

John C. Liebeskind History of Pain Collection

**Oral History Interview
with
Ulf Lindblom**

Ms. Coll. no. 127.22

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Biographical Sketch

Ulf Lindblom was born in Stockholm, Bromma, Sweden on January 28, 1927. He received his M.D. from the Karolinska Institute, Stockholm, in 1952, after which he completed residencies in Neurology at Serafimerlasarettet, Stockholm (1953-1958) and in Internal Medicine at Serafimerlasarettet and at other hospitals (1959). He served as an Assistant Teacher in Physiology at the Karolinska Institute (1952-1958), where he wrote his doctoral thesis (1958). Following the completion of his residency programs, Dr. Lindblom served as an Associate Professor in Neurology at Serafimerlasarettet and the Karolinska Institute (1960-1967), Director of Neurology and Head of the Department of Neurological Rehabilitation at the Karolinska Institute (1968-1974), Professor in Neurology at the Karolinska Institute and Chairman of the Department of Neurology at Huddinge University Hospital (1975-1979), and Professor in Neurology and Chairman of the Department of Neurology at the Karolinska Institute (1979-1993). He served as President of the International Association for the Study of Pain (IASP; 1990-1993), Chairman of the Karolinska Institute Pain Research Center (1992-present), and President of the European Federation of IASP Chapters (EFIC; 1993-1996). Dr. Lindblom has contributed to the field of pain through the clinical application of sensory physiology and with his service to the IASP and EFIC.

Interview History

Dr. Lindblom was interviewed at the Pan-Pacific Hotel in Vancouver, British Columbia, Canada by John Liebeskind on August 18, 1996. The interview lasted approximately 2.25 hours. The transcript was audit-edited by Marcia Meldrum and reviewed by Dr. Lindblom prior to its accession by the History of Pain Collection. The tape and transcript are in the public domain, by agreement with the oral author. The original recording, consisting of two (2) 90-minute audiotapes, is in the Library holdings and is available under the regulations governing the use of permanent noncurrent records. Records relating to the interview are located in the offices of the History & Special Collections Division.

Topical Outline (Scope and Content Note)

The interview is organized chronologically at the beginning and then changes to a more thematic structure, starting with Dr. Lindblom's childhood and early education; his years in medical school at the University of Uppsala, the University of Lund and the Karolinska Institute; and his early work at the Karolinska Institute. In the thematic section of the interview, Dr. Lindblom discusses the development of neurology in Europe; Lindblom's application of sensory physiology; his research work with Jon Ottosson; his Council membership in the IASP; establishment of the Scandinavian chapter of the IASP and the European Federation of IASP Chapters (EFIC); and the work of the IASP's Taxonomy Committee. Important figures in the treatment of pain who are mentioned during the interview include Patrick Wall, Jan Ottosson, John Bonica, Bert Wolff, and John Loeser.

Access to the Interview

This oral history interview, in its audio and transcript forms, is held by the History & Special Collections Division. Those wishing to use the printed transcript (which is available through Interlibrary Loan) or the audiocassette version (which is available by appointment only) should contact: History & Special Collections Division, Louise M. Darling Biomedical Library, UCLA, Los Angeles, California 90095-1798. Phone: (310) 825-6940.

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Citation Information

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Related Materials in the *John C. Liebeskind History of Pain Collection*

The reader is referred to the following related materials: International Association for the Study of Pain Records (Ms. Coll. no. 124).

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Ulf Lindblom, DSc

Neurophysiologist

ULF LINDBLOM INTERVIEW

TAPE ONE, SIDE ONE

ULF LINDBLOM: When.

JOHN LIEBESKIND: Yeah. That's good. Say something more?

LINDBLOM: Well, that we are enjoying the view --

LIEBESKIND: Perfect. Yeah.

LINDBLOM: -- and the time --

LIEBESKIND: Perfect.

LINDBLOM: -- nice to have you here.

LIEBESKIND: I have these two needles and you're coming across very clearly. So! This is John Liebeskind and it is August 18th, 1996, and we are in the Pan-Pacific Hotel [in Vancouver], attending the eighth World Congress on Pain. And I'm speaking with Prof. Dr. Ulf Lindblom --

LINDBLOM: Right.

LIEBESKIND: -- from Stockholm. Ulf, can we -- thank you very much for agreeing to this interview, and I think we can start by just having you tell me a little bit about your background -- when you were born, your parents, brothers, and sisters, your early education. Can you just sort of pick up on some of that?

LINDBLOM: Yes. Yes. To take it chronologically, my father was also a doctor, one of seven siblings, and each of them had to make most of the money to study on their own.

LIEBESKIND: Is that right?

LINDBLOM: And he started a scientific career, but was tempted by the x-ray explosion, and, as a pathologist, he speaks to roentgenologists and belonged to the first generation of heads in county x-ray departments.

LIEBESKIND: County x-ray department?

LINDBLOM: Yes.

LIEBESKIND: Was that in the Stockholm area?

LINDBLOM: No, that was in south Sweden, in the beginning of the -- well, the end of the 1920s. So I was born. My mother was a teacher, but she never -- [she] ended her career before she got married, and then she was a housewife. I was born in 1927 in Stockholm where my parents still were living at the time, and at the age of four, my family moved to Karlskrona.

LIEBESKIND: Where's that?

LINDBLOM: It's the county, or the landscape, is called Blekinge. It is not the far south, but almost at the south end of Sweden, in a middle-sized city.

LIEBESKIND: How do you say the name of it again?

LINDBLOM: Karlskrona.

LIEBESKIND: Does that mean like Karl, the name, like King Karl?

LINDBLOM: Karl, s, and then Krona, which is crown.

LIEBESKIND: Oh, yes, Karl's Crown.

LINDBLOM: So Karl refers to a king's name, and Krona to that [his crown]; the Marines, Swedish Marines, had a major base there.

LIEBESKIND: Yes, I've seen that name. Yeah.

LINDBLOM: You probably have, because the Russian submarine went on ground there.

LIEBESKIND: Oh, that's right. Yes, of course. That rings a bell.

LINDBLOM: That's why it's famous nowadays. [both laugh]

LIEBESKIND: That's right.

LINDBLOM: And then I grew up, and then we moved a little bit inland to the town of Växjö, which is also a difficult thing to explain [he laughs] how it is spelled, but it's just V-A, with dots [umlaut], X-J-O, with dots, Växjö. So there I passed my student exam at the age of 17 --

LIEBESKIND: That's like the lycée, yeah, the --

LINDBLOM: It's high school.

LIEBESKIND: Yeah. High school.

LINDBLOM: High school, yes. So we don't have the arrangement with colleges, whereas you go directly to the university after the high school. So I did, and I went to Uppsala University, which is our oldest one, and had applied for medical education and been accepted.

LIEBESKIND: Medical, or did you say, immediately?

LINDBLOM: Yes.

LIEBESKIND: You don't do the university [four years of undergraduate school before entering medical school] as we do it here --

LINDBLOM: No. No.

LIEBESKIND: -- with liberal arts first --

LINDBLOM: No. No.

LIEBESKIND: And then? You go right into --

LINDBLOM: And our high school was at that time at least more qualifying, in terms of natural sciences and languages and literature and so on, so the baccalaureate is our [high school degree] called the student exam, and that is a year more than your high school.

LIEBESKIND: That's right. It's the European system.

LINDBLOM: Yes.

LIEBESKIND: I think it's this way in all the European countries, isn't it? Yeah.

LINDBLOM: Yes, basically. So then we go directly to -- and it was simple at the time to select a profession, because there were either to become a doctor or an officer or an engineer.

LIEBESKIND: That was it.

LINDBLOM: Or a lawyer. That was it. [he laughs]

LIEBESKIND: This was from your parents? This was what they wanted?

LINDBLOM: No. No, no.

LIEBESKIND: Or this was your decision?

LINDBLOM: No, it was my decision. They never tried to influence my choice. Earlier, my dream had been to be a pilot, but then the interest for study took over.

LIEBESKIND: Yeah.

LINDBLOM: And my reason to choose medical education was actually not because I thought I would become a doctor, but it was because I was so curious for knowledge and to learn more.

So I took the education which was the longest academic education, seven years, versus the engineering high school of four years and so on.

LIEBESKIND: Just because you knew you wanted to be in school --

LINDBLOM: Yes. Yes.

LIEBESKIND: -- for as long as possible --

LINDBLOM: Yes. Yes. Yes. [he laughs]

LIEBESKIND: -- because you loved studying.

LINDBLOM: Yes.

LIEBESKIND: That's beautiful.

LINDBLOM: Yeah.

LIEBESKIND: Was your father an inspiration in any sense, in being a doctor himself?

LINDBLOM: No, not consciously.

LIEBESKIND: Yeah. You just enjoyed those studies -- during the high school, you enjoyed the science courses the most or something?

LINDBLOM: Yes. Yes. Yes. Yes. And also of course, starting my own independent life, companions, and I had to move to Uppsala, which is far away.

LIEBESKIND: To Uppsala?

LINDBLOM: Uppsala, yes, which is far away.

LIEBESKIND: That's north of Stockholm.

LINDBLOM: Yes, it is.

LIEBESKIND: I visited there. That's the oldest university [in Sweden] --

LINDBLOM: It is. It was established in 1477.

LIEBESKIND: 1477.

LINDBLOM: Yes. It had a rather sleeping period until the 1700s, but it is our oldest, yes.

LIEBESKIND: Amazing tradition. That must be, what, one of the oldest, the oldest or one of the oldest, in Europe, in the world, I suppose.

LINDBLOM: No, no, I don't think so. No, no --

LIEBESKIND: I think Bologna is. [The University of Bologna dates back to 1088; the University of Paris to the 1100; and the University of Salerno, Italy, probably had its beginnings in the 9th century.]

LINDBLOM: Oh, yes. The continent has the universities which are back in the 1100s.

LIEBESKIND: Is that right?

LINDBLOM: Yeah.

LIEBESKIND: You enjoyed school, then --

LINDBLOM: Yes.

LIEBESKIND: -- you were glad that you made this decision --

LINDBLOM: Yes, yes. Yes, I enjoyed it, and the student life in Uppsala at the time was organized with unions, student unions for each part of Sweden, and mine was Smålands. And it was called a club or a "nation", and I belonged to "Smålands Nation", which was our landscape, and we had our dinners there. You had a small, tiny student's room, but you could go there. You had the daily newspapers, you had the library, and you had festivals there, traditional ones at certain periods of the year.

LIEBESKIND: That's where you took your meals?

LINDBLOM: No, meals were separate from this organization. But there were student canteens everywhere where you could [eat]. And I remember very well that this was during the -- I started my studies in '44, and this was at the time when we were receiving refugees from labor camps [in occupied Europe], and people coming up from the Baltic camps were extremely poor. And I remember very well that a Baltic student who -- he could only afford to eat twice a week.

LIEBESKIND: He could only afford to eat --

LINDBLOM: Twice a week.

LIEBESKIND: Is that right?

LINDBLOM: But he could receive one ticket; you were allowed to eat as much as you could on one ticket for one krona. And he was sitting at such a cantina in the morning, and then he kept eating for half a day, and then came back three days later. [both laugh]

LIEBESKIND: Oh, my God. Oh, my God.

LINDBLOM: So that was a kind of perspective of the time.

LIEBESKIND: What was it like growing up during the war? I mean, Sweden was not --

LINDBLOM: Well, I was a youngster, and I was not politically very conscious. Being in a small town, I hated the Nazis because my father hated the Nazis, and our home was liberal to refugees from Denmark and part of Norway -- mostly then doctors, doctor refugees.

