

# Tuck shop is target

## School bans "cigarettes" after parents' complaints

A primary school in Adelaide has withdrawn chocolate cigarettes from the school tuck shop after complaints from parents and the Australian Council on Smoking and Health (ACOSH). Schools should be involved in educating children about the dangers of smoking rather than encouraging them to imitate adult smokers, the parents said.

Mr Phil Williams, the honorary secretary for ACOSH in South Australia, contacted the Ferryden Park Primary School, but felt the issue was not treated seriously enough in the first instance.

"I felt that the principal's attitude was flip-pant and that he wanted to avoid controversy. He appeared to dismiss our complaints, and I got the feeling that he was unconcerned," Mr Williams told *MJA News Features*.

"Frankly, I'm not sure what kids see in those 'cigarettes' other than the chance to be like an adult."

ACOSH has been consistently opposed to the sale of confectionery cigarettes, particularly in schools.

"Imitating adults is a big thing with kids, and the 'smoking' of chocolate or liquorice cigarettes simply reinforces that. It is a factor in children becoming accustomed to smokers and the habit."

"Schools should not be selling make-believe cigarettes to children. Schools should be asking themselves whether the tuck shops are there for profit or for the benefit of the kids."

That question was put to the principal of the Ferryden Park Primary School, Mr Paul Dimetriou. He said that the chocolate cigarettes were removed as soon as he had received the complaint from ACOSH.

"I'm dead against smoking and haven't smoked since I puffed on a cigarette out of my father's ashtray when I was four — 42 years ago."

Mr Dimetriou estimated that two-thirds of his colleagues would be against confec-

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*Confectionery cigarettes come in a myriad of sizes, shapes and tastes.*

tionery cigarettes being sold in schools, but did not believe that any specific regulation prohibited their sale. He noted that children are constantly imitating smokers. For example, on a cold day, a child may put his fingers to his mouth and then blow "smoke", saying "See, I'm smoking." Other than occasional comments from teachers, no specific forum exists to educate primary schoolchildren about smoking, but he believed that more anti-smoking and drug education is needed.

To emphasize their opposition to chocolate, liquorice and sugar cigarettes, ACOSH bought the entire stock of confectionery cigarettes from a supermarket in Craigmare, near Adelaide, after the manager agreed to dispose of the stock. The cigarettes were then distributed to members of State Parliament.

Some politicians have told ACOSH that they would look into the sale of confectionery cigarettes, but that no laws existed to prevent their sale to children, particularly if the sweets were imported.



**"Imitating adults is a big thing with kids."**



## Current Comment.

### HEREDITY IN HYPERTENSION.

THIS critical age is not prepared to accept any teaching, however, traditional or however sponsored by famous authorities unless supported by adequate proof. Occasionally it is found that an opinion held widely for many generations is not in accordance with fact and, indeed, one famous English surgeon of somewhat revolutionary mind has stated that whenever an opinion is generally accepted as true it is probably false. However, it is with relief that we find that there is still a foundation beneath our feet some of which yet remains stable in spite of subversive modern medical thought, and when a simple statistical study confirms our faith in a long-held view we feel that perhaps our scientific forefathers really did know something after all. Such a study is given by David Ayman, who is known as an authority in hypertensive vascular disease.<sup>1</sup> He has set out to provide sure proof for the conviction of most physicians that this variety of arterial affection is a feature of certain families. As he points out, Dieulafoy, Broadbent, Allbutt, and many other eminent writers insisted upon the importance of inheritance of the tendency to arterial hypertension, and recent work has not only demonstrated the common occurrence of cardiovascular disease among the relatives of hypertensive patients, but has also shown that apparently healthy close relations of these patients also had blood pressures above the usually accepted normal. Instances of families in which there was an alarming incidence of vascular accidents have been published by many observers, and Ayman himself quotes a published observation of his own in which three generations were studied, there being 100% hypertensive in the first generation, 80% in the second, and 25% in the third. The method adopted in this research was very simple. The relatives of patients were examined when they came to visit the members of their families undergoing treatment in hospital. This method did not permit the study of all relatives, but it was simple and allowed a large number of families to be tested; moreover, when the object of the study was explained to the patient, an increased number of relatives visited the hospital to cooperate with the doctor thus interested in their welfare. The readings were taken as the subject sat at the bedside, an estimate of the pulse rate was made, a rough record was made of height and weight, the individual's knowledge of his own measurements being relied on, or an estimate was made by inspection and a second reading taken. When it was possible, the readings were repeated on another occasion. The usual mercury manometer was used and the auscultatory method was employed for the readings. This rough and ready method seems to have been quite satisfactory; and indeed it is perhaps as good a method as could be devised,

except by taking a great amount of time and trouble, for the emotional disturbances that are so likely to confuse blood pressure readings would be largely avoided by so apparently casual a technique. No less than 1,524 persons were examined in this way, representing 277 families. One of the most striking findings was that on comparing the children of persons who did not suffer from hypertension with those of persons who were so affected, the children of the former group showed a raising of the systolic and diastolic pressures in a much greater proportion. Thus only 3.1% of the offspring of parents whose blood pressures were regarded as normal were found to show any raising of the pressure, whereas in the case of the children of parents one of whom was known to have hypertension, no less than 28.3% had raised pressures. These younger people were studied between the ages of fourteen and thirty-nine, and a reading of 140 millimetres of mercury systolic and 80 diastolic was considered to be above the normal. In such an arbitrary matter as this it might be objected that such readings would not be regarded as very high, but it must be remembered that all the other apparently healthy persons examined showed pressures that were below these figures. What is still more interesting is that when both parents were known to be of the hypertensive type, no less than 45.5% were found to have unduly high blood pressures. It was found that on going over the results of examining the members of the second generation those individuals who were found to have elevated pressures, as judged by the accepted average for age, were also distinctly over-weight. The brothers and sisters of apparently normal parents were found to have raised blood pressures in 37.3% of the cases, but in the instance of the known hypertensive patients the brothers and sisters were also hypertensive in no less than 65.3% of the whole. During the course of this study opportunity was found to observe three generations, and the results were consistent with those previously referred to.

It seems impossible to escape the conclusion that the blood pressure is one of the physical characteristics that are individual and may be transmitted. Of course, nobody would say that all persons observed to have blood pressures above the recognized normal standard are of necessity doomed or even likely to suffer the more severe accidents associated with this physical state. It is rather that there is a group of people whose blood pressures tend to be high, just as there is that in which the pressures tend to be low. But the former are the more liable to suffer the baleful effects of arteriolar hypertension and are likely also to transmit such tendency to their children. The special knowledge of the general practitioner here should find an opportunity. Whether he safeguards such of his patients with sage advice about their lives, bears in mind the possibilities of arterial or cardiac strain, or is more than usually watchful for the onset of the toxæmia of pregnancy, he will be practising a true preventive medicine.

<sup>1</sup> *Archives of Internal Medicine*, May, 1934.