Deep into exploring a joint passion—the history and future of the dynamic field of Anesthesia—

Drs. Larry Saidman (Stanford, Emeritus), Ted Eger (UCSF, Emeritus) and Rod Westhorpe (retired pediatric anesthetist, Melbourne, Australia), are co-authoring a history book, amplified by a series of invited historical essays by anesthesiologists from around the world. These essays portray how the history of Anesthesia varies by geographies, subspecialties, politics, and areas of scientific inquiry. Like others passionate about history, these authors are also envisioning the field’s future. This project is one capstone of Saidman’s 50-year career as an anesthesiologist.

At our meeting in Saidman’s beautiful home situated on the historic estuary between Oakland and Alameda, our topic was How has the field of anesthesia changed during your 50-year career? As pelicans and snowy egrets flew and fished outside the window, Saidman offered these historical points and predictions.

19th century—Although American dentist William Morton demonstrated ether’s anesthetic effects October 16, 1846 at Massachusetts General Hospital, few procedures involving anesthesia could be done because of surgery’s high infection and mortality rates. In the same period, John Snow, English surgeon and epidemiologist (he recommended disabling the water pump in London, thus aborting the epidemic of cholera) and other English physicians took up the anesthesiology specialty. In contrast, in the United States, the surgeon selected someone in the hospital to administer anesthesia; the person could be a medical student, a nurse, a janitor, etc. For most of the 19th century, in the US, nurses became specialists in administering anesthesia.

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20th century—In the first half of the 20th century, as physicians became educated about and involved in administering anesthetics, the specialty took hold and grew. In the 1930s, the first academic department of anesthesia was formed at University of Wisconsin, a specialty society was created, and the AMA recognized anesthesia as a specialty. In 1940, the American Board of Anesthesiology (ABA) was created, the journal Anesthesiology was founded, and there were 110 Board-certified anesthesiologists serving a population of 130 million. To date in the United States, with a population exceeding 300 million,
nearly 50,000 anesthesiologists have been certified by the ABA.

Although the specialty progressed during the 1940s and 50s, it was during the 1960s that major changes occurred to produce what Saidman describes as the “Golden Age of Anesthesia,” in which the specialty changed from one dominated by empiricism to one adopting the tools of modern science to answer important questions related to the care of surgical patients.

The principal factors accounting for this dramatic change were:

1. **Increased interest**—Through the 1950s and 60s the specialty was among those least successful in attracting American Medical Graduates (AMG) into its residency training programs. The percentage of International Medical Graduates reached 40% in the 60s and peaked at nearly 60% in the early 1970s. In 1966, the ASA created an Anesthesia Preceptorship Program, intended to increase recruitment of AMGs by offering a paid 8-week experience with a practicing anesthesiologist (academic or private practitioner) to medical students completing their second year. Although additional factors may have accounted for the increased interest of AMGs in the specialty, in the years immediately following initiation of the preceptorship program, recruitment of AMGs into the specialty tripled.

2. **The growth of research**—During the 1960s, NIH research funding for anesthesiologists increased. Dr. Emanuel Papper, Chairman of the Department at Columbia University, took a six-month leave of absence at the NIH to help develop programs expressly intended to provide research funding for young, academically-oriented anesthesiologists. Concurrently, the number of academic anesthesia departments emphasizing research in the US increased—among them were departments at Columbia University, University of California, San Francisco, University of Pennsylvania, Mayo Clinic, Massachusetts General Hospital, and Stanford University. Because these departments hired faculty-researchers and offered more research training, the number of anesthesia researchers grew. For example, when Saidman trained at UCSF, his salary was supported by an NIH Training Grant to spend a third, post-residency year as a research training fellow with Ted Eger, who had received an NIH Research Career Development Award.

3. **Subspecialization**—In Anesthesia, subspecialization enabled focused research efforts, development of discrete knowledge, and improved patient care. Pediatric anesthesia began in the 1930s, as children's hospitals came into being. Next, obstetric anesthesia and cardiothoracic anesthesia developed in the 1950s and 1960s, followed by neuro anesthesia and critical care medicine in the mid 1960s. Specialization in pain management, which began in the 1970s, is currently the fastest growing subspecialty.

4. **Economic incentives and prestige**—The US Medicare law passed in 1965 specified that anesthesiologists would be reimbursed directly for their services, similar to that provided other practicing specialists.

5. **Emphasis on patient safety**—During the last fifty years, Anesthesia has led and continues to lead all medical specialties in its focus on patient safety. In the early 1950s, what was probably the first, large anesthesiology outcome study by Beecher and Todd and published in a surgery journal, reported the death rate attributed to anesthesia of 1 in 1500-2500; in 2012 the rate is <1 in 200,000. This astonishing improvement has resulted from standardized technology, standardized training, evidence-based practice, focus on reducing physician fatigue, and abiding focus on vigilance.

Technology includes devices to measure O₂ saturation in a patient’s blood, expired CO₂,
continuous cardiac output, etc. Training includes Anesthesia Crisis Resource Management simulation, in which trainees’ clinical decision-making, team performance, patient-safety practice, and outcomes can be measured. Practice is based on Anesthesiology’s establishing and codifying standard operating procedures (SOPs) and practices based on Type 1 evidence, rather than on idiosyncratic physician experience. This across-the-board standardization helps not only the patient, but it bolsters the performance of the entire surgical team. In 1985 the Anesthesia Patient Safety Foundation (APSF) was launched as “… the first independent, multi-disciplinary organization (practitioners, equipment and drug manufacturers, and many related professionals) created expressly to help avoid preventable adverse clinical outcomes, especially those related to human error”1 and as a sponsor of patient safety research.

The next decade—After Saidman and his co-authors surveyed world opinion leaders in anesthesiology and combined their insights with his, he envisions these eight likely developments over the next decade:

- **Stable pharmacology**—Pharmacology will probably remain stable. Today’s drugs are excellent, and the cost of developing new ones is prohibitively high.

- **Older populations**—As the birth rate in developed countries decreases and the population ages (for example, in Japan and Italy), the number of patients with serious co-morbidities will increase, driving up the intensity and cost of care.

- **Peri-operative Physicians**—The need for specially trained peri-operative physicians will increase. Some will be anesthesiologists; others will be internal medicine physicians who emphasize pre-operative care in an office-visit setting, where patient history, electronic medical record (EMR), labs, and the anesthetic plan will be discussed a day or two before surgery. Stanford has been a leader in this area following Steve Fischer’s organizing the preop clinic in the mid 1990s.

- **Personalized Anesthetics**—As electronic medical records become more universally adopted, anesthesiologists may formulate anesthesia plans and choose drugs according to their patients’ EMRs, which may contain both a history and a genetic profile.

- **Non-Physicians**—Worldwide, because of physician shortages, increased training of non-physicians to provide basic, safe anesthesia care under supervision will occur.

- **Wider Use of Simulation**—Mannequin-based simulation, first used to train anesthesiologists in enhancing patient safety by simulating OR, ICU, ER, and large-disaster scenarios, will increasingly be used to train physicians in all specialties. David Gaba, Steve Howard, and their colleagues deserve special attention for their pioneering efforts in this area

- **Pain Medicine Specialty**—Pain Medicine, currently a subspecialty of Anesthesia, may become a separate specialty, populated by certified pain-medicine specialists.

- **Ultrasound**—Ultrasound-guided delivery of regional anesthesia will overtake the more traditional methods of using anatomical landmarks and nerve stimulation to identify local anesthetic targets.

We readers look forward to the forthcoming book. To read about some of Saidman’s personal contributions to the field’s dynamic history, as viewed by his colleagues, please read the next article, *Larry Saidman, MD: a Sage Man.*

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LARRY SAIDMAN, MD: A SAGE MAN
BY PATRICIA ROHRS

A Sage Man—Readers should know “Larry is a “sage, savvy, kind, experienced leader,” says Jon Benumof, Saidman’s former colleague from University of California, San Diego (UCSD), beginning some 40 years ago. “Larry is people-oriented and encouraging. He is a fine listener who thinks about what he hears and gives great qualitative advice.” Adds Ted Sanford, a former resident and faculty colleague of Saidman’s at UCSD, “He is your friend for life, an incredibly observant and insightful person.” Another former resident and colleague, Steve Lipman from Stanford, says Saidman is known and respected as researcher, educator, mentor, role model, editor, leader, and person of impeccable ethics. Concludes Mike Todd, “I’ll bet the number of people who count him as one of their significant influences is huge.”

Education and Training—
Saidman always knew he wanted to be a doctor. He completed medical school at the University of Michigan, where he considered several specialties, including pathology, neurology, and ophthalmology, but he got hooked on anesthesia. In 1962, he applied to University of California, San Francisco (UCSF), which offered a three-year training program that included a research fellowship. There he teamed up with Ted Eger, then initiating work on the concept of Minimum Alveolar Concentration (MAC) and studying the pharmacokinetics of inhaled anesthetics.

“Eger was generous and smart and that appealed to young, aspiring physicians like me.”

Says Eger, “I’ve known Larry for a half century…. He elected to complete a year of fellowship with me, doing some of what then was cutting-edge research.” His was the first definition of MAC in humans, and he contributed to the definition of MAC in animals.

“He authored studies on pharmacokinetics of gaseous and injected anesthetics, and he discovered the capacity of nitrous oxide to increase pressure in gas-filled non-compliant spaces, a finding that applies today in our administration of anesthesia for surgery on the eye when gas is injected into the eye. We stumbled across (and reported) one of the first cases of malignant hyperthermia, one where we barely saved the life of the patient.

“It was a time of enormous ferment, of discovery and excitement. There is a remembered pleasure in the creativity of those days. We influenced each other’s thinking and growth, and every day we hurried to work that really wasn’t work at all.”

Military Service—“Between 1965 and 1967, Saidman served as Captain in the US Air Force at its main teaching hospital at Lackland Air Force Base in San Antonio, Texas, where he delivered care to Vietnam veterans and taught residents and was Chief of Obstetric Anesthesia (principally because no one else had any training in that area)”

Early Academic Career—Saidman’s first academic position was at the University of Miami, where he worked between 1967 and 1972, before being recruited to UCSD. “Saidman described anesthesia then as seat of the pants—taking blood pressure manually, using an ear piece to auscultate heart tones and breath sounds, and assessing oxygenation by the color of blood in the surgical field.” He focused on clinical care, research, growing clinical acumen, and advocacy of ECG monitoring.

3 Ibid.
4 Ibid.
5 Ibid.
Within one year after joining the UCSD Department of Anesthesiology as Associate Professor, Saidman, at age 37, served as Acting Chair for one year, before becoming Professor and Chair in 1974 and serving as Chair through 1986. “He recalls this time warmly. ‘I believe I was too young to be Chair, but I had great help and counsel from members of my Department.’” After that, he continued as Professor until 1994, when his status changed to Emeritus.

“Professionally, he remained academically productive, and his research interests broadened to include just about the entire waterfront of our specialty. His written publications included interest in pulmonary artery catheters, renal blood during halothane administration, opportunities for anesthesiologists outside the operating room, and opportunities for women in medicine. Training residents over the years and enabling the academic careers of his faculty to flourish were the most rewarding aspects of his position, along with being able to serve in national leadership positions in the specialty.”

Former resident C.F. Ward another former UCSD resident and faculty colleague recalls his time as chief resident, writing the call schedule. When one resident failed to meet his schedule, Ward learned from Saidman that the resident was addicted to morphine. Instead of dismissing the resident, Saidman thoughtfully supported his rehabilitation. One of Saidman’s responses to this doctor drug-abuse problem was to co-author with Ward an article about it, published in JAMA. This article became “the underpinning of efforts for interventions on residents with suspected addiction & referral to treatment.”

