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Mayo Anesthesiology Alumni Newsletter

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One Last Thought . . .

Mark Warner, M.D.

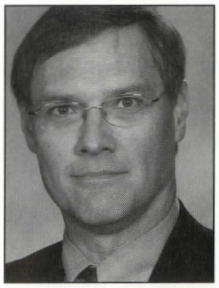
I can't tell you how proud I have been to represent you in some small way while serving as department chair. We truly are an amazingly good department and alumni family. This issue of the newsletter provides details about recent department successes – just a sampling of the many superb outcomes that keep our department at the top of academic programs in this country.

With a great deal of pride, I am happy to announce that Dr. Brad Narr has succeeded me as the chair of our department becoming the ninth person to hold this position. I suspect that nearly all of you know Brad. He is an outstanding anesthesiologist who understands the clinical practice and business of perioperative care better than any other physician at Mayo Clinic in Rochester. His colleagues in the department and throughout the institution hold him in very high esteem, and I am confident that he will lead us during the next decade into an even more enviable position.

Congratulations to Brad, and thank you for your continued support of our department.

Some Initial Thoughts...

Brad Narr, M.D.



Dr. Brad Narr

Thank you, Mark, for your kind words. We hear the term "Mayo family" frequently both inside and outside of the actual clinic. Often this is most apparent when you need medical care. The Mayo family, from the support staff to the care providers, literally and physically wrap their collective arms around you as a patient to help you through times of need. As I have assumed the reins of this complex, multifaceted, and growing group, I have been overwhelmed by the support of the entire department. I really thought I had a grasp of most issues, but I continue to learn and get by with a lot of help from my Mayo family.

I hope you will enjoy the many descriptions in the current newsletter of our extended Mayo family. From internship to retirement, across continents, and from north to south, we remain connected and interested in the many aspects of life and practice that we each enjoy, united by the great specialty of anesthesiology. I appreciate all of your support. Keep those e-mails, pictures, notes, and cards coming.

Neuroanesthesia Division: 2005

James Munis, M.D., Ph.D.

Few of our alumni would recognize the "neuro hallway" today. To begin with, our facilities have grown. Currently, we have six dedicated operating rooms but regularly spill over to a seventh to accommodate our pediatric patients. Advances in technology have also lead to our staff increasingly working outside the operating suite in, for example, the radiology suites and the far-flung Gamma Knife area in the Saint Marys basement.

Associated with these changes, there has been a significant turnover in consultant staff, nurse anesthetists, and CRNA hallway supervisors. Collectively known as "Team Neuro," this eccentric but tight-knit crew manages over 1,000 brain tumor cases per year, more sitting anesthetics than the rest of world could imagine (or tolerate), a large number of cases involving intraoperative nerve monitoring, and a growing list of image-assisted procedures.

Here are a few of our specialty areas; some old, some new, some still under construction:

Sitting anesthetics. Those of us who trained outside Mayo Clinic consider these cases the *sine qua non* of Mayo neurosurgery and neuroanesthesia. It's what we first heard about, and perhaps marveled over, when hearing about the Mayo way of doing things. Few anesthesiologists recognize, however, that this is a very old way of positioning for surgery. The first public demonstration of anesthesia on October 16, 1846, at the Massachusetts General Hospital was, in fact, a "sitter." Have a look again at the famous Hinckley portrait of surgeon John Collins Warren excising a tumor from the neck of Gilbert Abbott. Abbott was sitting bolt upright in a chair with William T. G. Morton attending to his open-drop ether anesthetic. Given that the patient was breathing spontaneously, it's remarkable that no venous air embolism reared its head. Even fewer of our surgical colleagues, by the way, recognize that this same case portrayed by Hinckley also marked the first documented case of surgery delayed by anesthesia! In that, we certainly try not to lead the way. While most other hospitals have shied away from the technical difficulties and the physiologic challenges of sitting cases, Mayo Clinic has continued to lead the "upright" way. A given week will see between two and fifteen sitters, mostly for posterior cervical spine surgery and a few for intracranial procedures.

Head-frame biopsies. Another procedure peculiar to our hallway and recognized as distinctly "Mayo" across the country is the stereotactic surgery developed at Mayo by Dr. Patrick Kelly. Head frames are placed on awake patients who then undergo a CT exam. This is followed by an awake fiberoptic intubation prior to induction of general anesthesia. The reason for the fiberoptic intubation is that the metal struts of the head frame invariably cover the airway and limit cervical extension making laryngoscopy difficult and mask ventilation virtually impossible. Recent years have seen advances in stereotactic technology with a new "Stealth" system employing computerized infrared guidance replacing the rigid head frame in some patients. This technique incorporates the ability of infrared cameras to locate in three-dimensional space the precise location and orientation of a sterile hand-held "wand" with its own light-emitting diodes. The tip of the wand is calibrated by touching beads, or "fiducials," glued onto the scalp of the patient and incorporated into preoperative MRI scans. The computer knows the Cartesian (x,y,z) coordinates of the wand tip, the direction that it's pointing in, and its position relative to the patient's fiducial landmarks and the underlying brain anatomy. This allows the neurosurgeon to "see" what's underneath the wand before he makes his incision or removes the bone flap. In theory and in practice, Stealth technology has improved surgical precision for some procedures. Unfortunately, for pinpoint biopsies rather than full craniotomies, the spatial resolution of this system has not yet caught up to the old-fashioned head frame. The upside of that technology lag is that our

residents can still expect a robust awake fiberoptic experience for biopsy patients on the neuroanesthesia rotation.

