Herpes

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however, that

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SIR,—Patients

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eczema.

herpes simplex skin infection.

Hughes

1

Swabs were

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DW, Sinatra

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disease,

as an occurrence

monitoring

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of atopic

control and

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selecting:

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convulsions

the infant's

infant's

of convulsion. Any individual may

be directed

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in convulsing cures

by

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because

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the card is

and

the morbidity in asthma? The evidence is

at worst negative and at best contradictory.

A consensus is emerging that self management is

to key and control to and a clearly

set of instructions—a self management plan—is the

be drawn this way. The

article by Fletcher et al suggests that

may have helped to prevent

some deaths from asthma.1 Two recent

icles from Thorax come to similar conclusions.

Sibbald concluded that psychological factors

were not major determinants of the

responses of her adult asthmatic subjects to

two hypothetical attacks of asthma.1 Simple

messages, teaching patients how to cope rather

than trying to improve their knowledge of

disease, would be most likely to reduce mor-

bidity. A self management scheme of this type

was assessed in an earlier study by Beak and

colleagues.3 A written plan and a peak flow

meter were provided for each of the subjects.

Patients improved over a seven month period,

suggesting that the plan was successful. A

trolled study, with an assessment of the (not-

standard) advice given and an analysis of

the important features which were responsible

for improved control, will be essential sequels to

this study.

Of immediate practical help, the National

Asthma Campaign has recently introduced

two children's asthma cards, based largely on

a similar design used successfully at

Hammersmith Hospital for over 10 years.4

One card is for personal use by parents or

children, and the other is for schools.5 There

are sections for regular treatment, relief

treatment, and emergency management. Brief

guidelines are printed for the emergency

doctor and for the parents or school teachers.

The cards are available from The National

Asthma Campaign, 300 Upper Street, London

N1 2XX. I urge you to use them.

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1 Fletcher HJ, Ibrahim SA, Speight N. Survey of asthma deaths in the Northern


3 Beasley R, Cushley M, Holgate ST. A self management plan in the treatment of


Effect of fever on recurrence rate of febrile convulsions

SIR,—The paper by Drs El-Radhi and Banajeh may be criticised on the grounds that

they have combined data from retrospective and prospective studies for joint analysis.1

Even if their results were to be accepted at face value, I suspect that they have drawn the

wrong conclusion from their data. Rather than suggesting that the height of initial fever

provides stimulation of non-specific immunity, thereby reducing the chance of future infec-

tions (are we therefore misguided in trying to lower fever?), it is surely more reasonable to

interpret their data by assuming that there is a natural variably of temperature threshold

required for convulsion. Any individual may convulse if the temperature rises high enough,

as in heat stroke, and as the incidence of febrile convulsion decreases with age, cerebral

maturity appears to be associated with increase in temperature threshold required for convulsion.

Their groups are clearly self selecting: those infants convulsing with temperatures below

39°C have a low temperature threshold and would be expected to have more febrile

attacks, as more infections cause pyrexia of 38-39°C than 40-41°C. Those requiring

temperatures above 40°C will have less, both because of less pyrexia and because

their convulsion threshold will increase naturally with age to levels above those caused by infectious illness.

Perhaps we should be directing our attention to those infants who present with convulsion

associated with low grade fever. Simple methods of fever control are less likely to

prevent a pyrexia of 38-39°C than one of 40-41°C, and it may be beneficial to consider

early introduction of anticonvulsant treatment in this group. This could be withdrawn after a

relatively short period of six months to one year, as the infant's convulsion threshold may

well have risen to levels where fever control alone is adequate.

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Herpes simplex infections in atopic eczema.

B J Liddle

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