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## Smoking makes Marlboro cowboy 'unfit'

*To the Editor*—In addition to dying from lung cancer and suffering from coronary artery disease, it is also likely that the Marlboro cowboy is impotent and infertile.

Adverse effects of smoking on male sexual health include erectile dysfunction, reduced volume of ejaculate, lowered sperm count, abnormal sperm shape, and impaired sperm motility.<sup>1,2</sup> Smoking has been shown to increase the risk of erectile dysfunction by about 50% for young men in their thirties and forties.<sup>1</sup> The Action on Smoking and Health, an anti-tobacco lobby group, and the British Medical Association estimated that up to 120000 British young men were impotent as a direct consequence of smoking.<sup>3</sup> According to the



Fig. Smoking makes Marlboro cowboy 'unfit'

same study, 88% of male smokers did not realise that smoking could cause impotence.<sup>3</sup> Anecdotally, we speculate that this number is probably even higher in Hong Kong.

As a result of the Problem-based Learning in Public Health Module in the Year III undergraduate clinical programme at the University of Hong Kong, we have produced a poster geared at Hong Kong's young people to warn them of the real risk of smoking-related impotence and infertility (Fig). This may be as powerful a message as any in deterring teens from starting to smoke and in getting young smokers to stop 'lighting up'.

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## References

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- Warning: smoking causes male sexual impotence. London: Action on Smoking and Health;1999. Action on Smoking and Health and British Medical Association website http://www. ash.org.uk

## Non-melanoma skin cancer in Hong Kong

*To the Editor*—We read with interest Cheng et al's<sup>1</sup> article on non-melanoma skin cancer (NMSC). This is an issue that has a potentially significant impact on health care provision. We are confused, however, about the source of the quoted incidence figures for basal cell carcinoma (BCC) and squamous cell carcinoma (SCC) in Cheng et al's paper. Hong Kong Cancer

Registry data details the incidence of NMSC, but not the incidence of BCC's or SCC's individually.<sup>2</sup>

Cheng et al's is a clinic-based, not a populationbased study. As such, the data quoted falls short of representing the territory's true incidence. On this basis, the data is, at best, their clinical impressions. In order