Intraoperative MRI. Although about a dozen and a half other hospitals in the nation lay some claim to having "intraoperative MRI," we like to think that we've learned from others' successes and failures, and that Mayo has invested the resources and insisted on the interdisciplinary collaboration to make ours the best. After several years of planning, site visits, and vigorous debate over the most minute details, we expect to launch our first intraoperative MRI-guided surgeries in the spring of 2006. The surgical suite will be housed in one room and the MRI in an adjacent room. The surgical suite will allow surgery to be conducted with all the usual comforts of home. No magnetic issues or constraints will hold sway in this room because it's shielded from the MRI magnet beyond the closed door leading into the next suite. At intervals of interest, the surgeons will stop operating, and the anesthesia, nursing, radiology, and surgical teams will transport the patient, still fully monitored, on an MRI-compatible platform that also serves as the OR table, through a door and into the MRI suite. This platform, which is being specially designed for Mayo, will then translate onto another pedestal where the patient can be slid into the scanner and imaged. Once the surgeon has seen the radiographic evidence of his or her handiwork (for example, residual tumor), the process is reversed and the patient will be brought back for more surgery or for surgical closure. The process may be repeated as often as necessary without compromising sterility or monitoring; and most importantly, without encumbering the surgery itself with the demands of magnetic compatibility.

Neuroradiology practice. Over the last four years, we've expanded the MRI practice to five days a week with approximately 1,000 cases per year. Sixty-two percent of these general anesthetics are for pediatric patients, and the rest are for claustrophobic adults or intubated ICU patients. This is one of the busiest practices of its kind in the world. We enjoy a great deal of help and cooperation from a dedicated radiology MRI team. These technicians not only perform their usual imaging duties, but they are also well-versed in the needs of an anesthesia team. We are also able to call on the expertise and assistance of our pediatric anesthesiology colleagues if this would benefit the patients. No two days in the MRI suite are alike, but it's an intense and rewarding extension of our practice. Coincident with the MRI cases are an increasing number of diagnostic cerebral angiograms, cerebral aneurysm coilings, and carotid stentings. The addition of two new interventional radiologists, Drs. Harry Cloft and David Kalmes, has meant a real boon to this practice. Many of our alumni would be surprised to see how few craniotomies are done for aneurysm clippings in the operating rooms thanks to the increasing reach of neuroradiology.

I was not familiar with the luxury of hallway nurse anesthesia supervisors when I first came to Mayo, nor was I prepared for the level of professionalism and competence that our supervisors, Beth Fieck and Brian Wilson, display. In an institution that has so many trainees, the continuity that they provide is invaluable.

I'd like to introduce, or in some cases, reintroduce, our neuroanesthesia consulting staff. In alphabetical order:

Dr. Keith Berge. Keith is a clinician's clinician. He's the guy you go to when your knuckles are white and something bad is happening. Cool under fire, slick as a whistle, Keith gets it done. He also has special expertise and interest in medical ethics, surveillance and treatment for substance abuse, and neuro critical care.

Dr. Kirstin Erickson. Kirstin is one of the youngest members of the consulting staff. She completed her residency and fellowship at Mayo before being recruited to our group. She has research interests in neuroanesthesia, and under the tutelage of Dr. Bill Lanier, recently won a prestigious research award from the Society for Neuroanesthesia and Critical Care.

Front Row (left to right): Drs. Margaret Weglinski, Jeffrey Pasternak, Diana McGregor. Back Row (left to right): Drs. James Munis, Kirstin Erickson, Keith Berge, Gloria Walters (fellow), William Perkins. Absent: Drs. Ronald Faust, William Lanier.

Dr. Ronald Faust. "Ronny" is a legend in many ways at Mayo. A former anesthesia residency director and the only member of the Department of Anesthesiology to ever win the coveted Mayo-wide Distinguished Educator Award, he has guided residents and faculty alike through the mists of our specialty. His *Anesthesiology Review* (known simply as "Faust" throughout the world) is one of the best selling general anesthesiology review books in print.

Dr. William Lanier. Every Division of Anesthesiology needs a Southern Gentleman, and Bill Lanier is ours. From a long line of distinguished Georgians (remember the Civil War-era poet Sidney Lanier?), Bill has carried the torch well. In taking on the role of editor-in-chief of the Mayo Clinic Proceedings, the world's third largest general medical journal by circulation, Bill has placed our specialty front and center in the eyes of the international medical community.

Dr. Diana McGregor. Every Department of Anesthesiology needs an English Lady like Diana. Diana has special expertise in the management and effects of anesthetic waste gases and works hard for the American Society of Anesthesiologists as chair of its Occupational Safety Committee. She has played a very active role in mentoring the research of some of our newer faculty including the important frontiers of perioperative glucose management and the effects of nitrous oxide on neurosurgical and neuroradiologic outcome.

Dr. James Munis. I had the good fortune to come to Mayo Clinic in 2001 after training in Boston and Baltimore and after spending six years on staff at the Cleveland Clinic. In addition to running the Neuroanesthesia Division, I direct two medical school courses (Respiratory Physiology and Anesthesiology). My research interests include unusual concepts in physiology and hemodynamics.

