

Mayo
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From the Chair

Mark Warner, M.D.

The three-shield emblem above is Mayo's most recognizable symbol. We often put the shields in practice by translating them into the more tangible imagery of a tricycle, with the large wheel representing our clinical practice and the smaller wheels associated with our research and education efforts. Although all are important, clearly our educational activity provides the strongest tie to our alumni. We rightfully can be very proud of our postgraduate medical education program. Our alumni, of which there are now nearly 1,000 around the globe, daily demonstrate the success of Mayo Clinic's anesthesiology training program.

If one of more of your children were to enter anesthesiology training in 2005 or later, what would they need to learn to prepare them for practice in 2015? In 2025 when they hit mid-career? The American Board of Anesthesiology, the Anesthesiology Residency Review Committee, and other related organizations have spent considerable time during the past two years discussing the future of anesthesiology and how it will and should impact our training programs. Many good people have provided input . . . but unfortunately, none have a crystal ball that will accurately predict the future. Therefore, based on broad input and best guesses, anesthesiology training will likely undergo the following changes in the next several years:

- **More ICU and pain medicine exposure.** Improved safety of anesthetic agents, increased use of minimally invasive or non-invasive procedures, and genetically-targeted analgesic therapies may decrease the demand for traditional intraoperative anesthetic services. At the same time, an increasing proportion of hospitalized patients will be critically ill. With an aging society, a high proportion of the population will have acute and chronic pain conditions. Therefore, beginning in 2008 the extent of intraoperative anesthesia training will decrease, replaced by increasing emphasis on non-operative care such as critical care, pain medicine, and preoperative evaluation. For example, required rotations will increase in critical care (from 2 to 6 months) and pain medicine (from 1 to 3 months).

- **More perioperative care and management.** With the changes above, anesthesiologists will have an expanded role in the care and management of many hospitalized patients. To provide sufficient experience in managing complex medical problems, the internship year will be more tightly structured, with required exposure to primary medical and pediatric problems. Traditional transitional year programs already are developing anesthesia-specific internship tracks.

Our department is well positioned to meet these new requirements. We are blessed with terrific young physicians who enter our residency program. As always, we will provide them with the experiences that position them to be great clinicians and contributors to the future of our specialty. Our alumni provide great examples of the bounty reaped by combining good training with dedication to patient care and service to medicine and our communities.

Thank you for representing Mayo Clinic and our department so well.

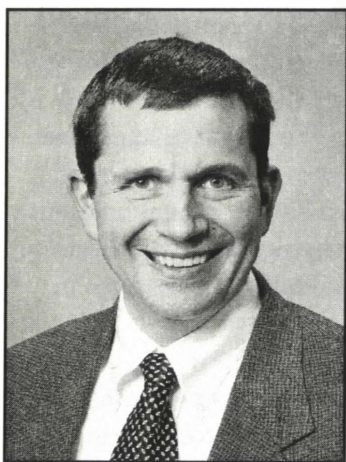
Editor's Note

Peter Southorn, M.D.

I hope you enjoy this issue of the newsletter. Thank you to everyone who has contributed to it. Responding to your suggestions, this issue for the first time prints some of the letters you have sent in. Please stay in contact.

How Old is the Mayo Department of Anesthesiology?

Douglas Bacon, M.D.



Douglas Bacon, M.D.

Every birthday, the question "How old are you?" is asked. Depending on which birthday it is, the answer is either said with pride or the question is discretely deflected. In the last edition of this alumni newsletter, Mark Warner suggested, following common assumptions, that the department is eighty years old. In this view, the department started with John Silas Lundy's arrival. What evidence is there to back up this claim? Is there anything to suggest that the department may even be older?