LIEBESKIND: Yeah. Denmark got overrun by the Nazis, didn't they?

LINDBLOM: Yes, yes, but some of them fled.

LIEBESKIND: Some of them fled.

LINDBLOM: And even during the war, several of them fled, especially those who had been involved in the underground.

LIEBESKIND: Yes, that's right. Sure. They fled for their lives.

LINDBLOM: Yes.

LIEBESKIND: That's right. Now you said that your father, when he was young, he had to, was responsible to put himself through school financially. Did that, did he insist the same for you --

LINDBLOM: No.

LIEBESKIND: -- or did he give you some help?

LINDBLOM: He gave me, he gave me. For the first five years I had monthly support.

LIEBESKIND: So those were good years; those were fun years.

LINDBLOM: [he laughs] Yes. Yes.

LIEBESKIND: Did you have any inkling at that time as to what kind of medicine you were going to go into, or just --

LINDBLOM: No, no. The decision came in the physiology course, that this was dynamic biology. And I had wonderful teachers in physiology.

LIEBESKIND: Someone in particular that you remember?

LINDBLOM: Yes, Hugo Theorell. [Theorell (1903-1982) won the Nobel Prize in 1955 for his work on oxidation enzymes.] He was professor of physiology, and his specialty was the

production of the gastric juice and the aspect of the production of the acid content. He had an advanced theory for the time at the ionic level, but he was a holistic physiologist as well.

LIEBESKIND: You have to pardon my ignorance on this, Ulf, because I'm not much of a historian, I'm afraid, although I play at this. But today, and really, you know, for the last twenty, thirty years, we think of Sweden in the neurosciences and in medicine as being very advanced, as being, you know, one of the few countries in the world that really has produced quite a few important scientists, you being one of them. But when you were a student, was that also true at that time, before the war and even during the war? I mean, was there, was Sweden well known -

LINDBLOM: No.

LIEBESKIND: -- for medicine, medical science?

LINDBLOM: No, we relied heavily on continental tradition. And as far as neurosciences go, it was Paris which counted.

LIEBESKIND: Paris?

LINDBLOM: Paris.

LIEBESKIND: Fessard, I suppose, huh? Alfred Fessard [at the Institut Marey]?

LINDBLOM: Well, no, that was before his time. This was when the tradition went back to [Jean Martin] Charcot [(1825-1893), French neurologist who had a great influence on neurology and psychology through his students, including Freud] and [Joseph Jules] Dejerine [(1849-1917), Swiss-born neurologist, later head of the Salpêtrière], and the other --

LIEBESKIND: Claude Bernard [(1813-1878), French experimental physiologist.]

LINDBLOM: -- the French clinical scientists and the neuropathology, which was developed there. So education in neurology in Sweden, at the time, meant that you should go to Paris for a year. So all -- and I was -- the Swedish, first chair in neurology in Sweden was established in 1886, '87.

LIEBESKIND: 1887?

LINDBLOM: 1887, five years later than the chair of Charcot in Paris.

LIEBESKIND: 1897, did you say, or 1887?

LINDBLOM: 1887.

LIEBESKIND: 1887.

LIEBESKIND: Five years after Charcot --

LINDBLOM: Got his chair, which was the first in the world.

LIEBESKIND: First chair in neurology --

LINDBLOM: First chair in neurology in the world.

LIEBESKIND: -- in the world. Is that right? I didn't know that. That's really the roots of the field of neurology.

LINDBLOM: Yes. So Sweden was quickly, thanks to a donation, where we got our first chair of neurology.

LIEBESKIND: Thanks to -- ?

LINDBLOM: A donation.

LIEBESKIND: A donation.

LINDBLOM: Yes. Which was diverted to neurology --

LIEBESKIND: Yes. Yeah.

LINDBLOM: -- by the faculty at the Karolinska Institute.

LIEBESKIND: This was at the Karolinska.

LINDBLOM: Yeah. It was -- the foundation was given to the Karolinska Institute, and they would select a specialty and use the money to create a chair in the specialty. [The Karolinska Institute, founded in 1810, is one of Europe's major medical centers; in 1894, it was appointed to determine the selection of Nobel Prizewinners in Physiology or Medicine.]

LIEBESKIND: And they chose to do this in neurology.

LINDBLOM: In neurology, yes.

LIEBESKIND: And who occupied that chair?

LINDBLOM: That was, the first was, well, his name will come to me in a moment. He only held it for three years; he was not very active. And I was -- I later became number six.

LIEBESKIND: Number six?

LINDBLOM: Yes.

LIEBESKIND: So that wasn't so very -- they held it for a long time, each of them --

LINDBLOM: Yeah.

LIEBESKIND: -- because that was many years. Yeah. So you were seven years in Uppsala, at the medical school, is that right?

LINDBLOM: I was from '44 to '50. I was six years.

LIEBESKIND: Six years.

LINDBLOM: Then I went to Lund, the other university town, for a year. That was by the end of becoming an M.D. And then I went to Stockholm.

LIEBESKIND: When you went to Lund -- Did everyone leave, I mean, wherever they were, and they went --

LINDBLOM: No.

LIEBESKIND: You chose Lund for some reason?

LINDBLOM: Yes. I learned for -- I think the primary reason was curiosity. I wanted to move around.

LIEBESKIND: Try a different place.

LINDBLOM: Yes, try a different place. A minor but also important reason was that I had, I was in conflict [he laughs] with a professor in medicine, internal medicine, who was extremely dogmatic, an authority, and I had sort of opposed and not followed his detailed prescriptions.

LIEBESKIND: So you showed your independence of mind at an early age.

LINDBLOM: Yes. [both laugh] Yes, that is true. And so I understood that my career in Uppsala, it was not impossible, but this, it -- and also neurology only existed in Stockholm at the time.

LIEBESKIND: So you only got into neurology, then, after Lund.

LINDBLOM: Yes, after Lund. Yes. Then I moved to Stockholm.

LIEBESKIND: And by that time, you had your medical degree; you finished that at Lund, is that right?

LINDBLOM: I finished that in Stockholm, actually.

LIEBESKIND: Oh, in Stockholm.

LINDBLOM: The last year I took in Stockholm, yes.

LIEBESKIND: And by that time you had decided, had you, that neurology was your direction?

LINDBLOM: Yes. Yes.

LIEBESKIND: What made that decision?

LINDBLOM: Well, again, it was -- sounds silly, perhaps -- but the challenge was that the organ in the body which appeared most complicated [he laughs] was, of course, the brain.

LIEBESKIND: You were certainly right! [he laughs] No argument there.

LINDBLOM: Well, I don't know now any longer; I think the immune system is competing now.

LIEBESKIND: Well, you see, there was a separate endocrine system; now it's neuroendocrine.

LINDBLOM: Yeah. Yeah.

LIEBESKIND: There was a separate immune system --

LINDBLOM: Yes, yes.

LIEBESKIND: -- now it's neuroimmune. So it's really all the nervous system anyway. [both laugh]

LINDBLOM: Okay. I accept that.

LIEBESKIND: The nervous system is taking over the whole body.

LINDBLOM: Yes. Yes. Right. And also perhaps, my interest, of course, arises from a latent wish to control, like, perhaps, and the nervous system was obviously controlling a lot of functions in the body.

LIEBESKIND: I think that's a very interesting observation. Very interesting.

LINDBLOM: Not control other people, but to control --

LIEBESKIND: Yeah. Control your own destiny.

LINDBLOM: -- happenings, yes, and so anyhow, and it was -- if anybody would have, if I would have thought of future income, I would never have thought of neurology, because there was only one clinic with two wards, and five positions altogether. And there was a waiting list even to replace, temporarily, the youngest doctor there. And I remember very well that there were eight before me on the list. But I said that I won't take any other job.

LIEBESKIND: You really knew what you wanted.

LINDBLOM: Yes. And after some months already, after my M.D., it happened that someone was temporarily sick, and they called me for a week, and that week became forty years.

LIEBESKIND: [he laughs] The longest week!

LINDBLOM: Yeah! [he laughs] In my life, yes.

LIEBESKIND: The longest week of your life, forty years.

LINDBLOM: Once you get your foot in! [he laughs]

LIEBESKIND: They couldn't get rid of you after that.

LINDBLOM: No, no, they couldn't.

LIEBESKIND: You were so persistent they had to make you the chair. [he laughs]

LINDBLOM: Yeah.

LIEBESKIND: That's a wonderful story. Before we leave your childhood, you have brothers and sisters?

LINDBLOM: I have two brothers.

LIEBESKIND: Two brothers. What position were you?

LINDBLOM: I was oldest.

LIEBESKIND: You're the oldest.

LINDBLOM: Yes.

LIEBESKIND: And have they gone into medicine or science?

LINDBLOM: Engineering.

LIEBESKIND: Engineering.

LINDBLOM: Yes. One is a machine engineer and is more, has turned slowly to become a businessman in the Swedish Kullager Association [Nomo Kullager AB]. What is Kullager? A ball joint company. It's internationally well known. He was one of the directors, now also retired. The other is a computer engineer, with Hewlett-Packard in Palo Alto [California], since many years.

LIEBESKIND: Is that right? He lives in Palo Alto?

LINDBLOM: Yes.

LIEBESKIND: Well! You must come and visit. Then you can visit me, only a few miles down the road -- about five hundred. [both laugh] Okay. So when you come to Stockholm, then, you had one year to finish medicine --

LINDBLOM: Yes.

LIEBESKIND: -- and then you started pretty soon thereafter in neurology.

LINDBLOM: Yes.

LIEBESKIND: And how long a training was that?

LINDBLOM: The training was at the time four years, of which half a year would be in internal medicine, and another half year in psychiatry.

LIEBESKIND: Yes. Was research part of that training at all --

LINDBLOM: No, no.

LIEBESKIND: -- or did that come later? Because you went on and got a doctoral degree.

LINDBLOM: But that I did contemporarily, but at the physiology department. So at the same time as I applied for a doctor's position at the neurology department, I went to the physiology department and said that I would like to have a research education.

LIEBESKIND: How could you -- I mean, it sounds like each of them must have been a full-time job.

LINDBLOM: Yes, yes.

LIEBESKIND: You must have been working very hard.

LINDBLOM: And I don't recommend that to anyone, because I did the experiments during the evening and night, and --

LIEBESKIND: I hope this was before you met Berit [Ulf Lindblom's wife].

LINDBLOM: Yes, it was. [both laugh]

LIEBESKIND: Otherwise, she would have been a very neglected bride.

LINDBLOM: Yes, yes, yes, yes, right. No, no, that was not a good way. I certainly was too busy.

LIEBESKIND: So how old were you at this point -- you graduated, you must have been about -- from medical school -- you were 24 or something like that.

LINDBLOM: I was -- [in] '44 -- I was 17 plus 8, what is that? 25.

LIEBESKIND: Yeah, 25 years old.

LINDBLOM: 25, yes.

LIEBESKIND: So then you were simultaneously training in neurology and doing research.

LINDBLOM: Yes, yes. Or the research training in neurophysiology.

LIEBESKIND: And was this with -- I was reading on your CV -- with Ottosson?

LINDBLOM: Yes. That was with Jan Ottosson, not David Ottosson.

LIEBESKIND: That was not David Ottosson. Are they related or no?

LINDBLOM: No, they're not related.

LIEBESKIND: No relation.

LINDBLOM: No. But David Ottosson [(1918-2001), sensory physiologist], incidentally, was in the same physiology department as I had my training, so that's how -- but my collaborator, Ottosson, is mistaken for David Ottosson easily, of course, because my training was in neurophysiology.

LIEBESKIND: Right.

