

the issues of this volume, at year's end (since there will be two different dimensions of issues in one volume). This is not just a problem for librarians, but for anyone who wishes to bind and protect this volume. Evidently there is not a librarian on your staff.

NARCISO RODRIGUEZ
Brooklyn Hospital Center

We did consider the difficulty of binding the journal. However, we felt that the disadvantages of delaying the design changes for four months (through the end of the year) were greater. We were careful to incorporate wide enough margins to allow the larger-size issues to be cropped and bound without losing any text.

—EDITOR

Congratulations! The new format of *Public Health Reports* is a delight! I certainly share your view that manuscripts should be "accurate, short, crisp, and readable." I would like to see *Public Health Reports* continue to give high priority to publishing scientific reports and not every health professional will share my view. Please accept my very best wishes for every success.

DONALD W. MACCORQUODALE,
MD MSPH

Reports had fallen into a bit of a funk in recent years. Under your energetic and progressive leadership, I am sure the journal will now take off like a rocket! The first issue is great.

LOWELL S. LEVIN, PhD
Professor of Public Health
Head, Division of International Health
Yale University

The new format for *PHR* is great. It looks more professional, reads well, and highlights tables and graphics much more effectively. Two additional suggestions: 1) If the author has e-mail, routinely print their address as well as

their mailing address, and 2) print the keywords that will be used to reference each piece on Medline somewhere (perhaps at the end of the synopsis?).

RUSSELL S. KIRBY, PhD MS
Assistant Professor of Epidemiology
University of Arkansas for
Medical Sciences

Congratulations! The new direction looks good. I am particularly interested in the new "Public Health and Law."

DAVID R. SMITH, MD
Commissioner of Health
Texas Department of Health

Congratulations to you and the staff of *Public Health Reports* on the redesigned Journal. It looks great! I found this issue highly interesting, informative, and well written. Recognizing the Contributing Editors is also a nice touch.

HARRY M. ROSENBERG, PhD
Chief, Mortality Statistics Branch
Division of Vital Statistics
National Center for Health Statistics

Congratulations! You have done a truly remarkable job in redesigning *Public Health Reports*.

It is a pleasure to see the continuing success of *PHR*—an invaluable public health resource for a large number of public health practitioners—broadly defined.

I trust that *PHR* will also serve as a mechanism for the transfer of knowledge derived from environmental health research into forms more accessible to public health practitioners at the state and local levels.

BAILUS WALKER JR, PhD MPH
Associate Director and Professor of
Environmental and Occupational
Medicine
Howard University Cancer Center

We received copies of the issue. Because our subscription had lapsed, I

hadn't seen the new format. You have made remarkable changes and we are most proud to be a part of the journal's contribution.

Congratulations on fine work for this journal. I'm reestablishing my subscription. It's a bargain!

J. JARRETT CLINTON, MD MPH
Assistant Surgeon General
Regional Health Administrator

CORRECTIONS

The article in the January/February 1996 *Public Health Reports* by Alan Bloch and his colleagues from CDC should have been titled: "Expanded Tuberculosis Surveillance in the United States: The Need for Epidemic Intelligence." It will be listed properly in the annual index.

For Farnham et al., "Counseling and Testing for HIV Prevention: Costs, Effects, and Cost-Effectiveness of More Rapid Screening Tests," which appeared in the January/February 1996 *Public Health Reports*: In Table 3 the unit of measurement for the variables, "Time, administrative, laboratory work, Western blot," and "Time, posttest counseling (return visit)," should have been "fraction of hour." All cost, wage rate, and valuation variables in that table are measured in dollars per hour and all time variables are measured in fractions of an hour. In Table 4, the variables in the "Costs" and "Costs-Effects" columns are all measured in dollars. In the Outcome II section of Table 5, the unit of measurement for the variable, "Time, posttest counseling, HIV-client, first visit," should have been "fraction of hour."