explanations. Doctors often cannot truly comprehend the lack of medical knowledge of lay people, even if they be highly trained in other subjects. Misapprehensions are commonplace, and it often seems that relatives will go out of their way to misunderstand what is being said to them. Bereavement frequently seems to seize up the faculties of the mind, and the doctor must always be patient even in the face of what appears to be wilful mulishness or blank idiocy.

When death has occurred outside medical supervision, it seems both logical and humane that the pathologist should assume the clinician's role of sympathetic liaison with the relatives. He should at least make it known, perhaps through the coroner's officer, that he is available for any discussion that might lighten their bereavement.

[1] Adelson, L, *Journal of the American Medical Association*, 1977, **237,** 1585.