

Tape Recorded Interview of

DR. JOHN S. LUNDY

by William Holmes, MAYOVOX Editor
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HOLMES: Prepared by the Mayo Clinic Historical Committee. Our guest today is Dr. John S. Lundy, the founder and the long-time chief of the Clinic's Section of Anesthesiology. Only this month, it's October of 1959, Doctor Lundy retired from the Staff of the Mayo Clinic, although his plans for the future make the word retirement sound just a little ridiculous. Doctor, just what will you be doing for the next several years?

LUNDY: Well, one can never be entirely sure, but if things go smoothly I intend to move to Chicago and be associated as a consultant to the Research Hospital of the Veterans Administration on the near north side and they want me to build up for them a Section of Anesthesiology. They are being very nice about it, they are also providing me with a research laboratory and equipping it so that I can continue and perhaps finish some of the things that have not been finished here.

HOLMES: You're going to be busy again, sir. Doctor Lundy, where and how did you first meet Dr. Will Mayo?

LUNDY: Well, that's quite an interesting story I think.--- I had been a member of the King County Medical Society in Seattle for 3½ years and they had a committee to publish their bulletin. It was suggested by the chairman of the committee that in order for the rest of the committee to have nothing more to do with it that I be given the bulletin and made editor of it. A year later I had increased it from 4 pages to 32 pages, I had solicited advertising enough to pay for all expenses of the bulletin, and when the annual meeting was held and I gave my report, I turned over a check for \$1000 to the Society together with the 32 page bulletin and charged nobody anything for it. The Society were quite impressed and I was nominated as the next secretary of the Society.

HOLMES: You were just a youngster then, weren't you?

LUNDY: Yes, I was 28½ when I came here in 1924. So I was 25 at this particularly time about. Ted Watts, a friend of mine from Rush Medical School, had been nominated for secretary and then someone nominated me and I won by one vote. Dr. Will Mayo and Dr. (Richard H.) Harte and Doctor McEachran (?) were going to Australia and this was February of 1924 and we were having the annual dinner for the retiring President of the King County Medical Society. They had asked Doctor Will to speak at this dinner meeting. I went through the reception line once and tried to stop and talk to him because I had been giving some ethylene for the first time and I think to the first infant that ever had it about that time and I wanted to ask him something about the use of ethylene in the Mayo Clinic. He wouldn't talk so I went round and got on the end of the line again and went through the second time. He still wouldn't talk. I went round and got on the end of it the third time. He still wouldn't talk. So, when we were being seated for the dinner, Watts got the chair opposite Doctor Will, but I wanting to talk to him said to Ted, "I won the election. I'll sit there and you go elsewhere", which he did. So during the dinner whenever there was a lull in the conversation at all, I'd lean forward to ask Doctor Will about ethylene and each time the sound barrier would close in on me and it took me a long time. It was almost through the dinner when I finally got a chance to ask him this question. And in fifteen minutes later he asked me to come back and join the Clinic.

HOLMES: Fifteen minutes later. He had made up his mind about you?

LUNDY: Yes, and said to me, "When I leave, you come with me." So we walked down the table, he on one side and I on the other. The word had already gotten around the whole room. When we got to the end of the table, he put his arm around my shoulder and as we walked out the door everybody applauded like mad.

COLMES: Doctor Lundy, this is somewhat off what I planned to ask you next but I had heard that Doctor Will tended to be very careful, cautious and methodical, but apparently when he made up his mind, he made it up.

LUNDY: That's right.

COLMES: That's so interesting. Doctor, when did you come to Rochester and exactly what was your assignment?

LUNDY: Well, I got in here on either the Bluebird or the Redbird on the Greatwestern train at 11:00 on the morning of the 27th of March in 1924. I got on the bus, free bus, from the Kahler and rode it. It stopped first at the Damon so I got off there, registered, and got a room and washed up and walked over to the Red Building, 1914 Building, and asked for Doctor Balfour as I had been told to and--I can't think of her name that used to sit in the corner there by the elevators for 'so many years--

COLMES: Cora Olsen?