Another former resident and subsequent UCSD colleague, Ted Sanford, was a second-year anesthesia resident from the Navy Hospital San Diego, doing a one-month rotation at UCSD. Commenting on Saidman’s excellent teaching, Sanford says, “Saidman would not hesitate to give a resident just enough rope and then step in gently.” Saidman invited Sanford to join the UCSD faculty in 1980, where he was assigned half-time to the VA because “you are perfectly trained to deal with the government.” Saidman developed Sanford’s leadership by making him VA Chief and subsequently inviting him to be an ABA examiner. Sanford attributes to Saidman twenty-two of the most rewarding years of Sanford’s career. “He taught me patience, he taught me that every resident has some good qualities and that time is a great teacher.”

Adds Todd, a UCSD research fellow before joining its faculty, “Larry had a huge influence. He defended my time in the lab at UCSD, made sure I had resources, and encouraged me and others working the OR to do science.”

Jon Benumof, Saidman’s UCSD colleague and running partner, tells this anecdote: When they ran together, Saidman sped up and ran with his elbows out, liking to be one-half step ahead of Benumof. Whenever Benumof sped up, he remained blocked by Saidman’s elbow in his abdomen. Determined to get ahead, Benumof trained hard so that he could effortlessly get around Saidman’s elbow.

Then one day, at age 40, Benumof ran one mile in 4:58, proudly boasting of his accomplishment to Saidman, who twinkled, “The timekeeper clocked you at the half mile, not the mile, so you really ran a 10-minute mile.” Benumof bet $100 that he could demonstrate a 5:00 mile to Saidman, who accepted the bet. Benumof trained at his local high school track and was discouraged to find that his best times were 5:18 and 5:12. He thought he would lose the bet.

Benumof mentioned the bet to a mutual friend, a runner himself, who was trying to run a 5-min mile. The friend advised Benumof to run at the Coronado Island High School track, which was 10 yards shorter than a typical track’s ¼ mile. Benumof invited Saidman to time him at the Coronado track, expecting to win the bet, albeit illegitimately. Saidman timed Benumof with his clock watch, calling out the elapsed time each time Benumof completed a lap—75 sec for lap 1, 75 for lap 2, and 75 for lap 3. Benumof screwed his courage to the sticking place and pushed harder during lap 4. “76 seconds” cried Saidman, “for a 5:01 total!” Benumof missed winning the bet by one second.
Impressed, Saidman forgave Benumof the bet and Benumof took Saidman to dinner. Two weeks later, Saidman told the mutual friend about his bet with Benumof and Benumof’s having run a 5:01 mile. The friend said, “Gee, if Benumof had taken you to the Coronado High School track, he would have won the bet.” The jig was up on the joke played on Saidman. To this day, the friendly competitors continue to laugh about this incident that happened 40 years ago.

**Editor-in-Chief, Anesthesiology, 1986-1996**

After joining Anesthesiology’s Editorial Board in 1983, Saidman, served as its distinguished Editor-in-Chief (EIC) for 11 years from 1986 to 1996, “the best job I ever had.”

“He devoted himself to his role, and the journal flourished. Readership and the number and scope of submitted manuscripts, including international ones, dramatically increased, and the journal gained stature…. Saidman organized an Associate Editorial Board, and Anesthesiology became the first journal in our specialty to appoint international anesthesiologists and PhDs to the Editorial Board. As EIC, Saidman spoke and wrote forcefully about industry-supported academic research: its benefits, pitfalls, biases, and ethical considerations. In an era before email and electronic submissions, it is astounding to consider that every submission, some eleven thousand of them, crossed his desk.”8

**Tony Yaksh** at UCSD says that Saidman made a profound impact on the discipline by the standards he set for Anesthesiology, and Sanford notes that Saidman’s “uncanny ability to see the great science in the research literature helped so many young investigators.”

Successor EIC Todd states “As the first, full-time Editor of Anesthesiology, he [Saidman] put the journal on the path of becoming the premier journal that it is today. For him, the journal was everything—not just a sidelight. And it really showed in terms of its quality.” Todd credits Saidman with “paving the way for me to eventually succeed him at the journal.” **David Warltier** at the Medical College of Wisconsin, who served on Saidman’s editorial board, describes Saidman as “a gifted individual capable of leading leaders …. he could have done anything he wanted in our specialty…. Under his watch, he had tremendous influence on the ‘science of anesthesiology’ being conducted in research laboratories worldwide. Observational studies were a thing of the past—Larry demanded that researchers investigate mechanisms if they expected to have their results published! For beginning editors like me, Larry set an example in being fair, striving for excellence, and in the end, being truly helpful to authors/investigators. His “hand-marked copies” of submitted manuscripts were famous throughout the academic community. He took it upon himself to establish a bar over which we all had to jump, not only resulting in important quality for the journal, but also driving research in the field to a new level.”

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9 Ibid.
Saidman influenced residents and colleagues alike. Lipman, a resident when Saidman joined the Stanford faculty, reports, “One of the first times we worked together in the OR, I was performing mask ventilation, albeit poorly. Dr. Saidman took the mask and asked in a curious tone, ‘Why am I moving more air now than you were a moment ago?’ It was a simple question, nothing more. No emotion, no judgment, no impatience. I looked at his hand position carefully—where he placed his fingers, where he had positioned the mask for maximal seal, how he held his arm—and then we analyzed the differences. I took the mask back, and found that my technical skills had improved right away. I think his humility was one of the things that enabled him to lead in that way. Over time, I realized I had learned something for the long term that has become the primary tenet of my teaching style: be observant and honest, never embarrass to make a point, and avoid sarcasm. He modeled this without saying anything. Near the end of my residency, I considered private practice opportunities back in my hometown, but I decided to pursue fellowship training. However, I was attracted to and considered all of the fellowships. After I talked to Dr. Saidman, who was remarkably helpful, I ended up doing what I’m doing, and I feel incredibly fortunate and grateful. One cannot underestimate a concerned mentor’s positive influence at critical points in your career.”

Brodsky, the Medical Director of Peri-operative Services, says “Larry has been a role model. When he came to Stanford…, he immediately made an impact on many levels, but most importantly as the ‘sage’ or wise older-man—someone to go to for advice on topics ranging from anesthesiology, academics, administrative problems and football. I accepted my position as Medical Director of the Operating Rooms only after first going to Larry and asking him questions on how I should to proceed, what I needed to know and prepare. His advice to me was invaluable.”

Alex Macario, Residency Director, emphasized Saidman’s gifts. “When Larry joined the Stanford Anesthesia department, I was impressed at how quickly he provided strong mentorship, insights, and leadership when difficult issues arose. He established himself as a senior faculty that others looked toward for help, including myself. He also helped set the course for the Department towards many of its current accomplishments, and he does this all subtly without being heavy-handed. He is a true hero, comfortable basking in what others get done, not needing to take any credit. That is one great lesson I have learned from him.”

Lemmens connected Saidman’s and Eger’s work on MAC to today’s practice. “MAC not only proved to be a valid index to compare potency of different agents, but it also enabled quantifying anesthetic concentrations required to block responses to different peri-operative stimuli. This work has allowed currently practicing anesthesiologists to understand and predict a patient’s responses and to individualize the dose for a specific patient. Dr. Saidman is one of few whose anesthesia practice is based on scientifically proven concepts, disregarding unproven concepts driven by marketing and other industry forces. “Saidman’s professionalism and depth and breadth of experience have benefited the Department enormously. For over a decade, Saidman led Monday Morning Grand Rounds with honest, probing inquiries into why and how we do what we do in the operating room, delivered with his wry, witty humor. He has mentored faculty, including me [Cliff Schmiesing], in how to improve our manuscripts. He is esteemed by the residents as a teacher, not only for his mastery of the technical skills and scientific knowledge needed, but even more for imparting his years of clinical judgment, ethical standards, and professionalism to the next generation of residents. About his time with Stanford, Saidman says, “It could not have turned out better. I have greatly enjoyed my association with the department, we live near our grandchildren, and we love the area.”

An Exemplary Career

Wrote Cliff Schmiesing in his 2008 article, “Saidman’s more than four-decade career exemplifies what he has so effectively advocated. He published over sixty peer-reviewed articles; gave hundreds of lectures around the world,

including the prestigious Rovenstine Lecture in 1994; guided the direction and conduct of the science and clinical practice of anesthesiology; and held leadership positions at every level of our specialty including the Chair at UCSD, Director of the American Board of Anesthesiology, and the editorship of *Anesthesiology*. He has steadfastly championed principles that make anesthesiology and each of us practicing it better—better at serving our patients, better at conducting science, better at developing new therapies and treatments, and better at being the best anesthesiologists and physicians we can be.”

The final word goes to Saidman himself. “I joined the specialty when there was much to be done, and I have had a role in developing the specialty for the past 46 [now 50] years. I continue to marvel at the influence we have over the well-being of our patients, even if they do not often recognize this fact. How special it is to know that we have been so instrumental in the successes that surgeons have enjoyed and to know that changes in our role in medicine have improved the outcomes of surgical patients. Nothing could be better than this; I would not have changed what I have done for anything.”

**Views from Family Members**

“Arlene and Larry Saidman were raised in the same Detroit neighborhood and attended the same elementary and high schools, but they did not meet growing up.” One summer-while an undergraduate at the University of Michigan—both Saidman and Arlene worked as counselors at a day camp. Sensing she was the key to his future happiness, he asked her out on a date. Now, he exclaims, “She is my best friend and my wife of nearly 53 glorious years.”

Three generations of Saidmans

Arlene Saidman says, “Larry always respected those qualities that I brought to our relationship. I was a teacher when we married, and when we had children, he listened what I had to say in terms of raising them. He encouraged me to accept new challenges in pursuing my interests and further education. His respect has been important to me and over the years has given me confidence. Although he always looks so serious, he has a great sense of humor, albeit dark, and he makes me laugh.”

The Saidmans’ daughter Esther talks about her father’s influence in the form of a Saidman family Rx:

1. **Be passionate about what you do.** Seek and pursue your interests. Dad is so passionate about his field that my mother calls anesthesia his second wife.

2. **Don’t quit.** Work hard and persevere when the going gets tough. Learn from failure.

3. **Be aware of and engage with the world.** Read about and discuss many topics—from medicine politics, and business to sports.

4. **Know your stuff.** Ask questions, delve deeply, and know your facts.

5. **Find a spouse who respects you and whom you respect.** A profound love and

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12 Ibid.
13 Ibid.
respect for each other are at the foundation of my parents’ relationship.

6. **It's all about family.** We are a very close family and live nearby my parents in Alameda. They are integral to our children’s lives. From hanging out to helping out, it has been great to have them close by. And what would we do without my dad’s math tutoring? He has tutored three generations in math—my mother (for her GREs), my siblings and me, and now the grandchildren!

7. **Integrity is what matters.** In his professional life, I know Dad has taken some positions that have been challenging (and unpopular)—but did so, because he felt it was the right thing to do. Although I remember him saying, “Whoever told you life was fair?” the truth is that “fairness” and maintaining one’s integrity have always been paramount in his personal and professional interactions.

8. **Stand up for what you believe in.** When I was 12 and about to become a bat mitzvah, our congregation’s conservative board did not allow girls to wear the tallit—the traditional prayer shawl. My parents went to the board and successfully fought for me to be able to have the same ceremony as the boys. But months later, when my dad and I wanted to join another ceremony where we would each carry a Torah, the board President denied me the right to carry one simply because of my gender. We walked out of the synagogue in protest and found another more progressive congregation.

9. **A little benign neglect is not a bad thing.** Let children find their own way. If you do everything for them, they won’t grow into capable adults. My dad was the original anti-helicopter parent, yet he was always available to sort out a problem—helping get to the core of a complex issue.

**SILICON VALLEY WOMAN OF INFLUENCE: JANE DUPERRAULT**

by Patricia Rohrs

Jane Duperrault, MBA, vice chair for Administration and Business Affairs in the Department of Anesthesia; director of physician practice development at Stanford University’s School of Medicine; and Chair of the Stanford Federal Credit Union Board of Directors, has been honored as one of 2012’s 100 Silicon Valley Women of Influence. One hundred outstanding women were featured in the *Silicon Valley/San Jose Business Journal*’s feature, *Women of Influence*, April 6, 2012 and feted at a banquet April 26, 2012, where the Department of Anesthesia and the School of Medicine each purchased a table for Duperrault, her colleagues, and family members. Duperrault was also honored at a Department lunch May 11, 2012.

