Letters to the Editor

Comparison of radiometric and gas capture systems for blood cultures

In their paper comparing radiometric and gas capture systems for blood cultures King *et al*¹ used a stock culture for *Gardnerella vaginalis*. We report a case of *G vaginalis* septicaemia detected by the gas capture system in a 60 year old man following transurethral resection of the prostate. On the third postoperative day the indwelling urinary catheter was removed and the patient developed rigors. A midstream specimen of urine and blood for culture in an Oxoid signal bottle were collected. The patient was successfully treated with gentamicin.

Examination of the urine showed scanty white and red blood cells on microscopy and no significant bacteriuria on culture on cystine lactose electrolyte deficient agar after 18 hours of aerobic incubation. The Oxoid signal bottle was gently mixed twice daily and showed a positive signal and haemolysis after 24 hours. A Gram film of the broth showed Gram variable bacilli. Culture on chocolate agar in 10% carbon dioxide and blood agar anaerobically yielded a pure growth of small Gram variable bacilli, which were shown to be oxidase and catalase negative, X and V factor independent, resistant to 5 µg but sensitive to 50 µg discs of metronidazole, and resistant to a 1000 µg disc of sulphamethoxazole, and sensitive to gentamicin. Use of API Strep gave the numerical profile 2052001, consistent with *G vaginalis*, an "excellent identification."

Asymptomatic carriage of *G vaginalis* was found in 11.4% men attending a clinic for sexually transmitted diseases.² Reports of *G vaginalis* septicaemia in men are rare, but include one following transurethral resection of the prostate (TURP), in which the blood cultures were positive after seven days of incubation,³ and one in which septic shock occurred, blood culture positive after two days.⁴ We believe this to be the first detection and isolation using the gas capture system.

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Identification of non-capsulate strains of *Streptococcus pneumoniae* by coagglutination

Dr Pease *et al* have shown the need for a reliable method to differentiate non-capsulate strains of *Streptococcus pneumoniae* from other non-pneumococcal α -haemolytic streptococci, isolated from eyes.¹ Although they found that non-capsulate pneumococci were susceptible to optochin, the results of confirmatory tests such as bile solubility and biochemical identification using API 20 Strep (API Laboratory Products) were variable. Shayegani *et al*² used immunodiffusion and counter-immunoelectrophoresis to determine the presence of common pneumococcal antigen on non-capsulate strains, and workers at the World Health Organization Laboratory for Reference and Research on pneumococci consider that antiserum to pneumococcal C-polysaccharide is an additional diagnostic aid for the differentiation of pneumococci

from other streptococci (Sorensen UBS, Henrichsen J, personal communication).

As part of a large study to determine the distribution of pneumococcal types in different kinds of clinical material from patients in Scotland, we recently examined 628 strains of *S pneumoniae* that had been isolated from eyes over 18 months. Most of these strains were referred to us for serotyping by other diagnostic bacteriology laboratories in Scotland. Seventy seven of the 628 strains (12%) did not react in the coagglutination test carried out with diagnostic pneumococcal antisera (Pools A to I and type specific antisera, Statens Serum-institut, Copenhagen). They all reacted, however, in tests with antiserum to pneumococcal C-polysaccharide (Statens Serum-institut, Copenhagen). Using the same criteria, we also found that 1.5% of 2254 strains of pneumococci from respiratory specimens and 1.3% of 151 strains from ear swabs were non-capsulate. By contrast, all of 449 strains of *S pneumoniae* isolated from invasive pneumococcal infection were capsulate.

Clearly, factors exist which select for non-capsulate variants of pneumococci in eyes.

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- 2 Shayegani M, Parsons LM, Gibbons WE Jr, Campbell D. Characterisation of nontypable *Streptococcus pneumoniae*-like organisms isolated from outbreaks of conjunctivitis. *J Clin Microbiol* 1982;16:8-14.

Book reviews

Inflammation. Basic Mechanisms, Tissue Injuring Principles, and Clinical Models. Ed P Venge, A Lindbom. (Pp 488; 353 Sek.) Almquist & Wiksell International. ISBN 91-22-00790-3.

This is the second in a series of volumes, intended to update important aspects of inflammation. It draws on a series of lec-

tures given at Uppsala University Hospital in November 1984. The book is multiauthor and comprises 34 chapters, each written by an authority on that subject. For convenience the volume is divided into three sections: basic mechanisms; tissue injury principles; clinical models. The first deals essentially with cells in inflammation, starting with the complement system, then microvascular endothelium which includes permeability and leucocyte adherence. Sadly, no mention is made here of the role of interleukin I, although the leucotrienes are

adequately covered (this could be a reflection of the 1984 timing when the lecture was prepared). It also indicates how rapidly the field changes and the need for such updating volumes as this. This first section proceeds through mast cells, eosinophils, neutrophils, phagocytosis, macrophages and lymphokines, finally discussing platelet derived growth factor. Many of us are poised on the edge of the pool of molecular biology knowledge, and this chapter certainly helps to get one's feet wet and was a refreshing experience.

