

HTLV-I SEROPREVALENCE IN ADULTS ON MAHÉ, SEYCHELLES

—	Positive	—	Positive
Sex		Age, male	
Male	4.2%	25–34	1.9%
Female	7.9%	35–44	3.1%
Ethnic origin		45–54	4.1%
Black	7.1%	55–64	6.6%
White	3.7%	Age, female	
Mixed	4.4%	25–34	4.8%
Occupation		35–44	2.0%
Unskilled	7.7%	45–54	10.3%
Skilled	4.8%	55–64	12.7%
Location			
North (rural)	7.6%		
Victoria (urban)	7.2%		
South (rural)	3.8%		

This study has identified a new region that is highly endemic for HTLV-I infection, at a level comparable with that found in Okinawa, Japan.⁸ The mode of transmission remains an issue: because intravenous drug abuse is unknown on the Seychelles, sexual transmission, intrafamilial spread, uteroplacental haemorrhage, breastfeeding, and blood transfusions have to be considered. No new case of TSP has been recorded on the Seychelles since 1982. A risk estimate for adult T-cell leukaemia is not available but seems to be low. The age and sex standardised seroprevalence of HTLV-I of almost 5% suggests that systematic screening for antibodies to HTLV-I in blood donors may need to be considered for the Seychelles.

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Cockroach allergens

SIR,—House dust contains many allergens,¹ of which mites of the Pyroglyphidae family are the most important source.² Cockroach debris is also found in house dust, and cockroach allergens can induce cutaneous hypersensitivity^{3–6} and increase specific IgE. Pollart and co-workers⁷ reported that levels of specific IgE to cockroach were higher in patients during asthma attacks than in controls. However, the relevance of cockroach as a sensitising factor in a general population is not known.

We wished to determine the relative importance of cockroach allergens among the major aeroallergens. Sera were collected from 623 volunteers at the Public Healthcare Centre, Marseille, France. Donors were between 20 and 60 years old and were free of major disease. The study population was representative of the general population in the area with regard to sex, age, and occupation.

Specific IgE to *Dermatophagoides pteronyssinus*, *Dactylis glomerata*, and *Blatta germanica* (German cockroach) was measured by the radioallergosorbent test (RAST) using the ‘CAP’ system (Pharmacia, Uppsala, Sweden). 4.7% of the study population were RAST positive (ie, RAST class 1 or greater) for *B germanica*, 9.1% for *D pteronyssinus*, and 8.5% for *D glomerata*. Among RAST-positive sera, 63% were positive for IgE to both *B germanica* and *D pteronyssinus*. Since there is no proven cross-reactivity between the allergens,⁸ these findings suggest that they frequently coexist in the same location.

Our results justify the classification of cockroach allergen as a major house-dust allergen and its inclusion in routine skin tests. The availability of specific monoclonal antibodies⁹ will allow precise determination of the distribution of this antigen in house dust and air and the threshold above which sensitised subjects will have respiratory symptoms.

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A new device for measuring blood pressure in adults

SIR,—Your Aug 18 editorial (p 410) noting the work of Croft and Cruickshank¹ suggests that the 15 × 33 cm cuff be standard for blood pressure measurement in adults. This may be a rational solution to the difficulty of convincing staff to switch cuffs according to the patient’s arm circumference.^{2,3} The risk of failure to detect hypertension is accepted as an alternative to the risk of false labelling of patients as having high blood pressure. It is estimated that the annual cost of treating hypertension increases by about 10% for every mm Hg that the diastolic blood pressure limit used for definition of hypertension is lowered (M. Johannesson et al, unpublished). Concerned with the burden of spurious diagnosis created by mis-cuffing, we developed a method that, we believe, fits in with your editorial view without sacrificing the advantages gained by selecting cuff size according to the 40% rule.⁴

A triple combination rubber bag is enclosed in a cuff cover. The choice between three bladder sizes (9, 12, and 15 cm wide), according to recommended arm circumference limits in adults, is made automatically as the cuff is applied. The rubber bag consists of three bladder sections on top of each other connected with tubes. A clamp is held in position at one end of the bladder in a pocket in the cuff cover. The cuff is wrapped around the patient’s arm with the end holding the clamp closest to the skin, and secured with ‘Velcro’. The clamp is then closed around the tubing at the point where the cuff overlaps (figure). Whether this is at A, B, or C depends on the patient’s arm circumference and needs no decision on the part of the person measuring the blood pressure. The tubing is designed to meet the 40% rule. With a thin arm only the small bladder will be inflated, with a medium sized arm the