LINDBLOM: And my tutor was Carl-Gustav Bernhard [Bernhard (b. 1900), was for some years president of the Royal Swedish Academy of Sciences]. He started neurophysiology together with Ragnar Granit [(1900-1991, Nobel Laureate 1967 for his work on visual processing] at the [Karolinska] Institute.

LIEBESKIND: Now, who was it again? Let me hear his name one more time.

LINDBLOM: Bernhard. Carl-Gustav Bernhard.

LIEBESKIND: B-E-R-N-A-

LINDBLOM: H-A-R-D.

LIEBESKIND: -- H-A-R-D.

LINDBLOM: R-D. Right.

LIEBESKIND: What about [Yngve] Zotterman? Was he there at that time? [Zotterman (1898-1982), Professor of Physiology at the Royal Veterinary College in Stockholm until 1963, was a pioneering neurophysiologist and a leader in the field until his death]

LINDBLOM: No, he was at the veterinary high school.

LIEBESKIND: Oh, yes, that's right. You knew his work, of course, but --

LINDBLOM: Yes, I knew, and --

LIEBESKIND: He was already very famous at that time.

LINDBLOM: Oh, yes, he was. But he was so active and lively [he laughs], so he didn't fit so well at the Karolinska Institute. They thought that it would be better to have him at the veterinary high school, out in the outskirts of the city! [both laugh]

LIEBESKIND: He was quite a rascal, I understand.

LINDBLOM: Yeah, yeah. He was enormous -- it must have been hell to be married to him.

LIEBESKIND: Yeah. I've heard stories. [both laugh]

LINDBLOM: You've heard stories, yes, yes. But he later became --

LIEBESKIND: I have to tell you a funny story. May I tell you a funny story about Zotterman?

LINDBLOM: Yes, yes. Yes, please.

LIEBESKIND: I suppose the first time I met him was in Florence at the first World Congress, and there was a reception, and we were in the town and we had to get on buses. You remember this?

LINDBLOM: Yeah, I remember.

LIEBESKIND: -- to this reception. And I was just seated right across the aisle from him on the bus, and of course he didn't know who I was, and I saw his name tag and I knew who that was. So I introduced myself. And I had a colleague, a contemporary of mine, at UCLA named Donald Novin [Emeritus Professor of Psychology at UCLA], and he had done post-doctoral work. While I was with [Madame Denise Albe-] Fessard [(1916-2003), at the Institut Marey; Madame Fessard was the first President of IASP, 1975-78], he was doing post-doctoral work with [Sven] Lundgren, who, I think, it was partly in Stockholm and partly --

LINDBLOM: In Göteborg.

LIEBESKIND: -- in Göteborg. And so I asked Zotterman whether he knew my friend -- you know, who had been much younger, my age, even younger than I -- I said, "Do you know my friend, Don Novin? He worked in the lab near you, with Sven." He said, "Oh, yes! I remember him very well. He had a very beautiful girlfriend. She was black, you know." [both laugh]

LINDBLOM: Yes!

LIEBESKIND: That was how he remembered my friend, was by his girlfriend, who was very beautiful.

LINDBLOM: Yes, yes, yes.

LIEBESKIND: I think that tells a lot about Zotterman.

LINDBLOM: It does. It does, yes. No, he was a funny guy. I can tell many stories of him, but he was enormously active.

LIEBESKIND: Did you have any temptation to work with him at that time, instead of someone else?

LINDBLOM: No, he was at the veterinary high school and I was at the medical high school, so it was never --

LIEBESKIND: It wasn't really even feasible.

LINDBLOM: No, no, it wasn't. It wasn't natural. But he became, after my thesis -- when I became involved, through my thesis, I became involved in the sensory system, and since he had made his discoveries on the sensory side of the nervous system, he -- got acquainted, naturally, and he was always very supportive.

LIEBESKIND: Was he?

LINDBLOM: Yes. And actually, he was probably the one who proposed me for Councillorship, nominated me for Councillorship in IASP.

LIEBESKIND: Is that right? Isn't that interesting? Yeah.

LINDBLOM: Yes. I guess so.

LIEBESKIND: Now, I heard Loeser tell this morning -- we'll come back to this later -- but that you were on Council --

LINDBLOM: I was, yes.

LIEBESKIND: -- you have been on Council until this time --

LINDBLOM: Yes, yes.

LIEBESKIND: -- from the beginning until now.

LINDBLOM: Yes, until tomorrow.

LIEBESKIND: Until tomorrow.

LINDBLOM: [he laughs] Or until Thursday.

LIEBESKIND: Yeah.

LINDBLOM: Until Thursday.

LIEBESKIND: Amazing.

LINDBLOM: So we just had my last Council meeting last week, yeah.

LIEBESKIND: And that was probably Zotterman who recommended you.

LINDBLOM: I think so. I'm pretty sure of that, because he understood the potential of my research for pain.

LIEBESKIND: Yes. I mean, sometimes people, like Zotterman -- I don't know him; I never knew him particularly well, I mean at all well -- but sometimes people like that can have very big, be very egotistical, and they are not necessarily nice to younger people coming up.

LINDBLOM: No, no.

LIEBESKIND: But he was supportive and nice?

LINDBLOM: He was extremely generous.

LIEBESKIND: Yeah. Isn't that good? I'm glad to hear that.

LINDBLOM: In the lecture, he was very generous. Ah yes, but he could also be very critical and sort of throw out the babies with the water if they said something he didn't like and so on.

LIEBESKIND: Well, sometimes these people, we have the expression in English, they don't suffer fools lightly, meaning they're very nice to people they think well of, but if they don't think well of you, they can be very nasty. So maybe part of it was he really respected you and your work. That seems very likely.

LINDBLOM: I think so, yes. And I did also early on, open up toward psychophysics, not just the physical part of the activity. And that was --

LIEBESKIND: Now, that seems to me very unusual. I mean, who -- was someone else doing that in their field?

LINDBLOM: No, not clinically. It was the clinic who did that, because as soon as I began to understand how the somatosensory system functioned, I of course immediately, unconsciously, applied that on my patients in the clinical education, which was contemporary.

LIEBESKIND: Yeah, I was just going to say --

LINDBLOM: So it was a cross-fertilization there, I would say, between my experiments at the physiology department and my --

LIEBESKIND: Yeah, that's very interesting, because we were saying a few moments ago how difficult it was to do both these training, training in both at the same time. And yet, probably this had a very good effect on you, in the sense that it brought your clinical and scientific work closer together. I mean, the experimental work, the scientific work, you were doing, first of all, was with laboratory animals, right?

LINDBLOM: Yes. Yes.

LIEBESKIND: But then you started applying it, and I think you've become very well known for your clinical science, as well as your, you know, your therapeutic work, the fact that you did this with human beings -- patients and normal subjects and so forth.

LINDBLOM: I was -- one thing was a solid decision of mine that my basic science training -- I would never stay in a basic science institution for the rest, or make a pre-clinical career. I would only learn the research, and then I would have my life in a clinical context. That was, I mean, the experiments, it's a tough life, and you have to have more of perhaps a self-appreciation [he laughs] to feel the content which we all want to feel now and then. The clinical life was rewarding every day; I mean, every patient was grateful for being treated.

LIEBESKIND: So the clinical practice has been an important part of your life from the beginning --

LINDBLOM: Very important, very important, yes.

LIEBESKIND: -- and does that go on still?

LINDBLOM: Yes, yes.

LIEBESKIND: You still see patients?

LINDBLOM: I still see patients.

LIEBESKIND: You still get a lot of satisfaction from that.

LINDBLOM: Yes. Yes. I don't have to see many, but I have to see some, and I have to feel that I can do something for them.

LIEBESKIND: Well, I must say I've always envied people in clinical practice because I'm not trained in that at all, and I think I would have been good, if I had gone that way. I think I would have enjoyed it and gotten that kind of satisfaction. It's very, somehow it's very meaningful to me when I hear someone else say, as you did, how much it has meant to you. I can identify with that, yeah. That's wonderful. Well, where did pain first come in? Where did you first think of that word?

LINDBLOM: Actually, it was a very specific occasion. It was when I had finished my thesis, and the chairman of the department, the professorship, changed from a man, Prof. Niels Antone [pronounced An-ton-e]. I mention his name because he is a kind of classical neurologist at the time; he was a neuropathologist, and he was a clinician.

LIEBESKIND: How do you spell his last name?

LINDBLOM: A-N-T-O-N-E. N-E, Antone, not an O. Niels Antone. He was very well known in Sweden at the time, not so much internationally, but he was the Nestor [a wise Greek hero-king in the Iliad] of Swedish neurology, clinical neurology. And he was quite a character, like many of the old great clinicians were. When he retired [in 1954], the new professor was Eric Kugelberg, who invented electromyography for clinical use. [Kugelberg (1913-1983) developed clinical neurophysiology as a separate discipline in Sweden.]

LIEBESKIND: And how do you spell that name?

LINDBLOM: K-U-G-E-L-B-E-R-G.

LIEBESKIND: Kugelberg.

LINDBLOM: Kugelberg, Eric Kugelberg. He's the father of clinical electromyography. He had also made his thesis at the Karolinska, but in Granit's department.

LIEBESKIND: Granit?

LINDBLOM: Granit's department, yes, which was differently oriented. It was a sensory aspect of his research, and that was -- that his thesis was on nerve accommodation and how the accommodation of a sensory nerve -- you may not be, or you may be, acquainted with the phenomenon of accommodation, which says that sensory nerves lose their -- they have a lower accommodation for constant, for the application of a constant current. And if they are injured or disturbed, accommodation breaks down, so the nerve fires spontaneously. And that's the root of paresthesia [tingling or numbness] and much of pain.

So he had a sensory awareness, awareness of the sensory aspect. And then I came with my thesis work, which dealt with the physiology, elementary physiology of low-threshold mechanoreceptors, mediating touch. And he had started in the clinic, while I completed my thesis, to observe patients with trigeminal neuralgia. And he had, he was interested in the triggering mechanism, and he provoked the attacks with the stroking of the finger at different rates and had found that if he, the more frequent he stroked, the shorter was the latency of the triggered attack.

LIEBESKIND: If you brushed with high frequency --

LINDBLOM: If you brushed quickly, yes, then you --

LIEBESKIND: -- then it provoked more quickly.

LINDBLOM: -- yes, but there was always a latency where you had to build up, and then the pain started all of a sudden. And once it started, it was self-sustained. And after, and during and after the attack, the mechanism, the normal mechanism was refractory, so however quickly you put on your stroke, it took a time which was roughly proportionate to the duration of the pain, of the refractory response, before the pain could be evoked. So here his physiological mind led him into curiosity about the condition, but he couldn't make any more out of it, because he had no method of measuring more precisely these effects. And there I came with my mechanical stimulator, and I applied that with the patients with trigeminal neuralgia in the trigger zone, and we could unravel the characteristics of the mechanism behind the provocation of pain. So that's where the word pain came in.

LIEBESKIND: This is in 1950, more or less?

LINDBLOM: Yes, this is fifty -- uh, yes, the publication, our joint publication is from '59, so we started with this in '56. [Kugelberg E and Lindblom U. The mechanism of the pain in trigeminal neuralgia. *Journal of Neurochemistry* 22 (Feb 1959): 36-43.]

LIEBESKIND: '56?

LINDBLOM: '56, yes. So that's when pain first -- I became aware of pain as a clinical and a research project. Well, it's forty years ago now!

LIEBESKIND: Because you, with [Jan] Ottosson, I saw from your CV --

LINDBLOM: Yes.

LIEBESKIND: -- even before then, 1953, you had a publication on descending --

LINDBLOM: Descending, yes, right.

