

STAFF MEMOIRS PROJECT

10164

Staff Name:  
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Title of  
this Item

Statement of Dr. John S. Lundy to Dr. Walfman Walters

Dates:

11-15-1967

Series  
Number:

Box  
Number:

B09

Folder  
Number:

F162

Type of Item:

Memoir  Other   
 Oral History / Interview  If "Other"  
 Speech  Describe  
 Letter  Briefly:


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STATEMENT\* OF  
DR. JOHN S. LUNDY  
Seattle, Washington  
To  
DR. WALTMAN WALTERS  
Rochester, Minnesota  
November 15, 1967

I shall try to prepare for you some of the items you asked me for. I understand that you will edit the volume containing reprintings of papers constituting the significant contributions of surgery in the Mayo Clinic, that Dr. K. G. Wakim will edit a similar volume of reprintings of papers on experimental medicine, and that another man [Dr. Matthew B. Divertie] will do the same in respect to reprintings of papers on internal medicine.

I am wondering why dentistry is left out, and why obstetrics is being left out. If, however, they are to be included, I should like to know about it, because there were some things that I know about in every one of these five fields which might well be put on record.

I should suppose that since I had the first blood bank in America at Saint Mary's Hospital, as may be seen in the annual report of the Section of Anesthesiology for 1935, that fact should be mentioned.

I also think I opened the first postanesthesia observation room in recent times on March 17, 1942, on the new fourth floor at Saint Mary's Hospital. This postanesthesia observation room subsequently became a feature of hospitals all over the country, in

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\*Statement concerning three proposed volumes on significant contributions from the Mayo Clinic to (1) medicine, (2) surgery and (3) experimental medicine. This project was abandoned in September, 1967.

which it is now known as a "recovery room." In fact, I believe that Ed Weld obtained the idea of an intensive-care unit from that post-anesthesia observation room and put it into operation at the Rochester Methodist Hospital. Now the idea behind it is applied in many new hospitals everywhere.

I did pioneer work with the plasma-volume expander, Dextran-- I believe in 1946--and learned that the most effective treatment of shock is to alternate the administration of a bottle of blood with a bottle of Dextran, and repeat this until the shock has been controlled.

In 1934 I introduced the intravenous use of Pentothal sodium at the Mayo Clinic. This agent now is used all over the world, although from time to time a substitute barbiturate may be used.

In 1928, when the British Medical Association met in Winnipeg, Dr. Ivan Magill gave me his laryngoscope and some of his endotracheal tubes, and I gave him the drug, Nembutal (pentobarbital), in exchange. I then introduced his method for the use of wide-bore endotracheal tubes in this country, and he introduced Nembutal throughout the British Empire. It might be of some interest to note that I developed the name, "Nembutal", for Abbott (drug No. 844). I took the "n" from the symbol, NA, for sodium; the "m" from methyl; the "but" from butal; the "al" comes from the termination which designates all barbiturates in English. Thus, simply recalling the name enables one to recall the chemical structure of the drug.

Blood Transfusion

In 1933 Dr. C. H. Mayo was unhappy about complaints about blood transfusions as voiced by the pediatricians. I was selected by the Surgical Society of the Mayo Clinic to assume direction of transfusions to children. I did so for a year, at the end of which it was decided I should supervise all transfusions. I was in charge of this activity for a good many years, until Dr. Thomas B. Magath, while a member of the Board of Governors of the Mayo Clinic, 1948 to 1956, succeeded in having this service transferred to the Section of Clinical Pathology. I had intended that Dr. T. Harry Seldon, of the Section of Anesthesiology, carry on this work. In the early days of blood transfusion it was Dr. John deJ. Pemberton, and Dr. Verne C. Hunt who exhibited a real interest in the subject, but when the significance of the Rh factor came to be realized, as well as the import of the subgroups of blood, transfusion became a complicated procedure commanding the attention of many workers in different fields.

Anatomy Laboratory

In 1927 I established an anatomy laboratory, with four dissecting tables, in the basement of the Palen & Lohse undertaking establishment, then on Third Street Southwest. I had the benefit of counsel from Dr. Harold E. Robertson, head of the Section of Pathologic Anatomy of the Mayo Clinic, and Dr. Harris of London, England. I brought in

compressed air from the Franklin Heating Station next door, and used it in embalming. The Department of Anatomy of the University of Minnesota furnished most of the material, especially one body in cross-section, and I had each section enclosed in glass so that it could be handled without damage.

Dr. Wilmot C. Foster, a fellow in surgery in the Mayo Graduate School of Medicine from 1927 to 1930, taught courses; he had been associate professor of anatomy in the University of Oregon before he came to Rochester. Dr. H. L. Williams did the original technical work in the development of his fenestration operation for otosclerosis in this laboratory.

Some of the fellows in orthopedic surgery studied anatomy in my laboratory because some of them had not done well in their board examinations.

An annual report dealing with this laboratory was sent to the Board of Governors of the Mayo Clinic each year from 1927 to 1947. When I asked the Board of Governors to hire an anatomist they did so: Dr. W. Henry Hollinshead, who came to the Mayo Clinic in 1947 to head a formal Section of Anatomy. He has since produced a number of books on anatomy.

My original intention in establishing my subterranean laboratory on Third Street Southwest was to have a place in which I could study

the anatomic aspects involved in regional anesthesia. But others derived more use from the laboratory in that regard than I did. I did, however, manage the laboratory for 20 years without help from other people. The fact that such a laboratory existed was not widely known or made known, and I received very little credit for it.

#### Oxygen Therapy

Oxygen therapy was under the control of Dr. Walter M. Boothby, but he was seldom in the hospital with us. I took an interest in the oxygen tents, and suggested that they be numbered, so that we might thereby be able to have a systematic record of them, and where they were at a given moment, and also to allow us to keep them clean. I paid a certain amount of unwelcome attention to them, from Dr. Boothby's point of view, but the surgeons appreciated my help.

#### Intravenous Therapy

Partly because of the work we had done in blood transfusion, we were, nolens volens, called upon to do difficult venipuncture for intravenous therapy. The situation had become so desperate, in fact, that the Surgical Society of the Mayo Clinic made a rule that after three unsuccessful attempts at venipuncture by a fellow, we were to be called to perform it.

It was in this particular field that I began to use intravenous catheters. Later, through the inventiveness of a Dr. David Massa, the

Rochester plastic needle was developed. Subsequently I obtained plastic stylets for these needles, an action which made it possible to leave the needle in situ for days at a time. From this beginning the present-day plastic needle came.