Nominated by their peers, Duperrault and other women of influence were selected for their leadership and contributions to their organizations and communities.

**What makes Jane Duperrault a worthy Silicon Valley “Woman of Influence?”**

According to Marcia Cohen, the School of Medicine’s Senior Associate Dean, Finance and Administration and one who nominated Jane, “Jane’s financial abilities, creative thinking and strategic planning skills are outstanding. Jane is the go-to person when one of the clinical departments requires high-level financial problem-solving. Jane has served as the interim department Director of Finance and Administration in several, large clinical departments during long management transitions. She is quick to apply her wealth of experience managing physician practices and her deep
understanding of the academic medicine environment to improve their financial outcomes. And she has trained many of our department management and staff. Jane is thoughtful, calm, but right-on-target with her analysis and advice. These are the reasons that Jane was appointed to Stanford University’s Faculty Staff Benefits Committee last year, … which recommends to the President changes which will cost-effectively balance employee benefit offerings. We are extremely fortunate to have such a bright, competent leader working with us in our pursuit of excellence in education, research and patient care.”

Joan Opp, CEO and Chairman of the Board of the Stanford Federal Credit Union, also nominated Jane for this honor. “Ms. Duperrault’s dedication to her work at the university and to her fellow colleagues expands beyond the workplace. Her longtime commitment to Stanford Federal Credit Union’s board has been invaluable in ensuring that the credit union is there to assist community members with their financial needs and invaluable in encouraging the credit union to direct its community outreach by sponsoring various children’s programs at the Lucile Packard Children’s Hospital, Ronald McDonald House at Stanford; and partnering with the Stanford Hospital Partners which supports the development of the New Stanford Hospital, furthering its mission of serving humanity through science.”

Workplace Successes—Continues Opp, “Jane Duperrault serves in two key leadership roles in the Stanford University School of Medicine. (1) She is the Director of Finance and Administration for the Department of Anesthesia. With a budget of approximately $70M and 120 faculty, the Dept. of Anesthesia provides care to hundreds of patients at Stanford Hospital and Clinics and Lucile Packard Children’s Hospital through its adult and pediatric surgery, pain management, and obstetrical services. Ms. Duperrault oversees all the financial and administrative functions for the department’s physicians’ clinical services, residency and fellowship programs, and research programs. During the past ten years, the department has more than doubled its faculty size and clinical volume while at the same time becoming one of the national leaders in research, receiving over $30M in governmental NIH research grants during the past year. Equally important, the changes introduced by Ms. Duperrault have dramatically increased satisfaction among physicians and administrative staff, so that turnover has decreased to almost zero. (2) Ms. Duperrault is also the School of Medicine’s Director of Physician Practice Development in Clinical Affairs. In this role, Ms. Duperrault works closely with the senior school and hospital leaders to facilitate the growth, effectiveness, and efficiency of the physician practices across all specialties and at all Stanford clinical sites, including many sites outside of Palo Alto. Ms. Duperrault’s contributions include helping to expand Stanford’s clinical practices to the South Bay and Fresno in specialized services, such as cardiovascular surgery and gynecological oncology.

Community Successes—“Jane Duperrault chairs the board of directors for the Stanford Federal Credit Union, a $1.3 billion full-service financial institution that serves the Stanford and Palo Alto community. When there was a vacancy on the board in 1989, Ms. Duperrault was sought out to help lead the credit union. She was well-known for her strong ties to the community, her understanding of financial and business matters, and reputation as astute observer and decision maker. Ms. Duperrault was the Treasurer of the board and a member of the Asset Liability Committee throughout the 1990s. In 2000, she was appointed Vice Chair of the board. In May 2010, Ms. Duperrault became Chair of the board, which was a critical time for the Credit Union as its Chief Executive Officer had just announced his retirement. Ms. Duperrault oversaw the long and important process of selecting the next leader of the credit union.

“With Jane Duperrault’s help and guidance, the credit union has grown more than 12-fold since she joined its board. It has evolved from a small and simple organization to a thriving provider of consumer and commercial financial services.

“Ms. Duperrault has not only devoted her career to institutional advancement, making changes in the lives of her co-workers through her work at
the university and with the credit union, but she
and her husband have also touched the lives of
children by serving as foster parents since 1997,
providing a home for children whose birth
parents are unable to care for them. Ms.
Duperrault also serves on the Executive Board of
the American Youth Soccer Organization, Region
43 as its Child and Volunteer Protection
Advocate. She coordinates background/reference
tests on coaches, the reporting of any
allegations of abuse, and other safety protocols.
She is in charge of ensuring the safety of nearly
1000 children and over 100 adult volunteers who
work with them.”

You can read the Business Journal article here:
http://www.bizjournals.com/sanjose/feature/women-of-influence.html The article contains links
to profiles of all 100 women. Notice, beginning
on pages 2-5, the luminaries that Duperrault is
keeping company with, including Meg Whitman
and Julie Packard.

You can read Duperrault’s profile here:
http://www.bizjournals.com/sanjose/print-edition/2012/04/06/women-of-influence-jane-
duperrault.html to learn some interesting views
and facts about Duperrault’s accomplishments,
goals, heroes, and personal pleasures.

Start with being a noun, not a verb—With the
start of a new academic year, we welcome 24
residents and our first group of categorical interns
into our department. In designing their
curriculum, the education committee has focused
on the training required to become a superb
anesthesiologist. I recently listened to and
watched an iTunes video by Christopher Bryan, a
Stanford psychologist, on Being by Doing:
Invoking the Self to Influence Behavior, which
showed that framing behavior using nouns is
more effective than with verbs. Thus, asking
someone to be a helper, to be a voter, or not to
be a cheater is more effective than asking that
person to help, to vote, or not to cheat. This
effect occurs because the use of nouns allows the
individual to claim an identity that he or she
desires through their actions. Relating this to our
specialty, I believe our department does a superb
job of teaching our residents how to provide
anesthesia, but more importantly we teach them
the importance of being anesthesiologists. Our
trainees do need to acquire technical skills and
know medication dosages, but they also need to
view themselves as perioperative physicians,
intensivists, and pain physicians whose
responsibilities include their patients, families, the
health care system, and, in this era of wellness,
themselves. It is not enough simply to provide the
analgesia, amnesia, immobility, and unconsciousness that we consider to be the components of anesthesia. We also need to fulfill the medical, psychological, and emotional needs of our patients. As we enter the era of accountable-care organizations, bundled payments, and value-added services, asking our trainees (and ourselves) to be anesthesiologists rather than just to provide anesthesia will define the future of our specialty.

Continuing excellence—As we enter a new academic year, our department continues to excel in all of its missions. Clinical volume is growing at approximately 8% per year, allowing us to recruit additional faculty and continue the trend towards increased subspecialization, enhancing clinical care and research. Educationally, we have made major changes in the curriculum, and this month we are providing the new residents with iPads and a corresponding curriculum. We lead the country in the use of simulation for resident training and in the application of new information technology and social media. As an academic department, we have repeatedly published these advances, and we are helping other departments implement similar programs.

Our research programs continue to expand, and we have received national attention in multiple areas. This past year we advanced to third place in NIH funding (http://www.brimr.org/NIH_Awards/2011/NIH_Awards_2011.htm), and should move even higher next year. I am particularly proud that our research spans the entire spectrum from molecular modeling to cell culture to animal studies to clinical research, and that all the research in our department involves answering questions that matter to our patients.

Financial status—The department continues to do well financially. This year we anticipate a record clinical profit, which will allow us to fund additional innovative educational and research activities in order to maintain our status as a leader.

Dean Philip Pizzo’ Influence—Phil Pizzo will retire as Dean of Stanford Medical School this December, after serving for 11 years. Under his leadership, the medical school has continued its tradition of outstanding basic research, but, in addition, the school has been transformed into a leader in medical student education and clinical research. Dr. Pizzo has fostered a spirit of collaboration and teamwork among the diverse faculty and departments at Stanford, allowing us to advance the field of medicine while providing the best possible care for our patients. I will miss Phil’s leadership and his commitment to Stanford Medical School and the faculty. There is no question that our departmental successes would not have occurred without his support. Lloyd Minor will become the new Dean in December. Dr. Minor is a nationally recognized head and neck surgeon and researcher, who has served as the provost at Johns Hopkins University since 2009. I have met him, and I am confident that both Stanford Medical School and our anesthesia department will continue our successful trajectory under his leadership. I welcome him to Stanford.

ASA Alumni Reception—Finally, our annual alumni ASA reception is on Sunday evening, October 14, 2012 in Washington, DC. I look forward to seeing you there.

FROM THE RESEARCH DIVISION

MIND-BOGGLING EXCITEMENT IN THE ROOM BY PATRICIA ROHRS

“There’s excitement in this room…. The depth and breadth of what I saw is mind-boggling. I am especially impressed by the use of imaging and neuroscience research,” commented guest evaluator Dr. Mervyn Maze, Chair of UCSF’s Department of Anesthesia & Perioperative Care, after reviewing the variety and quality of 60 abstracts and case reports presented at the Department’s April 30, 2012 annual research awards event, held at Palo Alto’s Sheraton Hotel.

Before dinner, members of the Department sipped wine and nibbled on hors d’oeuvres, while engaging with researchers and their poster abstracts and case reports. After a lovely buffet dinner, Dr. David Clark, opened the after-dinner program with an informative slide presentation prepared by Dr. Michael Helms, Director of Strategic Research Development. This
presentation highlighted Stanford Anesthesia’s commitment to research and its rise in NIH funding to third place nationally among academic anesthesia departments.

The research vision is to be a top research department nationally, as measured by:

- **Depth and breadth of faculty interests**—This year’s 60 abstracts and case reports indeed reflect this objective.

- **Training for students, residents, and fellows**—The department’s Fellowship in Anesthesia Research and Medicine (FARM) Fellows Program supports Jorge Caballero, Brice Gaudilliere, Boris Heifets, Eric Sun, Vivianne Tawfik, and Ankeet Udani to perform research during residency and pursue a one-year research fellowship after residency. The NIH T32 training grant supports trainees Heather Chapin, Jennifer Hah, Jiang-Ti Kong, and Robin White in two years in research training, guided by faculty mentors.

- **Output in publications and presentations**—Please see Faculty Corner for a snapshot of the faculty’s output.

- **Leadership in societies, expert panels, and review groups**—Please see Faculty Corner for a snapshot of the faculty’s leadership.

- **Public and private support at the local and federal levels**—Currently 25 principal investigators are working on ~40 externally funded projects, including Sean Mackey’s P01 ($17 million); Gary Peltz’s Transformative R01 ($6.8 million); several new and renewed R01s; and K awards for Eric Gross, Jerry Ingrande, and Kevin Johnson. Small ($8,000) awards are available within the department. Contact Mike Helms and Rona Giffard for funding opportunities.

Between 2009 and 2011, Stanford Anesthesia’s NIH funding and its ranking against other US academic anesthesia departments dramatically increased—a remarkable achievement for a relatively small faculty (see table to right).

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
<th>Rank</th>
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<tbody>
<tr>
<td>2011</td>
<td>$6,484,188</td>
<td>3</td>
</tr>
<tr>
<td>2010</td>
<td>$3,280,391</td>
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<td>2009</td>
<td>$2,452,074</td>
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<td>2008</td>
<td>$3,229,656</td>
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<tr>
<td>2007</td>
<td>$2,454,333</td>
<td>13</td>
</tr>
<tr>
<td>2006</td>
<td>$1,848,209</td>
<td>22</td>
</tr>
<tr>
<td>2005</td>
<td>$1,884,980</td>
<td>21</td>
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Next, Dr. Clark announced two awards and their winners: **Best Case Study** to Dr. Trevor Chan and his co-authors Drs. David Drover and Jack Kan for *A case of electroconvulsive therapy-induced neurogenic pulmonary edema* and **Best Educational Abstract** to Dr. Erin Hennessey and her co-authors Drs. Sarah Bain, Ludwig Lin, and Jason Leong for *A multi-media educational curriculum targeting housestaff interactions with patients and families in the ICU*. Then, Dr. Clark introduced four, award-winning speakers, who described and illustrated their research.

