

life than leaving Minnesota for a week or two in the middle of January. All three of our daughters were born in Rochester: one at Saint Marys and two at Methodist. Two of these girls are now married, and the first grandchild (a son of all things) was two weeks old yesterday. In addition to the people, I miss Cheap Charlie's, the Rochester Golf and Country Club, and popovers at Surgical Society. I have to say that the biggest difference between my life at "Mayo" and my life now is the climate. I've only shoveled snow for about 45 seconds this winter, and I've played golf at least 2-3 times per month without leaving home. My practice is anesthesia care team and like most places not without issues. I enjoy the practice of anesthesia and think our specialty is still a good one. I currently work in and am Medical Director of the Ambulatory Surgery Center (ASC) affiliated with a tertiary referral center and Level 1 trauma center. At the ASC, I'm surrounded by anesthesia personnel, OR

staff, and other nurses who all have a great attitude and enjoy their work, and I feel very fortunate to work with such fine individuals. I've always felt the people you work closely with are the most important aspects of any practice. I would encourage all young physicians training in our specialty to develop or maintain a good attitude and a sense of humor and surround yourselves with others who have similar attitudes. It'll serve you well. Remember "laughter is the best medicine, but during surgery most people prefer anesthesia." Alan Sessler was right! Learning the medical facts and acquiring the skills to be a good anesthesiologist was the easy part. It's for those other more important lessons learned that I'm most appreciative.

It's nice to know that once you're Mayo Family, you stay Mayo Family. It's great to see everyone at Mayo Alumni gatherings.

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## Profile of Alan Sessler

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### *Anesthesiologists' Best Ambassador*

**Peter Southorn, M.D.**

It is a tall order to write about Alan, what makes him tick and his innumerable accomplishments. The following is a brief and hopefully affectionate portrait of one of our most respected alumni.

To begin, Alan is both proud of and defined in his values by his New England roots which included the Boston Latin School, Dartmouth, Tufts, and the Dartmouth Hitchcock Medical Center. With this background, his subsequent service in the U.S. Navy was understandably an eye opener! In 1961, Alan and his wife, Dr. Martha Smith, both joined our department's residency program.

Alan was appointed to the staff by Albert Faulconer Jr. in 1962. In the next five years, he became the anesthesiologist most closely identified with the pioneer cardiac surgeon, John Kirklin. As a junior faculty member, Alan worked with Emerson Moffitt, Brian Dawson,

and Dick Lundborg establishing our department's role in the institution's new cardiac cath lab directed by cardiologist, Jeremy Swan. In 1966, Albert Faulconer asked Alan to take charge of the department's residency program. This was a brilliant appointment. In the year prior to Alan assuming this role, the program had no applicants but subsequently went from strength to strength. In 1966, Alan and Paul Didier started the Respiratory ICUs at Saint Marys and Methodist hospitals, respectively. Alan recruited Bernie Gilles, a nurse anesthetist from the cardiac corridor, to help him at Saint Marys, and they together with Paul and Fred Helmholtz Jr., a pulmonary physiologist, established one of the first respiratory therapy programs in the country. Using equipment from Emerson Moffitt's laboratory, Kai Rehder, Alan, and Bernie also set up the institution's first clinical blood-gas laboratory. These were pioneering and exciting days in the field of critical care, as it was to become. Around this time,



Alan also began helping Kai Rehder as he embarked on his human studies examining ventilation-perfusion matching and gas exchange under general anesthesia. The anesthetics in these studies were administered by the Sessler-Gilles team.

In 1977, Alan was appointed chair of the department following the tragic and untimely death of Dick Theye from amyotrophic lateral sclerosis. Despite an occasional hiccup (especially early on!), the department was generally happy, grew, flourished, and received increasing recognition during his tenure. This outcome was certainly helped by having numerous outstanding clinicians and investigators on the staff. Alan not only had the knack of selecting good people to run his department's administrative activities but also promoting the department within the institution. Never happier than when planning with friends and associates the moves required to accomplish a goal, he was also vigorous and persistent in ensuring the outcome was favorable. He was and has always remained a formidable administrator. Our affectionate nickname for him at that time was the "Old Silver Fox".

