Ten years after degrees and training at Duke and UCLA, I returned to Stanford as an anesthesia resident and thereafter joined the faculty. My research interests in electronic monitoring benefited from the Silicon Valley invention at that time of microprocessors, with great promise for 'smarter' patient care.

William New, Jr., M.D., Ph.D.

"...it is our responsibility to support the new generation and to encourage their growth..."

I first joined the Department some thirty years ago as an engineering student to help Drs. Charles Whitcher, Jay Belville, and Ty Smith design physiological measurement apparatus. Anesthesia was then a small group under Dr. Bunker, located ground floor in the newly built hospital. That year's experience sparked my career in medicine and biomedical electronics.

Frank Sarnquist, M.D.
Acting Chairman,
Department of Anesthesia

As an interim Chair, I will present an interim report, hoping that next year the new permanent Chair will prepare this column.

Most of you know that in mid-June, Don Stanski, who had led the department for the past five years, resigned as Chair. The Dean assigned me to act as Chair until a permanent Chair can be identified and seated. Dean Bauer further committed to conducting a national search and fully supporting the recruitment process.

"From my perspective then, the three components of the Departmental mission, clinical care, teaching and furthering the art and science of anesthesiology are being well served."

His goal is to have a permanent Chair in place by September, 1998. To that end the Dean speedily arranged for an external review of the Department. In mid-August Margaret Wood, Professor and Chair of Anesthesiology at Columbia and Simon Gelman, holder of the same titles at
Alumni Thanks

Donald R. Stanski, M.D.

In June, Dean Bauer decided to take a serious re-look at the structure and role of the department, including the department's clinical and academic efforts and interaction with the community practices. He asked me to step down as Chair and appointed Frank Sarnquist as Acting Chair pending department review and a national search. I want to thank the alumni for its strong support during my five years of leadership.

"Your success in practice, community or academic, has been an important beacon for the stature and success of the department."

Alumni contributions allowed a major library renovation and support of David Gaba's Simulator Center. More importantly, alumni support has been most important to the department through voluntary clinical faculty efforts, feedback on your preparation for clinical practice and networking for new graduates. Your success in practice, community or academic, has been an important beacon for the stature and success of the department. Thank you for your contributions to the department during my leadership opportunity.

Changes at the VA

Kevin Fish, M.D.

The new hospital has been dedicated and the Administration Building has now been occupied for several months. However, the clinical departments have not yet moved into the new hospital because the paging system does not work within the perimeter of the new hospital. All the steel in the walls and the excellent electrical grounding of the building blocks the signals! This also applies to cellular phones. We have therefore delayed the OR and ICU move until a new internal antenna system has been installed. Our planned move date is now early November.

Research

Mervyn Maze, M.B., Ch.B.

This is a particularly exciting time in the Maze laboratory. After an eight-year sojourn in the quake-ravaged research

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News From the Editor

Ronald G. Pearl, M.D.

This has been a year of many changes for the department. Events have included the resignation of Don Stanski as Chair, appointment of Frank Sarnquist as Acting Chair, an outside review of the department, and a commitment from Stanford Health Services to provide the needed financial support for our future. Next year promises the completion of the merger with UCSF and a national search for a new Chair. During these changes we have increased our clinical programs at Stanford and the VA and have been extremely productive in research.

"The success of our program depends upon our alumni and we thank you for your continued support..."
Here Are Our Upcoming Graduates:

**MICHAEL H. WIGGINS, M.D.**

Stanford has been a tremendous experience and I look forward to what the future will offer. I was raised in Fresno, went to school at UC Davis where I met my wife, then traveled to Boston where I attended Tufts for medical school. I completed my internship at the Valley Medical Center in Fresno before coming to Stanford. My interests include music (I’m a bassist), dogs (I have two), and Taekwon Do.

I am interested in private practice with a good mix of general/ob as well as cardiac if possible. My wife and I are primarily interested in the Sacramento area but we are flexible if the right opportunity presents itself. I look forward to communicating with you in the future.

