Technical method

A modified Sandiford’s counter stain for smears of blood cultures

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The early detection of bacteria in blood cultures is an important function in clinical microbiology and is needed to provide useful information to the clinician. Several workers recommend routine Gram stained smears at each subculture, and this is now common practice. The organisms most frequently found in hospital-acquired bacteraemia are Gram-negative, and unfortunately these are difficult to distinguish from background debris using Gram’s stain and its modification. An improved staining technique would therefore be very desirable.

Consequently, we have made a comparison between Gram’s stain and Sandiford’s stain on smears prepared at subculture of routine blood cultures (5 ml patient’s blood + 100 ml Brewer’s thiglycollate medium). Our initial experiences with Sandiford’s showed poor Gram-negative differentiation, which led us to modify the proportions of pyronin and to use a phosphate buffer, pH 7-3, as the solute. This gave better differentiation and stability to the stain. Both of these factors were controlled by using smears prepared from blood cultures known to contain Escherichia coli.

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Comparison of Sandiford and Gram stained smears of 56 positive blood cultures

<table>
<thead>
<tr>
<th>Organisms seen</th>
<th>Positive culture</th>
<th>Organisms isolated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gram</td>
<td>Sandiford</td>
<td></td>
</tr>
<tr>
<td>—</td>
<td>—</td>
<td>2</td>
</tr>
<tr>
<td>+</td>
<td>—</td>
<td>1</td>
</tr>
<tr>
<td>—</td>
<td>+</td>
<td>5</td>
</tr>
<tr>
<td>+</td>
<td>+</td>
<td>48</td>
</tr>
</tbody>
</table>

*Staphylococcus epidermidis (2)*
*Staphylococcus epidermidis (1)*
*Acinetobacter sp. (1)*
*Escherichia coli (1)*
*Staphylococcus epidermidis (1)*
*Acinetobacter sp. (2)*
*Bacillus sp. (1)*
*Candida sp. (1)*
*Escherichia coli (10)*
*Pseudomonas aeruginosa (1)*
*Staphylococcus pyogenes (12)*
*Streptococcus pneumoniae (1)*

| Bacteroides sp. (1) |
| Micrococcus sp. (1) |
| Anaerobic streptococcus (1) |
| Bacteroides sp. (1) |
| Diphtheroid sp. (1) |
| Proteus sp. (1) |
| Staphylococcus epidermidis (9) |
| Streptococcus faecalis (7) |

— organisms seen; — no organisms seen; * scanty growth; ( ) numbers of each type of organisms isolated.

(Any discrepancy between the stains was rechecked to rule out any observer bias.)
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Some clinician. The ease of distinguishing Gram-negative organisms against the background debris found in the smears, and the increased numbers of organisms seen, cannot be over-emphasised (see Figure). This was especially so with small Gram-negative organisms, such as *Bacteroides* sp.

Discussion

Similarity in staining of Gram-negative organisms and the background debris makes recognition difficult and delays the information reaching the clinician. Some laboratories solve the problem by using May-Grünwald or Giemsa stains, which satisfactorily demonstrate the presence of all types of organisms but do not determine their Gram reaction. A Gram stain in addition is therefore necessary and takes more time. Alternative techniques\(^5\)-\(^9\) distinguish Gram-negative bacteria (red) from the background (yellow) but are relatively time-consuming, and in our hands these methods give poor contrast. Recently, Sandiford's stain\(^10\) was described for use in histological sections,\(^11\) where Gram-positive (blue/black) and Gram-negative (red) organisms are contrasted well against a blue/green background.

Using the modified Sandiford's stain described here, a good contrast is obtained even in the thick part of the smear, a greater number of organisms are visible, and these are more easily seen. These factors, together with a long shelf-life (several months) and a reduced variability in staining, lead us to recommend its use where the stained smear is the method used for early detection of growth in a blood culture.

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References


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