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<th>Title</th>
<th>Passive smoking: secondhand smoke does cause respiratory disease.</th>
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In a population survey the prevalence of secondhand smoke exposures at work was 47.5% among non-smoking full time workers compared with only 20% at home. People exposed at work were 37% more likely to consult a doctor for respiratory illness. The increased health problems among primary care alone among three million workers was estimated at US$29m (€18m; £26m) annually.4 Four independent case control studies on lung cancer and passive smoking in Hong Kong, reviewed by the United States Environmental Protection Agency, gave an overall relative risk of 1.48 (1.21 to 1.81). In other words, we have epidemics of respiratory disease in Hong Kong caused by secondhand smoke. However, because of the way in which the Enstrom and Kabat paper was presented little or no attention will be paid in media reports to the findings on mortality risks from respiratory disease.

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Competing interests: None declared.

Secondhand smoke does cause respiratory disease

Editor—The report by Enstrom and Kabat confirms that exposure to secondhand smoke causes injury to the respiratory system with the finding of a combined proportionality between two survival curves at all points following entry to the study.5 Mortality from coronary heart disease increases almost exponentially for most of adult life and the mortality curves of risk groups for coronary heart disease differ not only in scale but also in doubling time. As such their survival curves cannot be proportional, yet this was not tested.

The effectiveness of age adjustment in this study is questionable, the year of observation should have been taken into account, and the statistical method is potentially unsound. The biological implausibility of the trend in relative risk may well be an expression of systematic bias in the method.

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Competing interests: None declared.

Letters

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Competing interests: None declared.

Tobacco industry publishes disinformation

Editor—The American Cancer Society does not agree with the conclusions of Enstrom and Kabat in their analysis of environmental tobacco smoke in the cancer prevention study (CPS-I). Their study is fatally flawed because of misclassification of exposure. The cancer prevention study was started by the society in 1959 to measure the effects of active smoking, not to collect valid estimates of exposure to environmental tobacco smoke.2 No information was obtained on sources of exposure to environmental tobacco smoke other than the smoking status of the spouse. Tobacco smoke was so pervasive in the United States in the 1950s and 1960s that virtually everyone was exposed, at home, at work, or in other