After stepping down as chair of the department in 1988, Alan was appointed to the Board of Governors of the Mayo Clinic for four years and also became Dean of the Mayo Graduate School of Medicine for five years. This marked

a time when Mayo was establishing its facilities in Jacksonville and Scottsdale, and Alan was instrumental in ensuring residents received training at both sites. After a final year back in the operating suites



*Martha and Alan Sessler sightseeing in St. Petersburg, Russia, in 2003*

giving anesthetics, Alan finally retired from the Mayo Clinic in 1995.

Alan's retirement from Mayo did not disrupt his involvement in our specialty and organized medicine outside Mayo. At one time or another, he has been there and done that for almost everything involving the American Society of Anesthesiologists (ASA) including organizing two national annual meetings. In 1977, he began his long tenure on the Board of Directors of the American Board of Anesthesiology, Inc., (ABA). His work with the ABA culminated in his being appointed its president in 1989. In 1992, he was appointed to the Board of FAER (Foundation for Anesthesiology Education and Research) and, since 1995, has served as the executive director of this worthwhile charity. The year 1983 marked Alan's appointment to the Board of Trustees of the Hitchcock Clinic in Hanover, New Hampshire. He has been an active member of the Dartmouth Hanover Medical Center and Mary Hitchcock Memorial Medical Center hospital boards since 1992, and this year was named their co-chair.

It is doubtful whether anesthesiology both at Mayo and elsewhere has ever had a finer ambassador. Even after retirement from Mayo, Alan continues to promote the specialty on a full-time basis. This is not to say that he and Martha don't enjoy traveling, having new adventures together, and meeting their friends who collectively represent the Who's Who of anesthesiologists and physicians from other specialties.

In summary, Alan has had an extraordinary career of continuous service to both the institution and his beloved specialty, anesthesiology, and he is still going strong. His work has been recognized with his being awarded the Distinguished Service Award from the ASA and his being appointed an honorary fellow of the Royal College of Anaesthetists in England and the Faculty of Anaesthetists of the Royal College of Surgeons of Ireland. Alan has done the specialty nothing but good, and we all owe him an enormous sense of gratitude.



## *Alan Sessler, Thank you*

**H. Michael Marsh, M.B., B.S.,**

**Chair, Department of Anesthesiology, Wayne State University**



*Michael Marsh and Alan Sessler at the 2004 MARC Conference*

After completing my anaesthesia training in Sydney, I was referred to Dr. Sessler at the Mayo Clinic for Critical Care Medicine training by a fellow Australian, cardiac surgeon Dr. Tim Cartmill (Mayo 1965-1966). In 1966 Alan had stepped out of the cardiac operating rooms at Saint Marys Hospital to start the Respiratory Intensive Care Section within that hospital. He had already begun recruiting his "foreign legion" of residents to work in this area under "Staff Sergeant" CRNA Bernard P. Gilles' technical leadership. Dr. Cartmill met Alan when he was giving anesthesia with Mr. Gilles for cardiac surgery while John Kirklin was still at Mayo, before he moved to Alabama. Cartmill told me that this was the best team for me to train with from all those that he had seen on his grand tour of the leading U.S. cardiac surgical establishments. Rowan Nicks, an older New Zealander in Sydney's cardiac surgery establishment, confirmed this judgment and further hardened my resolve to go to Mayo by paradoxically opposing the decision. "Why go to Mayo, you'll just go down to the temple of medicine to pray and sing vespers all day long," he said. "You really should go to Boston where there is significant back stabbing, so you're prepared for the environment back here in Sydney." Needless to say, I made immediate application at Mayo.

I conducted some negotiation and was accepted to begin a two-year fellowship under Alan's direction in July 1969. These were heady times. From the class of 1968, Joe Messick remained as junior staff; from the 1969 class, David Hatch was finishing a final six months in Kai Rehder's laboratory, and Sheila Muldoon was with Dick Theye and Jack Michenfelder. Roger White, Bob Adams, Klaus Korten, Jim Lantz, Al Maduska, Jim Morrison, and others were all with me in covering both anesthesia call and participating in the critical care activities in the 3D (cardiac surgery) and 3 Alfred (general medical surgical) Intensive Care Units. As senior residents, we mentored Doug Arbon, Bob Mathieson, Hugo Raimundo, and Rungson Sittipong who were then in their first years at Mayo.

