ISO plate of an enteric-looking gram-negative rod from a febrile patient with neutropenia. As with any test, a positive result must always be evaluated in the context of the clinical condition of the patient. We do not understand why Wasilauskas and Morrell find our BTA contamination rate to be "surprisingly low." We would expect the contamination rate of the BTA to be low because the BTA is a closed noninvasive system compared with the Bactec system, which samples the air space in the bottle by the invasion of a needle through the septum of the bottle, thereby having the potential to introduce contaminating microorganisms.

Because we are well aware of the qualitative differences between the ISO and BTA systems, we again state that we find the BTA to be a reliable alternative or complement to the ISO as a blood culturing system, and its clinical utility is realized within and outside of the laboratory.

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REFERENCES


SCREENING SPUTUM SPECIMENS FOR NEUTROPHILS

To the Editor—The recently published observations by McCarter and Robinson1 demonstrating the value of screening sputum specimens for the presence of neutrophils before mycobacterial culture nicely corroborated those made by Laird2 in 1909, in a study correlating the character of sputum specimens with the recovery of tubercle bacilli from 541 cases of tuberculosis. The recovery of tubercle bacilli from specimens described as watery or mucoid or as purulomucoid but having a predominance of squamous epithelial cells microscopically was 2.1% and 8.8%, respectively, while that from specimens described as purulomucoid or mucopurulent and having a predominance of pus cells microscopically was 59.3% and 76.3%, respectively.

It is indeed reassuring that not much has changed over the past 87 years.

The Authors' Reply

To the Editor—We appreciate the comments made by Dr Washington about the quality assessment of sputum for mycobacterial culture. Laird1 was perhaps the first to recognize that the presence of neutrophils in sputum correlated with an increased isolation of Mycobacterium tuberculosis in respiratory secretions. In this respect, our work corroborates Laird’s findings. Although Laird’s work was not cited in our article, it was discussed extensively in the editorial by Wilson2 in the same issue.

Although Laird stressed the importance of obtaining “bronchial type” specimens for mycobacterial culture, he advocated the processing of lesser quality specimens just in case M tuberculosis might be isolated. In contrast, we advocate processing only those specimens that are likely to yield quality results. The ultimate diagnosis of tuberculosis depends on the collection of an adequate specimen. With the importance now assigned to mycobacterial smear and culture results, the collection of quality specimens is more relevant than ever. The microbiology laboratory plays an important role in the diagnosis of tuberculosis, and feedback regarding the quality of the specimens collected can only enhance the efforts to control tuberculosis.

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