Kryssarvägen 10 Näsby Park. 28 August, 1960

Dr. Karl E. Karlson
Dept. of Surgery

Dear Karl,

I suspect you will be back from vacation about the time this letter arrives. I trust you and the family return in fine shape and all rested up.

Time has gone surprisingly fast here, and I have a truly insignificant amount of laboratory work under my belt so far. Most effort has still to be spent in grasping the language. I can occasionally get nearly all the meat out of a news report on the radio or the general idea out of a case presentation, but what I pick up is still far less than adequate. I must say that what I have been able to pick up clinically has been well worth the effort. These people have occasional performances which are really inspired, and then occasionally spoil them with exhibitions of what seems to me to be questionable judgment. I saw Crafoord to a congenital valvular aortic stenosis last week in a four-month-old baby. He did it with hypothermia alone, feeling the risks of perfusion at this age would make the situation entirely hopeless. He did it beautifully and the baby recovered in most gratifying style, with good vital signs and a normal state of consciousness later in the day, only to die in the middle of the night with x-ray signs of a hugely widened mediastinum, fast pulse and resp. There is no path report yet, but it appears likely the trouble arose from failure to use any drainage at all!. Senning is off for Barcelona and Switzerland at the moment, and I am here watching what happens in the lab in his absence. Morale is very poor, and workers leave in the middle of things if the summer-time quitting hour of 3 PM happens to come along - even to the point of leaving a double-pump literally bathed in pools of blood for the week-end. There are many strong points, however, but the lab would benefit by some of Jackson's demand for precision in detail. I watched an experiment in cooling yesterday, with double pumps for the two circuits and oxygenation by the lungs. No one would believe my comments that the dog had obvious gas embolism - he had all the eye signs, and after almost everyone had gone, leaving only two witness, exposure of the brain showed the pial vessels loaded with gas.

There has been real clinical trouble with gas too, but with the use of the respirator for about a week, the boy recovered grossly normal cerebral function and went home. Their percentages are good here, but it is only by virtue of superb nursing coverage and top-notch collaboration among the clinicians of all the specialties concerned.

The work-ups are superb. The radiological workup of a ventricular septal defect, tetrad or not, regularly includes two-plane angios, and these regularly show even theprecise distribution of the coronary blood supply of the right ventricle!

My idea about trying to squeeze enough blood out of the hind quarters synchronously with closure of the aortic valve does not so far seem to hold water. There will be a little more fussing before dropping it, and then Åke and I propose to try passing a 6 mm. catheter through jugular and atrial septum to provide some left heart by-pass. The small hole in the septum should be unimportant in the face of all the other troubles of such patients.

I had a nice note from Joe Sherber, which I still have not answered.

It is a pity to lose him. He had asked me to look over some plans for the proposed operating suite to see if they were satisfactory to me. Naturally I shall defer to you and Harmel for any changes that may need to be made, as I do not think satisfactory exchanges of ideas on anything so involved can be made by mail anyhow. Just don't let the architects try to ram anything down our throats, as they are so prone to do.

In this connection, I have looked over the arrangements here again. In the operating rooms all electrical cennections needed, both for recording and for power, are provided by a battery of outlets fastened to the ceiling above and about 4 feet behind the anesthetists head. Some of the receptacles for plugging recording equipment are also provided by a boom from a convenient side of the margin of the dome of the operating room. This works well and avoids much of the interference from the power lines. The well in the floor provides only suction, compressed air, oxygen, and nitrous oxide. This places all electric connections above the five-foot level, so there should be no trouble about explosion hazards in connections.

Beyond these items and my reinforced conviction about the value of a good observation dome, I have nothing to add about the OR suite.

I suggested to Miss Levine some time ago that she ask you about the filling of the budget line for a teaching and research assistant. I would be very happy to see this line used. It could be used for an additional person like Ann Pritchard, unless you feel this unnecessary, or for another person like Lavonne Young Senn to serve as trouble shooter and trainer of technicians. It might even be used to get a good mechanically minded person who would take care of the cleaning and running of the machine on either side of the street. Senning has such a man here, and, in spite of poor morale, I think he serves a very useful purpose, as there is consistency in the preparation and running of the pumps. If you would rather ask to have the line in question returned to full instructorship status, it is possible that a conversation with Joe Hill might accomplish it, though perhaps not in the middle of the fiscal year.

I do not know when the deadline is for New York Surgical memberships, but would you mind looking over the listl so we do not neglect anybody. Do you have anyone on the program this year?

I think Wes should be the candidate for membership in Soc. of Univ. Surgeons that should open the door to institutional membership. I should like to be a co-signer of his application, when you have it ready to go.

I have the letters, or copies of them, that I wrote about your candidacy for Amer. Surg. and am writing reminder letters to those who were contacted earlier. You might look at the list and also at the list of members, as there might be someone who could help whom I have not considered. This year will be the first when you name comes up for consideration. If you have something irresistable for the program for which I or some other member might serve as sponsor, would you let me know about it.

I hve one other question after looking at the plans Joe Sherber sent me. Where do the doctors and nurses who will use the minor operating suite change into scrub suits? If in the same dressing rooms as for main OR, is it so arranged that they do not have to walk through the hallways of the main OR to get to the minor OR's?

Please let me know how things go and if there is anything I can do to help. Also, you should be eligible for sabbatical leave next year. You can take 6 mo without loss of salary, or get a fellowship. Now is the time to plan.

Sinc & best to all,