Dr. Jeffrey Pasternak. Like Kirstin Erickson, Jeff completed his residency and neuroanesthesiology fellowship at Mayo. Jeff has already played pivotal roles in neuroanesthesia research, collaborating with Drs. Lanier and McGregor, and initiating his own clinical research projects. In addition, Jeff has taken on the responsibility of stewarding the Journal Club for our residency program. You can read his and Bill Lanier's year-end summary of

neuroanesthesiology research in the pages of the *Journal of Neurosurgical Anesthesiology.*

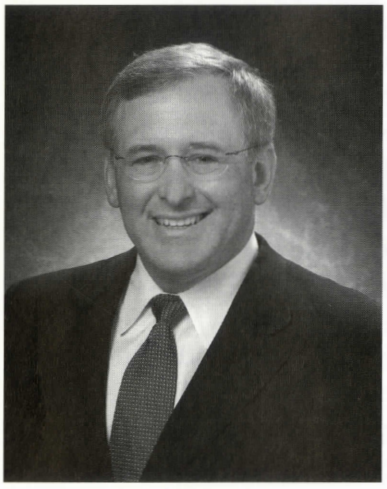
Dr. William Perkins. A true "physician-scientist," Bill has feet firmly planted in both the clinical arena and his basic science lab. One of our department's distinguished smooth muscle physiologists, Bill has managed to apply the logic and skepticism of a dyed-in-the-wool scientist to his view of, and teaching about, clinical anesthesia. Bill has also been instrumental in shepherding the intraoperative MRI project as well as other aspects of our MRI practice from the beginning. Our residents benefit greatly from Bill's intellect, and our faculty benefit greatly from his robust sense of humor.

Dr. Margaret Weglinski. Margaret served as chair of the Neuroanesthesia Division for ten years and continues to co-direct the Malignant Hyperthermia Lab. A gifted clinician, reliable friend, and clear-headed teacher, Margaret is part of the glue that holds the Neuro Group together. Off-weeks may find her on the summit of Kilimanjaro, the deserts of Libya, or somewhere in Bali, Patagonia, Brazil, France, or Italy.

Future directions. We still enjoy the same great rapport with our surgeons as we did when we worked with Drs. Thor Sundt, Burt Onofrio, Ross Miller, and Ed Laws, and we still strive to give the same level of care. Those who remember the long-gone windows on the neuro hallway and the giants of our past (Drs. Jack Michenfelder, Gerry Gronert, Roy Cucchiara, Joe Messick, Tom Losasso, Don Muzzi, and others) might not recognize us anymore, but that's because we are evolving as does everything else—especially at Mayo.

Mayo Clinic and Me

Frank Villamaria, M.D., Temple, Texas



Dr. Frank Villamaria

It's hard to believe that it has been over twenty years since I began my residency training at Mayo. I can recall my residency interview vividly. At the time, I was on active duty in the Navy. I had interviewed at a number of residency programs by then. Mayo was my "long shot." After interviewing with several consultant staff including Drs. Mark Warner, Dave Danielson, and Denise Wedel, I waited for Dr. Faust, the residency program director, at the end of the day in his office. I told Dr. Faust that I thoroughly enjoyed my interviews and that I'd sure like to come to Mayo for my training. I remember Ron saying, "We have a number of applications here. Why should we select you?" I was stunned. I went blank. I searched my mind for what I believed (and he probably thought) was an eternity. I finally blurted out, "Dr. Faust, there are a lot of smart people in that pile of applications, but one thing I have is a lot of common sense!" However, I was not too confident with that response, and returned to the Navy base in Kingsville, Texas, sure that I would not be selected. Obviously, Mayo gave me a chance, and what a great experience it was.

Mayo was a milestone. It set the groundwork for a lifelong career in anesthesiology, exposed me to great mentors, and introduced me to irreplaceable friends. And it's where I met and married my wife, Maureen. One of the best deals in the residency at that time was an elective in pediatric anesthesiology at Children's Hospital National Medical Center in Washington, DC. The rotation was a chance to get out of the cold, to get a concentrated pediatric anesthesia experience, and live in Washington, DC, for a few months. Little did I know that one pretty recovery room nurse would catch my eye. We were married the following year. Now five kids and twenty years later, she still catches my eye.

After completion of residency, I stayed another year and did a cardiovascular anesthesiology fellowship. I was in no particular hurry to get

out into practice after spending three years in the Navy between internship and residency. The excitement of cardiac anesthesiology and the opportunity to spend another year at Mayo with my friend, Dr. Bill Oliver, was too good to pass up. Bill and I had a great time pimping each other in preparation for the boards, vying for the best cardiac cases, and working under great consultant staff like Drs. Roger White, Tom Spackman, Martin Abel, Hugo Raimundo, Froukje Beynen, Sait Tarhan, and others. It was as much fun as it was work.

Dr. Alan Sessler invited me to join the Mayo staff as a Senior Associate Consultant. I agreed, but my problem was that "Minnesota was just so cold." During my last spring at Mayo, it snowed 14 inches on my birthday, April 29. I remember wearily telling Maureen, "Oh, man! I don't think I can take this anymore." It was a hard decision to leave. When searching for a future practice, Mayo was the benchmark I used.

Dr. Mike Murray gave me the tip about looking at Scott & White. Scott & White is a 100-year-old multispecialty group practice located in central Texas. Scott & White is the primary campus for Texas A&M University System Health Science Center College of Medicine and therefore has an academic and research mission. More than once, I toyed with the idea of coming back to Mayo, but as things turned out, I ended up staying here. Since joining Scott & White in 1989, I have served as Chairman and Vice-Chairman of Anesthesiology, Medical Director for Quality and Safety, and as a member of the Scott & White Board of Directors. I'm the first anesthesiologist in Scott & White's history to be elected to the Board. In 2002, I received a Masters of Public Health degree from Texas A&M to augment my understanding of the science of quality improvement and broaden my background in health policy and management.

