



Smoker's corner

Earlier editions of the *SAMJ* regularly carried tobacco advertisements. When I was a student it was considered impolite not to provide for your guests' cigarette smoking needs. Student functions such as dances had cigarettes on each table, as much part of the décor as were flower arrangements. In cinemas the projector's light carved with difficulty through the white haze of tobacco smoke. One had to go outside to get a breath of fresh air. Today we have to remain indoors to breathe clean air as smokers congregate outside to puff self-consciously. The use of statistical methods in indisputably demonstrating the causal link between smoking and lung cancer, as reported by Austin Bradford Hill, Richard Doll and others in the mid-20th century, has been considered one of the twelve defining moments in modern medicine

Health Professionals against Tobacco is the theme for World No Tobacco Day on 31 May. This issue of the *SAMJ* carries four presentations covering aspects of this theme.

A student research study by Viljoen and Odendaal (p. 308) explores the question of **what patients know about smoking in pregnancy**. Their study was triggered by a finding by the MRC Perinatal Research Unit at Tygerberg Hospital that 39% of pregnant women smoked cigarettes. This contrasts with much lower rates of smoking by pregnant women in developed countries. Regarding the awareness of smokers of the effects of smoking in pregnancy, 8.2% thought it was harmless, though most knew about one or another of the specific dangers. They recommend that it is essential to convey current scientific knowledge to the target group of pregnant mothers and provide suggestions of how this could be done.

The editorial by Elbie Viljoen (p. 329) outlines the **harmful effects of smoking in pregnancy**. Exposure of the fetus to cigarette smoke is an important, dose-related and preventable risk factor in the quest for optimal pregnancy outcome. Nicotine, the dominant alkaloid in tobacco smoke, crosses the placenta, leading to fetal plasma concentrations higher than those in the mother. Nicotine has harmful effects on the maternal and fetal cardiovascular systems; uterine, umbilical and cerebral blood flow; the developing cerebral cortex; developing respiratory epithelium and fetal growth. Its harmful effects are evident in all trimesters of pregnancy. In the first trimester there is a 33% increase in the incidence of spontaneous abortion. In the second trimester there is a dose-dependent increase in preterm labour and prematurity, and in the third trimester a double risk of low birth weight. These and other reported harmful effects provide chilling evidence of the need to reduce the prevalence and initiation of smoking in pregnancy.

Findings concerning **doctors' attitudes and practices regarding smoking cessation during pregnancy** are reported in the paper by Everett, Odendaal and Steyn (p. 350). It is

encouraging that there is substantial evidence that structured interventions as brief as 3 minutes can significantly increase cessation rates.

Many doctors, even those deeply concerned about the harm caused by tobacco, feel powerless to influence their patient's behaviour. Saloojee and Steyn (p. 330) state that this pessimism is misplaced and recommend further education of medical students and practitioners about tobacco.

The lost art of listening

In the beginning doctors had all the magic. Some of this magic was lost when the apothecary offered to make the medicines and he was marginalised when the pharmacists said yes to the offer of the giant pharmaceutical industry to make medicines. Bernard Levinson (p. 318) takes us on a delightful journey of rediscovering communication, feelings and emotions.

Stroke risk

Stroke is the third commonest cause of death worldwide, and over two-thirds of those deaths occur in developing regions such as sub-Saharan Africa. A large general practice study by Connor *et al.* (p. 334) addresses this important topic in South Africa. Most people survive stroke and about half are disabled, placing an enormous burden on the survivors, their families and the community. The most cost-effective approach to management is to prevent the stroke in the first place. To design appropriate strategies for risk factor reduction we need to know the risk factor prevalence in each of the population groups attending GPs. Despite its limitations this study provides unique data on the prevalence of risk factors in a South African general practice population.

Cotrimoxazole prophylaxis in infants born to HIV-infected mothers

Cotrimoxazole (CTM) is recommended as standard-of-care for prophylaxis against *Pneumocystis carinii* pneumonia in all infants born to HIV-infected mothers in industrialised countries. Coutsoudis and colleagues (p. 339) studied infants born to HIV-infected mothers with and without CTM prophylaxis. They recommend that developing countries continue providing CTM prophylaxis to HIV-exposed infants. However, serious consideration should be given to developing affordable tests for HIV and determining HIV status so that those infants who are HIV-negative are not unnecessarily exposed to the unwanted side-effects of unnecessary treatment.

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