**Best Clinical Abstract**: The first speaker, Dr. Ian Carroll, co-authored his abstract, *Why Patients Consume Opioids Post Surgery* with 16 other co-authors. “The researchers found that pre-operative depression, opioid use, and self-assessed risk of addiction strongly predicted prolonged opioid use following surgery.”

**Best Basic Science Abstract**: The second speaker, Dr. Eric Gross, co-authored his abstract, *Abdominal incision-induced cardioprotection in rodents is mediated by a novel neuronal nociceptive pathway via an epsilon and...*
gamma protein kinase C-dependent mechanism, with Anna Hsu, Travis J. Urban, Daria Mochly-Rosen PhD, and Garrett J. Gross. The authors' findings suggested that in rodents or canines “abdominal incision-induced myocardial protection is mediated by the same PKC isoforms, ε and γ, responsible for mediating pain nociception. This study also suggests local injections of bradykinin or ψεRACK can mimic abdominal incision-induced cardioprotection and perhaps cardioprotective pharmacological agents in general do not need to be given intravenously to reduce myocardial infarct size. … these findings may also question whether pre-emptive analgesia via blockade of pain sensation by local anesthetics may not be beneficial for those patients undergoing surgical operations which cause some degree of organ injury by ischemia reperfusion.”

**Best Abstract by a FARM Fellow:** The third speaker, Dr. Boris Heifets, co-authored his abstract, *Improving deep brain stimulation through targeted synaptic modification*, with Drs. Karl Deisseroth and Robert Malenka, and M.Bruce MacIver, PhD. They selectively studied the “synapses of neural pathways underlying deep brain stimulation’s (DBS’s) therapeutic effect, using transgenic mice whose Parkinson Disease (PD)-like symptoms are reversed by optical stimulation. Their brain-slice model “recapitulates key features of in vivo recordings and allows, for the first time, the study of synaptic physiology and plasticity during DBS. With these tools they plan to develop strategies for targeted synaptic modification to enhance DBS therapy.”

**Best Abstract by a T32 Fellow:** The fourth speaker, Dr. Robin White, co-authored her abstract, *MicroRNA-320 induces neurite outgrowth by targeting ARPP-1*, with Dr. Rona Giffard. They found that “levels of microRNA 320 (miR-320) leads to decreased levels of ARPP-19, increased neurite length, and fewer total cells, data suggesting that miR-320 could play a role in neuronal development and might be a target to enhance neuronal regeneration following injury.”

In concluding his remarks, Dr. Maze noted that Stanford is “…blessed with a collaborative, interdisciplinary, corporate environment in which investigators are supported as a group via T32 and P01 grants” and indicated that the research being done in the Department strengthens the discipline. However, he asked, “What is missing?” and suggested that the department engage in health service delivery research, an area that could translate into more value for patients. He also highlighted the importance of the Stanford-UCSF partnership—a way for both faculties’ researchers to enrich their work by collaboration with those very nearby (Note: the next joint meeting is Saturday, August 18, 2012 in Burlingame).

At evening’s end, Dr. Clark thanked the administrative staff who helped put on a very successful evening: Mike Helms and Bill Magruder of the research division, and Alan Winkleman and Jill Wilson. He also thanked the participants and congratulated them again on the great research occurring in the Department.

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16 From Conclusion of abstract
17 From Conclusion of abstract.

18 From Conclusion of abstract.
More Research Successes!
By Michael Helms, PhD, MBA

The last few months have seen continued successes in the research division. Not only have we received good news about more grants likely to be funded, but three of our grant proposals have received perfect scores of “10,” a rare occurrence in this highly competitive funding environment:

- Gary Peltz’s and David Drover’s R01 grant from NICHD entitled, “Prevention of Neonatal Abstinence Syndrome.” Their grant aims to give appropriate “doses of ondansetron to pregnant, narcotic-using mothers just prior to delivery, followed by a 3-day period of ondansetron administration to the neonate, to reduce the incidence or severity of NAS symptoms.”

- Alex Butwick’s K23 grant from NICHD entitled, “Postpartum Hemorrhage and Anemia: Epidemiologic and Cost-Effectiveness Analyses.” This grant focuses on “clinically effective and cost-effective strategies for reducing hematologic-related maternal morbidities, specifically postpartum hemorrhage (PPH) and early postpartum anemia (EPA), in women undergoing cesarean delivery (CD).”

- Larry Chu’s R13 conference grant from the Agency of Healthcare Research and Quality (AHRQ) within the US Department of Health and Human Services. This grant will support Larry’s Medicine X Stanford conference for the next three years. Larry’s grant was a first submission, making the perfect score all the more impressive.

Please join me in congratulating all faculty with new awards!

Writing a “perfect” grant application requires much work, including responding to reviewers’ critiques and seeking input from colleagues. Preliminary data and publications also help overcome criticisms. Because writing high-quality grant applications takes time, we encourage applicants to start writing and seeking input months before the deadline.

We also note other recently awarded grants that do not receive NIH-style scores, such as Ed Mariano’s Research in Education Grant from FAER and Brendan Carvalho’s CHRI Harman Faculty Scholar Award.

All of these recent awards speak to the quality and breadth of research in our department. We plan to amplify our efforts by holding the second, joint, research conference with UCSF’s Department of Anesthesia and Perioperative Care. This conference will occur at the SFO Hyatt Hotel in Burlingame, CA on Saturday, August 18, 2012.

Stanford Shines at WARC 2012
By John Brock-Utne, MD, PhD

In beautiful Marina del Rey, CA, Stanford residents had a very successful weekend (May 4-6, 2012) at the 50th Western Anesthesia Resident Conference (WARC), winning three of nine prizes awarded. Hosted this year by the UCLA Department of Anesthesiology, WARC is specially designed for anesthesiology residents, medical students, and fellows from the western US’s 19 anesthesiology residency programs. WARC’s object is to promote and encourage academic pursuits by future leaders in anesthesiology.

This year featured over 350 abstracts and oral presentations, 24 of which the UCLA Department selected for oral presentation.

Prizes were awarded for Oral Presentation, Research Poster, and Case Report Poster. Boris Heifets won second prize for his oral presentation, Improving deep brain stimulation through targeted synaptic modification. His co-workers were Karl Deisseroth, Robert Malenka, and Bruce MacIver. Vivianne Lily Tawfik received second prize for her hypothesis-drive poster, MicroRNA modulation of astrocyte function in vitro. Her co-worker was Rona G. Giffard. Luis A. Verduzco was awarded second prize for his case-based poster, Spinal subdural hematoma after an epidural blood patch. His coworkers were Scott Atlas and Ed Riley.
Javier (accepting for Luis, who was absent) and Vivianne

Congratulations to Boris, Luis and Vivianne!

Stanford residents’ and fellows’ who submitted their work were as follows:

<table>
<thead>
<tr>
<th>Contributor</th>
<th>Topic/Co-workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicolas Anast</td>
<td>An optimum location to measure non-invasive blood pressure in morbidly obese patients. Coworkers: Megan Olejniczak, John Brock-Utne, Jerry Ingrande, Richard Jaffe and Hendrikus Lemmens.</td>
</tr>
<tr>
<td>Laura Downey</td>
<td>Can the cannulation of an internal jugular vein in obese anesthetized patients be made easier and safer by applying PEEP? Co-workers: Jan Silwa, Alex Macario and John Brock-Utne. Two be or not two be: the anesthetic management for the separation of conjoined twins. Co-workers: Juliana Mendoza, Claudia Benkwitz, Joyce Hairston, Chandra Ramamurthi, Calvin Kuan and Gail Boltz.</td>
</tr>
<tr>
<td>Boris Heifets</td>
<td>Improving deep brain stimulation through target synaptic modification. Co-workers: Karl Deisseroth, Robert Malenka, and Bruce MacIver.</td>
</tr>
<tr>
<td>Javier Lorenzo</td>
<td>The peri-operative management of the celebrated gorilla. Co-workers: Laura Downey, Sarah Bain, Erin Hennessey and Fred Mihm.</td>
</tr>
<tr>
<td>Xiang Qian</td>
<td>Optogenetic modulation of nociceptive C-fibers. Co-worker: Sean Mackey.</td>
</tr>
</tbody>
</table>

2012 WARC Group (partial)

Faculty attending WARC were Ronald Pearl, Karl Zheng and John Brock-Utne.

Dr. Ted Eger gave the *Ted Eger Lunchtime Lecture* about The Evolution of Our Views on How Anesthetics Act to Produce Anesthesia. A founding member of WARC, he has attended all 50 meetings. His outstanding lecture resulted in a standing ovation.

The keynote evening speaker was Dr. Neal Baer, executive producer of *A Gifted Man*, who spoke about Doctors as Storytellers. He showed
entertaining story-telling clips from his shows and invited the audience to contact him with stories from their medical professional lives.

The department support for the resident attendance at WARC is to be commended. The residents and fellows are, after all, our future. As Ted Eger said, “It is over to you to find out how anesthetics work.” However, I like to add that Eger proved pivotal in our search for the “holy grail” of anesthesia with his development of the term MAC and the basic concepts of anesthetic uptake and distribution.

FROM THE DEPUTY CHIEF
BY RICK NOVAK, MD
ASSOCIATED ANESTHESIOLOGISTS
MEDICAL GROUP
rjnov@yahoo.com

Clinical Case for Discussion—As an anesthesia resident, how does your pre-operative interview with a patient differ from that of an anesthesiologist with 20 years of experience?

Discussion—In my second year of residency, I had the pleasure of working with Stanford anesthesia attending C. Philip Larson, MD, a past Chairman of the Department and a past Editor-In-Chief of our specialty’s leading publication, Anesthesiology. My rotation was neuroanesthesia, and each evening prior to surgery Dr. Larson and I would make rounds on the wards to meet the surgical patients for the next day (In the 1980’s almost all patients were hospitalized one night prior to surgery).

I was surprised and taken aback by the experience, and I never forgot what those patient encounters were like. Although Dr. Larson always let me do the anesthesia procedures in the operating room, he presented himself at the pre-op interview as the primary physician in charge of the anesthesia care. When Dr. Larson entered a patient’s room, he sat down on the bed and played a role that was part Santa Claus and part all-knowing, all-loving deity.

Dr. Larson greeted the patient kindly, introduced both of us, and then launched into a comfortable dialogue about any variety of topics, none of them remotely related to the surgery or the anesthesia. I kept waiting to hear him say, “Can you walk up two flights of stairs?” or “Do you ever have chest pain?”

These questions were never asked or answered at the bedside. They’d already been asked and answered and were present in the patient’s chart. Dr. Larson valued the pre-operative interview as a time to connect with his patient and to establish rapport and comfort. After perhaps ten minutes of such banter, he would switch gears and state that we would be doing the anesthesia care the next day and that we would keep him or her asleep and safe, giving a modicum of detail about what to expect. He did not perform any detailed physical exam.

Despite the fact that Dr. Larson was a renowned expert witness in the specialty of anesthesia, he did not recite a litany of informed consent risks. A particular pet peeve of his was the suggestion that an informed consent discussion should include telling a patient of the risk of death. His opinion on this issue always was, “If you tell the patient that he or she can die, and then you do something negligent and the patient does die, your informed consent protects you not one bit from the fact that you practiced below the standard of care.”

In his best-selling book, Blink, Malcolm Gladwell writes that the risk of a doctor ever being sued has very little to do with how many errors the doctor make. He explains that there are an overwhelming number of patients who’ve been harmed by shoddy medical care yet never have filed a malpractice claim. What was the common denominator of the people who do choose to sue? According to Gladwell, they feel they were treated badly by their doctors. That even when injured by clear negligence, most people won’t sue a doctor they like.
Dr. Bruce Halperin, a member of the Associated Anesthesiologists Medical Group in Palo Alto and a member of the Stanford clinical faculty, is renowned for his bedside manner. In the preoperative area, I often hear Dr. Halperin telling joke after joke, and the intermittent bursts of laughter from his patients sometimes make it difficult for me to even hear the conversation with my own patient. One of our busiest cosmetic surgeons often has Dr. Halperin telephone patients early in the consultative process to discuss anesthesia issues. A patient later told this surgeon, “I’m not sure if I want to have the plastic surgery, but I sure do want to have the anesthesia!”