In 1989, not long after arriving at Scott & White, our oldest son, Charlie, was born. Maureen and I have subsequently had four other children: Luke, age 12; Maggie, age 10; Emma, age 8; and Sara, age 6. I'm proud of my professional accomplishments, but am most proud of my family. Our kids are all good students and good athletes. Our weekends are filled with sporting and extracurricular activities. Depending on the season, Maureen and I have multiple soccer, basketball, or golf tournaments to attend.

Maureen Villamaria and the Villamaria children

When we are not attending our kids' extracurricular events, I'm a hobby rancher and a struggling golfer. In Texas, one may golf almost all year. Maureen and I golf together almost once a week. It's our weekly date.

A real enjoyment is meeting Mayo alumni at ASA and other anesthesiology meetings and regularly attending the Mayo Anesthesiology Review course. This is a chance to visit with many of my friends, attend great CME, and enjoy the Scottsdale-Phoenix area.

Leadership studies are an interest of mine. Over the past few years I've presented lectures on leadership in medicine at the Abbott Chief Resident Symposium before the annual Society for Ambulatory Anesthesia (SAMBA) conference. It is a pleasure to visit with the best and brightest of our specialty and share some of my thoughts on leadership. Many authors believe leadership is learned from study, observation, and experience. Mayo provided a wonderful opportunity to observe and experience leadership firsthand. I will always be thankful for that experience and the common sense to take advantage of it.

Scandinavia and Mayo Anesthesia

Sten G. E. Lindahl, M.D., Ph.D., F.R.C.A.
Karolinska University Hospital, Solna, Stockholm, Sweden

A new Mayo Clinic physician from Scandinavia was interviewing his first patient, a boy with his family, in the preop holding area prior to anesthesia. After the conversation, the new recruit told the child he would return to take him to the operating room when it was ready. Turning around, he heard the mom say to her boy, "Could you hear that the doctor spoke just like granny?"

The doctor was me, and it was the start of a fantastic time in my professional career which, for various reasons like roots, family, and so on, did not follow the initial plan. A couple of years later, I returned to Sweden, but I've come to appreciate that once you have worked at Mayo, you never leave the place. Hence, the networking, all the interactions, and the truckloads of correspondence not only with Mayo employees but also with lots of friends in and around Rochester. These have kept Mayo very much alive for me and my family ever since.

After returning to Sweden, I became the clinical and academic chair of anesthesiology at the Karolinska Institute in Stockholm. In addition to this responsibility, I have also become heavily involved in the selection process for choosing the winners of the Nobel Prize in Physiology or Medicine. Since 2000, I have also been president of the Scandinavian Society of Anesthesiology and Intensive Care Medicine (SSAI). My term in this office expires this year. In this capacity, it was a pleasure to find several Mayo anesthesiologists participating in the latest SSAI meeting held in Reykjavik, Iceland, in 2005. These biennial SSAI meetings have become truly international meetings (about 40 nations participated in Reykjavik). It was nice to meet so many friends, old and new, and to once again have the opportunity to bridge the "old" with the "new" Scandinavia. The way medicine, in particular anesthesiology in its broadest sense, is practiced at Mayo and in Scandinavia is similar, and this was frequently illustrated at the Reykjavik meeting. In the era of ever improving communications worldwide, it seems logical to strengthen already established bonds and create new ones in order to develop practice, science, and teaching for the benefit of our patients and their safety.

Ulla and Sten Lindahl at the Mayo Anesthesia Alumni Reception during the ASA Annual Meeting in Atlanta, 2005.

Vignettes from the Anesthesia History Interview of Dr. Edward Paul Didier

(Conducted by Dr. Robert Lennon – July 19, 2005)

Editor's note: Our department has started videotaping interviews with our senior emeritus staff. The following are excerpts from the recent such interview of Dr. Paul Didier conducted by Dr. Bob Lennon.

Dr. Didier getting in the truck in Saipan on his way to a mission.

Lennon: Your undergraduate career at Williams College was interrupted in the 1940s by the Second World War. Can you tell us what happened?

Didier: From 1943 until the end of the war, I was a gunner on a B29 Superfortress flying out of Saipan. The name of our plane was Thumper. We had a lot of "excitement" and, in truth, I am grateful to have survived this war. I learned a valuable lesson . . . don't take anybody's word that things are okay. To ensure things are correct, you have to check it out for yourself. My navigator, radio operator, and I still reminisce about our shared experiences at the 73rd Bomb Wing reunions held each year. Hopefully, the bombardier from our plane will come next year.

Lennon: Thereafter, you went to medical school at Temple and completed a residency at the Walter Reed Army Hospital. How did you come to Mayo?

Didier: Dr. Tom Martin here at Mayo had been in the service with me, and it was he who arranged for me to be interviewed by Dr. Faulconer and be accepted at Mayo in 1960.

Lennon: I believe you were involved in establishing the intensive care units at the clinic. Can you tell us how this came about?

