

the need for scores or hundreds of operations for division or excision of thickened fibrous tissues?—I am, etc.,

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- ¹ Watson-Jones, R., *Journal of Bone and Joint Surgery*, 1949, 31B, 560.
² McKusick, V. A., et al., *Medicine*, 1965, 44, 445.
³ Watson-Jones, R., *Surgery is Destined to the Practice of Medicine, Hunterian Oration Royal College of Surgeons of England*, Edinburgh: Livingstone, 1961.

Smoking and Health

SIR,—Those of us who daily see the protracted misery and loss of life associated with cigarette smoking are appalled by the recent change of emphasis on cigarette advertising. The advertisement in the *Observer Magazine* (17 April, p. 17) shows a cricket bat and pads with a packet of Benson and Hedges Special Filter cigarettes, together with an announcement of the sponsored Cricket Competition Final at Lords. The invitation to save cigarette coupons to help our athletes win gold medals at Munich is equally noxious.

Must we, as a profession, stand idly by, attempting to persuade our younger patients not to start and our older patients to stop smoking, while such advertising attempts to nullify our efforts?

Letters to the national press on this matter are rarely published, which is understandable in view of the financial support they receive from tobacco advertising. But one of the strongest attacks comes from the magazine of the advertising industry *Campaign* (10 March 1972), "It is disgraceful that the tobacco industry is being allowed to violate—with seeming impunity—the spirit of its 'voluntary' agreement with the Government on cigarette advertising. . . . Smoking is not only a dirty habit, it is dangerous. Yet it would be impracticable and unreasonable to ban the sale of cigarettes completely. . . . But cigarette advertising, because it encourages the view that smoking is socially acceptable, must be banned.

The Council of the B.M.A. advised that a controlling body "should be appointed to vet all advertisements for manufactured tobacco products" (*Supplement*, 8 May 1971, p. 91), and this was accepted by the Representative Body.

Can we be assured that the B.M.A. is making strong representations to the Government on behalf of the profession, not only to control cigarette advertising but also to make the sponsorship of sports events by the tobacco industry illegal?—I am, etc.,

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SIR,—The question whether tobacco smoke can harm other people besides the smokers themselves has often been asked. One might assume that, if atmospheric pollution is harmful, then this form of pollution of the micro-climate within the home might also be harmful. In Hertfordshire we have had an opportunity to test this hypothesis during the routine school medical examination of 5-year-old new entrants, which is done during their second or third term. It is well known that these children tend to get increasing respiratory infections when they

first go to school, and we compared the incidence in children from non-smoking families with those from smoking families. From the records of 1,119 children, there was a clear indication that a history of respiratory troubles (coughs, colds, sore throat, earache, etc.) increases as the level of domestic smoking increases. In 341 heavy smoking families (that is, those with one or more persons smoking over 20 a day) 44.5% had such symptoms, whereas among 457 children from non-smoking families only 33.5% were sufferers. This difference is statistically significant. In families where the only smoke was from a pipe or cigar, the incidence of the various symptoms was roughly similar to families where less than 20 cigarettes were smoked, but still worse than the non-smokers. These results have been published recently in more detail.¹

It is of course known that low-income families tend to smoke more than high income ones,² and a higher incidence of respiratory infection might be expected in lower income groups, so that this relationship is not necessarily due to cause and effect. However, general practitioners dealing with recurrent respiratory infections in children might care to inquire of the parents whether they are exposing their children to this form of irritation of the respiratory mucosae. It is one thing to ruin one's own health, but the possibility that one might be harming one's children in the process is quite another.—I am, etc.,

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- ¹ *Community Medicine*, 1972, 128, 32.
² McKennell, A. C., and Thomas, R. K., *Adults' and Adolescents' Smoking Habits and Attitudes. Government Social Survey*. London, H.M.S.O., 1957.

SIR,—I think it important to bring the attention of the profession to a current advertising campaign which unhappily marries two incompatible ideas, and may well impair intelligent health education about smoking.

I refer to the campaign "Help Win Medals for Britain" advertised in the press (for example, *Observer Magazine*, 17 April, p. 17) and seen by millions for long periods as part of the back-cloth to sporting events. It exhorts people to buy cigarettes with which they will receive tokens to help the British Olympic Appeal Fund to raise £200,000 needed to support the British Olympic team at the 1972 Olympic Games.

Sport has some dangers but is generally considered to improve health. Smoking, quite apart from arguments about its causal relationship to lung cancer, can certainly damage health in several ways.

The section of the public who smoke and cannot stop will presumably be only too delighted by something that not only suggests that smoking does not matter, but encourages them to smoke for a good cause.—I am, etc.,

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Private Practice

SIR,—I read with astonishment Professor C. A. Wells's letter extolling the virtues of private practice as a necessary training for

consultants who teach medical students (6 May, p. 346).

Whether or not it is the case that the lessons that students "remember with most gratitude are those in personal human relationships unconsciously imparted by precept and example" is arguable. However, the suggestion that such relationships can be developed only in the arena of private practice, and the implication that to succeed in the National Health Service a consultant does not need "to establish a good relationship with general practice, be accepted by and give confidence to his patients, and to produce results" is one which to me and to many, many medical students shows a complete misunderstanding of the role of a health service dedicated to treating the sick rather than the sick who can pay to be treated.—I am, etc.,

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SIR,—Professor C. A. Wells (6 May, p. 346) is correct in stating that "the medical student may very well see less of his chief because of the latter's preoccupation with private practice," but in his other assumptions he attempts to "cite scripture for his own purpose."

I am not opposed to private practice, but it is important in discussion to be honest about its drawbacks (and advantages); it is wrong to imply that teachers of medical students should attend "the hard school" of private practice, so that they may learn "by experience to come to terms with their colleagues and their patients." Perhaps Professor Wells inadvertently omitted to qualify the word "terms" with "financial," in which case his letter would have made some sense.—I am, etc.,

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Maternal Influenza and Perinatal Mortality

SIR,—The annual report of the Department of Health and Social Security for 1970¹ showed that the national perinatal mortality had risen from 23.2 in 1969 to 23.4 in 1970 owing to an increase in neonatal deaths in the second quarter of the year. The report suggested that this might be associated with the influenza epidemic in December 1969 and January 1970, but that no definite conclusions could be drawn. Nevertheless a causal relationship between maternal influenza and perinatal death was implied.

Information has been recorded on all the mothers delivered in the maternity units of St. Thomas's group since 1966.² In 1969-70 14 mothers were recorded as having had influenza during their pregnancy (of these nine had influenza in December 1969). All of these mothers and babies were discharged from hospital alive and well.

Dr. D. L. Miller and colleagues (27 February 1971, p. 475), however, reported that about a third of the sample of male population of Lambeth showed serological evidence of infection during the epidemic. In order to detect any influence that a mild