The *Record of the Administrative Board of the Mayo Clinic* is a compilation of the available minutes of the Board of Governors from the inception of the group. On February 6, 1924, the minutes record that a telegram was read

from William J. Mayo. The contents of that message were "Mayo Clinic, Attention Mayo, Judd, Balfour, Dr. John S. Lundy, classmate of Dr. Walter specializing in Anesthesia 318 Cobb Building, Seattle. I believe he is just the man for the head of anesthesia. Start at five thousand. Shall send him to talk it over at our expense. Wire me Western Union Tacoma (signed) W.J. Mayo." The minutes further record that after some discussion Dr. Lundy was appointed "as head of the Department of Anesthesia at a salary of \$5000 per year".

At first blush it appears that Dr. Warner was indeed correct about the date the department was founded. Yet, reading a few previous pages in the *Record* brought the date into question. On February 23, 1921, the following statement appeared in the minutes. "After discussion, it was decided that an effort be made to secure a young man to take charge of

anesthesia in the Clinic: to bring him in first for thorough training under Dr. Labat in local anesthesia, gradually taking over the entire subject, and at some future time, assuming management of that department." Does this mean that there was an anesthesia department in 1921 that needed to be 'taken over'?

Several months later, a similar statement appears in the pages of the *Record*. On May 18, 1921, it was recorded that "The question of finding someone to study local anesthesia under Dr. Labat and eventually take charge of the Department of Anesthesia in the Clinic was discussed." Thus, it would appear that in 1921 there was a department, and Labat was the chair. It is also important to note that the modern organization of the Clinic and the modern meaning of "department" did not exist in the 1920s. Rather, care was organized in clinical divisions around senior clinicians, but the same can be said of many modern administrative structures. However, the minutes reflect that an effort was being made to separate out anesthesia, and this begs the questions when was the "department" created?

Unfortunately, as often happens in history, the *Record* does not contain any minutes of meetings for 1920, the year Gaston Labat was appointed to the staff. He arrived on September 29, 1920, and left for Bellevue

Hospital on October 1, 1921. William Meeker took over from Labat, and trained Lundy in regional anesthetic techniques when Lundy arrived from Seattle. Interestingly, a letter from Labat to Lundy survives in the Mayo Foundation Archives. Labat wrote on March 5, 1927, "Under separate cover, I am sending you the available reprints I have of the articles written in recent years". Lundy's response, a carbon copy of which exists in the archive is dated March 11, 1927. Lundy wrote, "I thank you very much for your kindness in sending me your reprints. I am preserving yours and Dr. Meeker's so that the early history of the Department of Anesthesia of the Mayo Clinic will not be too meager as time goes on."

In the end, we are left with the question which began the essay—How old is the Mayo Department of Anesthesiology? Looking at all the available data, it appears that Dr. Lundy believed the department was founded when Gaston Labat arrived at Mayo in September of 1920, and the available minutes of the Administrative Board support this assumption. Thus, I believe that this department is celebrating its eighty-fourth birthday in September 2004. Of perhaps broader interest, that date makes our group the oldest department of anesthesiology in the world!

Reflections on 14 Years at Mayo

Glenn Fromme, M.D.

Anesthesiologist, Springfield, Missouri

How fast time flies. It's been 14 years since I left Rochester, and 14 years prior to that I had arrived, fresh out of the University of Wisconsin Medical School, not lacking in confidence but recognizing I had a lot to learn. Despite this being over half my life ago, I remember it like it was yesterday. It was without a doubt the most important time of my life. I had only visited five residencies the previous fall and felt all along the University of Wisconsin would be my first choice, and I, maybe naively, thought I would be ranked

high enough there that the others were "just in case". Mayo was our first stop on a four-day, three-stop interview road trip, and I remember spending the majority of my time with John Tinker and Alan Sessler. John was always the sort of guy who could sell ice cubes to an Eskimo, and of course, he made Mayo sound like "the Promised Land". I can still remember Alan Sessler asking me what I expected out of a residency program to which I replied "I want to go someplace where I'll be exposed to all aspects of anesthesia and feel competent and

confident when I'm finished." I considered myself to not be the easiest person to teach, but I didn't mention that. I also didn't mention research or teaching interests because I didn't really have those, but I later wondered if that wouldn't have been a good thing to say. I sensed my "simple" answer bothered Alan Sessler a little, and I should be striving for more because his answer implied that training me would be so easy. The thinking at Mayo was always that the difficult could be accomplished immediately and the impossible after only a slight delay. But you know, Alan was right, and I came to realize that there was more to learn than just anesthesia.