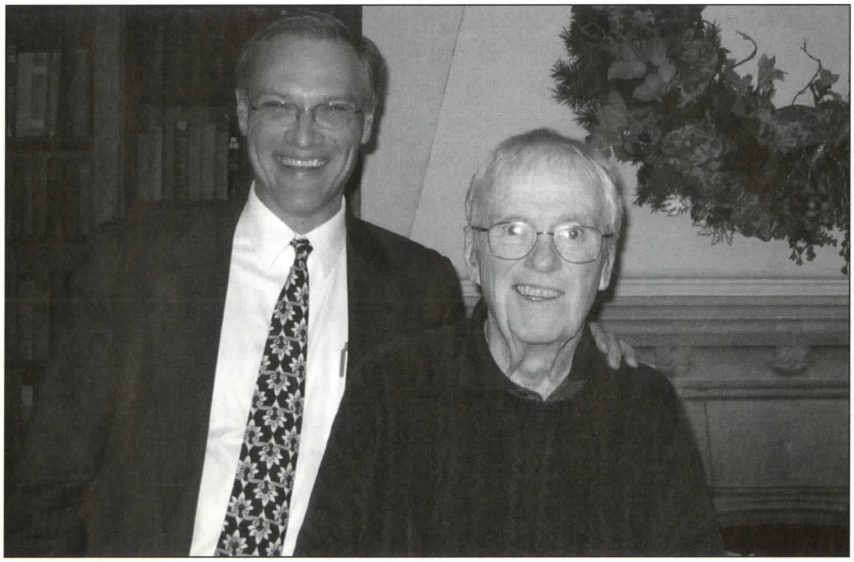
Didier: In the early 1960s, I worked in the north corridor of the operating suite in the Methodist Hospital. This corridor housed the operating suites' recovery room. Since I didn't have an office, I spent a lot of time in this recovery unit where I often received phone calls to help with surgical patients who had run into problems on the floor. Talking to Dr. Faulconer, I suggested that the new Rochester Methodist Hospital, which was then being built, should provide a location to take care of patients needing ventilatory support which was the main reason I was being called to see these patients outside the recovery room. Dr. Faulconer successfully took this suggestion through the committee system, and we established the first unit to provide respiratory and coronary care in one of the round nursing units on Station 45.

Lennon: Shortly after that, you helped establish a resuscitation policy at the clinic.

Didier: Yes, that's true. There was no organized response to medical emergencies prior to this time, and it occurred to me that we needed a better system. With the encouragement of our department, a committee was established to go about providing this. It began with us offering a two-hour lecture

program on CPR for the residents, but this was not popular. Mr. John Perkins, the owner of Gold Cross Ambulance Service, was enthusiastic about resuscitation and encouraged his personnel to participate in our program. Soon the police and firemen also joined. John Perkins used to complain to me in those early days that patients were better resuscitated prior to arrival to the emergency room than after the residents started taking care of them. To overcome this impression, our committee persisted in trying to teach staff within the clinic. This met with some opposition. On one occasion when I was lecturing at the Surgical Society about our work, one of the preeminent surgeons stood up and said, "I refuse to have any of my patients treated by committee." Fortunately, Mr. Greg Orwell, a senior administrator at the time, was participating in the meeting. He had a good reply: "Better a committee than no treatment at all." As time went by, excellent resuscitation became established at the clinic with consultants, residents, and the nurses all being trained in basic cardiopulmonary resuscitation.

Lennon: In 1972, you helped establish the School of Respiratory Therapy as a joint program between Mayo Clinic and the Rochester Community College. Can you tell us about this?



Photograph of Dr. Narr and Dr. Didier taken at the recent Annual Didier Lecture. This dinner, held during National Respiratory Therapy Week, is named in honor of Dr. Didier.

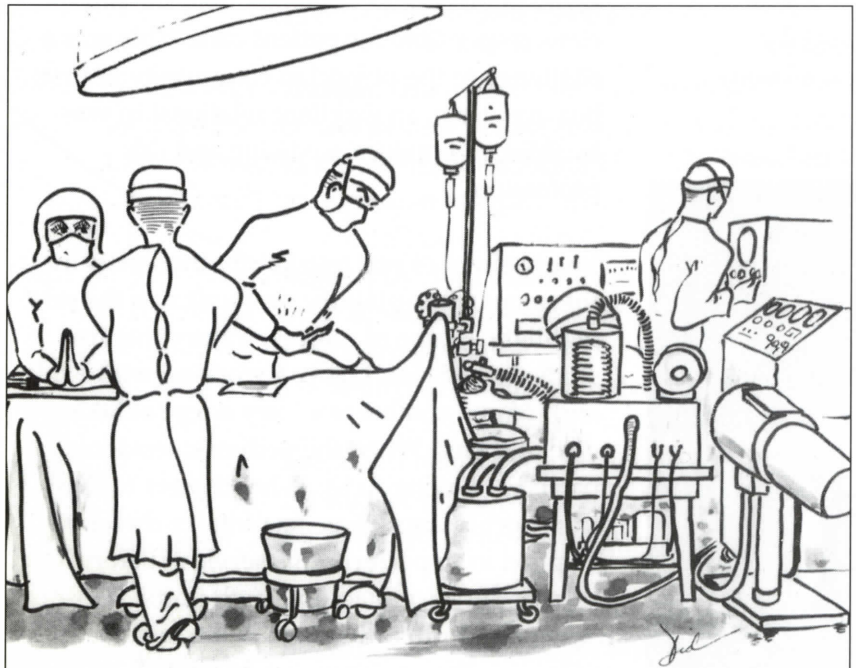
Didier: In the early '70s, we had so-called "oxygen men." They were responsible for delivering oxygen cylinders and respiratory equipment where needed in the hospitals. They worked out of the Basal Metabolic Rate Laboratory run by Dr. Frederick Helmholz. Once this equipment and oxygen had been delivered to the floor, it was then the responsibility of people like me to provide the treatments with it. Our oxygen men naturally were curious and were keen to learn what we were doing. Dr. Helmholz organized one-on-one teaching and lectures and, as a result, these individuals became eligible to take the national inhalational therapy exam established at that time. Several of our oxygen men passed this exam. We therefore decided to establish a school with the Rochester Community College to teach this subject and prepare people for the respiratory therapy exam. We had an excellent enrollment in the program right from the start. Bernard Gilles, a CRNA assigned previously to work in cardiac anesthesia with Dr. Alan Sessler, became clinical coordinator of this program. Bernie was a bright, dynamic, and dedicated individual. With his tutelage, our students emerged as very capable individuals. It was obvious from the start that they often knew more about ventilators than the physicians responsible for patient care. This was a challenge to the physician community at first, but over time, an excellent relationship was established between medicine and this profession.

