

was first introduced by Noon and Freeman in 1911, and it is still used world wide. In support they quote out of date trials using fairly impure and unstandardised materials with no reference to recent controlled trials.<sup>6</sup> Dr Ewan recently conducted a successful double blind trial of desensitisation with purified dust mite extract for allergic rhinitis, but when reporting on this trial at the November meeting of the British Society for Allergy and Clinical Immunology she stated that the incidence of severe, even anaphylactic, reactions was 20%. This would be quite unacceptable to any experienced allergist, especially when given for a fairly trivial complaint. It is clear from her letter that Dr Ewan regards desensitisation as unproved and dangerous for asthma, yet many of the patients in her rhinitis trial also had asthma and were shown by objective tests to have derived considerable benefit. We and many others regard asthma as a clear indication for desensitisation against dust mites, particularly when control with drugs alone is difficult.

One of the most serious effects of the CSM Update will be to increase reliance on suppressive drugs alone for the control of asthma, yet management is often inadequate, as shown by the increasing death rate. Practitioners, and many patients as well, may now think that investigations to identify the causative allergens are not worth while because hyposensitisation is no longer available. Unfortunately, it is much easier to prescribe drugs than to look for the causative factors. It is most important to know what to avoid or remove from the environment, especially in children who are repeatedly admitted to paediatric units. Unfortunately, allergy is a neglected branch of medicine in Britain, allergy and clinical immunology has been recognised as a subspecialty only belatedly, and expert advice is unobtainable within the National Health Service in large areas of Britain.

The effect of the CSM recommendations will be to deprive many patients of useful treatment, which is available in all other countries in Europe and America, and to inhibit research and the development of the speciality in Britain.

H MORROW BROWN

Midlands Asthma and Allergy  
Research Association,  
Derby DE1 1FT

A W FRANKLAND

London W1N 1DJ

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**AUTHORS' REPLY.**—We thank Drs Morrow Brown and Frankland for pointing out that there is a discrepancy in the incidence of reactions and deaths between various standard hyposensitising vaccines and agree that it is somewhat inequitable to class all the preparations together. We emphasised in our article that the CSM did not look at either the individual vaccines or the separate conditions for which the vaccines were used. It is clear that both the extracts and the patient's disease must be assessed in judging the value and safety of hyposensitisation.

We would also agree with their assertion that there are a vast number of therapeutic substances that cause severe, acute, and life threatening

allergic reactions. Hyposensitising vaccines are a fairly minor cause of anaphylaxis. It is clear that the medical profession in general is poorly equipped to handle acute, severe reactions, and much greater emphasis should be placed on training in allergy for both undergraduates and post-graduates.

We do not believe that a particularly large number of patients other than those with insect venom hypersensitivity will be deprived of important treatment. Indeed, we hope that the absence of hyposensitisation might galvanise physicians into action in prescribing more effective and safer pharmacotherapies, particularly for those with asthma. It is important, however, to emphasise the need to search for underlying precipitants of disease, and this will include a careful assessment of allergic state. No therapeutic regimen has yet been established to have any important influence on the clinical course of allergic conditions, and this includes hyposensitisation. Furthermore, it has been established that hyposensitisation, in common with all other antiallergy treatments, must be continued for long periods to maintain efficacy and works most effectively in patients with moderate disease who are likely to be controlled with conventional prophylactic pharmacotherapies. In mild allergic disease immunotherapy is unnecessary and in very severe disease it is ineffective.<sup>1</sup>

We hope that the issues raised in our leading article and the correspondence that has ensued will stimulate further research while at the same time discouraging indiscriminate use of this treatment.

J O WARNER

Brompton Hospital,  
London SW3 6HP

J W KERR

Western Infirmary,  
Glasgow G11 6NT

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### Standards for blood pressure measuring devices

SIR,—The initiatives of the British Hypertension Society in the standardisation of blood pressure measurement techniques<sup>1</sup> and of automated manometers, as discussed by Dr Eoin O'Brien and others (16 May, p 1246), are long overdue. The main difficulty will be to persuade both practitioners and manufacturers to abide by the guidelines.

An example of standardisation problems is the anarchy over the most appropriate size for cuffs. The "standard" cuffs usually supplied often have reference lines marked on them, which suggest that they are suitable for arms of up to 34-35 cm in circumference. In an occupational screening sur-

*Percentages of patients attending Dudley Road Hospital blood pressure clinic with arm circumferences exceeding 34 cm and 28 cm*

	Circumference >34 cm	Circumference >28 cm
White:		
Men (n=69)	3	51
Women (n=52)	14	58
Black:		
Men (n=28)	7	79
Women (n=32)	34	84
Asian:		
Men (n=18)	6	56
Women (n=10)	0	90
Total (n=209)	11	64

vey of 210 people we found such cuffs to be too small in 10% of women and 5% of men. Among 388 younger, healthy examinees 3.1% of arms exceeded 34 cm in circumference, and in our blood pressure clinic 11% of 209 consecutive attenders had arm circumferences of more than 34 cm, indicating that larger cuffs should be used (table).

If the British Hypertension Society's guideline that the cuff bladder should encircle at least 80% of the upper arm<sup>1</sup> were adopted the present standard cuffs would be inadequate if arm circumference exceeded 28 cm. Larger cuffs would thus be needed in 35.1% of our healthy subjects and 64% of the hypertensive group. These cuffs are not as yet widely available, and many doctors and hospital clinics would have to buy new cuffs. In a postal survey of 94 general practitioners in Birmingham only 32 reported that they "had access" to larger than standard size (13×22 cm or 13×23 cm) cuffs. The data reported by Maxwell *et al*, however, suggest that the error with conventional cuffs is acceptable with arm circumferences up to about 34 cm,<sup>2</sup> which represents all but 11% of our hypertensive patients. We must question, therefore, whether some aspects of the society's recommendations are feasible or even desirable.

D G BEEVERS  
M BEEVERS  
A V ZEULKA  
R HORNBY  
J HEROD

Department of Medicine,  
University of Birmingham,  
Birmingham B18 7QH

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### Bicycle accidents in childhood

SIR,—I would like to support the call for training of cyclists made by Mr James Nixon and coworkers (16 May, p 1267). Two recent studies performed in this department agree with their findings. A study of accidents among children showed that only 30% had taken the cycling proficiency test and that 50% of accidents were caused by poor riding techniques (if stunts are included the total rises to 69%). Only 18% of accidents were due to collisions with other vehicles, bikes, and pedestrians.<sup>1</sup> A study concentrating on head injuries showed that 58% were caused by an inability to control the bike and 38% were due to collision.<sup>2</sup> This study also confirmed the finding that many of these accidents (44%) happen on a straight road away from a junction.

Southampton is now providing specific cycling training tracks for children, cycleways are being created in various places throughout the country, helmets are available, and a British standard is due out shortly, but until parents know the risks (70% of cyclists who die do so from head injury alone) and accept their share of responsibility these accidents will continue unabated.

In some Australian states, where children commuting to school must wear helmets, injuries have fallen sharply. How about starting gently here by not allowing children to commute alone until they have passed an adequate cycling proficiency test?

J W WORELL

Queen Alexandra Hospital,  
Portsmouth PO6 3LY

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