increase mortality from ischemic heart disease. There are several possible mechanisms, especially induced hypertension.1-3

1 have encountered striking instances of prolonged angina pectoris, myocardial infarction, or both, in observant patients who specifically related these events to the prior ingestion of vitamin E—particularly on rechallenge. I am soliciting for comparable experiences from colleagues in view of their understandable reluctance to submit such “anecdotal” reports to peer-reviewed journals.

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The Marlboro Man’s Method of Smoking Cessation

To the Editor:

The Marlboro Man is recognized as a worldwide role model who extols the virtues and pleasures of smoking. Since the image of the Marlboro Man has been so successful in committing millions of smokers to a life of addiction and premature morbidity and mortality for a long list of smoking-related diseases, it is only fitting that we now present the Marlboro Man’s method of smoking cessation. Here’s how:

Dress up like a cowboy. Borrow or buy some good cowboy boots, slightly faded blue jeans, a western shirt, and a real fine western style hat.

If you don’t have a horse, rent one and go to a beautiful western scene and sit out on the ground with your horse or stand by him. Even sit in the saddle if you wish. Take several deep breaths of fresh air.

Pull out a cigarette—the ones you now smoke, and light up. Now contemplate for about 15 min, i.e., 1 min for each year of life you are sacrificing (on average) for this “pleasure.” Consider yourself a victim of heart attack, stroke, lung cancer, emphysema, and other smoking-related diseases.

Think what it would be like to spend 13 more years with health and the delights of the beautiful outdoor environment you have selected for this moment.

Now, throw the rest of your cigarettes away and never smoke again. Although this is the “Marlboro Man’s method of smoking cessation,” it will work for any brand.

Here’s to your good health and future enjoyment.

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Cardiac Arrhythmias During Spirometric Examinations

To the Editor:

In a recent article in the April 1993 issue of Chest, Fields et al1 reported that Montenegro et al2 were the first and the only ones in medical literature who in 1978 studied cardiac arrhythmias in spirometric examination of patients with chronic obstruction of airways.

I would like to say that my colleagues and I had done the same study in 19733 and that we had published our observations in a special issue of the Athens Thoracic Society publication, which was dedicated to Dr. K. Stephanopoulos, professor of chest diseases at Athens University. The following is the published summary of the article.

Electrocardiographic changes during FVC and FIVC maneuvers were studied on 33 normal subjects and on 99 patients suffering from obstructive pulmonary diseases. The patients, according to the severity of their disease, were divided into three groups with FEV1 value ranging between 75%-60%, 50%-46% and less than 45%. Out of each of the above four groups 200 electrocardiograms were recorded, i.e. 100 during FVC and 100 during FIVC maneuvers. The overall study of 800 ECG tracings is summarised as follows:

1st. Tachycardia, occasionally exceeding 50% of the initial value, was observed in 80%-90% of the cases during FVC and FIVC maneuvers.

2nd. Electrocardiographic changes, i.e. low voltage, increase or lowering of P, QRS, T waves, ST depression, atrial or ventricular extrasystols, etc., were observed in most of the cases.

3rd. Patients, suffering from chronic obstructive pulmonary diseases, experienced changes of the heart rate less frequently than normal subjects, which nevertheless were of longer duration. Changes suggestive of myocardial ischemia as well as extrasystoles were a common finding in heavily ill patients.

4th. The ECG changes, during FVC and FIVC measurements, were similar to those observed during the Valsalva and Müller manoeuvres and should be interpreted accordingly.

5th. Factors related to the cardiovascular rather than respiratory system should be considered responsible for unwanted incidents appearing during the FVC and FIVC manoeuvres.

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REFERENCES

Is There a Place for Aminophylline in Cardiopulmonary Resuscitation?

To the Editor:

The excellent review on adenosine by Drs. Bertolet and Hill in the December 1993 issue of Chest1 exposed what we now know about this substance, its rules and uses, and how it antagonizes the