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**SEAN MACKEY, M.D., Ph.D.**

Residency at Stanford has brought me back full circle to California, and I could not be happier. I was born in San Diego County and raised on the warm beaches and casual lifestyle of Southern California. Thinking I needed to see another part of the country, I attended Penn where I obtained a Bachelor’s and a Master’s degree in Bioengineering. Unfortunately, cheesesteaks, hoagies and South Street were not enough to offset five months of truly ugly weather. My next stop was the University of Arizona where I started a Ph.D. program in Electrical Engineering with an emphasis in analog circuits and medical instrumentation. The draw to medicine had always been strong, and after two years I applied and was accepted to medical school.

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**CAROL ANN DIACHUN**

Hello. My name is Carol Ann Diachun. Like many others here, I am a California transplant. I was born and raised in the snow country of Rochester, New York. My three undergraduate years were spent in Buffalo, New York at S.U.N.Y. at Buffalo where I completed a B.S. with Honors in Biochemistry/Health Sciences with a concentration in space physiology. An integral part of my studies included cardiovascular physiology research at the Kennedy Space Center through NASA’s Space Life Sciences Training Program. Despite my love of the space program, I found my work as an EMT more intriguing and decided to attend medical school. My husband, whom I met in Buffalo, joined me in advanced studies at Stanford University. He was a Ph.D. candidate in physical chemistry, while I studied at the medical school. I completed an internal medicine/pediatrics internship at Santa Clara Valley Medical Center in San Jose, California, and then began my anesthesia training at the Hospital of the University of Pennsylvania in Philadelphia where my husband hoped to find an industrial research position. Unfortunately, my husband’s research work took much longer than anticipated. As a result, we had a bi-coastal marriage for 1.5 years until I transferred back to Stanford to complete my training. This move has greatly enhanced my overall anesthesia training. I have had a breadth of experience that includes two different schools of thought. In addition, I have been exposed to many more styles and techniques and have learned from many more great teachers by training half at the University of Pennsylvania and half at Stanford.

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Chairman's Report  

SEAN MACKEY, M.D., Ph.D.
I pursued my graduate studies simultaneously and got involved in a research project that involved applications of radio frequency energy to treat cardiac arrhythmias. Unfortunately, it was a new field without a source of funding. Faced with the prospect of being the first nonfunded graduate student in the EE department, I started a business that focused on engineering consulting and computer sales. Along the way I got married, had a beautiful baby and acquired a dog. And now I find myself back in California for residency.

My time at Stanford has been truly exceptional. I have thoroughly enjoyed the stimulation of the academic environment as well as being in the technology center of the planet. The support I have received from faculty, staff and residents has been wonderful. After residency I will probably spend another year in fellowship training. Then I hope to find an academic position with two days a week of clinical practice, three to four days a week of research and an opportunity to pursue my entrepreneurial interests (may be unrealistic, but hey a guy has to dream!).

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CAROL ANN DIACHUN
I have particularly enjoyed my pediatric training at the Children’s Hospital of Philadelphia and at Stanford. I am presently considering a pediatric fellowship, but must match a location with my husband, who defended his Ph.D. thesis on September 16, 1997. Eventually, I hope to join a group practice that would enable me to administer a variety of anesthetics for a variety of cases, particularly, but not exclusively, pediatrics. Overall, I am just looking forward to practicing anesthesiology to the best of my knowledge and capabilities while having some fun along the way.

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Brigham and Women’s Hospital, visited Stanford for three days and evaluated our program. The results of that review haven’t been released yet, but they will guide the Dean in deciding the charge for the new Chair.

While we haven’t heard what Drs. Wood and Gelman thought of our program, I can tell you a little of how I view your ex-program. Clinically we continue to grow and I believe the standard of care delivered to our patients and the service delivered to our surgeons has never been higher. In addition to 12,500 plus OR cases completed last year, we also care for over 1,500 plus patients having out-of-OR procedures. The pediatric piece of the program is expanding rapidly, and has developed a national class pediatric pain control service. Obstetrics and the ICU services continue their tradition of excellence. The pioneering pre-op assessment clinic and pain management services continue to mature into vital parts of the hospital’s service system.

