Letters to the editor

Readers respond

Tiptoe through the petri dish
I just had a comment on your recent MLO article [Liability and the lab, “Green thumb not welcome in the lab,” March 2005, p. 38] regarding plants in the lab. I work in microbiology. A while back, we allowed plants. They became infested with mites, which then got into the incubator. We could see their tracks as they moved through the growth on the petri dishes. Didn’t seem too sanitary, so no more plants!

—Judy Janaszy
Microbiology Technical Specialist
Oregon Medical Laboratories

Reality strikes
Upon receiving the March 2005 issue of MLO, I opened it with great anticipation. I looked for and found its salary survey. I quickly turned to page 28 and found “Survival of the Fittest” by Amy Haigh, associate editor. With quickness of speed, I started to read. Her comparison to the reality shows was intriguing. As she got to the challenge to compete to be able to survive, I had a major explosion! Her figures came nowhere close to what my colleagues and I are making. Apparently, we lost.

Having a BS in medical technology with 28 years’ experience in the field, I am just now reaching the $40,000 range. My colleagues (MT, MLT) are in the same boat. Therefore, I must conclude Ms. Haigh got her data from the same writers of the TV reality shows. If not, then the data must have been biased, as her last statement in smaller letters alluded to anomalies.

Next time, I feel Ms. Haigh should start over, obtaining data face-to-face with the general technologist. Then, maybe she can get the real story on how laboratories are treated as “stepchildren” and kept in the background. Maybe then the truth will come out. Only then, with recognition of what we truly contribute to the health field, can we compete money-wise.

—Marion Floyd
Medical Center of SE OK
Durant, OK

Editor’s Note: Ms. Haigh assembled this article with data provided from another department; she is not the “statistician.” Our company’s marketing team conducts all surveys and states that in this year’s salary survey, “308 respondents (14%) indicated they were ‘medical technologists.’” Of those, only 41 respondents gave a salary figure; the rest listed hourly wages. Not knowing how many hours in a week/month/year an hourly wage-earner works precluded the statistician from combining hourly earnings into the salary mean. It is evident from the data, too, that ‘region’ makes a difference. Mr. Floyd is from Oklahoma (the ‘central’ region), and the central region has the lowest mean salary level.” Both Ms. Haigh and the editor wish they could “rewrite” the feature to make more readers happy, but the informal survey captured the data that was presented, including the anomaly mentioned by Mr. Floyd.

Memories, memories
As a clinical chemist of 39 years, I loved Roy Midyett’s article [ML0, May 2005, “Ten instruments that changed the lab,” p. 30]. As predicted, “How could you leave out the SMA 12/30 and/or SMA 12/60?” In the “prepanel days,” the regimen was, “Make a tentative diagnosis based on history of physical symptoms and order a test (one) to confirm it.” Post-SMA, it became, “Use a battery of tests to make the diagnosis.” One only has to watch ER.

—Ronald H. Laessig, PhD
Director, State Laboratory of Hygiene
Professor Pathology and Laboratory Medicine
University of Wisconsin
Madison, WI

The first ACA used metal rings that had to be threaded with two wires per channel from one end of a plastic electronic board to the other. Later ones had plastic and metal clips that “made” the ring, with the wire ends soldered to the boards. You had to use Scotch tape to hold them closed when the clip end broke off. And every lab had a “thermal accelerator” (hair dryer) to bring the chamber up to temperature after you worked on it.

The AA-I didn’t have a wash cycle between samples, and it had a metal sample wheel. If you had a wash cycle and a plastic sample wheel, you had the newer AA-II. The 12/30 used “trrombones” of glass for timing the testing cycles. The 12/60 used glass delay coils so you could sequence when the results came off.

The first Coulter I worked on were the Model A and the B. Each was a “one-channel” analyzer, with nixie lights going around in a circle — sort of like Dr. Frankensteins mad machine. You could change the aperture and do platelet counts on your WBC sample — after you lysed the red cells.

The first multichannel hematology analyzer we had was a Technicon 4. It did not like static electricity, so guys could not wear nylon shirts and ladies could not wear nylon slips or uniforms.

One of the most interesting early multianalyte analyzers was the Beckman ASTRA. You could buy it with a “rapid kit,” which was essentially one or more of every piece of the machine except the frame. I remember getting a call from a guy who wanted to know if he was going to have to put it together when he received the “rapid kit” before the analyzer arrived.

I never did a Folin-Wu glucose, but we still had the tubes. Thanks for the stroll down memory lane.

—Chuck Millstein, MBA, MT(ASCP)
Lab Manager
Memphis and Shelby County Health Department
Memphis, TN

MLO welcomes letters to the editor. We ask that you include a phone number for verification. While we prefer to publish the writer’s name, we will publish a letter with “name withheld by request,” but our editorial staff must have the writer’s name confirmed for our files. MLO reserves the right to edit any letter for style and length.
I thoroughly enjoyed the article on laboratory instruments. As a clinical laboratory scientist who cut his “lab teeth” on these instruments, both in a medical technology internship and on my first job, the photos brought back fond memories. It required some skill to change the dialysis membrane on the Technicon Autoanalyzer. And do not forget the next generation of analyzers, such as the Gemini centrifugal analyzer and the Beckman benchtops, for several analytes. These were the forerunners of the Beckman ASTRA 8. I am sure all who used them remember the sore thumbs from the manual pipetting. Thanks for the trip down memory lane and the reminder of how far laboratory instrumentation has evolved.

—Gene DiBenedetto, MS, MT(ASCP), SC
Assistant Director of Laboratory Services
Hallmark Health System
Melrose, MA

I enjoyed the story about the top 10 lab [instruments]. Very interesting. I thought that the urine dipstick readers would have been mentioned — also, the bar-code readers.

—Carlos J. DiClerico,
MT(ASCP), CLS(NCA) MS; HSA
Town ’n Country Hospital
Tampa, FL

When is a mosquito not?

Your May 2005 issue of MLO features the picture of a nonmosquito behind the headline for “mosquito-borne flaviviruses.” The dipteran depicted is a tipulid or crane fly and is easily distinguished from a mosquito by the shape of wings, head, and abdomen, and lack of piercing-sucking mouthparts.

My wife showed me the magazine, knowing I work with mosquitoes and West Nile virus, and it immediately struck me as humorous. The article stresses the need to correctly identify the arbovirus, but the authors may not realize that most flavivirus management actually relies on mosquito abatement, which requires proper identification of both the vector and the pathogen. Proper identification is critical in every step. Thank you.

—Richard Lampman, PhD
Research Scientist
Illinois Natural History Survey
Medical Entomology Program
Champaign, IL

While the article on mosquito-borne diseases was timely and well written, the insect pictured on the cover and in the article was not a mosquito. It was a crane fly, or “mosquito hawk.” These members of the family Tipulidae do not suck blood or carry human disease: http://en.wikipedia.org/wiki/Crane_fly. I spent many days dissecting mosquitoes for my master’s thesis and recognized these differences immediately.

—Mara Williams, MS, MT(ASCP)
Director, CLS Training Program
San Jose State University
San Jose, CA

Editor’s Note: Yes, proper ID is absolutely crucial … and we would like to make clear the fact that the authors of the article provided the map but did not select the so-called “mosquito” for the cover story. Thanks to our attentive and helpful readers for enlightening editorial and graphic arts staff members!  

www.mlo-online.com