LIEBESKIND: -- So I mean, you were thinking of pain -- well, that's, yeah, not so much pain, I suppose.

LINDBLOM: No, it was more general, that modulation of sensory input by descending mechanisms, but it was, that was a very new thing --

LIEBESKIND: Yes, very.

LINDBLOM: -- in experimental terms, at least.

LIEBESKIND: Absolutely. Tell me about that. So that was even before this.

LINDBLOM: Yes. That was during my training in neurophysiology --

LIEBESKIND: With Ottosson, yeah.

LINDBLOM: -- Ottosson, and that was also the finding we made inadvertently, while we were investigating the destination of large low-threshold afferents on the cross-section of the dorsal horn. We did that in decerebrated cats. And we noticed that, if we spinalized the cat, the potentials which we used as a test of the dorsal horn increased. So we thought that something must have come from the supraspinal level, which we had cut off by spinalization. So we did [he laughs] what we obviously should do: we didn't decerebrate, but we stimulated in different parts of the brain stem, and different nuclei in the reticular formation and also at, even at the cortical level, and found that even some of this descending inhibition originated or could be provoked from motor cortex. So it was, obviously, if we cut off the pyramids, it disappears. So it was --

LIEBESKIND: It was coming down the pyramidal tract.

LINDBLOM: -- yes, and there was also anatomy at the time demonstrating that pyramidal, some pyramidal fibers actually emptied in the dorsal horn. [Lindblom UF and Ottosson JO. Influence of pyramidal stimulation upon the relay of coarse cutaneous afferents in the dorsal horn.

Acta Physiologica Scandinavica 7 (Mar 1957): 309-318.]

LIEBESKIND: Boy, that was very much ahead of the time, wasn't it?

LINDBLOM: Yes, it was. Yes.

LIEBESKIND: Very interesting.

LINDBLOM: But we, somehow we should, of course, have proceeded with single unit recordings, which was new at the time -- but it was possible, but we didn't understand fully the importance of this finding anyhow, so we didn't pursue it. And also we went into different -- Jan Ottosson and I -- we went into different clinical educational procedures. [Ottosson became a psychiatrist at the University of Goteborg.]

LIEBESKIND: Yeah, you were not your own person then. You were still in training and had to follow along certain pathways, career paths, so you couldn't just stop and do whatever you wanted. Yeah. So all right, so then you finished your neurology training --

LINDBLOM: Yes.

LIEBESKIND: -- you finished your doctorate --

LINDBLOM: Yes.

LIEBESKIND: -- and then did you get an academic post right away?

LINDBLOM: No, we had only one academic position, and that was the chairmanship, the professorship. And the other positions at the clinic were paid by the county, the community. I mean, it's --

LIEBESKIND: When did you meet Berit in all of this?

LINDBLOM: Well, I was married first once, but my first wife died.

LIEBESKIND: Oh, I didn't know that.

LINDBLOM: You didn't know, no. But that was -- since you asked, I have to mention that, because otherwise the years get wrong. But she died overnight in a subarachnoidal hemorrhage when she was --

LIEBESKIND: Very young, huh?

LINDBLOM: -- yeah, young. So I met Berit in '68. We met, we had known, we'd been acquainted earlier, but we met in '68.

LIEBESKIND: '68. Your children are all with Berit, or you have children with your first wife?

LINDBLOM: They are with the first wife.

LIEBESKIND: Oh, your first wife, oh, I see. I didn't realize that.

LINDBLOM: But Berit also had been married, and her husband died. He was a pilot, and he died. So together we have five children. And they were so small, so --

LIEBESKIND: You put the two families together.

LINDBLOM: Yes. Yes.

LIEBESKIND: I see. Wonderful.

LINDBLOM: So it is.

LIEBESKIND: Well, Julia and I each were married before. You remember Nancy, my first wife.

LINDBLOM: Yes. Yes. I do.

LIEBESKIND: Nancy and I had two sons, and now Julia and I have a son.

LINDBLOM: So yes, you also have marriage two.

LIEBESKIND: Now, that's the difference between America and Sweden, you see; in America, you get divorced. It doesn't happen so much in Sweden, I guess. [he laughs]

LINDBLOM: Oh, yes, it does.

LIEBESKIND: Does it happen often?

LINDBLOM: Oh, yes, terribly. It's terrible. I say terrible even -- if it must happen, I can understand that, but the frequency when it happens is probably the same.

LIEBESKIND: Is that right?

LINDBLOM: I think so, yes. Somehow modern society, it follows with modern society [he laughs], without pinpointing any special factor.

LIEBESKIND: Yes, that's right. Well, okay. So then, as you say, the academic --

ULF LINDBLOM INTERVIEW

TAPE ONE, SIDE TWO

LIEBESKIND: So at first you then, for a number of years, you were just, you were doing your clinical work, you had a laboratory, and you could -- you were supported by the county, you say, and the state and so forth.

LINDBLOM: Yes.

LIEBESKIND: Did you have teaching duties at that time?

LINDBLOM: Oh, yes.

LIEBESKIND: You did.

LINDBLOM: Yes. That came quite quickly.

LIEBESKIND: So it really is an academic life.

LINDBLOM: Yes, it was at the hospital. Yes.

LIEBESKIND: They don't call it a professorship, but --

LINDBLOM: No, but, no, but the duty was also academic because it belonged to, the clinic belonged, the department belonged to Karolinska Institute. So it was a university department, and we had to teach the students in the medical, during the neurology course of the medical curriculum.

LIEBESKIND: What was your experience with the world of pain at that time? I mean, here you were, you're a young career -- young in your career, young man, you're doing some work on pain, Zotterman is in town, you know about him, he's very famous. But there weren't so many people in the world --

LINDBLOM: No, no.

LIEBESKIND: -- doing work on pain.

LINDBLOM: And actually --

LIEBESKIND: Did you have any, I mean, did you know any of the other people in the world doing --

LINDBLOM: No. No. No. Actually, there was no pain concept around. There was not as it is -- it is a tremendous difference, it is, between zero and a thousand [he laughs], compared to now,

when pain has an established position in many other ways. No, I didn't think specifically of pain as a special item to consider in terms of organization, research, and so on. For me, the pain was a clinical phenomenon among many others. And these investigations, this investigation in trigeminal neuralgia was more somatosensation, disturbed somatosensation, than a special condition which belonged to the pain world.

LIEBESKIND: Right. It was part of, I mean, there was vision, there was audition, and there was somatosensation, and that's where you were. Yeah, that was the overarching concept.

LINDBLOM: I had a rather traditional neurological view of the panorama, I think, and pain was not a special focus of interest of any of my teachers or contemporary colleagues at the time.

LIEBESKIND: And here we are, what, you know, thirty years later or something --

LINDBLOM: Well, forty, at least.

LIEBESKIND: -- almost forty years later, yeah, and we're at a meeting where there are, what did we say, over forty-five hundred people.

LINDBLOM: Yes. It is forty-three-something now today, and it would probably be forty-five hundred.

LIEBESKIND: Forty-five hundred people, all just on pain. [he laughs] Amazing.

LINDBLOM: In one spot of the world. Most impressively, perhaps, it's a side topic, but so many people travel so long distances --

LIEBESKIND: Yes.

LINDBLOM: -- to get to a spot for [he laughs] five days --

LIEBESKIND: That's right. It's amazing.

LINDBLOM: -- all for exposure to pain.

LIEBESKIND: What was the, I mean, as you think back, what was the first time that you did attend any sort of meeting? I saw you were at the CIBA Foundation meeting -- [on] touch, itch, and pain?

LINDBLOM: Yes, that's right. That's right. That was before -- if I remember, that was in the '60s. I think that was sixty --

LIEBESKIND: Yeah, it came out in 1966; from your CV, I picked that up.

LINDBLOM: '66. Yes. [*Editor's Note:* The CIBA Foundation work group meeting on "pain and itch" met in London March 10, 1959. It was held in honor of Zotterman, and Lord Adrian

was the chair. Zotterman, Graham Weddell and his Oxford colleagues, and Ainsley Iggo were among the presenters, as well as Kugelberg and Lindblom. Cyril Keele and his brother Kenneth were participants, but did not present; Lawrence Kruger (now emeritus at UCLA) was also there. The book was edited by Wolstenholme and O'Connor of the Ciba Foundation staff and published in 1959.]

LIEBESKIND: Did Zotterman organize that? Or was that [Edgar] Adrian?

LINDBLOM: Hm. No. It was not Zotterman; it was not Adrian, either. I don't remember who it was.

LIEBESKIND: Not [Cyril] Keele [of Middlesex Hospital], maybe? No. Maybe Keele? No.

LINDBLOM: Maybe Keele, yes.

LIEBESKIND: I have that book somewhere. I've seen that book, and I've forgotten who the editor is.

LINDBLOM: I have it, so if you would have any --

LIEBESKIND: Where was that? It was a meeting.

LINDBLOM: It was a meeting in London.

LIEBESKIND: It was in London.

LINDBLOM: Yes.

LIEBESKIND: So maybe Keele. Yeah.

LINDBLOM: Yeah. The reason why --

LIEBESKIND: Was that the first meeting?

LINDBLOM: Yes, that was the first meeting. It was the first meeting where I presented the sensory testing. Mostly at that time I was invited for the physiology of touch, which I had researched on, and for my findings there. And I don't think the pain was a dominant reason why I was invited. I had not established more specifically pain research. I think so. It was only the publication of Kugelberg at the time.

LIEBESKIND: Yeah. But there were some other papers on pain.

LINDBLOM: Yes, there were.

LIEBESKIND: Was that, then, as far as you can recall, the first meeting you attended where pain --

LINDBLOM: Yes. Yes. Yes.

LIEBESKIND: -- was some part of the topic?

LINDBLOM: -- Yes. It was.

LIEBESKIND: Otherwise, what, did you attend meetings of the Scandinavian --

LINDBLOM: Physiology --

LIEBESKIND: -- Physiology Society?

LINDBLOM: Yes. That's right.

LIEBESKIND: I suppose there would be the occasional paper on pain --

LINDBLOM: Yes, maybe, but yes --

LIEBESKIND: -- maybe through Zotterman's group --

LINDBLOM: Yes, yes.

LIEBESKIND: -- but not as the focus of the meeting, certainly.

LINDBLOM: No, no, no, no.

LIEBESKIND: Not a symposium or a special panel on pain or anything.

LINDBLOM: No. No. What I remember from Zotterman's research at that time was taste and David Ottoson's research on olfaction, and the research of [Sebastian] Conradi and [Sten] Skoglund, who recorded from single dorsal-horn neurons and analyzed the sensory input. [Conradi was in Neurology and Skoglund in Anatomy at the Karolinska.] But that was more general somatosensation, including pain, but not specifically addressing the pain issue.

LIEBESKIND: And Granit also really never --

LINDBLOM: No. No.

LIEBESKIND: -- did that much, not in pain at all, really.

LINDBLOM: No. He was on muscle control and coordination, and vision, of course.

LIEBESKIND: Gamma system --

LINDBLOM: Yes, that was later, yes.

LIEBESKIND: Did you, I mean, were there, well, I suppose it only then gradually -- was there any place -- well, you were at the Issaquah meeting, I guess, yeah?

LIEBESKIND: No. I was not.

LIEBESKIND: Oh, you were not at Issaquah. Ah! Okay. So --

LINDBLOM: So the Florence meeting --

LIEBESKIND: The Florence meeting was where -- yeah.

LINDBLOM: But at that time, I had started my co-working with Bjorn Meyerson. [b. 1933, Chair of the Center for Pain Research at the Karolinska.]

LIEBESKIND: Yeah. Now, he's a neurosurgeon.