I'm thankful I had the opportunity to work with men like Allan Gould, Ron Mackenzie, Duane Rorie, Paul Didier, and Charlie Restall. I had a locker next to Charlie for 11 years and heard "What's good about it?" in response to my "Good morning" almost every day. I also got to know a warm individual with a good sense of humor (God rest his soul!). Paul Didier put me to sleep as a human volunteer in one of Kai Rehder's studies. It's amazing what a person will do for \$300. These men had a keen awareness of the medical knowledge and skill necessary to be good anesthesiologists and the ability to instill these attributes into anyone willing to listen. But I think the most important lessons I learned from them were common sense, how to enjoy yourself every day, and the importance of treating all those around you with dignity and respect. You know "life is what happens while you're waiting for something better to come along," so you had better enjoy it every day.

Although I still have no great desire to do research or to publish, I recognize that these efforts mold anesthesiology into the great specialty it is. I'm thankful I had the opportunity to know and learn from men like Jack Michenfelder, John Tinker, and Kai Rehder who helped me understand the role research and literature plays in the big picture, and to learn to think scientifically, which is essential for maintaining a sound practice. I also learned how to separate the wheat from

the chaff, and there's plenty of chaff out there. Funny though, despite all that talent it wasn't until last fall I learned the true definition of a "double-blind study", which is: "two orthopedists trying to read an EKG."

I'm thankful for the opportunity to have served on the residency education committee with Ron Faust. Even though my opinion was often opposite the majority of the other members, I never felt like my thoughts were anything other than respected and occasionally appreciated at least by some. It did give me the opportunity to meet interesting people and to participate in their education. I enjoy seeing them at Mayo Alumni gatherings and still practice with two other Mayo Alumni. I recognize that some of these individuals are the men who are molding our specialty today. I expect to see someone I helped train as President of the ASA at some point in the future. I developed an appreciation of the need for physicians dedicated to these endeavors, both advancing the science and training future anesthesia providers which I'm still involved in as Medical Director of the Southwest Missouri School of Anesthesia.

In addition to warm memories of "Mayo", I have warm memories of Rochester. Mona and I lived there for 14 years and endured all those winters because we didn't know any better. I can tell you there's nothing better in



Glenn and Mona Fromme enjoying a game of golf.

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.

Profile of Alan Sessler

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.

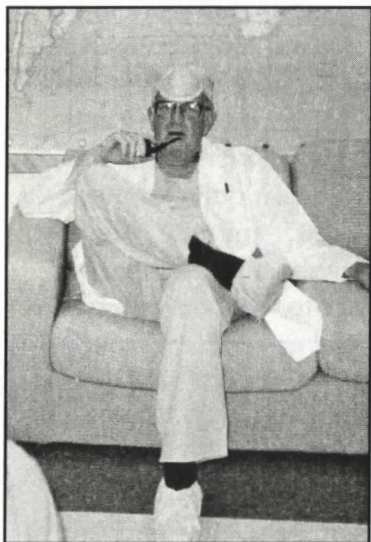
Alan again took charge of my career again in 1974 when he and Dick Theye invited me back from Australia into 15 years on staff in Rochester. Alan has mentored me in various capacities, as chief, colleague, and close friend since that time. I will always be grateful for the opportunities given and the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

