

techniques.^{1,2} In the first detailed study linking passive smoking to cervical cancer, investigators assessed ETS exposure at home and at work.^{1,3} Personal smoking history was confirmed by serum cotinine, i.e., the most sensitive and specific marker for personal smoke exposure. It has been shown to be elevated in exposed nonsmokers and the level correlates with the degree of exposure.⁴ Among women exposed to passive smoke more than three hours per day, the risk estimate for cervical cancer was 2.96 (95% CI = 1.25, 7.03) after adjusting for the known factors associated with cervical cancer.¹ In a recent study of commercial airline flights, the subjects were nonsmokers who were personal nicotine exposure monitors, and provided urine for cotinine before flights and for 72 hours afterwards.² Nicotine exposure occurred in all subjects and correlated with urinary cotinine excretion. Eye and nose symptoms indicative of acute irritation, and perceptions of annoyance were related to in-flight nicotine exposure and urinary cotinine excretion measures. These articles and others have helped to delineate the multiple factors associated with ETS exposure including room size, ventilation, temperature, humidity, the amount and type of tobacco smoked, and the volatility of the agents. As the Surgeon General pointed out, simple separation of smokers and nonsmokers does not eliminate nonsmokers' exposure to ETS.⁵

Dr. Halfen expressed concern about the validity of the Surgeon General's 1986 Report on the Health Consequences of Environmental Smoking, a carefully developed 300-page document which was written and edited by prominent scientists from many fields, whose major conclusions were corroborated by an independent group convened by the National Research Council (NRC).⁶ Clearly, Dr. Koop has been outspoken about his concern over the dangers of passive smoking; but rather than being merely rhetorical, his report provided valuable public information that was not widely known and sparked constructive debate. Furthermore, the report prompted reviews of passive smoking studies. Our conclusions were based on independent analyses of the literature and careful review of the reports from both the Surgeon General and the NRC. Our medical data section represents the current status of science in the field.

The section on legal issues and

passive smoking is the first review in the literature of this area. Not only does the section give a historical perspective, but we discuss what actions are likely to occur in the future. Public legislation and private regulations which continue to be implemented at a rapid pace have not over-reached the accepted medical effects of active and passive smoking.

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Mail Surveys of Physicians

The article entitled "Increasing Response Rates in Physicians' Mail Surveys: An Experimental Study" by Maheux, Legault, and Lambert should prove extremely helpful to anyone engaging in mail surveys of physicians.¹ In a recent survey of physicians' use of and attitude toward dorsal penile nerve block, we were also able to achieve a high response rate of 96 percent.² We attribute at least part of our success to personal, handwritten messages on our cover letters, as well as drawing lines through the formal salutations and handwriting the doctors' first names when we were acquainted with them. We feel these approaches should be added to the repertoire of techniques that are designed to increase response rate. Personalization clearly appears to be an important factor.

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Sport Fish Consumption Advisories

We disagree with Foran, *et al*,¹ in the March 1989 Journal in their characterization and conclusions concerning current public health sport fish consumption advisories. However, we do agree that the Food and Drug Administration (FDA) limits for dieldrin and DDT, initially set based upon laboratory detection capability, need to be reevaluated and updated.

The goal of our Wisconsin advisory program is: *To reduce public exposure to toxic chemicals through voluntary compliance with prudent public health advice.* Advisories appear deceptively simple, yet are complex multi-dimensional behavior modification models. An advisory is of little public health utility if it does not elicit compliance.

Most fisherman enjoy eating fish they catch. Our advisory provides practical exposure reduction alternatives with realistic compliance expectations for those who insist upon eating sport caught fish. The focus of our advisory is exposure reduction alternatives. If an angler chooses to eat some of his/her catch, and follows our advisory, exposure to, and bioaccumulation of, contaminants will be significantly less than if the advisory is ignored.

We have evidence that our consumption advisory *does* protect the sport angler by reducing their exposure. In 1985-86, we surveyed 801 randomly identified Wisconsin anglers and found 57 percent of the Great Lakes fishermen had changed their fishing location, target species, or fish-consumption habits as a result of the advisory.^{2,3}

We suggest a different measure to evaluate the adequacy of our current advisory to meet the risk based criteria proposed by Foran, *et al*. Using 1985-87 Wisconsin data from Lake Michi-