LINDBLOM: He's a neurosurgeon, but he succeeded me at the Physiology Department, and made his thesis, not in any surgical field, but in the mature -- in the ontogenesis, in sheep, of the development of certain pathways in the brain, evoked potentials, and so on, and that was not related to pain, either. But when he came to the clinic, and that was the time when the gate theory had evoked interest, and he started -- and the first dorsal column stimulations had been done in '67, by [C. Norman] Shealy. [Shealy (b. 1932) now runs an alternative medicine institute in Missouri.]

LIEBESKIND: Right.

LINDBLOM: And he took up that when he came to the clinic. Like me, he made his thesis at the physiology department and moved over to the clinic, and he had the technology to apply this in humans, and that he did. So we did, and entered a long-range collaboration. He is a neurosurgeon, and with the new stimulation techniques.

LIEBESKIND: So that was how he got his start, was with dorsal column stimulation?

LINDBLOM: To my remembrance, that was how he started, he was involved in the pain field, yes, he started in the pain field. And I was always the sensory man of the two of us, with the quantitative sensory --

LIEBESKIND: So Bjorn is a few years younger than you are, is that right?

LINDBLOM: Yes. He's six years younger.

LIEBESKIND: Six years younger. And you've collaborated with him on and off for many years.

LINDBLOM: Yes. Yes. Yes. Right.

LIEBESKIND: You are very close colleagues.

LINDBLOM: And we also established the Scandinavian chapter. We had the first, the meeting, ad hoc meeting which -- of some colleagues, was in December '76, at the yearly meeting of the Swedish physicians.

LIEBESKIND: This was to start the Scandinavian Pain --

LINDBLOM: Then, we decided to start a Scandinavian pain society. And Bjorn was rather much against. He said, "Oh, must we have another association?"

"Yes," I said, "and you have to be my partner. I won't do it alone. I want someone to share this."

LIEBESKIND: [both laugh] You twisted his arm.

LINDBLOM: Yeah. So he reluctantly agreed. But then we --

LIEBESKIND: So that was one of the earliest chapters, then I suppose.

LINDBLOM: Yes, it was.

LIEBESKIND: That was just the year after Florence (1975) or something.

LINDBLOM: Yes, right.

LIEBESKIND: So tell me now about Florence then. So Florence, really, was the first time that you met with the pain group, is that right?

LINDBLOM: Yes, yes, that's right.

LIEBESKIND: And you had been nominated for the Council --

LINDBLOM: Yes.

LIEBESKIND: -- and there was an election.

LINDBLOM: Yes.

LIEBESKIND: The election results, I suppose, were announced.

LINDBLOM: Yes, they were announced, and the winner was announced as Jan Gybels [now Professor Emeritus of Neurosurgery at the University of Louvain in Belgium.]. I was put up against him.

LIEBESKIND: Yeah.

LINDBLOM: And he was announced as winner, but when Louisa Jones went home and checked the counting, there were a few votes that switched the situation. [both laugh]

LIEBESKIND: Is that right? Oh, I never heard that.

LINDBLOM: So a few votes made my IASP career. One or two or something.

LIEBESKIND: That's very funny. That's a very funny story.

LINDBLOM: It is.

LIEBESKIND: Do you have a chance to tease Jan about that?

LINDBLOM: Every vote is important! Yeah.

LIEBESKIND: He's such a nice guy.

LINDBLOM: Yeah. Yes.

LIEBESKIND: But he became a member [of Council].

LINDBLOM: He came, yes, yes, later on. Yes.

LIEBESKIND: So you were on; you became a member of that very first Council. Golly. And that started, what, in '75, at the meeting?

LINDBLOM: '75, yes.

LIEBESKIND: So right until now.

LINDBLOM: So that was, from that moment on, my interest and devotion was directed towards the pain field, because I was in charge as Councilor.

LIEBESKIND: So after two six-year terms on Council, then I suppose you became President-Elect?

LINDBLOM: I first was, I was -- at that time in IASP we had the position of Vice Presidency --

LIEBESKIND: Yes. So you were Vice-President.

LINDBLOM: -- I was a Councilor for six years and the Vice-President for six years.

LIEBESKIND: I see.

LINDBLOM: And then I became President-Elect.

LIEBESKIND: That's it. That's right.

LINDBLOM: And that is a nine-year period.

LIEBESKIND: Nine-year period, that's right. Wow. Very good. What are your recollections of the Florence meeting?

LINDBLOM: Well, the part you mentioned before with the buses and we were --

LIEBESKIND: I think they ran out of food, didn't they?

LINDBLOM: Yes, they were. [both laugh] I remember it was --

LIEBESKIND: Did you get some food?

LINDBLOM: No --

LIEBESKIND: I don't think I did, either. [he laughs]

LINDBLOM: Everybody with no food, no wine; everybody was happy when I came there. [both laugh]

LIEBESKIND: All the wine was gone, making everybody else happy. That was a memorable part of that meeting. What were your thoughts in starting up the Scandinavian society? You were convinced then, I mean, you had to convince --

LINDBLOM: Yes, yes.

LIEBESKIND: -- Meyerson that it was important --

LINDBLOM: Yes. Yes.

LIEBESKIND: -- to have a local chapter.

LINDBLOM: And that it would be Scandinavian. I thought Sweden was perhaps -- it would make a larger body to draw interest from, so I thought it was -- and also the Scandinavian thought has always been attended to, I think, in our countries, being from one of the small countries myself. So it was quite natural.

LIEBESKIND: What was the official language of the Scandinavian chapter?

LINDBLOM: It is Scandinavian, which is a problem, because the Finns and the Danes don't understand each other very well. So we are allowed to make presentations in, Swedish is the first language, or Scandinavian, yeah, a good, understandable Scandinavian.

LIEBESKIND: Now, wait a minute. When you say Scandinavian, you mean Swedish?

LINDBLOM: No, it could be Norwegian or Danish or so, but then it could be Finnish-Swedish.

LIEBESKIND: Any of those you would call Scandinavian?

LINDBLOM: No, not any, but --

LIEBESKIND: Explain this to me. I'm sorry, because I don't understand. What it -- when you say "the language is Scandinavian" --

LINDBLOM: Danish is -- there are several Scandinavian languages. One is Danish, one is Norwegian, one is Swedish, and then you have the Finnish-Swedish.

LIEBESKIND: Finnish-Swedish.

LINDBLOM: Which is a kind of Swedish, with a Finnish accent. So you have actually four types of Scandinavian languages, which are all understood by word, by each other. Some words differ, but they are cognates.

LIEBESKIND: They are very close.

LINDBLOM: But the pronunciation of Danish, compared to the pronunciation of Finnish-Swedish, is the most apart --

LIEBESKIND: That's the most --

LINDBLOM: -- yes, most different one.

LIEBESKIND: Can you give me an example of a word that would be very different between the two?

LINDBLOM: Not a word; it is more of the intonation and articulation. And the Danish, to us it appears that the Danish, as if they swallow the last half of the words and never articulate them. And the Finnish do articulate extensively. So it's a different -- even if the words are understood, the pronunciation of them -- so in written, it's understood better than spoken. But this means that at the same time, we are all from small countries, and we have to use English in other parts of the world. And the ambition is also at our meetings, that the young people should have a training in English as well. So we allow, we print the abstracts in English, and we allow the Finns and the Danish, who feel that they can't speak Scandinavian understandably, allow them to speak English, which sometimes is better, sometimes not.

LIEBESKIND: Yeah. [he laughs] I've certainly never met anyone from any of these countries whose English was not essentially perfect.

LINDBLOM: No, no.

LIEBESKIND: Basically everyone's English is so excellent.

LINDBLOM: We are used to it. Coming from a small country, you have it on your -- it's easy to keep, because nowadays so much, there's so much reinforcement all the time, so it's easier. It's worse with French. As you know, that I have studied French just as much as English in school, but it takes weeks before it comes to me, if I would try to, and I have to go to France. I can't start speaking French in Sweden; I can speak English in Sweden.

LIEBESKIND: [he laughs] What are your recollections of the earliest days on Council at the IASP? I mean, what were the issues then?

LINDBLOM: Well, I had a rather passive role, actually. It was not until I was engaged in the taxonomy committee that I felt I did some work, contributed something.

LIEBESKIND: That was when [Harold] Merskey, he was head of that committee.

LINDBLOM: Yes, yes, he was.

LIEBESKIND: And you were on the original taxonomy subcommittee.

LINDBLOM: I was. So I was -- I have been in the taxonomy committee as long as I have been on Council, actually.

LIEBESKIND: There must have been some battles royal over that.

LINDBLOM: Oh, yes, oh, yes.

LIEBESKIND: It must have been very exciting.

LINDBLOM: Yes it was. And I learned a lot, and it forced me to think in terms which I hadn't done before. And it was also a matter of negotiate and make --

LIEBESKIND: Compromises?

LINDBLOM: -- yeah, compromises, yes, exactly. Compromise, a lot.

LIEBESKIND: As it often was the case that two people could not completely agree, but you [the subcommittee] would find some middle ground.

LINDBLOM: And Harold Merskey was excellent in effectuating these compromises actually. [he laughs] He's collected different views and was always open-minded. But he also made the compromises. And I'm not happy with all the definitions of the pain terms myself, and I'm not happy with the axes of the taxonomy. It doesn't fit my way of classification, of classifying pain. But the descriptions of the pain syndromes are accurate, so it's -- and also the whole classification needs, well, it shouldn't be on tape, but I know exactly why I say it -- anyhow, it's

a bastard of clinical custom and traditional thinking, in terms of syndromes. And a physiologist who thinks in terms of mechanisms, and an anesthesiologist who thinks in terms of therapeutic approaches, and these different approaches in medicine among people who are handling pain is not possible to combine.

LIEBESKIND: Right. It's an amazing process when you stop to think about it, that this group didn't kill one another, you know, and that they could end up agreeing on something.

LINDBLOM: Yeah. Yeah.

LIEBESKIND: I think it's amazing because, when you add -- I mean, you've just said the difference between the scientific and the clinical perspective, the difference within the clinical -- between the anesthesiologists and the neurologists, the psychiatrists and so forth -- and then you add to that, I don't know, you tell me -- were there differences from the different cultures? I mean, did the Japanese or the Europeans versus the English or the Americans or the Germans, or I don't know, were there different kind of cultural traditions in respect to the use of terms or the-

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LINDBLOM: I don't think the culture difference -- the culture difference may be there between exotic countries, Far East countries, but they never contributed in this discussion. It was Europe and the United States and that's it. But the traditions meant, for example, that paresthesia [tingling sensation] in Europe was ongoing paresthesia or spontaneous paresthesia; and I think -- I hope I get this right now -- but in the United States, the paresthesia and dysaesthesia [loss of sensation] was also thought of as being evoked.

LIEBESKIND: Say that again?

LINDBLOM: Evoked.

LIEBESKIND: Evoked.

LINDBLOM: Stimulus-evoked.

LIEBESKIND: Right.

LINDBLOM: So it was not just --

LIEBESKIND: Spontaneous.

LINDBLOM: -- a spontaneous abnormality, but it was stimulus-evoked. So the compromise then was easy and obvious. That was that as the definition now goes, paresthesia and dysaesthesia are abnormal, or abnormal unpleasant sensations, whether spontaneous or evoked, so both traditions were accepted. So that was [a] good compromise, but it means, of course, that you have to, at least in the scientific context and also in a clinical context, you have to be precise in the record whether it is only ongoing or only evoked; it matters differently.

LIEBESKIND: Did Bonica participate in these taxonomy meetings?