While managed care and decreasing medical student interest in anesthesiology have decimated some residency programs, we have fared quite well. A nearly full complement of first-year residents began on July 1st to continue the Stanford tradition of developing into first class specialists. Supplementing the broad clinical experience at Stanford, the residents have busy clinical and education experiences at the Santa Clara Valley Medical Center and the Palo Alto Veteran’s Administration Medical Center. In addition to providing exposure to the challenging spectrum of disease in the veterans’ population, the PAVA is also home of the original and finest Anesthesia Simulator Center in the world. The group of residents which graduated in July was absolutely superb, and apparently recognized as such by the anesthesia community as all the members of the class received multiple, excellent job offers. All began full-time work immediately on completion of residency (and all passed their board examination).

We are thriving academically, with Department Researchers holding at least six prestigious NIH RO-1 GRANTS. In addition, many industry sponsored projects and investigations are going forward, and we have an exceptionally talented group of young clinician scientists moving up the ranks. As in the past, a large portion of the Department’s research activity is carried out at the PAVAMC which has just provided the Department with magnificent new clinical and research facilities.

From my perspective then, the three components of the Departmental mission, clinical care, teaching and furthering the art and science of anesthesiology are being well served. Our job, during the hiatus between permanent chairs is to maintain our strengths, to strengthen our weaknesses, and to keep the faith in ourselves, in each other, and in this department, as one of the nation’s finest. The program has been built upon you, our alumni, and we will continue to look to you for support and contributions; of good will, leadership, clinical experience, practice “smarts”, resident support, and, occasionally, money.

Thanks for your help in the past.
Experiences of Last Year’s Graduates

I asked our graduating residents to write a paragraph for the newsletter describing their experiences in finding either a practice opportunity or fellowship. The following responses are from our new Anesthesia Fellows.

TRACEY M. VOGEL, M.D.

My first exposure to anesthesiology was a two-week rotation in OB anesthesia at Magee Women’s Hospital (Pittsburgh, PA) during my third year of medical school. Even that early in my career, I knew that I was very interested in that particular subspecialty of anesthesia. During my residency, I chose to do two months of OB anesthesia early in my second year, hoping that this exposure would enable me to make an early decision regarding a fellowship. Once that decision was made, I had only to choose a location — that was actually the easy part. Stanford’s OB Anesthesia department offered an extremely academic and innovative group of mentors, a variety of high-risk patients and a substantial number of patients for clinical studies. I approached Dr. Cohen to express my interest in the fellowship, completed an application, and was welcomed into the department in July. I am very confident that I made the right decision.

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CATHY LAMMERS, M.D.

Since my senior year in medical school, I planned to pursue pediatric anesthesia and to complete a pediatric fellowship. When I interviewed at Stanford in 1992, I discussed my goals with Dr. Donald Stanski and Dr. Yuan-Chi Lin and expressed my concern that Stanford did not have a pediatric fellowship. They assured me that the section would be growing and that a pediatric fellowship would be created. Their forecast was correct, and I am very pleased to be one of the first pediatric fellows at Stanford.

Following completion of my fellowship in July 1998, I will be pursuing an academic or private practice position in Northern California. My husband, my daughter and I will all be thrilled to finally have the years of training and exams behind us.

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JOHN NAVARRO, M.D.

I was born and raised in Stockton, California. I originally came to Stanford in 1985 and graduated in 1989. I moved to Omaha, NE for medical school and internship. I returned to Stanford for my last year of residency.

I have decided to remain with the Anesthesiology department to complete an O.R. Management Fellowship. My wife, Andrea, and I hope to move back to the Midwest when I complete the fellowship.

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CHRIS TATARU, M.D.

The experience of looking for an Obstetrical Anesthesia Fellowship was a pleasant one for me. I downloaded the list of OB fellowships from the Internet site of SOAP (which, by the way, is not updated very frequently) and started sending letters to the places which would have been a good match for me in terms of professional and academic quality, conditions to raise a family, geographical location, etc. The response I received was much more positive than I expected (knowing that many places are recruiting their fellows from within their programs) and I am clearly attributing that to the fact that I was a Stanford applicant. The most enthusiastic responses came from Emory, Rochester, Bowman Gray and Baylor.

