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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-

active airway and an appropriate stimulus seems to be all that is needed.

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The First Anesthetic Mixture: A Correction

To the Editor:—We suggested that the originator of anesthetic mixtures was not John Gabb, as generally assumed, but Josef Weiger, a Viennese dentist. He used a 1:4 chloroform-ether mixture in December 1847 or January 1848.[1] We were wrong.

The London dentist John Tomes and his friend Jacob Bell, a pharmacist, used a mixture of sulphuric and chloric ethers for dental surgery at the Middlesex Hospital in early 1847.[2,3] Tome's obituary mentions that ". . . in 1847 Sir John was using it (sulphuric ether) at the Middlesex Hospital for tooth extraction with varying success, sometimes using a mixture of sulphuric and chloric ethers . . . ."[2] Jacob Bell commented in an editorial that ". . . as a substitute for sulphuric ether . . . it (chloric ether) . . . had been tried with success . . . it was found to be more agreeable to the taste than sulphuric ether and less apt to produce coughing and irritating of the organs of respiration. In other respects, the operation of the two agents corresponded, and we have repeatedly administered them both together. . . ."[3]

These two sources do not specify the exact dates, the mixture's ratios, nor the principal anesthetist. O. P. Dinnick, reviewing the contemporary medical journals and the Middlesex Hospital records, recently provided circumstantial evidence that Bell administered chloric ether (and, presumably, its mixture) for Tomes' dental surgery in early January 1847.[4] It must have been before January 25, when Tomes, disappointed with chloric ether, resumed using sulphuric ether exclusively.[4,5] Both he and Bell soon enthusiastically adopted chloroform.[3] Chloric ether, also known as oil of the Dutch chemists, was an alcoholic solution of chloroform of variable strength that had been used in medicine for many years. Dinnick's article[4] brilliantly reviews its chemistry and history, as well as Bell's contributions to anesthesia and pharmacy, including his discovery of chloric ether as an anesthetic.

Thus, Bell and Tomes, preceding Weiger by 1 yr, were the originators of the first anesthetic mixture.

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