

neuromuscular blockade. The clinical efficacy data gathered by our department for this unique agent is quite promising. Projects of this type allow our department to work with cutting-edge compounds while providing funding for our staff. There are several other industry partnerships on the horizon. Drs. Sprung and Hofer are currently working along with Hospira to explore some additional

uses for dexmedetomidine. Dr. Flick is in the early stages of assisting Organon with gathering additional pediatric information on rocuronium. Dr. Mike Hooten has been working along with Eli Lilly and Pfizer to design studies that may be implemented in the Pain Rehabilitation Center. These new collaborations, combined with past ACRU experience, will continue to accelerate the future growth of anesthesia research.

Working at Mayo

Richard Lundborg, M.D., Hilo, Hawaii

In late June of 1962, as I drove toward Rochester from my recent U.S. Army posting at Fort Lewis, Washington, I thought about the challenges ahead as a newly appointed anesthesiology resident in the Mayo Clinic program. Would I enjoy my training and would I measure up as an anesthesiology specialist?

My medical experience during the three years of my Army duty had been quite interesting and varied. It included a "rotating internship" at Tripler U.S. Army Hospital in Honolulu for one year, spending three months each on the medicine and surgery services and two months each on the pediatrics, Ob-Gyn, and anesthesiology services. In the latter, I had used ether (both open drop and vaporized with nitrous

oxide), ethylene, cyclopropane, and pentothal, and did many spinals and a few caudal epidurals. During the Ob-Gyn rotation, I had delivered over 60 babies and given many "saddle blocks" and a couple continuous caudal blocks. Army anesthesiologist, Bob Weaver, had urged me to consider anesthesia as a career.

Arriving in Rochester, I checked in with Dr. Albert Faulconer, Jr., the chair of the department. Dr. Tarhan, another new resident, and I were assigned to Dr. Tom Martin at the Methodist Hospital. He was to be our primary mentor during our initial training. The first thing he told us was to "forget everything we ever knew about the administration of anesthesia" and learn HIS WAY. Later he would say, "When you have been exposed to every other mentor, develop your own system that is best for you." The clinic ran full operating schedules six days a week. After Tom Martin had decided we were ready to move on, we then rotated with other anesthesiology staffers at Methodist including Al Gould, Charlie Restall, Paul Didier, Paul Leonard, and Tom Seldon. At Saint Marys Hospital, I was mentored by Emerson Moffitt, Robert Devloo, and Alan Sessler in cardiovascular anesthesia, Bob Jones in diagnostic and therapeutic pain blocks, Virginia Hartridge in obstetrics, Brian Dawson in pediatric surgery, John Paulson and Norbert Schnelle in general and orthopedic surgery, and Jack Michenfelder, Ed Daw, and Howard Terry in neuroanesthesia.

Dick and JoAnn Lundborg and their children in their Rochester home, 1971.



In the fall of 1962, the "Cuban Missile Crisis" caused Mayo Clinic Administration to generate a letter stating that in the event of nuclear war, the Lundborg family was assigned a small space in one of the corridors of the Mayo Building to be used as a temporary shelter. In the meantime, my wife, JoAnn, and I had purchased a small rambler near Elton Hills School. JoAnn was now busy with a teaching job in the Rochester school system and looking after the first two of our three children. That year was also an election year, and I had always been interested in politics. Because of President Kennedy's handling of the "Bay of Pigs" invasion, which occurred during my Army stint and involved several of my officer friends from my unit, I decided to work for the Republicans. I became a "block captain" for the GOP, active in the Young Republicans, and worked my way up in the party to "alternate delegate" at the State GOP Convention.

In the summer of 1963, I spent three months rotating through the anesthesiology department of the Los Angeles Children's Hospital. This was an elective rotation at that time. Under Dr. Digby Leigh's guidance, the department trained about six fellows each quarter from around the country and from

Canada, Dr. Leigh's original home. It gave me considerable experience with newborn anesthesia. Back in Rochester in the early fall, I began my rotation through the Worrall Hospital. It was the site of the vein surgery service in the morning and proctologic service in the

afternoon. I was busy doing caudal blocks on that fateful afternoon in the fall of 1963 when we heard over the radio in the nurses' lounge that President Kennedy had been assassinated.