LINDBLOM: No, but he was -- yes, he participated sometimes, but he was more interested in the result and promoted the work. And he, as you know, he called for taxonomy, and the best thing with the taxonomy is that there is a reference system for use of terms which can be referred to, and can be used and can be recommended widely. Because what Bonica understood, as we also understood when we started to think of it, was that it is impossible to compare a record, a patient record in one hospital with the record in another, if you don't define the terms.

LIEBESKIND: If you don't have common terms.

LINDBLOM: And even worse, in scientific connections. So it was the major advantage is that there is one system which you can use if you want.

LIEBESKIND: Now, today, if you were to read an article, whether it be scientific or clinical or clinical science, I mean, would most people be using the words according to the taxonomy?

LINDBLOM: Yes.

LIEBESKIND: So I mean, if there's some article on, I don't know, paresthesia or something -- Let's say you were reviewing the manuscript. Would you insist that the way they use it, I mean, mention this, or --

LINDBLOM: I would request that they mention if they were using the IASP taxonomy, or if they had another definition, that they would state their own definition.

LIEBESKIND: Specify what it is.

LINDBLOM: Yes.

LIEBESKIND: Because it's very important. I mean, if you, if two people are not going to agree, if they're not using the same terms --

LINDBLOM: No, no. It may explain --- the different use of terms, of course, may explain different results.

LIEBESKIND: I was talking this morning, just before [John] Loeser [Professor of Neurosurgery at the University of Washington, IASP President 1993-96] began his speech, sitting next to [Richard] Sternbach, who you saw has just come back now, you know, and his wife died, and he's been out of circulation for a while. [Sternbach, b. 1930, was the author of *Pain: A Psychophysiological Approach* (1968).

LINDBLOM: Yes, I heard yesterday when I --

LIEBESKIND: But I was glad to see him back. And I asked him whether he had read yet the back pain, pain in the workplace, Fordyce, you know, which is causing all this controversy [*Back*

pain in the workplace (1995) was produced by an IASP Task Force chaired by Wilbert Fordyce, Professor Emeritus of Psychiatry and Behavioral Science at the University of Washington and pioneer of the use of behavior modification to manage pain]. He said no, he hasn't read it, but he has read all of the correspondence about it. [he laughs]

LINDBLOM: Yes.

LIEBESKIND: And he was very concerned. But he said, you know, what he said is, "I think, when Merskey and Fordyce are talking, they are about two different things." He said, "They're not talking about the same thing. That's why they can disagree." He said, "If we can make them talk about the same thing, they might find they don't have such a big disagreement."

And I used to think that was true in the old days when people were very critical of the gate theory. And they said, "Well, the gate theory sees pain this way, specificity sees pain this way"; well, the word pain didn't mean the same thing to the two people, so how can you -- ? And I think this is what the whole issue of the taxonomy is all about. You can't argue intelligently, you can't agree or disagree if you're not using the terms, the same terms, you don't define your terms in the same way. So it's a very, very important job. And Merskey really ran that very well, did he? He was a good chairman?

LINDBLOM: He was a very good chairman, and he had an enormous -- I know the word in Swedish, but what is it in English? -- he had not tenure, but --

LIEBESKIND: Patience?

LINDBLOM: -- yes, energy, a long term energy to maintain, to pursue this through the years.

LIEBESKIND: He stuck with it, as we say.

LINDBLOM: Yes, because there is so much --

LIEBESKIND: Persistence.

LINDBLOM: -- inbuilt controversy for the reasons I told you, that it is a bastard, and I would never have succeeded --

LIEBESKIND: Wouldn't have the patience to; most people would not.

LINDBLOM: Yes, I would have it for one system, and I would have selected either the clinical system or the scientific physiology approach to classification of pain. And I would never have managed the compromise which Merskey did with the axes, and so on. But I think that there are, unfortunately, many people who do not use the system because they feel the, shall we say, the lack of exactness is inbuilt.

LIEBESKIND: People are not very precise in the way they use some of these terms still.

LINDBLOM: No, and some of the axes are, they are not natural from either clinical or a physiological or a therapeutic point of view. One could make – there have been several calls for a revision, not just polishing, but a revolutionary revision, some colleagues call for that.

LIEBESKIND: Very interesting, very interesting.

LINDBLOM: But if you ask them, “How would you do it?” they would not be able, I think, to come up with a system which would be more acceptable, more used. Because they would be perhaps too leaning too much to one of these views and not covering the other views. If you have only to put together a neurologist and an anesthesiologist and a physiologist and you have the three pathways of thinking, and you would see that there is no such thing as a right classification for pain.

LIEBESKIND: It’s only right for you and for him and for her. [he laughs]

LINDBLOM: Yes. Yes. It can be used, this classification, so it’s not a question of right and wrong, but it’s a question of usability or having, of having at least one defined system. So now, the next step would be to add the diagnostic criteria, and that wouldn’t hurt. Of course, that is underused; that is a deficiency in our communication today, that still people don’t use the same diagnostic criteria. They may apply to the syndrome description, but to select from the syndrome or findings, the sample criteria which should be used, is something different.

The headache taxonomy has done that, and I spoke at an early stage with the task force about this and suggested that it would be important for criteria, and that classification is better from that point of view. But it is easy, it is relatively easy, although headache is a rather huge thing, many variances, anyhow, but only one region. So for one thing, do you know one of the axes?

LIEBESKIND: Who’s that?

LINDBLOM: One of the axes is distribution, topical distribution, which is sort of divided up; headache at least doesn’t have to deal with that distribution or right-left, up-down, axial-peripheral, and so on. So yeah, that’s enough with taxonomy.

LIEBESKIND: Ulf, a difficult question; I don’t even know if I can ask it, nonetheless if you can answer it. But, so we’ve said, you know, when things got started, there were so few people working in the field, and now there are forty-five hundred people come here, and the field now exists, it’s developed, it’s gotten huge. You have been very active in not only your science and your clinical work but in your, in these organizations, in the IASP, from the beginning, in founding the Scandinavian Pain Society, now this European Federation of Chapters -- I want to ask you about that in a minute -- but how much, I mean, the field has gotten bigger, so we need these organizations. We can look at the field, the growth of the field, as causing these organizations.

But we can also look at these organizations as causing the growth of the field. In other words, you have a meeting, and young people who maybe aren’t going to work in the field come to the meeting, and they become interested in the field. And so they join. You have committed a lot of

time to developing these organizations. Are you persuaded that that's a worthwhile thing to do? Are you glad that you've spent that time?

LINDBLOM: Yes. Yes. Yes, I am. And, but I must make a reservation there, because I have got an idea of a need, and this has inspired me to try to implement this. That doesn't mean that the background is proper or right. So it could be my persistence in, egocentric persistence in my own ideas, my views. But since I have met so much positive feedback, I take it that I was right. People saying that the chapter was not another association, several people -- I mean, that was -- and with meetings now. Do we need a European meeting also? We have [an] international European meeting, for example, so that's --

LIEBESKIND: Yeah, tell me about this organization now, this new Federation. You started that? You were the person responsible for that?

LINDBLOM: Yes. Yes, it was me, and no one else. Well, during the '70s and '80s, there was this dichotomy between the United States and Europe, not so much in clinical life as in scientific life. And there was that rivalry. And there was also -- which was both false and right, I think -- As I see this, it was [that] in the academic orientation [in the US] by and large stemmed from Europe with the [universities], and followed with the emigrants. But we feel now in Europe that we have lost the good academic traditions and social structures, we have thrown it out, not actively, of course, but we suffer now from lack of respect for knowledge as such and structured knowledge of language, mathematics, technology, et cetera. So in our school systems, unfortunately, we have traded, well, used our money for social temporary support, rather than solid academic-type education. That's my sense of the situation.

Having said that, I would say that we have in -- so there is -- the conditions for interaction in the pain field, education, research, et cetera, are different in the United States, which are wonderfully organized. The federal system versus the state system is functioning in a way, and it's wonderful. I mean, I know that because, working with IASP, it was easy to work with fifty states in North America. You are organized in, what you call it, you call it chapter now, you have different chapters, regional chapters, from the beginning, and then you merged to one big chapter, which used to be half of IASP; now it is one-third of IASP. So it's better balanced now. But in Europe, we don't profit from such a joint venture, and it's no question that we are a bit envious for your effectiveness and your orderly way of organizing meetings. You have always people who are willing to spend their free time to help to organize things, and in Europe, we don't have that. We have smaller units which are egocentric and perhaps in rivalry between themselves. But resources, and with the cultural differences, language barriers, so on, so there are --

LIEBESKIND: So it's kind of an EEC [European Economic Community] view. [he laughs]

LINDBLOM: Yes, on the one hand, and on the other hand you can't expect IASP to consider the needs that the European diversities create. And that is why I mean that we need a European forum -- it's not because we have the EEC, because that is for political futures, and that is a benefit, hopefully preventing more wars -- which is the reason number one, I think. But there

are needs for education and organization and forums in Europe which IASP will not meet. And therefore we need a European forum.

And this, I also picked up during the '70s and '80s, that others felt that, the same, and I'm pretty sure that a European society, a pain society, would have appeared one day outside IASP, so to say. So my idea was that here we have, in this diversified assemblage of states in Europe, who sometimes fight each other and are very different, here we have, thanks to IASP, one common thing in each country, and that is the chapter organization. And to set up a separate pain society in Europe with fees, individual membership and fees, et cetera, it would be troublesome, it would take a long time, it might not be happy, and there could be several conquering initiatives, as I have experienced in neurology, because we have a European society of neurology and we have a European -- we have two different [groups], and they are still fighting each other. And they have difficulty in establishing good-quality meetings, et cetera, both of them. So here we have this to start with one unitary organization. It's wonderful, it's for free, it's --

LIEBESKIND: Well, it is a Federation, though, that you have.

LINDBLOM: It is a Federation.

LIEBESKIND: Is it apt to become a single European chapter of IASP some day?

LINDBLOM: No, no, no.

LIEBESKIND: In which case the French chapter and the Scandinavian chapter and the German chapter --

LINDBLOM: No. No. No.

LIEBESKIND: -- so forth, will no longer be chapters. No. You don't think that's likely?

LINDBLOM: No, I don't think so, simply for the reason that pain is so much infiltrating many social systems and educational levels and health care providers, I mean, they can't, they wouldn't be able to, they don't belong, simply, to an international association of nurses and so on. It has to be a region, the chapter has to be for a region, where you have a reasonable way to communicate transversely and also --

LIEBESKIND: Not only language, but in terms of political structure, health care.

LINDBLOM: Structure, organization, and so on.

LIEBESKIND: So France is always going to be France; France and Sweden can never be the same.

LINDBLOM: Yes. Absolutely. Absolutely.

LIEBESKIND: Yeah. I see.

LINDBLOM: But what we should do, for example, there are European issues which IASP also never would deal with, and that is inequalities in treatment for the same condition in different countries. In Germany, for example, the tradition is treatment with hot baths and such things, and massage and so for rheumatic conditions, so-called rheumatic diseases, and so on. And in other countries, there are other traditions. Somehow it is ridiculous that a patient with exactly the same painful condition has a –

ULF LINDBLOM INTERVIEW

TAPE TWO, SIDE ONE

LINDBLOM: So the motivation for the European federation of IASP chapters was that it was feasible to have a European, to establish a European forum, and the collaborative basis in the pain field, which could benefit from the prototype standard of an organization that IASP has provided us with. And to me, if I would create a European forum, which I think we need, which was the only way I would support. So the challenge for me was if I don't do this, I will regret it for the rest of my life. If I don't try, I will regret it for the rest of my life.

LIEBESKIND: Well, what's happened so far in the organization?

