silver stains technique. Had this been done, it is possible that appropriate treatment could have been instituted to have prevented death from disseminated histoplasmosis, even though treatment is admittedly not without dangers.

The Interpretation of Respiratory Tract Histology in Cot Deaths

E. TAPP, D. M. JONES, AND J. O'H. TOBIN (*Withington Hospital, Manchester*) The diagnosis of 'cot death' is essentially one of exclusion, and is made in sudden unexpected deaths in infancy where all recognized causes of death have been eliminated. The main problem, therefore, in the respiratory tract is to determine whether a particular lesion is significant enough to cause death.

With this in mind, the histological degree of inflammation in the respiratory tract of 1939 sudden unexpected deaths has been assessed and has been correlated with the bacteria isolated from them. The type of bacteria isolated appears to give some indication as to the significance of degrees of inflammation in the tracheo-bronchial tree which on histological grounds alone would have been doubtful.

Virus isolations from the lungs have been low (16%), but were found particularly in cases which histologically showed acute bronchiolitis. Viruses were also isolated from two cases showing only minor degrees of inflammation in the lung parenchyma. In addition immunofluorescent studies of specific antibody to respiratory virus in the IgA, IgG, and IgM fractions of the serum indicate evidence of recent virus infection in five other cases with only minor histological lesions in the lung parenchyma. The significance of these findings is discussed.

Filing and Retrieval of '2 × 2' Transparencies in Morbid Anatomy

R. A. G. BROWN (*Ninewells Hospital, Dundee*) An inexpensive and reliable indexing, filing, and retrieval system for '2 × 2' transparencies within a department of pathology is described. Indexing is based upon an abridgement of the Systematized Nomenclature of Pathology and retrieval upon punched feature cards. Using plastic slide wallets holding 24 slides, 2400 transparencies and the associated index cards can be conveniently stored in one drawer of a standard filing cabinet.

Endoscopic Biopsy and the Diagnosis of Duodenitis

T. J. BETTERIDGE (*RAF Institute of Pathology, Halton*) The advent of endoscopy has imposed further burdens upon the pathologist in the assessment of changes and their significance. The problem of limits of confidence is discussed with respect to the diagnosis of duodenitis.

A simple classification is described and related to the diagnosis of 200 duodenal endoscopy biopsies. The classification relates to cellular and architectural changes. It is not felt that gastric metaplasia is of value in the grading of duodenitis.

Classification may be of limited value when set against justified clinical bias in the choice of biopsy site, but a logical assessment with a standardized format is of value to pathologists and clinicians in maintaining a consistent standard of evaluation.

Histopathology Reports and Medical Records—A Matter of Chance?

I. M. MAGRATH (*Orpington, Kent*) Most histopathology departments suffer from telephone enquiries about reports. The reading of reports over the telephone, and their receipt, by non-medical staff is a practice officially frowned on but, in fact, tolerated as inevitable. While some impatience by clinicians with the speed of decalcification or of special stains in difficult cases is understandable, requests for results already sent out need examination.

Some 500 reports each from two laboratories with different speeds and methods of receiving and processing specimens and of delivering reports were followed in an attempt to determine factors which might cause long-term failure of reports to reach their destination. It seemed likely that specimens which had reached the laboratory poorly identified, with incomplete or incorrect details, would be at risk in proportion to these inadequacies. In fact, no such consistent reason could be found for the nucleus of missing reports, and it became clear that many poorly or wrongly detailed reports reached the case notes because there existed duplications and mechanisms which ensured this, whether by accident or design; the fallibility of some elaborate and expensive devices used in records systems was also shown.

While the causes of disappearance of some reports, and the quantitative value of the covering mechanisms for many of the remainder could hardly be assessed, it seemed desirable that any attempt to 'rationalize' procedures in a laboratory office, secretariat, or hospital records department should be preceded by a careful study of the local circumstances for each hospital, as such streamlining might cause a serious drop in the arrival of reports.

An Epidemic Due to *Serratia marcescens* in a Neurosurgical Unit

K. B. ROGERS AND B. GITTENS (*Children's Hospital, Birmingham*) Over a 10-month period the operation sites of 16 of 181 patients who had major intracranial operations developed infections due to *Serratia marcescens*.

Until the characteristic colonial appearance of *serratia* on MacConkey's medium was appreciated, it was thought that two of the first four infections were caused by *Enterobacter liquefaciens*.

The infection never followed spinal operations or operations on Thursday, when the anaesthetist did not measure central arterial blood pressures. This led to a realization that two months before the first infection became manifest there had been a modification of the apparatus with which the central arterial blood pressure was measured. *Serratia* was isolated from a tube that was no longer required, but which had been inadvertently left in place and was being connected to the new recording system.

The *serratia* in this epidemic had a relatively low virulence. The infection became manifest in nine patients between 99 and 266 days after operation and only six patients showed evidence of infection as early as 12 days after operation; also in five patients *serratia* was recovered at the end of operations from the skin incision before it was sutured and none developed infections. This is in marked contrast to the fulminating septicaemia with thrombocytopenia, purpura, and hyperpyrexia some years previously amongst the infants, in a small epidemic, who became infected with *serratia* through the incision made to give intravenous fluids.

Antibodies to *serratia* were found in the sera of the infected patients and the possible value of this finding is discussed.