LUNDY: --No a girl.---Well, I can't think of it right now. She told me that he was upstairs on the top floor in the offices there. She called him and he came down to meet me. Mrs. C. H. Mayo was sitting on a stool near this desk and he turned to her and said, "Mrs. Mayo, this is Doctor Lundy. He has come to show us how to give anesthetics." She said, "I have heard that before." Later, when I got well acquainted with her and actually took care of her into her last hour, we visited a good deal; and she, being a first trained nurse in Rochester, had come from the Woman's Hospital in Chicago and there she had seen them giving ether, in a way that bothered her a good deal. They soaked the mask with ether and simply put it over the face. It was a very choking way to give ether. She later learned to give ether from Doctor Stinchfield and then she became Doctor Charlie's anesthetist and, of course, eventually he married her.

COLMES: Doctor, this is too big a question for a short tape interview, I know, but what--what were some of the innovations in anesthesiology in Rochester that were developed under your direction?

LUNDY: Well, part of your other question that I didn't answer was what was my assignment.

COLMES: That's right, sir. That's right.

LUNDY: And that is a bit interesting because I insisted that I wouldn't come to Rochester unless Doctor Will would promise me that I would be the head of my department. I'd have no other boss. With some hesitation he agreed to that. Later on, he, being on the Board of Regents of the University, got me appointed as full professor and it pleased me a good deal because many of the men who had been here long before I came had never had that but did get it later. Now my assignment then was an interesting one. Doctor Will said that he would like to have me not confine myself entirely to anesthesiology but to consider the whole question of pain. And he was very far-sighted because it was through the efforts to control acute and chronic pain even on non-operative cases that brought about many of the innovations that did happen. The investigation of certain analgesic drugs that were never intended to be used in anesthesia did, in fact, develop along that line as well as for the chronic pain. The first thing that I got here was a secretary, but I had no office so I sat on---

COLMES: Were you crowded then as things always seem to have been crowded?

LUNDY: Well, she had a desk and a typewriter back in a room with a whole bank of typewriters and operators, and my office consisted of an upturned apple box at the end of her desk where I sat. In the course of time, I got an office and from then on I was moved from one office to another on the average of ever 2½ years until finally we end up now in the Plummer Building on North 5 and I think probably a semi-permanent situation perhaps.

COLMES: Doctor, let's talk a little about your work in operating rooms with people under surgery.

Let's start with the Mayos, of course. How were Doctor Will and Doctor Charlie to work with in surgery?

LUNDY: Well, very easy to work with. They insisted on safe anesthesia whether there was any relaxation or not and they had had such a great experience,--they had been doing surgery for so long on such a variety of cases that it was very easy for them to perform the operation even when relaxation was not very good. That makes it very easy for anybody in anesthesia. The---

OLMES: As is to techniques, sir, working with them you were terribly, terribly busy yourself. As to techniques is there anything that remains particularly in your mind about the-- that pleased you most--impressed you most about the techniques of the two Mayos?

LUNDY: Well, it was very interesting. They were so very gentle and one time I asked Dr. Will Mayo how it happened that he never scolded a nurse and he told me, "Because I did it once and she cried and I never did it again."

OLMES: You know, in every one of these talks, Doctor, I keep seeing a new facet of Doctor Will. I never knew him. You know I'm very new here, and the picture that is built up is of someone enormously able, a little cold--a little cold I'm afraid is the word,--that isn't true. Would you comment on that, sir?

LUNDY: Well, Doctor Will couldn't tell a funny story.

OLMES: I'd heard that. Yes, sir.

LUNDY: And so to him things weren't very humorous. He had been a very good prize fighter in his university days and any prize fight in this part of the country he always attended and so he had that fighter in him that, well, they're not very jovial when they're doing their job, doing their business, you see.

OLMES: No, they're not.