As an anesthesiologist, you have 10-15 minutes to complete your medical interview with your patient, and to get that person to respect you, to have confidence in you, and yes . . . to like you.

As a resident-in-training, your preoperative interviews may be thick with questions about active medical problems, particularly cardiac, pulmonary, and neurologic questions. You may perform a rigorous and detailed exam of the airway, lungs, and heart. And you likely spend ample time explaining the anesthetic technique, alternatives, and risks.

You are trained to do all these things. Twenty years from now, your interview may not be as conversational and sparse on medical questions as Dr. Larson’s was, but your technique will evolve.

Most pertinent questions have already been asked and answered in the patient’s medical records. Tailor your interview as appropriate for the patient’s medical co-morbidities and the invasiveness of the surgery. For a 68-year-old with diabetes and hypertension, who is about to have a cholecystectomy, it will be relevant to ask whether the patient can walk up two flights of stairs or ever has had chest pain. For a 24-year-old with a negative history, who is about to have a knee arthroscopy, a simple, “Are you in excellent health?” may suffice.

What about the physical exam? For experienced anesthesiologists, the assessment of whether the airway may be difficult can usually accomplished in seconds, with examination of the mouth opening and the neck extension. You will listen to the lungs and the heart, but in the absence of symptoms, it is rare to uncover any information with your stethoscope that changes your anesthetic.

Patients are nervous before surgery. They welcome both your expertise in medicine and your skills in making them relax. Experienced anesthesiologists can explain the anesthetic plan and risks in a fashion that will gain the patient’s trust and confidence.

The only procedure most of us do while the patient is awake and unsedated is the insertion of an I.V. catheter. This is a time when you have the luxury of talking about any topic that is calming to the patient. Conversations about the patient’s hobbies, work, hometown, or family are all pleasant diversions to enter the realm of Dr. C. Philip Larson and connect with the patient without talking any further about anesthesia.

In my previous career, I was an internal medicine doctor. In medicine clinic there are dozens of questions to be asked and answered: “Where is the pain? How long has it been there? What makes it better? What makes it worse? Does it move anywhere? . . .” With a waiting room full of patients, there was little time to ask each patient where they had dinner last night or where their child was going to college.

In contrast, anesthesia practice can provide a wonderful opportunity to relax your patient with well-spun conversation. My advice to you is to be as much like C. Philip Larson, MD as your practice allows. Try not to be a walking, talking EPIC-checklist when it’s time to connect with your patients.

Editor’s Note: The complete collection of Dr. Novak’s seventy *Deputy Chief Columns* is available at www.theanesthesiaconsultant.com
FROM THE RESIDENCY DIRECTOR
BY ALEX MACARIO, MD, MBA
amaca@stanford.edu

I am pleased to highlight several residency-related developments: an anesthesia rotation for Anesthesia interns, the iPad mobile learning resource, the online resident schedule, the Anesthesia Senior Resident Teaching Scholar, and residents of the month.

Anesthesia rotation for Anesthesia interns—This new rotation, directed by Dr. Pedro Tanaka, is designed for anesthesia interns (see list below) who spend one month in the Stanford OR for their anesthesia elective. For 8 of the 24 anesthesia resident positions per year, the intern year—sometimes referred to as the clinical base year—is now integrated into the main anesthesia residency so that 8 of the applicants match to Stanford for a 4-year residency. Assigned to a senior resident, the anesthesia intern will be expected to learn basic principles of anesthesia.

- Jessica Ansari was a Stanford undergraduate in biological sciences and completed medical school at UCSF. Her first exposure to anesthesia occurred in El Salvador, during Operation Rainbow, when she was 17 years old.
- Amanda Kumar has a BS and BA degree from Case Western Reserve University and went to Johns Hopkins School of Medicine. For her, Anesthesiology offers a perfect blend of both clinical and basic sciences.

- Christina Stachur got her medical degree from Stanford after her Master in Public Health from Boston University. She completed Slick Rocky Trail in Moab Utah, one of the most famous and technically challenging trails in US.
- Anna Swenson majored in Classics at Harvard University. She enjoys the fact that both medicine and classics pose the challenges of unraveling the complexity of integrated systems.
- Quentin Baca was a Stanford undergraduate student in chemistry and just graduated from Harvard Medical School. He is excited about the opportunity to perform pharmacology and translational research.
- Brita Mittal wants to devote her time to both research and clinical teaching to help advance the specialty of anesthesiology. Her background is as an engineer from MIT, and she completed medical school at UCLA.
- Lauren Steffel graduated from Harvard Medical School and has always been guided by a passion for both thoughtful human connection and exacting science.
- Louise Wen did a BA/MD program at Stony Brook Medical Center. She envisions a career in academic medicine pursuing her passions in patient care, education, and clinical outcomes research.

iPad mobile learning resource—In conjunction with the AIM lab, the Department will deploy iPad3 tablets (32 GB wifi model) to residents, beginning this summer. Each tablet will be loaded with the following base configuration for mobile learning: Epocrates, CommunicatOR, Precedex, Anesthesia & Analgesia, Anesthesiology, Crisis Code, Solomon, AFOI, iLarynx, StanMed, and Ether for iPhone Mobile App. After receiving their tablets, residents can load any legal apps (paid or free) onto their iPads via their own iTunes accounts, and they must comply with all signed usage agreements. Residents will also be given access (via Lane Library license) to the following ebooks: Miller's Anesthesia, Seventh Edition; Obstetric Anesthesia
These iPad tablets are intended for learning, not for use in clinical work. Access to EPIC or Cerner will not be configured by the AIM lab. No personal health information (PHI) may be stored on the iPads.

**Online resident schedule**—Beginning July 2012, the Chief Residents are using Amion to create all SUH/Peds/OB residents’ daily schedules, viewable on the Ether dashboard, just as faculty schedules are viewable.

**Anesthesia Senior Resident Teaching Scholar**—The Department created a new resident education leadership position. I am delighted to tell you that **Ankeet Udani** has taken on this role, effective March 1, 2012. Our purpose is to enhance residents’ educational experience, better fulfilling the Department’s education mission.

The position description includes the following:

- **Administration/leadership**—for example, serve as course co-director director for ImPRINT, a monthly module for intern education, and be an *ex officio* member of Education Committee.

- **Curriculum**—for example, develop and implement an innovative curriculum for anesthesia residents.

- **Teaching**—for example, help teach anesthesia simulation courses such as EVOLVE and ACRM.

- **Advising/mentoring/recruitment**—for example, promote anesthesia, critical care, and pain rotations to medical students.

- **Professional Development**—for example, attend a formal course, such as SEA, Stanford Faculty Development Center Training for Clinical Teaching, and/or Stanford Simulation Instructor Course.

**Residents of the Month**—Congratulations!

- January—Ring Liu
- February—Andrew Wall
- March—Josh Edwards
- April—Brett Miller
- May—nobody named
- June—John Peterson

**MEET NEW STAFF**

**BY PATRICIA ROHRS**

**Eric Dixon** joined the staff February 6, 2012 as a social science research assistant in the division of pain management, working in the Stanford Systems Neuroscience and Pain Lab (SNAPL) at 780 Welch Rd. Eric graduated from San Francisco State University (SFSU) in June 2011 with a BA in psychology, focusing on physiological psychology. Before coming to Stanford, he volunteered as a research assistant for the SFSU cognitive psychophysiology lab where he trained in and worked with EEG and other investigative tools. He enjoys playing music, reading and varied outdoor sports. You can reach Eric at (650) 725-1646 or at edixon@stanford.edu

**Alicia Harnett** joined the staff January 9, 2012 as social science research assistant in the Department of Anesthesia, Pediatric Division. She works on two pediatric research projects: a study of acupuncture point stimulation for treatment of nausea and vomiting in oncology patients receiving chemotherapy and a multi-center randomized trial of prescribed interactions of health care providers and their patients. She recruits patients, obtains informed consents and data collections, and is responsible to report progress to the lead research team/site at the University of California, Irvine. She is fluent in Spanish and English. Alicia has experience in project and database management. She previously managed social programs for seniors and children in Marin County. Alicia earned a BA from San
Francisco State University. You can reach Alicia by telephone at 725-5718 or by email at aharnett@stanford.edu.

Aneesha Nilakantan joined the staff in January 2012 as a research assistant in the Division of Pain Management, working in the Stanford Systems Neuroscience and Pain Lab (SNAPL). There, she assists with a pelvic pain and fibromyalgia study and a lower back pain study. Previously, Aneesha was a research assistant in the Gazzaley Lab at UCSF, where she studied attention, working memory and applications of cognitive training in a healthy aging population. Aneesha earned a BA from UC Berkeley in Molecular and Cellular Biology and Cognitive Science. Aneesha is easily addicted to new television series, enjoys baking, and is always ready to explore new places. You can reach Aneesha by telephone at 721-6931 or by email at anceshan@stanford.edu.

Gabriela Ruchelli joined the staff October 1, 2011 as a social science research assistant in the Division of Pain Management, working in the Stanford Systems Neuroscience and Pain Lab (SNAPL) at 780 Welch Road. She recruits participants for lower back pain studies, makes phone calls to track participants’ progress, and oversees undergraduate research assistants. Gabriela graduated from Stanford in June 2011 with a BA in Art History with a concentration in Modern and Contemporary Art and a minor in Biology. Gabriela enjoys the great dining that San Francisco has to offer, as well as outdoor adventures throughout California. You can reach Gabriela by telephone at 732-3032 or by email at ruchelli@stanford.edu.

John Sun joined the staff July 2, 2011 as a social science research assistant in the division of anesthesiology and pain management, working in the Stanford Chu Pain Lab at 300 Pasteur Drive, Grant Building. He recruits and schedules participants for research studies and assists in miscellaneous administrative tasks. John earned a BS in Biology from Stanford University. John has lived in Palo Alto most of his life and attended the local Henry M. Gunn High School. He enjoys playing badminton, backpacking, and trying out new restaurants. You can reach John by telephone at 723-4671 or by email at johnsun@stanford.edu.
Travis Urban joined the staff March 1, 2012 as a life-science research associate in the Department of Anesthesiology, working for Stanford anesthesiologist Eric Gross in Daria Mochly-Rosen’s lab, located in CCSR. Travis graduated from Stanford in June 2011 with a BS in Stanford’s first undergraduate bioengineering cohort. Travis worked previously in the lab of Dr. Yanmin Yang on disruptions in neurotrafficking. He enjoys playing music and exploring San Francisco and the greater Bay Area. He hopes he will survive the medical school application process. Travis can be reached at 724-8098 or at turban@stanford.edu

WHAT LOVELY PARTIES!

10th ANNUAL GOLF TOURNAMENT
BY JOHN BROCK-UTNE, MD, PHD

On a beautiful spring day, April 7, 2012, twenty-eight players ventured out for the 10th annual golf tournament at the Stanford University Golf Course. They were placed in seven groups of four. The placing was assigned as per request and those who did not ask to be with anyone special got randomly placed.

The format was a scramble. That meant that all four players in a team teed off. The best ball was selected for the 2nd shot, and all four players hit from that position. The best ball was again selected and the whole process repeated until the ball was in the hole. In other words, there was very little pressure on the individual players.

After the game finger supper and drinks were served on the patio overlooking the 18th Green.

The winners with a score of 62 were JJ Desai (Chief Resident), Reed Harvey (CA1), Ryan Mountjoy (CA1) and Mike Wagner. (JJ could not attend the award ceremony.)

Second place went to Michael Chen, Francis Kim, John Palma and James Wall. All got gift certificates to the Stanford Golf Club. The score of 62 is a new record. The previous one was 63. Since the par for the course is 70, that meant that winning team was 8 shots under par.

