

## Correspondence

### Review of clinical activity by microbiologists

We read with interest the article by Balfour<sup>1</sup> in which the clinical involvement of microbiologists was assessed. We also wished to determine the areas for which microbiology advice was sought (or offered) in one of the hospitals serviced by our laboratory. We present the results of an study in which we examined details of telephone consultations between medical microbiologists and clinicians in a South Manchester teaching hospital and compare our findings with those of Balfour.

During November 1993, details of all telephone consultations between medical microbiologists (two consultants, two senior registrars and one registrar) and ward-based clinicians (all grades) were evaluated prospectively. The intensive care unit, which was visited daily, was excluded from the study. The following information was recorded: date, time, ward, clinician, initiator of the consultation, subject, diagnosis, antibiotic details, and outcome.

In total, 136 telephone calls were recorded, of which 15 (11%) were out of hours. Consultations were evenly distributed over most wards and departments. Fifty two per cent of calls were initiated by clinicians, 46% by the laboratory and 2% by pharmacists. The range of clinical problems discussed is shown in table 1. The majority of consultations resulted in antibiotic advice being offered (65%) or a result being given (42%), or both. Advice was also given on further investigations (29%) and infection control (8%). The antibiotic advice usually involved recommendation of antimicrobial therapy (to be started or continued) in line with antibiotic policy (57%); a non-policy antibiotic was recommended in 16% of consultations. Antibiotics were considered to be not indicated in 19% and were discontinued in 4%. Ten per cent of telephone consultations resulted in a ward visit by a medical microbiologist in order to obtain further information or make a clinical assessment. In 2% of telephone consultations advice was given to contact a further specialist (for example, infectious diseases physician).

In the UK most specialist infection advice is given by medical microbiologists who are not involved directly in patient care and because of geographical and manpower considerations much of this advice is given by telephone. A few studies have looked at the situations for which infectious disease physicians are consulted for assessment and review of hospitalised patients.<sup>2,3</sup> However, it is less clearly documented how microbiologists are used by colleagues to give advice in the

hospital setting. Balfour has usefully recorded the clinical activity of microbiologists at one laboratory, the majority of which (82%) was in form of telephone advice. Our results, in a smaller study to Balfour's but using a comparable methodology, suggest a very similar spectrum of clinical activity in our own laboratory. We did not attempt to measure the impact of our advice to clinicians, but our feeling is that advice is generally well received and acted upon throughout the hospital, as Balfour found (84% compliance).

We thank Drs E Kaczmarek and V Peiris for participating in the audit and Ms D Oliver, Department of Medical Audit, University Hospital of South Manchester, for computing the data.

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- 1 Balfour A. Review of clinical activity by microbiologists. *J Clin Pathol* 1996;49:429-31.
- 2 Wilkins EGL, Hickey MM, Khoo S, Hale AD, Umasankar S, Thomas P, et al. Northwick Park Infection Consultation Service. Part I. The aims and operation of the service and the general distribution of infection identified by the service between September 1987 and July 1990. *J Infect* 1991;23:47-56.
- 3 Wilkins EGL, Hickey MM, Khoo S, Hale AD, Umasankar S, Thomas P, et al. Northwick Park Infection Consultation Service. Part II. Contribution of the service to patient management: an analysis of results between September 1987 and July 1990. *J Infect* 1991;23:57-63.

## Book review

**Histological Typing of Tumours of the Exocrine Pancreas.** 2nd edn. Kloppel G, Solcia E, Longnecker DS, Capella C, Sobin LH. (Pp 61; £46.00.) Springer Verlag. 1996. ISBN 3-540-60280-1.

This book is the latest edition in this series, here dealing with pancreatic tumours, by world experts. The need for histological criteria for defining different forms of cancer permits comparative studies between various centres in different parts of the world by using a uniform terminology.

The introduction contains a table describing various antibodies that have proved useful in diagnosis, as well as definitions and criteria used for TNM classification. The main text considers, in detail, the benign, borderline and malignant variants of epithelial and non-epithelial tumours of the pancreas. There follow sections on secondary tumours and tumour-like lesions including cysts. Common duct changes are described. Various miscellaneous lesions, including heterotopia, are shown. The brief text is complemented by as many pages of colour illustrations at largely appropriate magnifications. Unfortunately, the colour balance is mostly wrong with the background being too blue or too yellow. This probably reflects the original illustrations submitted to the publishers. There follows an index of subjects and illustrations. Colour illustrations are now becoming commonplace in textbooks and monographs and their quality is improving rapidly. Further editions of this book will have to improve this shortcoming.

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## Notices

### Lesson of the Month

The Journal would be interested to receive short reports (maximum 250 words) of lessons to be learnt, mistakes that have been avoided or committed, and fascinating phenomena that readers would find interesting. Halftone illustrations are also welcomed.

These will be carried in the Journal as occasional fillers.

### A Two-Day Conference

#### Preparing for the In Vitro Diagnostic Directive - An Update

October 23 and 24 1996

Venue: Hotel Palace, Brussels

This practical, two-day conference will provide up to the minute information on many of the important issues faced by today's manufacturers of in vitro diagnostic devices.

For further information, please contact: Sonja Lloyd, Associated Conference Manager, Advanstar Communications, Conference Division, Park West, Sealand Road, Chester CH1 4RN. (Tel: 01244 378 888; fax: 01244 370 011.)

### Postgraduate Course

#### Current Concepts in Surgical Pathology

November 11-15 1996

The Department of Pathology, Massachusetts General Hospital, Harvard Medical School, will present a postgraduate course in Surgical Pathology under the direction of Drs NL Harris, RH Young and EJ Mark.

The course is designed for pathologists at resident and practitioner levels. It will provide in-depth review of diagnostic surgical pathology with emphasis on morphological features, newly recognised entities and new techniques, presented by the faculty of the Department of Pathology, Massachusetts General Hospital. Instruction will be primarily by lecture, but will also include discussion periods. Each participant will receive a comprehensive course syllabus.

The course has Category 1 accreditation for approximately 35 hours CME credit by the American Medical Association. The fee for the course is \$845.00 (£545.00) (residents and fellows \$650.00 (£419.00)).

For further information, please contact: Department of Continuing Medical Education, Harvard Medical School, 25 Schattuck Street, Boston, MA 02115, USA. (Tel: 617 432 1525.)

### Correction

In the July issue, the book *Diagnostic Microbiology and Cytology of the Eye* was reviewed by Dr J Hay and not Dr D V Seal. Dr D V Seal's name was also spelt incorrectly as Seale.

Table 1 Clinical diagnosis in patients where microbiological advice was given

Clinical problem	Frequency (%)
Bacteraemia	18
Chest infection	17
Soft tissue or bone infection	15
Urinary tract infection	15
Central nervous system infection	10
Diarrhoea	7
Miscellaneous	18