Drs. Sessler and Smith (Alan and Martha) were warmly welcoming. I was put to work in the ICU and the ORs. Emerson Moffitt came and bailed me out in neurosurgery one night early on, and he and Alan helped me recover any reputation I might have had on arrival. I don't think Jack Michenfelder ever quite forgives! Of course, maybe he is right in my case. The first year passed, and I was encouraged to go into Dr. Rehder's laboratory to work on ventilation-perfusion matching and gas exchange under the effects of general anesthesia with Kai, Ward Fowler, Alan Sessler, and Bernie Gilles. This was exciting as it involved human subjects with the anesthesia being given by the Sessler-Gilles team. Alan and Kai provided practical mentorship while Ward Fowler provided overall quality control and usually constructive criticism. Ward was not patient with imperfection or lack of detailed knowledge of methodological pitfalls. "When you measure something, you always get a number. Only two questions, is it correct and what the heck does it mean?" (Fowler, 1970) He would stop reading at the first error in the draft, and woe betide any sloppy data recording or



computational error. Alan and Kai were the writing team, and my native Australian obtuseness, laziness, and general lack of discipline were kindly corrected. Kai writes English like Joseph Conrad with extraordinary precision but an occasional verb at the end of the sentence. Alan edits magnificently. I left in 1971 to return to Australia.

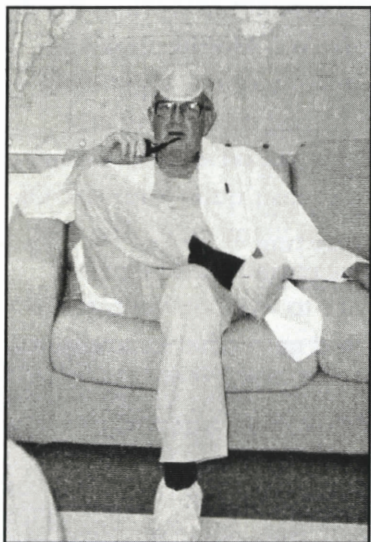
Alan again took charge of my career again in 1974 when he and Dick Theye invited me back from Australia into 15 years on staff in Rochester. Alan has mentored me in various capacities, as chief, colleague, and close friend since that time. I will always be grateful for the opportunities given and the strong support shown me at Mayo by all members of the staff but particularly Alan.

Alan has done this for many others during his years as chair, a member, and then President of the American Board of Anesthesiology (ABA), an American Society of Anesthesiologists (ASA) officer, in the Foundation for Anesthesiology Education and Research (FAER) administration, and on the various boards on which he has served. He is a brilliant judge of character and ability. He is an outstandingly loyal friend and tireless mentor, endlessly encouraging. His principles of scholarship and excellence have driven the various organizations lucky enough to absorb his energies.

From the "foreign legion", many of whom were or are chairs and/or anesthesiology group leaders at one time or another in many countries all over the world, all our thanks and best wishes for continued success.

## Fond Memories of Charlie Restall

**Peter Southorn, M.D.**



*Charlie Restall delivering his comments in the staff lounge.*

"What's good about it?" That was Charlie Restall's usual response to being told it was a nice day. A gruff, lovable curmudgeon of a man, it has been ten years since he passed away. To many of us he remains a revered teacher and treasured colleague.

Charlie played a heroic role in World War II (something he never talked about\*), and wartime injuries were rumored to be the reason for his deafness and consequent tendency to speak several decibels louder than anyone else.

He was one of the last residents to be taught by John Lundy with

whom he appears to have had a love/hate relationship. For years, he was in charge of providing regional anesthetics for patients undergoing colon-rectal or urological surgery at the Worrall and, subsequently, the Rochester Methodist Hospital. Under his guidance and close scrutiny, one soon

acquired an expertise in spinal, epidural, and caudal anesthesia (although one was never as good as Charlie—particularly with the caudals). Each block had to be tested with a large hemostat applied to a sensitive area before the surgeon was allowed to proceed. I don't know if he invented it, but he was certainly the first person to teach me how to use 10% procaine to make hyperbaric spinal solutions. When I arrived at the Clinic in the early '70s, Charlie's other invention, a microwave oven designed to warm blood before transfusion, which he had developed with Paul Leonard and others, was also in use.

One always knew where one stood with Charlie. He was a straight talker, and as one who hadn't gone to a charm school, he told it like it was. When you went to the consultant's lounge or the office, you had to breathe in clouds of pipe tobacco smoke as he delivered his pithy comments. Charlie's propensity for speaking his mind was not reserved for the staff. One cherished example of this occurred after Charlie had given his old nemeses, the