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*We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.*

*Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.*

## Passive smoking and lung cancer

SIR,—Dr Takeshi Hirayama has shown that passive smoking increases one's risk of lung cancer (17 January, p 183). He found this risk to be dose related, and to be about a third to a half that of active smoking. If that is correct then the effect of smoking will be compounded from three sources: one's spouse, one's workmates, and oneself.

Smokers tend to marry each other.<sup>1</sup> The left-hand side of the table below gives smoking habits of a cohort of 222 couples married in Edinburgh in 1972. If we now add one-third of the spouse's intake for each person, the figures change to those shown on the right-

hand side. The number of non-smoking women falls from 150 (67%) to 94 (42%), and the number of heavily smoking women (20 or more a day) rises from 29 (13%) to 37 (17%).

This ignores whether smoking is together at home or separately at work. But smoking is linked to social class, where again like marries like.<sup>1,2</sup> If one smokes at work, one is likely to work among smokers; and one's spouse and his or her workmates are also likelier to be smokers. Away from work all will tend to congregate in smoking areas of cinemas, trains, etc.

Moreover, if passive smoking carries such a

high risk as Dr Hirayama suggests, then a large element of the risk of active smoking must come from rebreathing one's own fumes in a smoky room. Perhaps, therefore, the mortality from lung cancer could be substantially reduced simply by more powerful ventilation or by smoking out of doors.

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<sup>1</sup> Sutton GC. *Ann Hum Biol* 1980;7:449-56.

<sup>2</sup> Coleman DA. In: Chester R, Peel J, eds. *Equalities and inequalities of family life*. London: Academic Press, 1977: ch 2.

Number of couples in Edinburgh cohort of 222 with various levels of smoking by husband and wife

Active smoking						Active and passive smoking					
		Women						Women			
Men	No of cigarettes/day	0	1-9	10-19	≥20	Men	No of cigarettes/day	0	1-9	10-19	≥20
	0	88	5	7	7		0	88	4	0	0
	1-9	19	2	1	1		1-9	6	15	7	7
	10-19	11	7	5	4		10-19	0	14	7	3
	20+	32	6	10	17		20+	0	23	21	27

SIR,—Dr Takeshi Hirayama's study (17 January, p 183) made extremely interesting reading.

Following the work of Brunnemann<sup>1</sup> and others on the chemistry of tobacco smoke, some observers, including the *BMJ*<sup>2</sup> and myself,<sup>3,4</sup> have emphasised the importance of sidestream smoke as a source of environmental carcinogens, and have proposed that passive