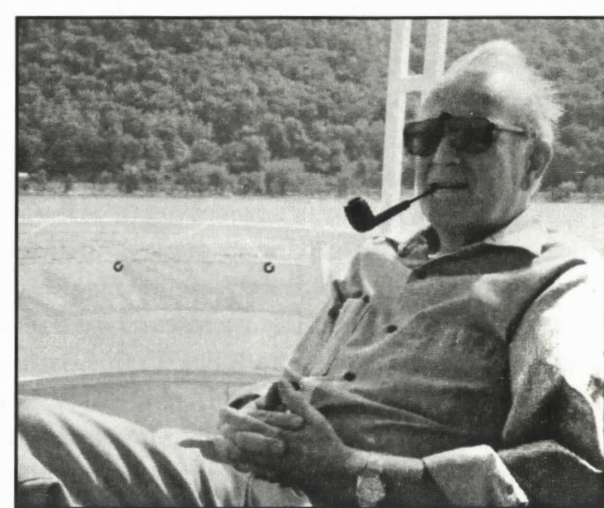
whom he appears to have had a love/hate relationship. For years, he was in charge of providing regional anesthetics for patients undergoing colon-rectal or urological surgery at the Worrall and, subsequently, the Rochester Methodist Hospital. Under his guidance and close scrutiny, one soon

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

mayor of Rochester, a caudal for a hemor-
 rhoidectomy. As he finished this, Charlie made
 the comment, "I hope they do a better job on
 your __ than you __s in the council did on my
 sidewalk!" Incidents like this were legion.
 We residents particularly were the butt of his
 comments, but we knew we could answer back
 and that, provided we did not sit in his favorite
 chair, our transgressions would not be remem-
 bered. In time, we also learned he had a great
 sense of humor and a heart of gold. His lead-
 ership role in the U.S. Coast Guard Auxiliary,
 his love for Wabasha and his houseboat there,
 his enthusiasm in ham radio, his tireless work
 in sustaining the Minnesota Society of
 Anesthesiologists for many years, and finally,
 the benefits our department derived from his
 friendship with the leaders of our clinic at that
 time were also appreciated.

Charlie, you were a good guy, and we
 miss you.

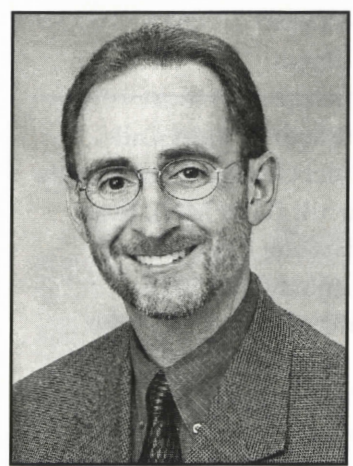


Charlie enjoying a summer day cruising the Mississippi on his houseboat.

*At his funeral, the mourners learned for the first time that his military decorations included the Silver Star, the Bronze Star, and the Purple Heart.

Beating Joe Camel

David Warner, M.D.



David Warner, M.D.

I have been fortunate to pursue a variety of research interests in my career at Mayo, ranging from my first project, which involved dipping isolated lungs in a foam made from fire-retarding gel (sounds strange, but there really was a good reason to do this), to studies of isolated cells and proteins, to human studies using three-dimensional imaging techniques studying anesthetic effects on the respiratory system (if you participated in these studies while a resident, thanks again for enduring all of those EMG wires), to a variety of analyses of outcomes after anesthesia and surgery. In this article I would like to tell you about recent work concerning cigarette smoking in surgical patients.

We have all seen the adverse effects that cigarette smoking has on our patients, ranging from the ravages caused by smoking-related diseases such as emphysema, to the increased frequency of complications such as wound infections and pneumonias. Nonetheless, we may feel that, as anesthesiologists, we can have little influence on our patients' smoking behavior, and indeed that it is so hard to quit that little can be done by anyone. However, there are three important things to know. First, tobacco interventions performed by physicians, even if brief, can approximately double the rate of quitting. Second, even short-term abstinence from tobacco can dramatically decrease the rate of postoperative complications. Finally, surgery may represent a "teachable moment" to help patients quit permanently. If we can help our surgical patients quit, they will enjoy benefits far

beyond the time of their surgical procedure, and we will thus make a real impact on their quality (and quantity) of life.