The closest to the pin on the 8th hole was Jerry Ingrande’s guest, Pace McCaskill. JJ Desai won the prize for the longest drive—a massive 296 yards on the 12th hole. Reed Harvey was reported hitting a tree beside where JJ’s ball landed, thereby denying him the win. Reed was heard later muttering about a chainsaw…A special award was given this year to Michael Bigelow (Alumni) for having attended without fail all ten tournaments to date. He stated in his acceptance speech that he was looking forward to the next 10.
you will have a long time getting ready..... For the residents on Ann Dohn’s list, the price for the whole outing is $20. All others pay $110 but remember that you get eats and drinks afterwards.

If you have any questions about this golf tournament and maybe would like to play next year please contact me at brockutn@stanford.edu for more information.

To those of you who participated. Thanks for coming out. For those of you who could not make it, let’s hope you can make it next year. It was fun. We are grateful to the department for their support.

ARTS AND ANESTHESIA SOIERE
BY CRAIG CHEN, MD

Dozens of anesthesiologists, their families, and staff fall silent as Bassam Kadry, clinical instructor, starts to speak. His voice trembles as he begins his poem, Freedom is Guaranteed. As he settles upon the rhythm and cadence of verse, we are drawn into an emotional tumble. His poems reflect personal experience, spanning conflicts in the Middle East to the patient’s experience of anesthesia. The words leave us raw, aching for more, lifting us to our feet in a standing ovation as he finishes near tears, with emotion that could only have been stirred and expressed in this forum.

When VA anesthesia attending Audrey Shafer came up with the idea of a department-wide amalgam of talents in the arts, she did not imagine how successful it would be. The organizing committee, comprising residents, fellows, faculty, and staff, imagined the Arts and Anesthesia Soiree to be a celebration of the Department’s creative and artistic talents. After soliciting submissions, the committee was overwhelmed by the diversity and number of responses.

Over a dozen performances and a dozen displays coalesced on May 10, 2012 in the Arrillaga Alumni Center. The printed program cover was designed by photographer and anesthesia fellow Jack Kan, who also showcased a book of photography. Many people in the department sent digital photographs displayed as a slideshow, greeting visitors as they came into Arrillaga’s

Fisher Hall. Tanner Kerrins wrote, produced, and directed an original film, Duo Situation. Arts and crafts came in the form of origami, handmade dresses, and knitted vegetables. Multiple poets displayed their work, some of which had been published in the journal Anesthesiology. Some writers read their pieces aloud.

After viewing displays and socializing over catered delicacies, the soiree’s two-hour performance segment opened with a jazz duet performed by Louise Furukawa and Lorin Wilson. Other musicians included Tessa MacAvoy Walters and her children as a quartet (see photo below);

Anita Honkanen playing flute favorites by Bach, Telemann, Debussy, and Faure (see photo below);

and pianists Mary Maxwell and Sam Chen. Anesthesia technician Michael Anthony charmed the audience with his soulful singing, and anesthesia resident Jennifer Basarab-Tung and her choir group sang pieces by Saint-Saens and Mendelssohn.
The evening culminated with bolero dancers Lynn Cintron and Tim Michaels (see photo below) and martial arts performers Yi-Bing Ouyang and John Deng.

Among the 130 attendees, the buzz of conversation expressed amazement, appreciation, and excitement. So used to seeing people behind surgical masks, desks, and research benches, members of the Department were delighted to connect with colleagues in new and surprising ways, in a setting outside the hospital.

Fare thee well, “Ideal” Graduates
by Patricia Rohrs

The mood was relaxed and happy, as 21 third-year residents, their families and friends, faculty, and staff celebrated graduation June 23, 2012 in an elegant indoor-outdoor party at the Stanford Faculty Club. Cocktails and hors d’oeuvres on the flower-filled patio were followed by a lovely, convivial buffet dinner inside the club.

In Dr. Ron Pearl’s after-dinner remarks, he emphasized “no one succeeds alone.” Residency graduation is a time “to celebrate, feel proud, and experience one’s emotions.” When he set aside two minutes for expressing them, I noticed a good measure of hugging, kissing, and shedding of tears.

Dr. Pearl made two awards—the Staff Recognition Award to Norma Riestra, Scheduling and Credentialing Supervisor and the G. Brant Walton Resident Teaching Award to Dr. Ryan Mountjoy for excellence in teaching medical students. Dr. Pearl also acknowledged those most responsible for the residency program’s success: Drs. Alex Macario, Kyle Harrison and Aileen Adriano and Janine Roberts.

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Before presenting the graduates, Dr. Adriano addressed them, “You'll always have a home at Stanford, and we'll look forward to hearing about your future successes.” Then, as graduates came forward, they acknowledged those family members in attendance, and they were asked to share one piece of advice given to them during residency. The varied advice included, “Put the tube in,” “Don’t get a DUI” and “Maintain a balance in your life.”

Then, the outgoing chiefs made their own gag awards to fellow residents. For example, Brett Miller was the “Person most likely to get rich selling his secret spice rub and BBQ Sauce” and Ring Liu was the “Person most likely to finish his test before you start yours.”

There followed creative, funny videos depicting a day in the life of the OB call resident and a typical day in the Stanford MSD. Many residents were involved in making these videos, which included humorous portrayals of our faculty. Attendees showed their appreciation by laughing uproariously.

As is his custom, Dr. Ron Pearl gave a special name to the class of 2012—“The Ideal Class”—which he said exhibited the characteristics of the “ideal resident” the interviewing committee looks for during residency recruitment. Dr. Pearl noted this class’s mix of superb clinical knowledge and skills and leadership. He said they have maintained the same ideals that drew them to the field 10 years ago, ideals they will take into the world as they depart Stanford.

To see what’s next for these “ideal graduates,” consult the table below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Med School</th>
<th>What's Next?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ioana Brisc</td>
<td>Loma Linda University</td>
<td>Private Practice, Sacramento, CA</td>
</tr>
<tr>
<td>Christie Brown-Munoz</td>
<td>University of South Dakota</td>
<td>Regional Fellowship, UC Irvine</td>
</tr>
<tr>
<td>Dora Castaneda</td>
<td>Stanford University</td>
<td>Private Practice</td>
</tr>
<tr>
<td>JJ Desai</td>
<td>University of Miami</td>
<td>Private Medical Consulting and Marketing</td>
</tr>
<tr>
<td>Laura Downey</td>
<td>Duke University</td>
<td>Pediatric Anesthesia Fellowship, Boston</td>
</tr>
<tr>
<td>Joshua</td>
<td>Tufts University</td>
<td>Pediatric Anesthesia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Med School</th>
<th>What's Next?</th>
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<tbody>
<tr>
<td>Edwards</td>
<td></td>
<td>Fellowship, Stanford</td>
</tr>
<tr>
<td>Christine Jette</td>
<td>University of Washington</td>
<td>Pediatric Anesthesia Fellowship, Stanford</td>
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<tr>
<td>Mary Laughlin</td>
<td>University of New Mexico</td>
<td>Pediatric Anesthesia Fellowship, Stanford</td>
</tr>
<tr>
<td>Jody Leng</td>
<td>University of Miami</td>
<td>Private Practice</td>
</tr>
<tr>
<td>Ring Liu</td>
<td>Harvard</td>
<td>Private Practice, Oregon</td>
</tr>
<tr>
<td>Javier Lorenzo</td>
<td>Stanford University</td>
<td>Critical Care Fellowship, Stanford</td>
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<tr>
<td>Bryan Maxwell</td>
<td>Stanford University</td>
<td>Cardiac Anesthesia Fellowship, Stanford</td>
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<tr>
<td>David Medina</td>
<td>University of Arizona</td>
<td>Private Practice, Arizona</td>
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<tr>
<td>Brett Miller</td>
<td>University of Florida</td>
<td>Regional Fellowship, Stanford</td>
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<tr>
<td>John Peterson</td>
<td>Emory University</td>
<td>Critical Care Fellowship, Stanford</td>
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<tr>
<td>Rohith Piyaratna</td>
<td>Vanderbilt University</td>
<td>Private Practice, Sacramento, CA</td>
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<tr>
<td>Andrew Powers</td>
<td>Wayne State University</td>
<td>Cardiac Anesthesia Fellowship, Stanford</td>
</tr>
<tr>
<td>Xiang Qian</td>
<td>Zhejiang Medical University</td>
<td>Pain Fellowship, Stanford</td>
</tr>
<tr>
<td>Andrew Wall</td>
<td>University of Texas, San Antonio</td>
<td>Private Practice, Fresno</td>
</tr>
<tr>
<td>Becky Wong</td>
<td>UC, San Diego</td>
<td>Pediatric Anesthesia Fellowship, Stanford</td>
</tr>
<tr>
<td>Justin Workman</td>
<td>University of Southern California</td>
<td>Regional Fellowship, Stanford</td>
</tr>
</tbody>
</table>

The Gas Pipeline, July 2012, Page 25
Published Articles


- Lawrence J, Hoeft F, Sheau K, Mackey S. Strategy-dependent dissociation of the neural correlates involved in pain modulation. Anesthesiology 2011, 115(4); 844-51. PMC pending.


• Ruau D, Liu LY, Clark JD, Angst MS, Butte AJ. Sex differences in reported pain across 12,000 patients captured in electronic medical records. *J Pain* 2012:13:228-34.


• Carvalho B, Drover DR, Ginosar Y, Cohen SE, Riley ET. Intrathecal fentanyl added to bupivacaine and morphine for cesarean delivery may induce a subtle acute opioid tolerance. *Int J Obstet Anesth* 2012 Jan;21(1):29-34.


• Desai AM, Carvalho B, Hansen J, Hill J. Ultrasound guided popliteal nerve block in a patient with malignant degeneration of neurofibromatosis 1. *Case Reports in Anesthesiology* 2012; Article ID 753769.


• Gutierrez C, Druzin M, Goodnough LT, Butwick AJ. Retrospective study of transfusion outcomes in obstetric patients requiring a massive transfusion protocol at a tertiary obstetric center. *Int J Obstetric Anesth* 2012 Epub ahead of print [05/29/12].

• Sultan P, Butwick AJ. Analysis. *Clin Appl Thromb Hemost* 2012;Apr 24. [Epub ahead of print]


• Shafer A. Anesthesia Checklist. *Anesthesiology* 116(2):477-8, 2012 (poem) [note: poem featured on the cover]


BOOK CHAPTERS


ABSTRACTS AND POSTERS

• Yun R, Kim TE, Mariano ER, Carvalho B. Echogenicity of catheters used for ultrasound-guided continuous peripheral nerve blocks. World Congress of Anaesthesiologists (Buenos Aires, Argentina, March 2012) and American Society of Regional Anesthesia (San Diego, CA, March 2012).


• Carvalho B, Lemmens H, Ting V, Angst M. Postoperative subcutaneous instillation of ketorolac but not hydromorphone reduces pain, analgesic use and wound exudate concentrations of Interleukin-6 and Interleukin-10 following cesarean delivery. Annual Meeting of the Society of Obstetric Anesthesia and Perinatology (SOAP), Monterey, CA, May 2012. Awarded Best Paper.


• Wong J, Riley E, Carvalho B. *Post-cesarean analgesic efficacy and side effects: a comparison of 100 and 200 mcg of intrathecal morphine.* Annual Meeting of the Society of Obstetric Anesthesia and Perinatology (SOAP), Monterey, CA, May 2012.

• Maxwell B, El-Sayed Y, Riley E, Carvalho B. *A retrospective cohort analysis of pregnant women with moderate to complex congenital heart disease or pulmonary hypertension.* Annual Meeting of the Society of Obstetric Anesthesia and Perinatology (SOAP), Monterey, CA, May 2012.

• Mirza F, Carvalho B. *A case series describing an important role for transversus abdominis plane blocks for rescue analgesia after cesarean delivery.* Annual Meeting of the Society of Obstetric Anesthesia and Perinatology (SOAP), Monterey, CA, May 2012.