LINDBLOM: So far, it has happened that we met first in Paris, when I stepped down as president. I had prepared that during the two years before, and I also had taken a hard word at different occasions that we need a separate journal, we need a separate association in Europe to balance United States in such things. And it's true that we have, there are several things, educational systems and such things as the award credits in education in different curricula, which you have at the Congress, if you see --

LIEBESKIND: Different what?

LINDBLOM: Different credit points to get [continuing medical education credits] in curricula. It's only in United States; we don't have that in Europe. Why shouldn't a European who comes to an IASP Congress have a similar system for our curricula? That is something. And IASP is not supposed to be with such more domestic things, so that's one question which obviously this forum could work for. And I think that will happen along the line.

LIEBESKIND: How has IASP reacted to this? Has there been concern --

LINDBLOM: Oh, yes.

LIEBESKIND: You and Loeser had discussions --

LINDBLOM: Yes. He was negative.

LIEBESKIND: He was negative.

LINDBLOM: He was negative. But he makes this -- I'm now -- [he laughs]

LIEBESKIND: It's okay. You can be frank.

LINDBLOM: Yeah. Yeah. But he's afraid, he was afraid that this would split IASP, and no, it will not split the IASP more than APS will.

LIEBESKIND: Right.

LINDBLOM: And he doesn't think of APS as a federation.

LIEBESKIND: Well, you know, in the early days of APS, there was a lot of worry. Bert Wolff [New York psychiatrist, first president of the American Pain Society] used to run the APS; he was the founder of it.

LINDBLOM: Yes.

LIEBESKIND: And he was more interested in APS than he was in IASP. And so there was a lot -- I mean, that's the way I saw it, and there were some tensions in those early years. People were concerned that the APS would become the tail that wagged the dog of IASP, that it was the smaller part, but it was going to be the more important smaller part, you know. And I suppose that that's what Loeser was thinking here. The APS never has done that, really --

LINDBLOM: No. No.

LIEBESKIND: -- so, and maybe in the same way the Federation.

LINDBLOM: I don't think so. I think it is the word Federation which scares him, because quite rightly, IASP's strength is the individual international membership, with the chapters organized by IASP, not by local specialty associations, who then combine as a Federation. Those Federations -- IASP has many advantages which such federations don't have, and neither Bonica nor John [Loeser] nor I would like to change IASP into a Federation, but it's no question but that what the European Federation of IASP Chapters is, is a collaboration. It's just a collaboration. We could just as well call ourselves European Collaboration of IASP Chapters. And that is, collaboration is stimulated by IASP between the chapters. That's what it is. So --

LIEBESKIND: So the objective is to focus the representation from the individual European chapters, to have them get together, so that they can focus on issues that concern all in the European community.

LINDBLOM: Well, yes, at least concern European chapters, which no one else would even identify, and more so, never bother to solve.

LIEBESKIND: I mean, certainly, as we look at the, again, the American Pain Society, which is my experience, of course, we've seen that in the last, let's say, five or ten years in the American Pain Society there's been a tremendous increase in attention given to the clinical problems that the American clinicians are having now with managed care and so forth and so on, and that's properly, correctly, the province of the American Pain Society. The IASP doesn't pay much attention to that problem, because their domain is the world. They don't want to focus on this American problem. So in the same way, you're saying the Federation could focus on problems that are common among the European countries, and that wouldn't interfere with IASP's objectives because they're not focused on something that small. Yeah, well, that makes sense.

LINDBLOM: And we can also use the chapters as a forum for even non-IASP members; we could incorporate other health professionals within the pain field, which could -- nurses from Sweden could meet nurses from Spain, if it were, to a certain extent it would open up for IASP's ideas, if we had the forum as such. And the first meeting, when the first meeting was discussed, in Paris, it was --

LIEBESKIND: They planned for the first meeting in Paris.

LINDBLOM: Yes.

LIEBESKIND: And when was the first meeting held?

LINDBLOM: In '95, last year.

LIEBESKIND: Last year.

LINDBLOM: In May, '95.

LIEBESKIND: So that's been the one meeting you've had so far.

LINDBLOM: Yes. Yes.

LIEBESKIND: That was where?

LINDBLOM: That was in Verona, in Italy. In Paris we had an invitation from the Italian chapter to organize the first European Pain Congress.

LIEBESKIND: I see.

LINDBLOM: So that was one chapter's initiative. And there were three issues at stake at the Paris meeting, which I called together. First was, do we need a European forum in the form -- and would the form of chapter collaboration be adequate? Second, would we have joint, would we have an international European pain meeting? Third, would we have a publication of our own European journal? There have been several attempts to start European [pain] journals. All have failed. And the chapter presidents who are at this meeting, they agreed with a majority vote which was almost a consensus, it was only a few people who were against the collaboration idea; the congress, there was more doubt about if we need another international congress.

LIEBESKIND: How many came? You say the delegates from the different countries; how many were there?

LINDBLOM: Well, the exact count is not known, but it was over one thousand, and --

LIEBESKIND: This was at the meeting in Verona, you say?

LINDBLOM: Yes.

LIEBESKIND: No, I mean originally when you got together to decide [in Paris]. You say there were representatives from the different chapters.

LINDBLOM: All chapters.

LIEBESKIND: All the European chapters.

LINDBLOM: All the European chapters.

LIEBESKIND: Is that right?

LINDBLOM: I had prepared this before, so all chapters had, all presidents were there, all had delegates sent.

LIEBESKIND: How many are there? About ten or fifteen, something like that?

LINDBLOM: There are twenty-two.

LIEBESKIND: Twenty-two!

LINDBLOM: Chapters.

LIEBESKIND: Yeah. That's a very broad number, isn't it? I didn't realize.

LINDBLOM: It is. And there are twenty-seven countries because --

LIEBESKIND: It's much quieter now, Berit. Thank you.

BERIT LINDBLOM: Yes, I could hear it all the way in there.

LIEBESKIND: I've been listening all this time to those wonderful noises from the bay outside. [he laughs] It never occurred to me to get up and close the window.

ULF LINDBLOM: I thought it was the air conditioning. [he laughs] Well, excuse me for a while. Now you can --

LIEBESKIND: I'll turn this off for a second.

[pause]

LIEBESKIND: We've taken a five-ten-minute break, and now we're coming back and still talking about the European Federation and motivation for it and so forth.

LINDBLOM: Yes. And you adequately made the comparison with APS; the motivation for much of APS business is similar, multi-regionally, but not international items. So we are not

going to compete with IASP programs in any way. We are going to support them, and we are making use of IASP's administrative structures and chapters.

LIEBESKIND: How often do you think you'll meet, every year?

LINDBLOM: Every third year.

LIEBESKIND: Every third year.

LINDBLOM: Yes. And the intention is to time it so it calendar-wise is amidst, in the midst of --

LIEBESKIND: Between --

LINDBLOM: -- between the World Congresses.

LIEBESKIND: -- between the World Congresses. That's very sensible. Yeah. How about a journal? Have you decided yes or no?

LINDBLOM: Yes. That was the -- we decided, in Paris it was no. People didn't want a new journal, although I had solicited a bid from a publisher who wanted to start a European pain journal, so I had an advanced plan. I had an editor-in-chief, who was a prominent pain clinician, clinical scientist. So I was prepared, but people turned that down.

LIEBESKIND: Let me ask you this. Are there, what are the current pain journals coming from Europe? There are one or two, right?

LINDBLOM: None.

LIEBESKIND: None any more? *La Douleur* doesn't exist?

LINDBLOM: Yeah. *La Douleur* does exist, but that is not a European journal; that's a French journal.

LIEBESKIND: Yeah. No, but I mean from, what I'm thinking is --

LINDBLOM: You mean a mixed journal?

LIEBESKIND: Yeah. In other words --

LINDBLOM: No, no, that has stopped. That has stopped.

LIEBESKIND: I see.

LINDBLOM: Stopped last year.

LIEBESKIND: Which one?

LINDBLOM: Mixed journal, a mixed-language journal with three languages. *Douleur*, pain, *Schmerz*, pain, *Dolor* was it. It was printed by Fischer-Verlag in --

LIEBESKIND: Yeah. My thought was, you see, maybe if some of the individual countries would give up their journal, maybe they could have one European journal. Maybe they don't want to, they want to preserve the language, I suppose.

LINDBLOM: But the individual chapters, they do not provide a European journal or a journal which could -- the decision was to make it so, and when we were collaborating on the idea, we kept each other informed. My idea was to, and the British-Irish chapter proposed that we would launch a European journal together, the Scandinavian chapter. But we, the Scandinavian chapter was very hesitant because the basis was too narrow for even two big chapters. So my idea was that I proposed a journal of the European Federation, involving all chapters. Of course, that would be -- no publisher today would start a journal without having a half-guarantee [he laughs] at least, or a minimum number of subscriptions, without a society backing it up. So what has happened during these three years is, however, that publishers have shown interest. They have investigated the market and found that there is room for another pain journal in Europe.

LIEBESKIND: Really?

LINDBLOM: So we decided at the Verona meeting that, or even before that, we decided -- oh, that was at the Federation Council meeting in Dresden in '94 -- we decided to solicit bids from publishers. In Verona, we had six or seven bids.

LIEBESKIND: How many?

LINDBLOM: Six or seven bids.

LIEBESKIND: Six or seven. Wow! Isn't that amazing?

LINDBLOM: Several of them were not that good, but we had a couple which were good, and one from Saunders was a very good one. And so we had a publication task force, whose chairman is Leon Plaghki. I don't know if you know him, he's [a neurophysiologist] from Louvain ([Leuven]).

LIEBESKIND: From Louvain?

LINDBLOM: From the same group as Jan Gybels the psychologist, well, you know him -- Jan - - and anyhow, what I was going to say was that this task force --

LIEBESKIND: Maybe I should interrupt you just a minute, because this damned airplane out here, seaplane, going across the bay here -- ah, it made it into the air now.

LINDBLOM: It's up now.

LIEBESKIND: Now it's up. It's very noisy.

LINDBLOM: Anyhow, the task force did present the best bid to the Verona congress, and now, two years after Paris, there was much more interest among the chapters in the European journal. So it took only two years, and the fact that we had a good interested publisher, and it was discussed whether we should have an in-house journal being printed in the cheap way. But we don't have the organization to spread a journal all the time, which publishers have; they are providing a lot of knowledge about the publication and so on. So that is the thing which I would never start an in-house European journal, because people do not contribute their efforts to a single, same thing, as you, as the Americans have been doing in IASP; that's a difference. But anyhow, now it is so that we have decided, and we negotiated with Saunders, so that would have the copyright and own the journal from the beginning, with the experience with *Pain* --

LIEBESKIND: From *Pain*, yeah, sure.

LINDBLOM: -- that was my condition. I decided that is a basic condition.

LIEBESKIND: That's great. You were tough.

LINDBLOM: No general copyright; we are the producers of the journal, and we want to have the copyright, and they take the economic risk, because we don't have the economy. So this was -- this is now what I can show, that now the *European Journal of Pain* is to become, is to start.

LIEBESKIND: So it's coming. Do you have an extra copy of this?

LINDBLOM: Yes.

LIEBESKIND: May I have that?

LINDBLOM: Yes, that's yours. That's yours.

LIEBESKIND: Thank you. I see you will be the editor-in-chief --

LINDBLOM: Yes.

LIEBESKIND: -- and [Fernando] Cervero the deputy editor.

LINDBLOM: Yes.

LIEBESKIND: Very good.

LINDBLOM: So we are working now --

LIEBESKIND: You expect it to come out in March, '97, it says.

LINDBLOM: Yes. Yes.

