

It was with great sadness that I learned of Mike Cahalan's passing. Here are some memories of our early encounters and how we as anesthesiologists made our first steps in echocardiography. Mike and I first became acquainted in the early eighties and over the ensuing years became very good friends. My initial exposure to intraoperative echocardiography was very different than his, but as intraoperative echocardiography became more entrenched in anesthesiology our experiences gradually became similar. In 1980, I was fortunate to work with a cardiac surgeon and an echocardiographer who were eager to explore applications of epicardial echocardiography in cardiac surgery. We focused on valvular function and on the distribution of cardioplegia using echo contrast. While as an anesthesiologist I was not directly involved in the acquisition of the echo images, the repeated exposures to epicardial scanning provided me with an exceptional learning opportunity.

At UCSF, Michael had the benefit of access to a transesophageal echo probe and, therefore, became an early practitioner of transesophageal probe insertion and echocardiographic imaging. He and his team focused primarily on areas like global and regional ventricular function that were perceived to be in the more immediate realm of anesthesiology.

When Joel Kaplan became Chairman of Anesthesiology at Mount Sinai in 1983, he brought with him a Dasonics TEE probe. Fortunately, our echo lab was able to lend us one of their Dasonics scanners, and in this manner our team also entered the practice of intraoperative transesophageal echocardiography. Since I had previously become acquainted with Michael Cahalan at various scientific meetings, I immediately inquired whether Zak Hillel and I could spend a few days with him at UCSF to observe his echo activities. Michael readily agreed and welcomed us with the gracious hospitality for which he was so well known. It became immediately obvious to us that Mike approached his application of TEE with great intellectual rigor and a perfectionist attitude. He demanded a lot of himself, but in the process of pursuing excellence, he greatly advanced the practice of intraoperative echocardiography for all of us. He was even tempered and fun to be with, yet always determined and focused on the future.

During that same visit, we also met his wife, Maryanne, who at the time was an OR nurse at UCSF. There was no doubt that Mike cherished working side-by-side with her and gained great strength and comfort from her daily presence.

With that initial visit to San Francisco we laid the seeds for many future collaborations. Every subsequent encounter with Michael and Maryanne was a joyful event that provided deep satisfaction; to

be in their company was always immensely pleasurable and uplifting. I will very much miss Michael and I fully share in Maryanne's sorrow.