Involvement of our respiratory therapists in the neonatal respiratory care unit was the next highlight. Some of our respiratory therapy students and staff enjoyed working with babies and infants and became very adept at taking care of them. When the pediatric residents balked at having to fly in helicopters to help transport infants, these respiratory therapists stepped in to perform this service. Before long, they became irreplaceable both in the transport service and providing care in the neonatal ICU.

Lennon: You've known some very distinguished individuals during your time at Mayo. Could you say a few words about Drs. Faulconer and Seldon?

Didier: Dr. Faulconer was my idol. He was bright, erudite, had a good scientific mind, and was a wonderful humanitarian. He was my role model and taught me so much. An example of his wisdom is that he used to say "It is easier to get a pardon than get permission to do something."

Harry Seldon was a senior colleague. He worked at the old Methodist Hospital, was intimately involved in blood banking, and liked to work with the plastic surgeons. He was also editor of *Anesthesia and Analgesia*. Those of us young staff who used to work with him were often asked to review papers. He was a very gentle and kind person. Helped by my association with Harry Seldon, I was elected to serve on the board of trustees of the International Anesthesia Research Society (IARS). As such, I had the opportunity to work with Dr. Nicholas Greene when he took over the editorship of *Anesthesia and Analgesia* from Harry Seldon. I greatly admired Dr. Greene's intelligence and demeanor. One of the pleasures of my life at that stage was being an associate editor on this journal.



Will it interfere with your study if we remove the appendix?

Editor's note: Dr. Didier is an accomplished artist and cartoonist. Here is one of his fabled cartoons depicting the life of an anesthesiologist at Mayo.

Lennon: You've had an opportunity to take care of some of society's greatest and most famous individuals. How did this come about?

Didier: I worked on an everyday basis and got on well with surgeons such as Drs. Clagett, Priestley, ReMine, and Hallenbeck who among their patients had many individuals of importance. One such patient was President Lyndon Johnson. He developed gall stones and came to see Dr. George Hallenbeck. It was decided that we would do a cholecystectomy at the Bethesda Naval Hospital. Because of the scare about halothane hepatitis at that time, I decided to anesthetize the president with thiopentone, intubate him with suxamethonium, keep him paralyzed with d-tubo curare, and maintain anesthesia with ether vaporized in nitrous oxide and oxygen. I had a moment of terror when I initially intubated the president and found I could not ventilate him. My worst fear was that somebody who was out to get the president had given me a blocked endotracheal tube. On removing the tube and making sure that it was clear of obstruction, I replaced it without incident and had no further problems. Moments of terror like this stress the circulation!

Subsequently, I was involved in the anesthesia of President Ronald Reagan when he needed a transurethral resection of a prostate. This was again done at Bethesda. Dr. Steven Rettke came along with me on this occasion. I'll forever be grateful to Dr. Rettke for his kindness and generosity in helping me. The president was given a spinal which worked well. Dr. Rettke subsequently provided an anesthetic for Mrs. Reagan. Both of these wonderful patients did very well.

Lennon: Paul, have you got any concluding remarks?

Didier: Well, as I mentioned, I am grateful to have survived the Second World War and for having an interesting life. Thank you for interviewing me. It is good that we could have this interview while I retain my faculties and can recall the events of my life here at Mayo Clinic.

Anesthesiology Residency News

Steven Rose, M.D.

2005 ABA/ASA In-Training Examination: Our residents were outstandingly successful in the 2005 ABA/ASA In-Training Examination. Every resident taking the examination for credit passed, and the 2005 graduating class was above the 90th percentile nationally compared to other programs. Dr. DJ Kor's score placed him among the ten highest scores nationally.

At the CA-2 level, 16 of 18 (89%) of the residents performed at a level above the 50th percentile nationally. At the CA-1 level, 16 of 19 (84%) of the residents performed above the 50th percentile nationally. At the Clinical Base Year level, 15 of 16 (94%) of the residents performed above the 50th percentile nationally.

Congratulations to all of our residents on their outstanding performance on the written examination for board certification and on the ABA/ASA In-Training Examination. We take great pride in our residents and are pleased by their achievements.

Each Mayo Practice Site receives Accreditation for its Residency Program: I am pleased to report the long-term goal for having separately-accredited residency programs at each of the three Mayo practice sites was recently achieved. The Residency Review Committee (RRC) for Anesthesiology granted the Mayo Clinic Jacksonville anesthesiology program full accreditation after their recent site visit with a site visit interval of three years. The RRC also granted initial provisional accreditation for an anesthesiology residency program at Mayo Clinic Arizona.