To make a long story short, in the end I accepted the Stanford offer for reasons that do not even need to be mentioned (excellent academic and clinical environment, great teachers, well organized department, many research projects ongoing, etc.) and also because my wife will do a second fellowship here and will end up graduating at the same time.

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Management of Perioperative Services

Alex Macario, M.D.

"The Fellowship ... enters its second year of existence"

The Fellowship in the Management of Perioperative Services enters its second year of existence. This year we have two new fellows. Dr. Craig Scibetta, graduate of the Tulane University Anesthesia Residency Training Program, is interested in management of Ambulatory Surgery Centers. Dr. John Navarro, who completed anesthesia residency at Stanford this year, is also interested in economic and administrative issues related to outpatient surgery. The fellows will take course work at the Graduate Business School, participate in a monthly seminar series given by experts inside and outside the Stanford community, and lead quality improvement projects related to surgical services.

Please direct any correspondence for the Newsletter/Alumni Association to:
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President: William M. New, Jr., M.D., PhD
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President’s Report
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After a sabbatical attending business school, it became evident that industry was the best venue to develop medical devices. I founded Nellcor to provide new tools for patient safety.

For fifteen years I have continued with one foot in the volunteer faculty and the other in industry, a unique dual perspective, observing profound changes in the business of medicine and its domino effect on Stanford and our department.

We have entered an entirely different era. Priorities are reordered, careers follow unanticipated directions, economics rely on new assumptions, the traditional hierarchial white male dominated social structure has largely faded.

What has not changed, however, are a few external verities: young energies need fresh opportunities to contribute; age and experience should help them avoid sandtraps; responsibility and authority must pass together to the next generation. I was given such opportunity — those early formative days with Chuck Whitcher in John Bunker’s department. Without that early influence, pulse oximetry would likely not have developed twenty years later.

See one, do one, teach one. For older alumni like myself ("older" comes age 55), our role is to teach, to mentor, to provide opportunities (often invisibly), and then to get out of the way. Let young minds follow their muse. In a Darwinian world, they will not all be successful. But the best and brightest will blossom and replace us as leaders of the next generation. Many are called, and in the end a few will be chosen.

Stanford is fortunate because our alumni are disproportionately well represented in the 'chosen few' of anesthesia leadership nationwide. As the chairman's torch is passed once again, continuity relies on alumni support.

We need to do what someone once did for us. I will be asking you to join me in creating a seedcorn fund, a permanent endowed pool from which young talent and fresh ideas in the department can be encouraged and supported with discretionary off-budget funding. Often tiny amounts of help applied at early moments, judiciously, quietly and with minimum formality, are the critical stimuli to the development of a clever idea or innovative approach. Small and early is what it takes — one of the cardinal principals I have learned of successful venture capital.

Consider what you can do. Our support will provide a critical difference in helping a new chairman foster the creativity and imagination that anesthesia at Stanford will need as we enter the new millennium.

We owe it to the young ones. We owe it to anesthesia. Frankly, we owe it to ourselves.

Research
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The research goals of the Maze laboratory are to pursue hypothesis-driven research in order to generate data that will facilitate the development of new strategies for the perioperative management of the surgical patient and the treatment of chronic pain states. We are pursuing vertically-integrated research (molecular biology, cell biology, animal and human investigation), in four new areas related to our ongoing work on alpha-2 adrenergic receptor agonists.

Following our definition of the pathways responsible for the anesthetic/analgesic action of alpha-2 agonists as well as nitrous oxide, we are now exploring ways in which these pathways can be activated by physical means. Together with Bruce MacIver's lab, a third area of intense interest is anesthetic and analgesic action in states of altered synaptic transmission ("synaptic plasticity"). Lastly, together with the Kendig lab, as well as Ed Riley, we are exploring the mechanisms for pharmacodynamic alterations to alpha-2 agonists during parturition. A particularly satisfying aspect of our work is the fact that we are able to provide the fundamental underpinnings for clinical observations as well as provide clinical relevance to discoveries in the basic sciences.

"Translational Medicine" is here to stay.

Dr. Mervyn Maze's Research Lab