

CORRESPONDENCE

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The Attending Anesthesiologist Meets the Patient

Did you ever have an allergic reaction to medication?
Can you open your mouth wide for me?
And tilt back your head?
Any capped teeth?
Have you had anything to eat or drink today?
Are you warm enough out here?
Do you have any questions about your anesthesia?

Did you ever have a reaction to a poem?
Can you look at my eyes and see me?
And my children?
Any grant deadlines this week?
Have you had anything to drink or inject today?

Are you warm enough—in there?
Do *you* have any questions about *my* anesthesia?

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More on Inspiratory Stridor

To the Editor:—Recently Sukhani *et al.*¹ described a patient with inspiratory stridor in the recovery room presumably associated with paradoxical vocal cord motion. I have also observed inspiratory stridor (presumably the same paradoxical vocal cord motion) to occur in a nonclinical setting and in the absence of depressant drugs or alcohol.

Case Report

A 67-yr-old man suffered from a chronic cough for about 18 months coinciding with the period when his wife was dying of cancer. He was otherwise asymptomatic, and because the cough did not disturb his sleep and a medical workup was negative, the cough was believed to be psychogenic in origin.

The event of inspiratory stridor was precipitated by a joke, the

punch line of which coincided with the beginning of the swallowing reflex as this individual was trying to take a vitamin tablet. The man involuntarily spit out the tablet in a fit of laughter. As the laughter of the others present subsided, I became aware that he was leaning forward, unable to speak, and able to inspire only a small amount of air with each breath, judging from the effort, chest motion, and quality of the stridor. The respiratory distress resolved slowly over about 15 min without intervention other than reassurance. The victim of this event stated that it had been quite horrifying, similar to drowning or being strangled.

I had seen this type of inspiratory stridor in the recovery room on several occasions and had presumed it to have a functional rather than anatomic basis, because it invariably resolved without sequelae. The above-mentioned incident shows that it also can occur in the absence of depressant drugs and muscle relaxants. A sufficiently re-