For the last six months of my residency, I returned to Saint Marys Hospital to work in neuro, cardiovascular, and pediatrics and to do pain blocks. During the end of my cardiovascular rotation, Dr. Emerson Moffitt, the head of the Saint Marys Hospital anesthesiology section, invited me to join the cardiovascular anesthesia staff team provided I took an additional year of training. This I did and I joined the staff officially in July, 1965, working with Emerson Moffitt, Alan Sessler, Bob Devloo, and Sait Tarhan exclusively until 1969 when Dr. Moffitt asked me to take over the obstetrical anesthesia duties and introduce a regional block program. I agreed to do this for a three-year trial.

I arranged to visit Dr. Jim Evans at Grady Hospital in Atlanta and Dr. Brad Smith at Jackson Memorial in Miami. Jim was a friend from the Midwest Anesthesia Resident's Meetings who was a pioneer in continuous epidural blocks. Brad was active in obstetrical anesthesia and had a special interest in infant resuscitation. Their input was very helpful as I began to organize the obstetrical anesthesia service at Saint Marys. Continuous epidural block was becoming very popular with patients because of its remarkable labor pain-relieving capabilities and its low incidence of side effects. Dr. Rungson Sittipong was the first resident I trained in obstetrical anesthesia, and he contributed immensely to the early round-the-clock coverage of this service.

In 1971, near the end of my three-year commitment to obstetrical anesthesia, I received a contract offer from the Hawaii State Department of Health to become the first anesthesiologist on the island of Hawaii (the Big Island) and to organize the anesthesiology department, the emergency medical services, and the respiratory services in the existing five hospitals. The main hospital was located in Hilo, but the fast growing area of Kona needed major attention, too. After a visit to check out the situation

Dick Lundborg taking care of a patient in Hawaii.



there, JoAnn and I decided to accept the offer. I resigned from Mayo, and on January 1, 1972, began my work on the Big Island. By the end of 10 years, the organization was complete, the contract was terminated, and I became more involved with medical politics.

In 1986, because of the worsening medical malpractice situation in the state and because I had just come through a six-year malpractice case along with several other physicians who had NEVER seen the patient in question, I took a sabbatical leave to work at the Hawaii legislature with the Hawaii Medical Association. During this effort, I was warned by a top malpractice lawyer, a former legislator, that they didn't like what I was doing there (i.e., testifying for tort reform) and if I ever went back to my practice in Hilo, they would "keep their eyes on me and make me toe the mark."

Later in the session, the Republican Party in Hawaii asked me to run for the State Legislature. They had a great candidate running for governor, and I concluded that even if I did not win, I could campaign hard for this excellent candidate. Upon losing my race and our candidate losing in the governor's race, it came time for a decision regarding my anesthesiology career. JoAnn and I decided to continue working in politics which we did for eight more years. That is another story. But the lesson here is physicians must stay involved in the political process. Every special interest in the country is hard at work getting their views before the elected officials. Physicians are trained to solve problems and they make difficult decisions every day. In my view, they make superb legislators. I urge every physician to get involved and stay involved in whatever manner suits his/her situation.

A Road Less Taken: Dr. Brian Richardson

Brian McGlinch, M.D.



CPT Brian F. Richardson, M.D. (right) is sworn into his commission with the United States Army Individual Readiness Reserves by Brian McGlinch, LTC, MC, USAR.

Brian Richardson, M.D., has finally begun his training in anesthesiology! What makes Brian's story remarkable is the path he took to get here. After graduating from Loyola in 2001 with an Army scholarship, Brian was assigned to Tripler Army

Medical Center in Hawaii for his internship year. During that time, the Army offered Brian an opportunity for anesthesiology training in one of the military residencies. Brian declined the offer because he had been offered a position in the Mayo anesthesiology residency to begin when his Army obligations concluded. Maybe he should have taken the Army up on its offer.

At the conclusion of his internship, the Army assigned Dr. Richardson to a base in Germany as the General Medical Officer responsible for several hundred soldiers. These soldiers (and their General Medical Officers) were some of

the first soldiers and medical personnel reaching Baghdad during the 2003 invasion. Brian spent 12 months in Baghdad functioning as a physician with the Army caring for our United States military personnel as well as the sick and injured Iraqis. Upon completion of this tour, Brian returned to Germany, but on his fourth day there, the Army emergently reactivated Brian's division due to the sudden spike of insurgent activity and sent the troops back into Iraq. Brian spent another three months in the war zone before finally completing his rotation and returning to Germany. Brian, being the remarkable person he is, always accentuates the positive aspects of this experience although many of us would find reasons to complain.

Please take a moment to thank Brian for his contributions to our military and our department (richardson.brian@mayo.edu). Few have faced such significant consequences for their desire to train with us.