My conviction is that we as perioperative physicians should take the lead in helping our patients manage their tobacco dependence. Fortunately, we have at Mayo one of the leading nicotine research centers in the world. In collaboration with this center, I have begun a series of projects to study this issue. With funds from the Minnesota state tobacco settlement, we have performed basic work documenting smoking behavior in the perioperative period, finding that even though most patients quickly resume smoking after surgery, the majority want help in quitting. We also found that these smokers do not experience undue levels of psychological stress while abstinent from tobacco in smoke-free facilities, probably because they have other things to worry about (e.g., a big incision). Thus, this may be an excellent time to quit. We are finishing a study looking at the usefulness of products such as nicotine patches in managing tobacco dependence in the perioperative period. We have

performed a national survey of anesthesiologists and surgeons finding that although most are not even advising their patients to quit, many are interested in learning more about tobacco issues. Working with Mike Joyner, we are performing some basic studies of how smoking and nicotine replacements affects the control of skin blood flow, studies that will help us understand how smoking (and treatments such as nicotine patches) affect postoperative wound healing. Finally, we are working with behavioral psychologists newly arrived at Mayo to formulate a comprehensive strategy specifically tailored to help surgical patients quit smoking, recognizing the special challenges faced by these patients.

The fact that I have been able to start off in a new research direction is a testimony to the Mayo tradition of multidisciplinary collaboration, both in clinical practice and in research. There is still much to learn, but to me this represents an opportunity to make a real difference in the lives of our patients in addition to the anesthesia services we provide.

Anesthesiology Residency News

Steve Rose, M.D.

2004 National Resident Matching Program (NRMP)

The results of the 2004 National Resident Matching Program (NRMP) were recently announced. Eighteen talented physicians will join our program at the start of the 2005 academic year. We were pleased with the results of the match and greatly appreciate the assistance of alumni in the recruitment process. The greatest strength of any training program is the quality of the residents that enroll. It is gratifying to see so many highly qualified medical students choosing to train in anesthesiology.

The candidates who matched with the Mayo Clinic Rochester residency are: Crawford Barnett (Med Col of GA), Tara Frost (U of TX, San Antonio), Abram Burgher (U of MN),

Sarah Garber (U of Missouri), Todd Call (George Wash U), Daniel Grange (U of Health Sciences), George Caucutt (U of MN), Ryan Johnson (U of WI), Matthew Christensen (Tulane), Christine Kenyon (U of WI), Allison Christie (U of WA), Ryan McHugh (Wake Forest), Grant Cravens (Mayo), John Melander (Med Col of WI), Jason Eldrige (Creighton), Adam Niesen (Med Col of WI), Maria Fritock (Wake Forest), and Todd Preszler (U of South Dakota).

The faculty at Mayo Clinic Jacksonville were also pleased with the results of the 2004 match. The following outstanding candidates matched in the separately accredited Jacksonville residency: Mario Gutierrez (U of South Florida), Beth Ladlie (U of South Florida), Sarah Sutherland (U of Virginia), and Jason York (Med Col of GA).

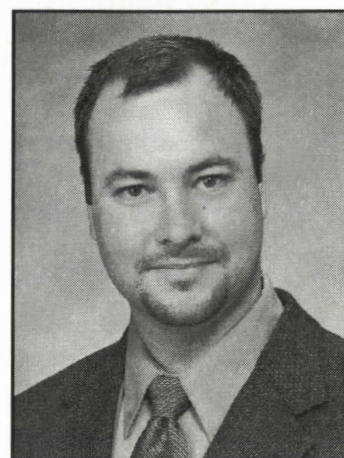
MARC

The 2004 Midwest Anesthesia Residents Conference (MARC) was hosted by Mayo in Rochester March 19-21. Drs. Jim Munis and Gil Wong directed the conference, and feedback from the participants was outstanding. The 38 sessions attracted over 300 abstracts, a record number. Our residents are to be congratulated on continuing the tradition of Mayo dominance at the awards' ceremony. They won 32% of the first place awards and 21% of all awards given.