• Yun R, Kim ET, Mariano ER, Carvalho B. *Echogenicity of catheters used for ultrasound-guided continuous peripheral nerve blocks.* American Society of Regional Anesthesia (ASRA) 37th Annual Meeting, San Diego, March 2012.


• Murphy C, Sultan P, Halpern S, Carvalho B. *Ultra-low compared to higher concentration epidural local anesthetic solutions in labor: a meta-analysis.* Canadian Anesthesiologists’ Society Annual Scientific Meeting, Quebec City, Canada, June 2012. Best Paper in Obstetric Anesthesia.


• Yun R, Kim ET, Mariano ER, Carvalho B. *Echogenicity of catheters used for ultrasound-guided continuous peripheral nerve blocks.* World Congress of Anaesthesiologists 15th Meeting, Buenos Aires, Argentina.


• Ed Bertaccini, MD, presented his abstract *Assessment of homology templates and anesthetic binding site within the GABA receptor* at the Annual Meeting of ASA in Chicago, IL, 2012. Awarded ASA Best Abstracts session.

INVITED TALKS AND GUEST PROFESSORSHIPS

• Sesh Mudumbai, MD, spoke about Perioperative mortality risk from the use and discontinuation of angiotensin-converting enzyme inhibitors at the Veterans Affairs Health Services Research & Development Annual Meeting, July 16-19, 2012.

• Ed Mariano, MD, spoke about three topics at the American Society of Regional Anesthesia and Pain Medicine (ASRA) Spring Regional Anesthesia Meeting, March, 2012: (1) How has ultrasound changed the practice of pediatric regional anesthesia, (2) Upper extremity intensive workshop, and (3) Evidence-based outcomes for thoracic paravertebral blocks.

• Ed Mariano, MD, gave the keynote address How ultrasound has changed the practice of pediatric regional anesthesia at the Bay Area Pediatric Anesthesia Consortium (BayPAC) Semi-Annual Meeting, May 2012.

• Ian Carroll, MD, spoke about Chronic pain treatment of nerve patients at the Annual Meeting of the Association of Extremity Nerve Surgeons (AENS), Las Vegas, NV, November, 2011.

• Brendan Carvalho, MB chB, FRCA, MDCH, spoke about Optimizing analgesia after C-section at the 15th World Congress of Anaesthesiologists, Buenos Aires, Argentina, March 2012.

• Brendan Carvalho, MB chB, FRCA, MDCH, spoke about TAP block and lumbar spine ultrasound: clinical pearls and participated in the Pro/Con Debate Failed epidural for unplanned cesarean at the Sol Shnider Obstetric Anesthesia Meeting, San Francisco, California, March 2012.

• Brendan Carvalho, MB chB, FRCA, MDCH, spoke about New options to optimize labor and cesarean analgesia and led a problem-based learning discussion (PBLD) about Failed cesarean blocks at the New Mexico Society of Anesthesiologists (NMSA) Annual Education Meeting, Albuquerque, New Mexico, February 2012.

• Martin Angst, MD, gave the opening plenary session address, Opioid-induced hyperalgesia: clinical presentation and implication, at the 6th World Congress of Pain, Miami, FL, 2012.

• Audrey Shafer, MD, gave the keynote address Scholarly concentrations: the Stanford Medical School model for in-depth study of medical humanities, and led a workshop Writing and medicine at the Medical Humanities and Professionalism International Symposium, Taipei, Taiwan June 22-24, 2012.

• Audrey Shafer, MD, organized and introduced a reading by Rafael Campo Cultural competence: poetry and the importance of voice in the illness experience, Cantor Arts Center, Stanford University, March 1, 2012.

• Audrey Shafer, MD, introduced the writers’ forum: Pegasus Physician Writers: Medicine: conundrums and mysteries, Cantor Arts Center, Stanford University, May 31, 2012.

• Alexander Butwick MBBS, FRCA, MS, spoke about Obstetric Hemorrhage at a joint meeting of the departments of Obstetrics and Gynecology and Anesthesia, Meenakshi Mission Hospital & Research Centre, Madurai, India; May 2012.

• Alexander Butwick MBBS, FRCA, MS, spoke about Peripartum management of the anticoagulated patient at the Sol Shnider M.D. Obstetric Anesthesia Meeting, Society for Obstetric Anesthesia and Perinatology (SOAP, San Francisco, March 2012.

• Alexander Butwick MBBS, FRCA, MS spoke about *The anesthetic implications for vaginal birth after cesarean section* and participated in a panel discussion about *Acute shortness of breath during the peripartum period* at the Annual Meeting of ASA, Chicago, IL, October 2011.

• Ravi Prasad, PhD, spoke about *Behavioral and psychological management in chronic pain* at the 4th Annual Innovations with Pain Management Meeting, Palo Alto, CA, January 2012.

• Ravi Prasad, PhD, chaired Scientific Sessions and served as Annual Meeting Program Committee Member for the American Academy of Pain Medicine (AAPM) annual meeting, February, 2012.

• Alexander Butwick MBBS, FRCA, MS, spoke about *What's new in obstetric anesthesia?* at Grand Rounds, Department of Anesthesiology, University of Chicago University of Illinois Hospital and Health Sciences System on June 20, 2012.

• Ed-Bertaccini, MD, organized and chaired an international symposium entitled *Molecular modeling of ligand-gated ion channels and the mechanisms of general anesthesia* at the American Chemical Society Annual Meeting. Jim Trudell was one of nine speakers.


• Sean Mackey, MD, PhD spoke about *The strain in pain lies mainly in the brain* at the World Institute of Pain Annual Meeting in Miami, FL, February 2012.

• Sean Mackey, MD, PhD spoke about *Opioids for pain management, 2012 state of the art* at the American Association of Orthopedic Surgeons, February 2012.

• Sean Mackey, MD, PhD, spoke about *Substance abuse: treating co-morbid chronic pain and opioid addiction* at the Nevada Psychiatric Association 17th Annual Psychopharmacology Conference in Las Vegas, NV, February 2012.

• Sean Mackey, MD, PhD, was the plenary speaker on the topic *Institute of Medicine: Relieving Pain in America* at the American Academy of Pain Medicine Annual Meeting in Palm Springs, CA, February 2012.

• Sean Mackey, MD, PhD, spoke about four topics (1) *Understanding and treating neuropathic pain*, (2) *Pain outcomes: what to measure and why*, (3) *Pain research*, and (4) *Optimizing funding through grant writing* at the American Academy of Pain Medicine (AAPM) Annual Meeting in Palm Springs, CA, February 2012.

• Sean Mackey, MD, PhD, spoke about *Virtual reality & pain management* at the American Pain Society Annual Meeting in Honolulu, HI, May 2012.

• Sean Mackey, MD, PhD, spoke about *Brain correlates of temporal summation and conditioned pain modulation* at the American Pain Society Annual Meeting in Honolulu, HI, May 2012.

• Sean Mackey, MD, PhD spoke about *Opening windows to the brain: lessons learned from neuroimaging of pain* at the Oscher Center for Integrative Medicine in San Francisco, CA, May, 2012.

• Sean Mackey, MD, PhD spoke about *Neuroimaging biomarkers for pain* at the FDA Chronic Pain Workshop in Washington DC, May, 2012.
• Sean Mackey, MD, PhD spoke about Neuroimaging of pain at the California Society of Industrial Medicine & Surgery Annual Meeting in San Diego, CA, June 2012.

• Sean Mackey, MD, PhD spoke about Neuroimaging of pain at the Clinical Scientist Summer Symposium on Translational Medicine at Charité Medical School, Berlin, Germany, June 2012.

• Sean Mackey, MD, PhD spoke about Management of neuropathic pain at the Kaiser Santa Clara Department of Podiatry, May 23, 2012.

• Ian Carroll, MD spoke about Management of neuropathic pain at the Kaiser Santa Clara Department of Podiatry, May 23, 2012.


• Jarred Younger, PhD, spoke about two topics (1) Brain changes in the first month of daily opioid therapy and (2) Low-dose naltrexone for the treatment of fibromyalgia at the Congress of Clinical Rheumatology, Destin, FL, May, 2012.

• Gill Hilton, MD, led the high-risk obstetric anesthesia simulation course prior to the Annual Meeting of the Society of Obstetric Anesthesia and Perinatology (SOAP), Monterey, CA, May 2012. She was assisted by Drs. Ed Riley, Jeremy Collins (difficult airway), Ed Riley and Farheen Mirza.

• Rona Giffard, MD, PhD, spoke about Postoperative memory loss after anesthesia and orthopedic surgery at the BJA Salzburg Workshop on Anesthetic Neurotoxicity and Neuroplasticity in Salzburg, Austria, June, 2012.

AWARDS, HONORS & APPOINTMENTS

• Dr. Kevin Johnson was awarded an NIH NIDA K23 Career Development Award to support Research training using TMS to study pain processing in long-term opioid use.

• Dr. Sean Mackey was awarded a Supplement to his NIH NCCAM P01 Program Project Grant for the Stanford CAM center for chronic back pain.

• Dr. Sean Mackey was awarded a Stanford Bio-X NeuroVentures pilot grant for Detection of chronic pain states in the central nervous system.

• Stanford received the 2012 American Pain Society’s Clinical Center of Excellence designation, the second time (first time in 2008) it has received this prestigious award given to only a few multidisciplinary pain centers nationally. To be re-awarded, a center must demonstrate significant improvement. Stanford’s score was 96 of 100. Congratulations to Sean Mackey and the entire pain medicine group.

• Dr. Ed Mariano was awarded a two-year Foundation for Anesthesia Education and Research (FAER) grant for A prospective study to determine the efficacy of simulation-based training on practicing anesthesiologists’ acquisition of ultrasound-guided perineural catheter insertion skills.

• Dr. Brendan Carvalho was elected California Society of Anesthesiologists District 4 Delegate.

• Dr. Brendan Carvalho won best paper of the meeting and best teacher of the year at the SOAP 43rd Annual Meeting, Monterey, CA, April 2012.

• Dr. Bruce MacIver began work on an NIH NIGMS R01 grant.

• Dr. Bruce MacIver was reappointed to the ASA Experimental Neuroscience Subcommittee for 2013.

• Dr. Edmund Posadas was awarded a Bio-X summer research grant.
• Three faculty received Pfizer Grant CME awards: Dr. Dave Gaba for *Immersive and simulation-based CME programs*, Dr. Sean Mackey for *Safe opioid prescribing and risk evaluation and mitigation strategies (REMS)*, and Dr. Larry Chu for *Teaching basic bedside transthoracic echocardiography examination to evaluate hypotension and hypoxemia*.

• Dr. Jarred Younger was awarded a DOD USAMRMC grant for *Identifying Immune Drivers of Gulf War Illness Using a Novel Daily Sampling Approach*.

• Dr. Steve Shafer, who returned to the faculty July 1, 2012, was elected to the council of the Committee on Publication Ethics. This organization representing over 7,000 journals, is widely recognized as a leader in providing guidance on ethical issues related to research and publication. Steve was also appointed as a director of the World Association of Medical Editors.

• Dr. Mackey was recognized by *US News and Pain Medicine* physicians in the US.

• Dr. Mackey has been appointed to serve on the NIH Interagency Pain Research

• Dr. Mackey has been appointed to serve on the NIH Pain Consortium’s Chronic Low Back Pain Research Task Force.

• Dr. Mackey was invited to participate in the FDA Chronic Pain Workshop.

• Dr. Mackey was appointed as a Senior Editor for *Pain Medicine*.

• Dr. Mackey co-chaired the Annual American Academy of Pain Medicine (AAPM) annual meeting.

• Dr. Mackey received the Presidential Commendation from the American Academy of Pain Medicine (AAPM) for his work on the Institute of Medicine Committee – *Relieving Pain in America*.

• In March 2012, Dr. Martin Angst was selected as Section Editor of “Pain and Analgesic Mechanisms” for *Anesthesia and Analgesia*.

• Dr. Fritz Moritz, who has served as Chair of Anesthesia and Director of Perioperative Services at Santa Clara Valley Medical Center (SCVMC) since 2007 and who has been faculty there for 21 years, retired in June 2012. Congratulations to Fritz on his multiple accomplishments at SCVMC.