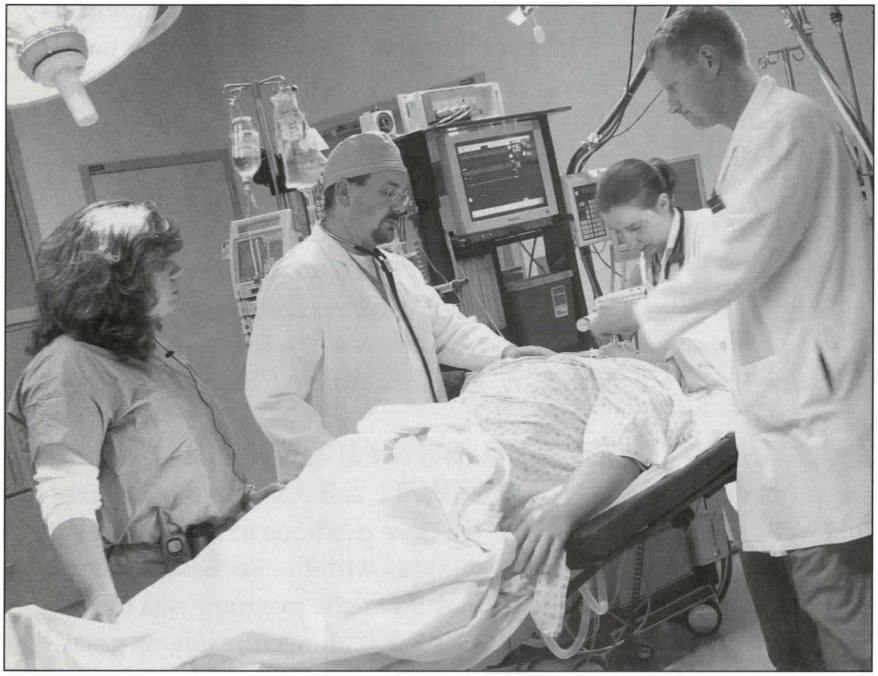
Approval of separately-accredited residencies in Jacksonville and Arizona is an important landmark for graduate medical education in anesthesiology at Mayo. Anesthesiology was the first department to offer resident education at the group practices when Drs. Sessler and Faust initiated a resident rotation in Jacksonville in 1988. Dr. Mark Ereth, a current member of our cardiovascular and thoracic anesthesia faculty, was the first resident, in any specialty, to train at Mayo Clinic Jacksonville.

Postgraduate medical education in anesthesiology in Jacksonville and Arizona progressed from brief elective rotations to RRC approval of affiliated status with the Rochester program. An integrated three-site program was eventually established that allowed residents great flexibility in selecting training experiences across the three campuses. However, the RRC has questioned the concept of an integrated program spread across a broad geographic area. This had the potential to set residency education in Jacksonville and Arizona back and motivated plans for separately-accredited programs.

Congratulations to Drs. Michael Murray (Program Director) and Marie DeRuyter (Residency Director) in Jacksonville and Drs. Daniel Cole (Program Director) and Renee Caswell (Residency Director) in Arizona for achieving this goal. Their success was built upon a foundation established by many colleagues on all three campuses.

Mayo Multidisciplinary Simulation Center

Peter Southorn, M.D.



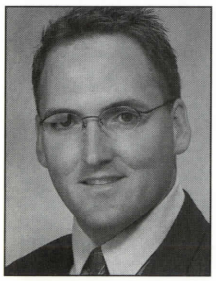
Photograph courtesy of Rochester Post-Bulletin.

Dr. Laurence Torsher from our department and colleagues in our and other disciplines have worked hard to set up the Mayo Multidisciplinary Simulation Center which opened recently. In addition to having programmable mannequins that can simulate a variety of medical conditions, the center can call upon actors who portray various medical and social conditions. This combination allows very realistic training in a huge variety of treatment scenarios. The picture from the November 21, 2005, issue of the *Rochester Post-Bulletin* describing this center shows respiratory therapist Cheryl Paulson watching an emergency room simulation involving three of our third-year residents, Drs. Jeff Jensen, Jennifer Rasmussen, and Joel Ackerman. A future issue of the newsletter will provide an indepth overview of this exciting facility.

A Triumphal Visit

Douglas Bacon, M.D., M.A.

The Department's Section on Anesthesiology History had success at the 6th International Symposium on the History of Anesthesiology in Cambridge, England.



Dr. Hugh M. Smith

Dr. Hugh M. Smith won the second prize in the John Bullough Trainees Competition. Working with Drs. Christopher Burkle and Douglas Bacon, Hugh presented his paper "Post-Operative Nausea and Vomiting and the Rise of Anaesthesia as a Surgical Specialty." This paper included some new information about William Morton and his refusal to give ether to children in late 1846—a few months after his public demonstration.