2004 Mayo Brothers Distinguished Fellowship Award

Join us in congratulating **Dr. Tim Curry** as a recipient of the prestigious 2004 Mayo Brothers Distinguished Fellowship Award. This foundation-wide award is presented annually to

the resident who best exemplifies the ideals of our founders, Drs. William J. and Charles H. Mayo.



Tim Curry, M.D.

It has been a great spring for resident and fellow education.

Our future will be bright if we can continue to recruit talented young physicians and provide them with the richest clinical, educational, and scholarly environment possible.

News About People

Peter Southorn, M.D.

We wish to send our condolences to the family of **Dr. Donald R. Krabill** who died recently. Don was a fellow in our department between 1958-1961 and on the staff from 1965-1984.



Congratulations again to **Professor David Hatch (MGSM Anesthesiology 1969)** who was awarded the Gold Medal of the Royal College of Anaesthetists, England. He received this award on December 10, 2003, for his outstanding research and leadership role in pediatric anesthesia and his distinguished administrative contributions to the Royal College and orga-

nized medicine in the United Kingdom. The picture we received shows Dr. Peter Simpson (President of the College) presenting the medal to Prof. Hatch on right.

Professor Philippe Baele (MGSM

Anesthesiology 1981), wrote that he is working full time clinically in cardiac anesthesia after completing his two-year term as President of the Belgium Association for Anaesthesia and Reanimation and ten years as chair of his department in Brussels, Belgium. He is very pleased to have survived these leadership roles and loves having more time with his family.

Congratulations to **Dr. Gil Wong** and his colleagues in the Pain Medicine Division for their article in JAMA which attracted widespread interest in the lay press. Their study showed neurolytic celiac plexus block provided pancreatic cancer patients with sustained pain relief.

Letters

Petter Steen (MGSM Anesthesia 1977-1978), Professor of Emergency Medicine, Department of Anesthesiology, Ullevål University Hospital, Oslo, Norway, writes:

"It was fun reading Ron's article about Jack in the last newsletter. As one of Jack's 'offspring', he should be pleased that, while I am no longer studying cerebral ischemia, my research was just evaluated by an international committee appointed by the Norwegian NIH-equivalent. It received top ratings both for its output and ongoing research endeavors."

[Editor's note: Petter has just stepped down from being chair of the European Resuscitation Council. He remains a highly respected authority in this important field.]

Ron Faust writes:

"The story in the last issue of this newsletter on Jack Michenfelder and Dick Theye mentioned the start of the departmental Wednesday (now Monday) morning conference. **Dr. James Prentice (Mayo staff 1970-1978)** from Austin, Texas, located a copy of correspondence he had sent to Dick Theye after surveying the staff on how to set up the conference. Alan Sessler had requested the poll of the members of the education committee. The constancy of themes in education through the decades is impressive. A few quotes from his June 9, 1975, letter:

'It is most important the meeting be departmental--our biggest problem is the incredible division between the two clinical sections.

'If the stuff is interesting, people will come. It is important that the first conference be good--I suggest Dick Theye start off.

'It was suggested that a large pot of coffee and cups be available. . .

'The researchers should periodically tell the department what they are doing and what they have recently finished--otherwise we never know what they are doing.

'It was suggested that adequate time . . . be allowed at the end of the presentation for questions and discussion by the audience . . .

'One chairman should set up the schedule, and he needs better cooperation from the staff than Rungson Sittipong gets (Rungson was organizing the core lecture series for the residents during the '70s).

'There should be no interruptions during the formal presentation--criticism should be constructive and not belittling.

'It is important that everybody in our department know that Dick Theye is going to be at one meeting each week and that he expects each of them to be there too.' "

Bill Cant (MGSM Anesthesiology 1974, Staff 1977) writes:

"I just finished Ron Faust's article on Jack Michenfelder in the alumni newsletter. I well remember those days in the anesthesiology department with fondness and so appreciate the intellectual challenges provided by Dick and Jack. I hated presenting to them at the Wednesday conferences but so enjoyed the repartee with them. They knew how to stick it to you when you slipped up, but it was done in a way that was both educational and memorable."



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