

## CORRESPONDENCE

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## Missing Documentation

*To the Editor:*—I read with interest Dr. Koop's editorial regarding environmental tobacco smoke (ETS).<sup>1</sup> It was surprising to find within it references to "6,000 American teenagers try their first cigarette each day," "Smokers tend to underestimate the number of cigarettes smoked per day," and "the accepted and conservative number of nonsmokers who die each year from ETS exposure is more than 50,000," without any citation of a scientific source for these statements. These important statements are striking and, if true, tragic. Yet, without proper documentation, their validity cannot be assessed.

Most health-care workers probably share Dr. Koop's view that any smoking is too much. And when we hear lay press reports of a large European study of environmental tobacco smoke in which no excess morbidity or mortality was found, we long for documentation to challenge that conclusion.

It is important that statements made in scientific publications be

based on solid evidence and that the evidence be made accessible. It would be very helpful if Dr. Koop would provide appropriate references for these statements, and I ask that the Editor make a greater effort to ensure that such references are included in the future.

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## Reference

1. Koop CE: Adverse anesthesia events in children exposed to environmental tobacco smoke. *ANESTHESIOLOGY* 1998; 88:1141-2

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*In Reply:*—In response to Dr. Noel's concerns, the documentation for the fact that 53,000 nonsmokers die each year from ETS exposure is as follows: Glantz S, Parmley WW: "Passive smoking and heart disease: epidemiology, physiology, and biochemistry *AHA Circ* 1991; 83(1):1-12.

The fact that 6,000 American teenagers try their first cigarette each day is documented by, Incidence of initiation of cigarette smoking—United States, 1965-1996. *MMWR Morb Mortal Wkly Rep* 1998; 47(39):837-40.

The editorial note in this paper states "The findings in this report indicate that, during 1988-1996 among persons aged 12-17 years, the incidence of initiation of first use increased by 30% and of first daily use increased by 50% more than 6000 persons aged <18 years try a cigarette each day, and more than 3000 persons aged <18 years become daily smokers each day."

If Dr. Noel were in the trenches fighting smoking he would not have to question the fact that smokers tend to underestimate the number of cigarettes smoked per day. The reliability of self-reporting on smoking habits has been evaluated by comparing the reported smoking habits with the concentration of thiocyanate, which is higher in smokers than in nonsmokers and increases with increasing cigarette consumption. See Foss OP: Can we rely on self-reported smoking habits. *Tidsskr Nor Lægeforen* 1998; 118(14):2165-8.

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© 1999 American Society of Anesthesiologists, Inc.  
Lippincott Williams & Wilkins, Inc.Cost-efficient Carbon Dioxide Monitoring *via* Nasal Cannula

*To the Editor:*—It is routine to monitor end-tidal carbon dioxide concentration during anesthesia, whenever possible.<sup>1</sup> During sedation using spontaneous respiration *via* native airways, carbon dioxide monitoring allows for verification of air exchange and respiratory rate,

excluding mere motion against an obstructed airway. Nasal cannulae increase ambient oxygen concentrations, and coupled with blunt metal 18-gauge cannulae (Lifeshield-Abbott list #11302; Abbott, Abbott Park, IL), provide inexpensive carbon dioxide detection in the expired