Dr. David Martin in collaboration with Dr. Douglas Bacon presented "How a New York Banker Brought Pauchet's Regional Anesthesia to America." The paper tells the story of Berkley Sherwood-Dunn and his book, *Regional Anesthesia (Victor Pauchet's Technique).* It dealt with elements of international banking, the First World War, and the actions of the major protagonist who was a scoundrel. Dr. Paul Fronapfel, working with Drs. Jamie Newman in Internal Medicine and Douglas Bacon, presented "Three Years (1890-1892) of Surgery and Anesthesia: The Records of Charles Mayo." This paper covered the early operations of Dr. Charles Mayo and the anesthetics used. It also listed his mortality

from surgery! Dr. Emerson Moffitt, a longtime consultant in cardiovascular anesthesia, presented "My Involvement with the First Successful Pump-Oxygenator Open Heart Cases." This paper detailed the early experiences of cardiac anesthesia here at Mayo at a time when the only two places in the world where bypass was available were the Mayo Clinic and the University of Minnesota. Dr. Sandra Kopp moderated the session on the history of ventilators. Finally, Dr. Douglas Bacon presented a plenary session entitled "The American Society of Anesthesiologists at 100—Reflections on the History of Anesthesiology's Oldest Surviving Organization."

Congratulations to Hugh and my colleagues in the section who made our presence in Cambridge such a triumph!

Successes at the ASA Annual Meeting

Peter Southorn, M.D.

Our department had an exceptional presence at this year's Annual Meeting of the American Society of Anesthesiologists (ASA) held in Atlanta. Mayo undoubtedly contributed more to the success of the meeting than any other institution in the country. We can be quietly proud of the contributions of our colleagues.

Dr. Mark Warner had the honor of presenting the Rovenstine Lecture. The title of his talk was "Who Better than Anesthesiologists." Dr. Douglas Bacon gave the Lewis H. Wright Memorial Lecture this year which marks the 100th anniversary of the ASA.

Ten colleagues gave Refresher Course Lectures at the meeting. They were: Drs. John Abenstein, Daniel Brown, Daniel Cole, Terese Horlocker, Bill Lanier, Michael Murray, Gurinder (Gary) Vasdev, Denise Wedel, David Warner, and Mark Warner.

Dr. Mark Warner received the first ever ASA Resident Section Award (see News About People). Dr. Mary Ellen Warner was the co-winner of the David M. Little Prize for editing the book *Ralph M. Waters, M.D.: Mentor to a Profession.* Drs. Christopher Burkle, Steven Rose, and Douglas Bacon received an honorable mention for their paper examining the history of the laryngoscope. Dr. James Hebl and his colleagues in the North Division received first place in the scientific exhibit category for their project entitled "Mayo Analgesic Pathway: Peripheral Nerve Blockade for Major Orthopedic Surgery."

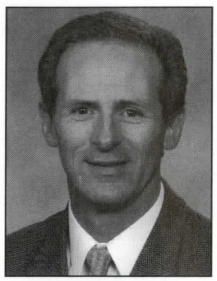
Finally, Dr. Marc Huntoon was elected President-Elect of the Pain Medicine Program Directors and Dr. John Abenstein was re-elected as Vice-Speaker of the ASA House of Delegates.

Mayo Anesthesia Alumni Reception at the ASA. Photographs courtesy of Drs. Brian Hall and Mary Ellen Warner.

News About People

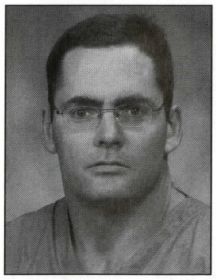
Peter Southorn, M.D.

Dr. John Thomas (Tom) Martin died recently and we extend our deepest sympathies to his wife and family. Dr. Martin had an illustrious career being head of the Methodist Section of our department, chair of anesthesiology at the Ochsner Clinic, and heading up the specialty at the Medical College of Ohio in Toledo. He was chair of the board of trustees of the International Anesthesia Research Society. He was also well known for his book *Positioning in Anesthesia and Surgery* which ran through countless editions, the most recent of which he edited with Dr. Mark Warner.



Dr. Martin Abel

The Distinguished Mayo Clinician Award was awarded to **Dr. Martin Abel** at the Annual Staff Meeting this fall. Martin richly deserves this most prestigious award. Dr. Sait Tarhan is the only other anesthesiologist to ever receive this award.



Dr. David Cook

We congratulate **Dr. David Cook** on his being promoted to the academic rank of Professor of Anesthesiology in the Mayo Clinic College of Medicine.

Dr. Mark Warner was honored as the first recipient of an annual award to be given by the Resident Component of the American Society of Anesthesiologists. The award, made at the ASA Annual Meeting, honors the "anesthesiologist most dedicated to the specialty and the education of residents to secure the future of the specialty."

Drs. Robert Lennon and **Terese Horlocker** are authors of a handbook titled *Mayo Clinic Analgesic Pathway: Peripheral Nerve Blockade for Major Orthopedic Surgery.* It is published by Taylor and Francis, and its ISBN is 0849395720. This informative, well-illustrated text describes the regional techniques employed at Mayo to reduce postoperative pain and facilitate early ambulation.

Dr. Nicole Webel has resigned to accept an appointment at the Children's Hospital and Regional Medical Center in Seattle, Washington. We wish her every success and happiness in the future.

Dr. David Martin's paper from his Ph.D. thesis at Washington University examining neural death has been selected as one of the top papers to appear in the *Journal of Cell Biology* in the last 50 years. In the last few months, he and colleagues in the Division of Pain Medicine have received considerable lay press coverage for their paper entitled "Acupuncture Improves Symptoms of Fibromyalgia: A Randomized Controlled Trial."

Drs. Chris Munson and **John Halliwell**, research scientists who originally worked and met in Dr. Mike Joyner's laboratory at Mayo, manage the new research climate-controlled chamber at the University of Oregon. The work of this laboratory has received extensive coverage in the Pacific Northwest press.

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