

## DESPATCH OF ORGANS TO THE PNEUMOCONIOSIS BUREAU

1. The attention of medical practitioners is invited to section 29 (2) of the Pneumoconiosis Act, No. 57 of 1956, which provides that a medical practitioner in the Union or South West Africa who attended a deceased person (European, Coloured or Native) at the time of such person's death and who knows or has reason to believe that such person worked in a dusty atmosphere at a controlled mine (a list of such mines is obtainable from the Bureau on application) or any such medical practitioner who has opened the body of a deceased person and who knows or has reason to believe that such person worked in a dusty atmosphere at a controlled mine, shall remove the cardio-respiratory organs of the deceased and send the said organs to the Bureau or any other place specified by the Director, in accordance with any instructions which may be issued by or on behalf of the Director.

2. Section 29 (4) of the Act provides that no medical practitioner shall . . . remove the cardio-respiratory organs of any person without the consent of the widow, if any, or an adult near relative of that person, if such widow or relative can readily be consulted. Attention is further invited to subsection (6) of section 29 in terms whereof a medical practitioner who fails, without reasonable excuse, to comply with any provisions of that section or any requirement of the Director under subsection (2) or (3), shall be guilty of an offence and liable on conviction to a fine not exceeding £50.

3. It is desired to point out that the Bureau is primarily interested in the post-mortem examination of the cardio-respiratory organs and all such examinations are at present undertaken on its behalf by the Pneumoconiosis Research Unit at the South African Institute for Medical Research in Johannesburg.

The findings as a result of post-mortem examinations conducted for the purpose of ascertaining the cause of death, although not essential, are nevertheless of great value to the Bureau and, if possible, copies of such reports should be included in the documents submitted to the Bureau with the cardio-respiratory organs.

4. Medical practitioners are therefore not required to carry out a post-mortem examination of the cardio-respiratory organs but should forward such organs, after removal (except in case of European miners where death occurs within a 30-mile radius of Johannesburg) to the Pneumoconiosis Bureau, De Korte Street, Johannesburg, either by rail or other convenient means of transport. If rail transport is used the container should be consigned 'carriage forward' or, alternatively, a rail warrant should be obtained from the nearest Magistrate and endorsed 'Charge mines department'.

The following particulars must accompany each and every consignment: (1) Full name and last address of deceased, (2) date of birth, (3) date of death, (4) name of the mine where the deceased was last employed (if known), and (5) bureau number.

5. Where the permission of the widow or an adult near relative can be obtained for the removal of the cardio-respiratory organs, medical practitioners should, in their own interest, obtain such permission in writing and a copy thereof should be attached to the documents mentioned in paragraph 4. Where permission is refused, a copy of such refusal should be forwarded to the Bureau together with the information mentioned in paragraph 4.

6. The procedure to be adopted in the case of a deceased European miner, where the medical practitioner has issued a death certificate certifying that death was due to natural causes,

and where the death occurred within a 30 mile radius of Johannesburg, is as follows:

(i) The Pneumoconiosis Bureau should be notified of the death.

(ii) The body should be sent to the mortuary of the Pneumoconiosis Research Unit at the South African Institute for Medical Research, De Korte Street, Johannesburg. The cost of transportation will be met by the Research Unit and the account should be submitted to the Pathology Division, Pneumoconiosis Research Unit, P.O. Box 1038, Johannesburg.

(iii) The following documents must be submitted with the body: (a) The death certificate, (b) the clinical history and, (c) permission for post-mortem examination signed by widow or near relative.

7. In all other cases (European miners, Coloured labourers and Native labourers) not falling under paragraph 6 above, and where the medical practitioner has issued a death certificate certifying that death was due to natural causes, the following procedure should be adopted in the removal, preservation and despatch of the cardio-respiratory organs to the Pneumoconiosis Bureau:

A. When the removal is done in a mortuary.

(1) The thorax should be opened in such a way that the lungs are not damaged.

(2) The pericardial sac should be opened.

(3) All pleural adhesions should be broken or cut with the least possible damage to the visceral pleura.

(4) The thoracic organs should then be removed.

(5) The large vessels, entering or leaving the heart, should be cut not less than 1 cm. above the pulmonary and aortic valves.

(6) The thoracic organs without the heart should then be floated on water in a suitable basin.

(7) A cannula or other suitable instrument should be inserted into the trachea and 10% formalin introduced into the lungs. The formalin container should not be more than 3 feet (three feet) above the specimen.

(8) The lungs should be removed from the rest of the thoracic organs by an incision through the main bronchi and vessels. The bronchi should be sectioned as close to the trachea as possible.

(9) Pledgets of wet cotton wool should be inserted into the main bronchi in order to retain the formalin in the lungs.

(10) The separated lungs and the rest of the thoracic organs should be placed in a container containing 10% formalin.

(11) The chambers of the heart should be opened and the blood clot washed out.

(12) The chambers of the heart should then be packed with cotton wool soaked in 10% formalin. The amount of cotton wool introduced should not increase the size of the heart.

(13) The heart should be placed in the container with the lungs and other thoracic organs.

B. Where the removal is carried out in any place other than a mortuary, the following procedure should be adopted: (1) As in A (1) above, (2) as in A (2) above, (3) as in A (3) above, (4) as in A (4) above, (5) as in A (5) above, (6) the lungs should be removed from the thoracic organs, (7) each lung should be placed on a flat surface with the hilum upwards and an incision made through the lung in a postero anterior direction, (8) all portions of both lungs should be placed in a container containing 10% formalin

together with the rest of the thoracic organs, (9) as in A (11) above, (10) as in A (12) above and (11) as in A (13) above.

N.B. 'Thoracic organs' include the heart, lungs, thoracic aorta, trachea, oesophagus, paratracheal tissue, larynx, paralaryngeal tissue and mediastinal tissue.

It is essential that the above procedures should be carried out as far as practicable in the circumstances pertaining to each case in order to ensure that organs are received in the best possible condition for certification and research purposes.

8. Containers and boxes for the conveyance of organs are obtainable from the Magistrate, South African Police, or the District Surgeon of the district concerned. If such containers and boxes are not available at any particular place or hospital, application should immediately be made to the Bureau.

9. The cost of all material (formalin and cotton wool), required for the preservation and transmission of specimens, will be borne by the Bureau and accounts should be submitted to the Secretary, Pneumoconiosis Bureau, P.O. Box 4584, Johannesburg.