LUNDY: Now Doctor Charlie, on the other hand--all he had to do was to stand up and look at you and you'd start to laugh because you were sure that he was going to say something that was very, very funny. As for example, before the old Staff Meetings that we had on Wednesday night, and we were all there believe me because we wanted to be seen by the Mayos that we were on the job. And Doctor Charlie was talking one night and he said, "Now I can't just remember exactly what I was gonna say, but it'll come to me tomorrow," and he sat down. So that even the simplest things that he did were very humorous.

OLMES: Doctor, you worked with so many Mayo surgeons all of them. What are just a few of the many vivid memories from the operating room of some of these men--Dr. (Stuart) Harrington, Dr. (E. Starr) Judd, any of them? What comes to your mind?

LUNDY: Well, it seems to me I was very greatly impressed with Doctor Judd's great speed in doing an operation and I'm not sure yet, although I watched him do his string tricks over and over again, yet can't figure out how he could make an incision in the abdominal wall and with a few motions of his thumb be able to invert the whole thing so that the peritoneum then was on the far side, the bowel was on his side, and he could very rapidly cut this peritoneum and he could separate the bowel so that he never cut it at all. Whereas other men would meticulously go down, down, and down and spend hours doing what he could do in one hour.

OLMES: He was apparently fabulous. How again--how was he to work with? Was it an exhausting experience since he worked so fast?

LUNDY: Oh, no, because you had to be somewhat of a politician here in this Clinic at the time I came. You took care of Balfour after you took care of the Mayos, you took care of Judd after you took care of Balfour and the Mayos, and then you took care of somebody else after you had taken care of Doctor Judd. So, that it wasn't hard to follow the lists. You simply made sure that these lists were taken care of in the order of the
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the seniority of the surgeon.

OLMES: I see. This is again too big a question, but I'll ask it anyway. What are the most significant surgical changes from the anesthesiologist's viewpoint in the past 25 years say?

LUNDY: Well, let's see. If you make it 30—

OLMES: —I'll make it 30—

LUNDY: or 31. I would say that Ivan McGill visited me here after the British Medical Society met in Winnipeg in 1930 and he introduced me to the McGill intratracheal tube which was a large bore tube that almost filled the larynx and trachea and through which the patient could breathe. This made chest surgery possible, so that, then as chest surgery developed and developed, finally cardiac surgery developed in the hands of chest surgeons. And I would think that that is the outstanding thing that happened where anesthesia had made surgery possible.

OLMES: Doctor, you spoke recently before a group of us on the non-medical staff and I got from this talk of yours, the impression that you had a deep admiration for Doctor Will--it was more than an admiration. It was an affection. Is that right and why?

LUNDY: Yes, he was a very dedicated man. My father had been a pioneer doctor in the territory of Dakota and he was a very dedicated man. I was raised in the atmosphere of dedication to medicine, and it struck a sympathetic cord in me so that I was willing to go along and I've lived long enough now to finish the job he offered me. And I intended to do that whether he was living or not. Now, did you ask me something about committees?

OLMES: I'm going to.

LUNDY: Oh!!

OLMES: Doctor, this ties in with what you have just said. It is something of a Mayo legend, I think,--how hard you worked, late at the hospitals at night and back again so early in the morning to see your patients. Does an anesthesiologist have to make such demands on himself.

LUNDY: Oh, no, he can get by without doing all those things but he isn't the most desirable one. I felt so much a pleasure and enjoyment in what I did that I never called it work and now that I come to this point of retirement from the Mayo Clinic no one should ask me to give up my fun.

OLMES: You won't. Now let's ask that question. I know I shouldn't. I should keep this at a high and professional level but I just can't resist doing this. There is a local legend that you have no special affection for committees. Is that true?

LUNDY: Yes, I feel very deeply that in my job I know better what I should do than any committee of people who never gave an anesthetic in their lives perhaps---

OLMES: That is an interesting point, sir.

