INTRODUCTION

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Stress response under anaesthesia has been universally recognized phenomenon ***(Zargar et al., 2002).*** The haemodynamic respo ses are due to reflex sympatho-adrenal discharge provoked by epila ngeal and laryngotracheal stimulation subsequent to laryngoscopy a id tracheal intubation (TI) ***(Ghai et al., 2001)***, this results in h pertension, tachycardia, arrhythmia and a change in plasma ca echolamine concentrations ***(Barak et al., 2003).***

The cardiovascular response to TI can be problematic the patient suffers from cardio-vascular, cerebro-vascular or abdon no-vascular disease in which hypertension may lead to haemorrhage ***(Kil e al., 1995).***

Sympathetic stimulation from TI also increases the intracranial pressure (ICP); this can be harmful in patients with intra ranial mass lesions or increased ICP from other pathology ***(Beebe, 2001).***

The acute increase in intraocular pressure (IOP) may l e dangerous for patients with impending perforation of eye, perforating eye injuries and glaucoma ***(Ghai et al., 2001).*** Control of IOP durin ophthalmic surgery or diagnostic tonometry is clinically importa t, because uncontrolled IOP increases induced by airway manipulation nay worsen ocular morbidity or produce misleading results ***(Eltzschig et a , 2001).***

Many attempts have been made to attenuate the pressc response to laryngoscopy and intubation ***(Kumar et al., 2003).*** Variou drugs like: deep general anaesthesia, local anaesthetics, opioids, 3-adrenergic blockers, ***(Rathore et al., 2002)***, calcium channel blockers (***umar et al., 2003)***, central α-2 adrenoceptor agonists ***(Boussofara et a , 2001)*** and vasodilators have been used ***(Rathore et al., 2002).***

Intubating devices like: the fiberoptic bronchoscope (F)B) ***(Barak et al., 2003)***, the intubating stylet ***(Miller, 2000)***, the l ghted stylet (lightwand) ***(Takahashi et al., 2002)***, the laryngeal mask ai vay (LMA) ***(Ghai et al., 2001)***, the intubating laryngeal mask airv ay (ILMA) ***(Kihara et al., 2003)*** and the cuffed oropharyngeal airway (OPA) have been used ***(Casati et al., 1999).***

Techniques like superior laryngeal nerve lock and glossopharyngeal nerve block have also been used ***(Brown, 1 99).***