In the second section the emphasis is on free radicals with no less than seven chapters dealing with this explosively expanding field. A further seven chapters deal with cytolytic proteins and their role in producing tissue damage and defense.

The third section has four chapters devoted to pulmonary aspects, particularly timely with the immense amount of interest that has been aroused recently in this area. The remaining two chapters deal with sarcoidosis and psoriasis. It is interesting how the increased knowledge of the biological properties of the lipoxigenase pathway are being applied to human disease.

The editors are to be congratulated on this book, which will prove valuable to those many devotees of inflammation and it will be useful for those in the pharmaceutical industry and academia alike. We look forward to the next volume with interest.

DA WILLOUGHBY

Silicon Biochemistry. Ciba Foundation Symposium 121. (Pp 264; £27.50.) John Wiley. 1986. ISBN 0 471 91025 2.

This symposium has produced a series of most interesting papers that begin to highlight the importance of silica in biological systems. Those of us who have been involved in the study of the pneumoconioses have always maintained that we have only been on the fringe of a much larger field of investigation. I think that the appreciation of this problem would have been clarified for the readers of this journal if two more basic papers had been included, covering the mineralogical and basic chemistry of silicon dioxide, emphasising the forms of the material in the environment, and structure and surface properties, leading from the chemistry and physics into the biochemistry. The other improvement would have been to have a chapter on the earlier studies on the effects of the inhalation of silica on man and experimental animals showing the investigations of Kettle and King in this country and Leroy Gardner in the United States, which led to the concepts discussed at the symposium.

JC WAGNER

Urinary Sediment and Urinalysis. A Practical Guide for the Health Science Professional. TA Stamey, RW Kindrachuk. (Pp 104; soft cover £17.50.) WB Saunders. 1985. ISBN 0-7216-1412-4.

Microscopy of the urine carried out personally by the clinician is an essential step in the

diagnosis of urinary tract disease. Sadly, it is all too rarely carried out. This neat pocket sized booklet not only re-emphasises the need for microscopy but gives practical details as to how it should be carried out and contains such superb illustrations that no one should be in any doubt as to what is being looked for.

The only possible criticism of the booklet is the insistence on rather elaborate techniques for the collection of urine samples in both men and women. These techniques have been of great value for research and contributed considerably to the senior author's distinguished work at Stanford University. They are, however, not practical, or in general, necessary for busy urological clinics. It is unfortunate that no mention is made of more generally applicable methods for collecting "clean catch mid stream urine samples" from women. This is a serious omission.

Given these slight criticisms, the book is very highly recommended, although perhaps a little expensive.

WR CATTELL

Options for the Control of Influenza. Ed AP Kendal, PA Patriarca. (Pp 568; 61.) Alan R Liss Inc. 1986. ISBN 0-8451-2635-0.

This book has been produced from camera ready copy quite soon after the meeting in April 1985. Much of it consists of thorough reviews of the present state of knowledge of influenza viruses, their basic structure and epidemiology, and methods used for control, such as inactivated vaccines in the elderly and the young. There are also good reviews on live attenuated viruses, mainly recent United States work with cold-adapted reassortant strains, and on experience with amantadine, rimantadine, and ribavirin, although it is admitted that these have had little impact on the disease as a whole. The following sections summarise experiments on producing influenza vaccines by means of engineered yeast cells or vaccinia, or even synthetic peptides, and a series of papers reflecting a flurry of work on the mode of stimulation and recognition of influenza A by cytotoxic T cells in the mouse. All this was followed up by workshops on related topics, which are briefly summarised. The last section proposes more active and widespread measures to control influenza.

This volume is valuable to anyone in the field as it is a useful blend of general reviews and state of the art views on some viral immunology.

DR TYRRELL

Notices

Fifth European Conference on Clinical Haemorheology, Bordeaux, June 29-30, July 1 1987

The 5th European Conference on Clinical Haemorheology will be held in Bordeaux (France) from June 29 to July 1 1987 (Presidents Professor P Boivin and Professor J-F Stoltz).

The main topic will be the importance of blood methodology to clinical studies and there will be interdisciplinary sessions organised in collaboration with specialist societies for angiology haematology, neurology, and thrombotic disorders.

For further information from: Professor Michel R Boisseau, Secretariat Scientifique, Laboratoire d'Hématologie, Hôpital Cardiologique, Avenue Magellan, 33604-PESSAC—France.

Current Topics in Chemical Pathology

Advance announcement in view of change of date and venue

The one day course in Chemical Pathology has been arranged at The Barbican Centre, London, on Friday, October 30th 1987.

The course is open to members of The Association of Clinical Pathologists, The Association of Clinical Biochemists, and all others who are interested in current developments. The Registration fee will be £20.00, which will include the cost of coffee, lunch, and tea. Notice for Registration will be made later in 1987.