LUNDY: Now, so far as committees are concerned, last year when I signed my last report to the Board of Governors I ended it by saying and in order that this report may be closely identified with the author I quote from the AMA Journal, "A Committee is a group of the unfit, appointed by the unwilling to do the unnecessary" and signed it. And the men in the Business Office said, "He didn't need to sign it." But I---

OLMES: I shouldn't have asked it.

LUNDY: I-----

OLMES: I couldn't resist.

LUNDY: Now that you have asked it I think I'll tell you one of the most interesting things that happened. About the time that it was realized by Doctor Will that this place would have to be operated by committees that there was no other way to do it. And so I asked him--

OLMES: How about the early 1920's and along in there?

LUNDY: No--'30's.

OLMES: 30's. I see.

LUNDY: And so I told him there was something I wanted to do, I've forgotten now what it was. He said, "You come up to the Board Meeting at 4:00 and we'll find out." So I sat in the room and he sat at the end of this beautiful table on the 3rd floor of the Plummer Building and he said, "Doctor Lundy wants to do so and so. I move that he do it, now is there any other business." I knew right away that the committees were going to have a hard time to make quick, final decisions like that.

OLMES: Yes, sir. It's more difficult. Doctor, this may sound like an impertinent question and I don't mean it to be. It is a matter of history for the record. If you had to do it over again would you join the Mayo Clinic Staff?

LUNDY: Oh, yes! Yes, I don't think that--I don't know, I suppose there may be a doctor or so in this country that wouldn't be flattered to be asked; but for those that wanted to develop themselves fully---

OLMES: Yes, sir.

LUNDY:--this was the place to be because you had to work hard to hold up your end. Everybody else was going along and doing such a good job and if you needed help from anybody--or any information rather, you didn't have to go to the library. You could call up one of the men on the Staff and ask him the question and get the information immediately. And if you wanted help most everybody would help you and, therefore, you helped everybody else that asked for it.

OLMES: I think that's a beautiful definition of the operation. I think it is excellent. Another great big question that I've got to ask you to answer in just a few minutes, Doctor Lundy. What will be the next great break-through in anesthesiology in your opinion?

LUNDY: Well, it has just happened.

OLMES: Just happened.

LUNDY: Just happened and I've been talking about it first in New York on the 24th of August, next in Chicago on the 16th of September (last month), a week ago Tuesday in Winona, and last Saturday night at St. John's Hospital in Springfield, Illinois. In 1925, I came up with the expression "balanced anesthesia" where we use some preliminary medication, we used more than one or two drugs at the time of the anesthesia, so that it was based on balanced diet instead of gorging on one food. You had a variety always to eat and feeling that people were geared to a balanced diet then I had developed a balanced anesthesia which they took very well. And that went along until very recently and now we can speak of percision balanced anesthesia.

OLMES: Which is a---yes, I see, sir.

LUNDY: We have the drugs to cause the depression of the senses and now we have the antagonists which will stop the action of the depressant drugs.

OLMES: At the point you want it stopped. Is it not?

LUNDY: At the time--

INISON: At the time you wanted it stopped.

OLMES: I see.

LUNDY: And we have found that the antagonists are not given drug against drug but dose of drug against dose of drug and that is new. And so if the muscle relaxes, we have antagonists for those so that at any time, if we want to terminate the anesthesia and the relaxation, we can now do it and that heretofore has never been possible and nobody would have ever believed that it could happen.

OLMES: It gives you such new dimensions of control, is that it, sir?

LUNDY: Yes, and we can have it safe. It can be fireproof, explosion proof, we will give nitrous oxide and oxygen so we can give plenty of oxygen. We use the intratracheal tube so we have perfect airway. There is not much excuse now for doing things (by) guess work.

OLMES: Doctor Lundy, without any question we could talk for the rest of the day and learn things that would be of profit to all of us at the Mayo Clinic but it is the half hour that we have suggested. You have been very kind to take the time and we thank you so much for coming.

LUNDY: You are very welcome.