• Dr. Bridget Philip will become the new SCVMC Chair of Anesthesia. Welcome to your new role, Bridget.

• The School of Medicine (SOM) recognized five faculty—Audrey Shafer, David Gaba, Larry Zaroff, David Yeomans, and Alex Macario—as mentors for student research projects in the Scholarly Concentration and MedScholars programs.

• Dr. Carla B. Shnier was reappointed to Clinical Assistant Professor (Affiliated) of Anesthesia, effective 9/1/2011.

• Dr. Glyn D. Williams was promoted to Professor of Anesthesia at the Stanford University Medical Center, effective 3/1/2012. Profile: [http://med.stanford.edu/profiles/Glynn_Williams/](http://med.stanford.edu/profiles/Glynn_Williams/)

• Dr. Linda Foppiano was reappointed to Clinical Associate Professor of Anesthesia, effective 3/18/2012. Profile: [http://med.stanford.edu/profiles/Linda_Foppiano/](http://med.stanford.edu/profiles/Linda_Foppiano/)

• Dr. Michael S. Leong was promoted to Clinical Associate Professor of Anesthesia, effective 5/1/2012. Profile: [http://med.stanford.edu/profiles/Michael_Leong/](http://med.stanford.edu/profiles/Michael_Leong/)

• Dr. Julianne M. Mendoza was promoted to Clinical Assistant Professor of Anesthesia, effective 5/1/2012. Profile: [http://med.stanford.edu/profiles/Julianne_Mendoza/](http://med.stanford.edu/profiles/Julianne_Mendoza/)

• Dr. Manchula Navaratnam was promoted to Clinical Assistant Professor of Anesthesia, effective 5/1/2012. Profile: [http://med.stanford.edu/profiles/Manchula_Navaratnam/](http://med.stanford.edu/profiles/Manchula_Navaratnam/)
• Dr. Michael W. Brook was reappointed to Clinical Assistant Professor of Anesthesia, effective 4/16/2012. Profile: http://med.stanford.edu/profiles/Michael_Brook/

• Dr. Stephen D. Coleman was reappointed to Clinical Assistant Professor of Anesthesia, effective 7/1/2012. Profile: http://med.stanford.edu/profiles/Stephen_Coleman/

• Dr. Karl Zheng was promoted to Clinical Assistant Professor of Anesthesia, effective 6/1/2012. Profile: http://med.stanford.edu/profiles/Karl_Zheng/

• Dr. Alexander Butwick was appointed to Assistant Professor of Anesthesia, effective 5/01/2012. Profile: http://med.stanford.edu/profiles/Alexander_Butwick/

• Dr. Lorne Eltherington was appointed as Adjunct Clinical Associate Professor of Anesthesia, effective 6/01/12.

• Dr. Steven Shafer was appointed Professor of Anesthesia, effective 7/1/12.

**POPULAR PRESS**

• Martin Angst was a guest speaker about Gender differences in pain on Michael Krasny’s Forum on KQED in January.

**NEW LIBRARY BOOKS**

Hillary Farkas, Anesthesia Medical Librarian, announces these additions and invites you to browse.

• *Atlas of common pain syndromes, 3rd Ed.* (Includes Expert Consult) RB 127 W34 2012

• *Anaesthesia, intensive care, and pain management for the cancer patient.* RC 270.8 A53 2011

• *Clinical manual and review of transesophageal echocardiography, 2nd Ed.* RC 683.5 T83 C54 2010 +CD Hi

• *Closed-circuit anesthesia: from anesthesia based on experience to anesthesia on a scientific basis.* (Lin, Chung-Yuan) RD 78.8 C47 2000

• *Laughing and crying about anesthesia: A memoir of risk and safety.* (Gerald L. Zeitlin) [autobiography and history of anesthesia] RD 80.6 L 2011

• *Anesthesiology, 2nd Ed.* (Longnecker) RD 81 P74 2012 +DVD

• *Perioperative addiction: clinical management of the addicted patient.* RD 82 P47 2012

• *Yao & Artusio’s anesthesiology: Problem-oriented patient management, 7th Ed.* RD 82.45 A54 2012

• *Hadžić’s peripheral nerve blocks and anatomy for ultrasound-guided regional anesthesia, 2nd Ed.* RD 84 P45 2012

• *Atlas of image-guided intervention in regional anesthesia and pain medicine, 2nd Ed.* (Rathmell) RD 84 R37 2012

• *Epidural anaesthesia: Images, problems and solutions.* RD 85 P4 C69 2012

• *Stoelting’s Anesthesia and Co-Existing Disease, 6th Ed.* RD 87 A53 2012

• *Hepatic & Biliary Diseases: Anesthesiologists’ perspective.* RD 87.3 L58 P119 2012

• *Clinical pediatric anesthesia: A case-based handbook.* RD 139 C61 2012

• *Pediatric sedation outside of the operating room: A multispecialty international collaboration.* RD 139 P34 2012

• *Acute cardiovascular management: Anesthesia and intensive care.* RD 497 A27 1982*

• *Thoracic anesthesia (Lange Clinical Anesthesiology Guide).* RD 536 T39 2012

• *Essentials of neurosurgical anesthesia & critical care.* (Brambrink). RD 593 F74 2012

• *Controversies in obstetric anesthesia and analgesia.* (McConachie). RG 732 C76 2012
TRANSITIONS

BABIES

Estee and Arjun (JJ) Desai welcomed Zachary Desai into this world on April 22, 2012. They were surrounded by great friends, wonderful family, delicious bubbly, and the tunes of Bob Marley. Thank you to Roy and Gill for bringing the rock steady with their epidural skills. We couldn’t be happier. Thank you for all of the notes, cards, and well wishes.

DEATH

It is with great sadness that I [Dr. Pearl] report that Dr. John Bunker died peacefully in London on May 4 at the age of 92. John was the first chair of our department, serving as chair of anesthesia from 1960 – 1972, as well as acting chair from 1983-1985. John was responsible for creating the department (previously it was a division of surgery) and for recruiting a superb group of investigators who moved our field forward. He was the principal investigator for the landmark National Halothane Study. In addition to his research in the field of anesthesiology, he was one of the pioneers in modern epidemiology and was instrumental in the development of the Department of Health Research and Policy at Stanford. Following his retirement in 1989, Dr. Bunker moved to England with his wife Lavinia. Dr. Bunker earned his AB and MD degrees from Harvard University. He was a surgical intern at Massachusetts General Hospital 1949-1950. He was at Stanford University 1960-1989.

Below please find a tribute to John Bunker, written in 2005 by Ellis Cohen.

TRIBUTE TO JOHN PHILIP BUNKER, AB, MD
BY ELLIS COHEN, WRITTEN 2005

I first met John Bunker in 1951 when we shared a laboratory at the Massachusetts General Hospital in Boston. He was an Assistant in Anesthesia, and I was a research fellow. John was a recent graduate of Harvard Medical School, who had just completed his surgical internship at the MGH, plus two years of anesthesia residency at George Washington Hospital in Washington, D.C. and the Massachusetts General Hospital. Previously, Dr. Bunker had served in the military in North China.

Dr. Bunker’s early scientific interests dealt with the metabolic effects of anesthetics on the body, and his first publication from the Anesthesia Laboratory at the MGH, in collaboration with Dr. Henry Beecher, was published in J Pharmacol Exp Ther in 1951. Other early interests included anesthetic metabolic studies in infants and children, hypotensive spinal anesthesia, blood coagulation studies under hypothermia, coagulation and acid-base studies in liver disease, and studies of citric acid intoxication in man. These investigations led to the authorship and co-authorship of some 30 publications in major medical journals, and his appointment as Assistant Clinical Professor at Harvard.

In 1960, Dr. Bunker responded to an invitation for consideration as chairman of the newly formed Anesthesia Division at Stanford University. John finally agreed to the appointment only when the Dean’s office and the University also agreed to the formation of a separate
Department of Anesthesiology. This was critically important in that at this time most Anesthesia sections existed only as divisions of a Surgery Department.

The Anesthesia Department at Stanford was small, consisting of three members, John Bunker, Jay Belleville and Ellis Cohen. The newly formed Surgery Department was also relatively small with few patients to be attended. Within three years, however, the anesthesia medical faculty had expanded to eight individuals with new and extended laboratory facilities in the Grant Building. Receipt of a Program Project Grant award from the National Institutes of Health provided strong financial support. Development of a residency program soon followed and progressed rapidly.

Under Dr. Bunker’s leadership, and with his position as an active member of the Executive Committee of the Medical School, the department continued to flourish. With limited time for his own research studies Dr. Bunker still continued to work actively with continuing studies on acid base balance, citric acid intoxication, and the metabolic effects of blood transfusions. In 1963, he published an article in the New Engl J Med on liver necrosis following halothane anesthesia, which provided the important impetus for the National Halothane Study investigating the possible association between halothane anesthesia and postoperative liver necrosis. This was a massive study involving thousands of patients in which Dr. Bunker was not only the leading investigator but also report author. An important side effect to be obtained from these studies was the large variation in surgical mortality noted among hospitals.

Dr. Bunker also found time to author several books during this period, two of which involved a Macy Conference on Education in Anesthesiology, and a second one that concerned his personal relationship with Dr. Norman Shumway, the noted cardiac surgeon, entitled, The Anesthesiologist and the Surgeon. At the same time Dr. Bunker continued his studies into surgical and anesthesia manpower problems with a particular concern for surgical operations, operation rates, mortality statistics and surgical workloads in both the U.S. and abroad. He published extensively in these many areas. Of interest, he was also seriously concerned with woman power and authored an article entitled The Case for more Women in Medicine, the Stanford Program. This in turn was later followed by the publication of Elective Hysterectomy, Pro and Con in the N Eng J of Med.

Dr. Bunker’s broader interests and his ongoing concern with problems of anesthesia and surgical manpower, operative mortality, etc. eventually led to his resignation as chairman of the Department of Anesthesia in 1972. This in turn was followed by appointment as a Visiting Professor in the Department of Preventive and Social Medicine at Harvard Medical School in 1973 where he worked with Professor Mosteller and published a third book entitled, Costs, Risks and Benefits of Surgery.

In 1975, he returned again to Stanford. In addition, he played an active role in the Department of Anesthesia Pain Clinic, as well as serving as the acting head of the Department. Together with similarly minded individuals such as Professors Enthoven, Luft, Brown and others, Dr. Bunker pursued his broader interests and published an additional series of 26 papers in the field of epidemiology. In 1981 the Board of Trustees approved formation of a new consortium for Health Research and Policy at Stanford to be housed in new quarters to be headed by Dr. Bunker.

In 1983, Dr. Bunker once again returned to the Anesthesia Department at Stanford from a sabbatical leave at Harvard to replace the acting chairman. He served in this position as acting chairman for two additional years until he was in turn replaced by the new chairman, Dr. Barrie
Fairley. In 1989, John Bunker was appointed as an Emeritus Professor of Anesthesia and the Department of Health Research and Policy at Stanford.

In later years, Dr. Bunker retired to England where he still serves as a visiting professor in the Department of Epidemiology and Public Health at the University College London Medical School where he continues to write and direct research studies. At last report, he was preparing publication with Sir Keith Sykes of a new book entitled *From Ether Frolics and Cocaine Addiction to Anesthesia and Intensive Care* Note: The book was published in 2007 under the title, *Anaesthesia and the Practice of Medicine: Historical Perspectives*.

A distinguished career.

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**FAREWELL FROM THE EDITOR**

Dear readers: This issue of the *Gas Pipeline* is my last. It has been my honor and pleasure to create it with your help over the last seven years. I recently achieved my Biblical three score and ten years, and I plan now to pursue a new career as a volunteer and part-time consultant and teacher, “the Lord willing and the creeks don’t rise.”

Thank you for making my professional life such a joy.

And remember what Groucho Marx said, “Outside of a dog, a book is your best friend. Inside of a dog, it’s too dark to read.”

Best wishes from your friendly editor,

Patricia Rohrs rohrspi@gmail.com

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