medium containing blood. For this reason we preferred to test our strains after growth on blood agar base. Precise details of Severin's chromogenic cephalosporin substrate method were not stated. To the best of our knowledge, antibiotic therapy had not been given to the four patients from whom \(\beta\)-lactamase producing strains were isolated. Clearly, the possibility of transfer of plasmids determining \(\beta\)-lactamase production between campylobacters and other intestinal bacteria deserves consideration.

**Letters to the Editors**

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**References**


**Reference standard for packed cell volume**

In a recent issue (J Clin Pathol 1980;33: 1) the International Committee for Standardization in Haematology presents a recommendation for a reference method for determining packed cell volume (PCV) of blood. I feel that there has been a significant omission in that the committee does not specify the proportion and type of anticoagulant to be used. Although trapped plasma may increase PCV, the effect of the anticoagulant may offset this by decreasing the volume of the individual red cell.

Brittin et al.1 studied the effect of excess disodium EDTA and demonstrated that excess EDTA shrinks red cells in proportion to the excessive concentration of anticoagulant. However, this error, due to excess anticoagulant, was not produced when the haematocrit was determined by the Coulter Counter Model S. It has been our experience, in an unpublished study comparing 1500 duplicate pairs of haematocrit values done by the microhaematocrit technique and by the Coulter Counter Model S, that the microhaematocrit was one unit lower than the haematocrit as determined by the Coulter Counter Model S. We feel that this is probably due to excess EDTA, which overcompensates for the increased PCV created by excess plasma.

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**Rotavirus infection**

We were very interested to read the paper by Cubitt and Holzel (J Clin Pathol 1980;33:306) about an outbreak of rotavirus infection in a long-stay ward of a geriatric hospital. We have recently seen a similar outbreak.

**Reference**


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**Pseudoleptospires in blood culture**

We noted with interest the observation by Rahman and Macis1 that pseudoleptospires could be identified when blood cultures from healthy humans were examined under dark-ground microscopy.

We have observed the presence of artefacts similar in all respects to those described by these authors when whole blood samples from normal, healthy guinea-pigs, hamsters, mice, and chickens have been submitted to direct dark-ground examination. Furthermore, the same type of spiral filaments have invariably been observed when fluid from freshly prepared or incubated suspensions of liver and kidney tissue from these same animals have been similarly examined. It would thus seem likely that such artefacts would be found in corresponding preparations from other animal species as well as man. Although these pseudoleptospires can usually be fairly easily differentiated from the true leptospire by an experienced worker, we concur wholeheartedly with the view that a diagnosis of...