cording becomes more universal and is applied to younger age groups. All population studies that I know of, in all parts of the world, show a higher prevalence of hypertension (on any definition) in young men than in young women, and an excess of female hypertension from about 45-50 years which increases with age. The excess in the aged is almost certainly due to preferential survival for women, probably because of their much lower associated risk of myocardial infarction.

Drs King and Bleaney (February *Journal,* p.95) have made no case at all for anything unusual in the Falkland Islands, except perhaps a culture lag in general practitioner clinical behaviour. As there were under 2,000 people in the study, we are presumably observing the clinical behaviour of only one or two doctors, and since this is essentially a study of doctor behaviour and not of the population distribution of blood pressure, this hardly achieves statistical significance. It's a pity that the title 'Low prevalence of hypertension in Falkland Islands men' has now entered the Cumulative Index Medicus, and will be disgorged every time someone presses a computer button for a literature search in this field.

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Protection against Tetanus

Sir,
Tetanus is rare, with only between 15 and 24 cases being reported each year in England and Wales, although the true figure may be four to five times as high.[1] In spite of its rarity we should not become complacent about it as it is an unpleasant disease with an appreciably mortality and it may complicate any wound including burns and varicose ulcers and also recurs in patients with no history of any wound at all.[2] The causative organism, *clostridium tetanus,* is widely distributed and so will never be eliminated as the smallpox virus has been, but the disease it causes is totally preventable.

The best prevention is active immunization with a course of tetanus toxoid injections. This is cheap, effective and has very few side effects, and a course gives protection for 10 years.[3] This covers the patient not only for serious wounds for which they will seek medical help anyway, but also for *all* the minor wounds which they treat themselves. Unfortunately, much of the population, especially the elderly, is still unprotected.

If a non-immune patient gets a contaminated wound a single injection of tetanus toxoid gives no protection. He should be given human tetanus immunoglobulin (costing £14.30 if the proprietory preparation is used) and at the same time should be started on a course of tetanus toxoid. He may be given an injection of 'Triplopen' for good measure. This will prevent tetanus (though at a much greater cost than active immunization) but unfortunately the system frequently breaks down.

Firstly, the patient may not get the human tetanus immunoglobulin as few general practitioners keep it in the surgery and many casualty officers seem reluctant to prescribe it for reasons that are not altogether clear but may relate to folk memories of anti-tetanus serum and its complications and may relate to cost.

Secondly, the patient should leave the accident and emergency department with a letter to the general practitioner (which may or may not get delivered) and instructions to have a second dose of toxoid after six weeks (which may or may not be given) and a third after six to twelve months (which almost certainly does not get given). So, when the patient attends later with another wound, we start again. Unfortunately, neither hospital nor general practitioner has any means of checking that the patient gets his immunization.

All patients, including the elderly, need adequate active immunization against tetanus. An organized campaign such as exists for child immunization would be costly and probably ineffective and so this is probably best done when the patient attends the surgery for some other purpose. My plea is that questions relating to tetanus immune status should be routine at the geriatric screening clinic, the pre-employment medical, the post-natal clinic, the BUPA style 'check-up' and so on, and that full immunization should be given to those who are not immune.

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Sale of Cigarettes to Children

Sir,
In May 1983 Council held a reception at the House of Commons to try to secure a dialogue with MPs on matters of mutual interest and concern. This was successful and a number of relationships were established centrally, which continue to develop.

In order both to extend this initiative, and I hope to reduce the sale of cigarettes to children, I have suggested that secretaries ask faculty board members to contact their local MPs, either personally or by letter, and ask them to support *and sign* the following Early Day Motion (number 346), which has been put down by Mr Charles Irving, MP for Cheltenham.

> 'That this House notes that almost £60,000,000 is spent annually by children on cigarettes; and calls on the Government to uphold more effectively the law relating to the sale of cigarettes to children, as defined in the Children and Young Persons Act 1933, and to undertake urgently a review of the terms of the Act and the level of penalties for convictions under it.'

My action was prompted by the paper by N. C. A. Bradley relating to the sale of cigarettes to children in Exeter (September *Journal,* p.559) and the results of a recent Government survey.[2]

The response by faculty boards has been good and I hope that this can be reinforced by all College members using this opportunity to initiate contact with their local Parliamentary representatives.

When I wrote to faculty board members the indications were that there had been no prosecutions for offences relating to the sale of cigarettes over the last five years. However, the statistical section of the House of Commons library has finally produced the figure of seven prosecutions in England and Wales in 1982, the same year in which the Government survey indicated that £60 million had been spent by children on cigarettes! A very convincing reason for the profession to be concerned.

I enclose a few other relevant details which doctors might like to pass on to their local MPs.

1. 85 per cent of tobacco retailers profess ignorance of the law on the sale of cigarettes to children.[1]
2. The maximum penalty (£200) is not sufficient deterrent to support effective policing of the law (Gloucestershire Police Authority).
3. The mortality from smoking-related