LIEBESKIND: Very good. Now, will the, I mean, it will be like *Pain* in the sense that it will take basic research articles --

LINDBLOM: Yes. Yes, but we will also try to have a different, we will have a different profile than *Pain*, in the sense that we will include clinical material, which is not necessarily evidence-based, but is based on validated experience. And important information which stays with the most clever clinicians and the experienced clinicians, without being spread appropriately now, with the scientific journals we have. So there is a slot for a different journal with a different profile. So this is not a copy of *Pain*.

LIEBESKIND: Right. So you don't see it as directly competing in that sense.

LINDBLOM: No. No. And with a rejection rate of seventy percent right now --

LIEBESKIND: Seventy percent for *Pain*?

LINDBLOM: Yeah. Even if Pat [Wall] says that I'm wrong, that [they] are really not rejecting papers that we want to publish, it is probably some are perhaps are around, [he laughs] which can be worth publishing. But this will be [an] international journal, peer reviewed, so we are obviously aiming at high-impact.

LIEBESKIND: Well, I suppose, too, there will be articles that will perhaps not be so much science, but will be more discursive, talking about issues that concern the European community, common issues, something of that sort that has to do with health care issues and --

LINDBLOM: Yes, and the socioeconomic issues, and we will have tutorials and reviews which are not published by other, carried by other journals.

LIEBESKIND: So in the same way, again, not to keep talking about it, but the American Pain Society, you know, went through this for years. Should we have a journal, should we not? And I think what finally tipped the balance in favor was that someone -- in fact, it was John Reeves -- had the idea that we could have a journal that would be one of these form where there'd be a focus article and then discussion, rather than publishing original research so that it would not compete at all with the journal *Pain*. And when people heard that, they said, "Oh! Okay." So then everybody [wanted the journal, and it's been quite successful. [Kenneth] Casey [Chief of Neurology at the VA Medical Center in Ann Arbor] has done a very good job [with *Pain Forum*, which ceased publication in 1999]. So I'm sure you'll be successful, too. I congratulate you on that.

I think one of the last questions I was going to ask you was, well, you're going to be turning seventy pretty soon, and now you're off Council for the first time in twenty-one years, or whatever it is. What are you going to do for the rest of your life? Now I have the answer! [he laughs] You're going to edit this journal!

LINDBLOM: Yeah. This paper was on my desk here as I came back from my last Council meeting. [both laugh]

LIEBESKIND: I see.

LINDBLOM: Not even a pause!

LIEBESKIND: Not even a pause! Poor Berit.

LINDBLOM: Yeah. Yeah.

LIEBESKIND: How did you let him do this?

BL: Well, you know, it keeps him young.

LIEBESKIND: That's right. I agree with you. I agree with you.

LINDBLOM: Yeah.

LIEBESKIND: I'm very glad for you, and I think that'll be very successful, and I wish you all the best with it, that, and the Federation, which you're still the president or chairman of that?

LINDBLOM: No, I am not.

LIEBESKIND: No longer.

LINDBLOM: No. Manfred Zimmermann was elected.

LIEBESKIND: Who is it?

LINDBLOM: Manfred Zimmermann [(b. 1933), Professor of Physiology at the University of Heidelberg].

LIEBESKIND: Manfred became President. Yeah.

LINDBLOM: Yes.

LIEBESKIND: Is he still president of the German chapter?

LINDBLOM: No. [he laughs] Finally. Finally --

LIEBESKIND: He stepped down from that?

LINDBLOM: Finally, he stepped down, yes. So that's it. But we have the second, you can also take that; that's my last copy but I have more at home, so you can take that. It is for the --

LIEBESKIND: Oh, this is for the next meeting. Very good.

LINDBLOM: -- next meeting, yes. And you can see that all countries which are collaborating.

LIEBESKIND: Yes. All the international represented chapters. Do you have materials in relation to the first meeting, too, the one in Verona?

LINDBLOM: No, nothing published. We have a --

LIEBESKIND: Not even a brochure, or --

LINDBLOM: Yeah, brochure and abstract book.

LIEBESKIND: There is that. I'd love to get copies of that some time because one of the, you know, there are many themes I'm interested in. One of the themes I'm interested in doing this history is how different organizations get started, and of course there's the IASP; I'm the historian for the American Pain, so I'm interested in that; but I'm interested in, I'm meeting with Swerdlow, Mark Swerdlow [(1920-2003), Director Emeritus and Consultant, North West Regional Pain Relief Centre, Manchester, UK], and in the next, two weeks from now when I'm in England, because he started the Intractable Pain Society before IASP got started, years ago, in the '60s [1967]. And I want also to meet with Manfred; I've talked to him. Maybe even here in Vancouver we'll get together, or sometime soon, because I'm interested. That's one of the things, you know, how do these organizations get started? So you don't have to keep this in your mind, but I'm going to write to you, and I'm going to ask you for information about the origins of this and the first meeting in Verona and so forth. I'll make a note to myself about that.

LINDBLOM: I should then send you also the, I could send the fact sheet and constitution --

LIEBESKIND: Yeah. Yes, that's right.

LINDBLOM: -- if you would be interested. Now it has been amended now, but that Manfred will inform you about. And the newsletter, we have also the newsletter, is just coming out.

LIEBESKIND: Very good.

LINDBLOM: -- but that I have only one copy also.

LIEBESKIND: Yeah. But you don't have to, you can keep this for now, if you want, and then I'll write to you and you can send me another. Very good.

LINDBLOM: This is just off the print. I got it an hour ago from Plaghki who is on the publication task force.

LIEBESKIND: Very good. I want to make a note of that, too, and the newsletter; I already did, so I'll get all that from you in due course. Very good. Ulf, a couple of general questions; one comes to mind. When you think of other scientists or clinicians, people, colleagues, and so forth,

what are the traits that you really admire? What are the things, when you look at your other colleagues, and you say, "Ah," you know, what is it that you really admire in other colleagues?

LINDBLOM: In other colleagues? That was a difficult question.

LIEBESKIND: Maybe it would be different for a scientist, a clinician, an organizer, but I don't know, do you have any heroes in the field?

LINDBLOM: [he laughs] Well, no.

LIEBESKIND: That's a very strong word.

LINDBLOM: No, is no a strong word?

LIEBESKIND: No, I mean hero.

LINDBLOM: Hero, yes, yes.

LIEBESKIND: Maybe you and I are too old to have heroes [he laughs] in such a young field.

LINDBLOM: Well, a scientist whom I admire, for his achievements and also his modest personality, is actually one who is here [at the Karolinska]; that is Tomas Hokfelt [neuroscientist who discovered the coexistence principle, which raised the possibility that nerve cells produce, store and release more than one messenger molecule involved in brain cell communication.]

LIEBESKIND: Yes. Yes, of course.

LINDBLOM: He's a scientist, and he has a very low profile, and he's, he combines sensitivity with -- ?

LIEBESKIND: Humility? Modesty?

LINDBLOM: Humility? Modesty -- modesty; that's what I was thinking -- and yet intellectual brightness.

LIEBESKIND: So there's the answer to the question, in a sense, isn't it, it's someone who combines being very bright and yet being modest about their own achievements.

LINDBLOM: Yeah.

LIEBESKIND: If you could be immodest for a moment, what are your achievements that you're most proud of and have given you the greatest satisfaction?

LINDBLOM: Well, I, to see, I'm most proud of the advancement of IASP and, in some sense, what I know that I have contributed.

LIEBESKIND: We didn't really talk much about your years as President and so forth. I mean, you mentioned, we know you've been on the Council all these years; you were very involved in the taxonomy, and we've talked about that. Were there particular things during your, let's say, your three years as President or that you, you know, specific things that you --

LINDBLOM: I would like to refer you to the Presidential Address that I had sent you.

LIEBESKIND: Yes, you sent me a copy of that.

LINDBLOM: Yes. I think that answers most of what is -- What I have not achieved is hands-on education, a scholastic type of hands-on education with pain patients. We are still, that is a big hole in our education.

LIEBESKIND: Tell me more what you mean by that. I'm not sure.

LINDBLOM: I mean, for example, that talking with patients about psychological aspects of pain, for example. We are -- One thing is pain specialists; another thing is physicians at large. Both groups are -- Pain specialists have some homemade attitudes usually, but you psychologists, clinical psychologists, have not been able to teach us how to incorporate a sound, respectful attitude, open-minded attitude, which we could use. It must be effective also that we should use it [with patients], and that is a big hole. And it also applies to physicians at large, who are much worse to discuss pain with patients. They don't know what they're absolutely ignorant about, they are not taught, and it doesn't come spontaneously. That's a big hole in our educational system. And I have tried [to bring up] both already for the Edinburgh meeting, when I was chair of the scientific program committee, I wanted to bring this issue to the program and selected colleagues, clinical psychologists [to present]. But it really never happened.

LIEBESKIND: It's a language problem, and I don't mean English versus Swedish versus French; within America, within the English-speaking world, there's a language problem. Psychologists speak a different language, I think, and we don't even understand each other very well. I think these concepts are very difficult to get across, very difficult. I completely agree with you. I think it is something that is very, very important that we neglect; it is something we have not done and that we need to do, because it can be very important to do. So I completely agree with you, and I don't know how to approach that problem. I don't know what the solution is, either.

LINDBLOM: You can ask my wife here --

LIEBESKIND: Please.

LINDBLOM: -- at this time because talking about physicians' attitudes --

LIEBESKIND: Come sit a little closer to the microphone, Berit, and tell us.

BERIT LINDBLOM: I'm sorry; I was waiting for you to break.

LINDBLOM: No, no. [he laughs] You shouldn't be sorry. I'm happy that you are way off from us because --

BERIT LINDBLOM: I wasn't paying attention. [she laughs]

LINDBLOM: Yes, but because you were distracted by something happening outside and not by, for example, the pain inside yourself.

BERIT LINDBLOM: No.

LINDBLOM: But we're talking about physicians' attitude. I think of our *läkare*, which is that family physician, which we have. And she has no attitude toward this business, because when Berit was there last time, not for her fibromyalgia, but for checking some endocrine parameters, she said, "Aha, and then you have fibromyalgia. That is something we don't know what it is."

LIEBESKIND: Poof. That's it. [all three laugh]

LINDBLOM: And you can't just pretend it's reactionary. And then when I told my pain colleague at Danderyd [Hospital] that [Danderyd is one of the Karolinska affiliated hospitals], he said that the ignorance of the doctor is only making an insult when you tell about it. [he and JL laugh]

LIEBESKIND: But it's quite true, you know. We worry about the cost of providing good medical care today, and you know we worry in the United States about managed care and reducing prices, as Loeser was talking about. And yet, in the world today, when, you know, the problems of we rich Americans are so insignificant compared to the world, you know, where ninety-nine percent of the people are being completely ignored in their pain problems, and where just a little bit of inexpensive wisdom -- not even techniques, not even drugs, just some wisdom and some understanding would go so far in helping. Don't you agree? We don't really -- We haven't begun to approach that problem.

LINDBLOM: No, that is true.

LIEBESKIND: Well, you have, there have been several people who we all know, who have worked closely with you. In addition to Meyerson, there's also [Rolf] Hallin and Mme. Hallin -- Zsuzanna -- are these, were they your students, would you say?

LINDBLOM: Yes. Zsuzanna [Wiesenfeld-Hallin] became my assistant in the experiments I made in, during sabbatical in the United States, and that is twenty years ago now.

LIEBESKIND: Zsuzanna, where was she at that time?

LINDBLOM: Ithaca, upstate New York, at Cornell University, the department of [neurophysiology]-- my contact there was a man called Dan Tapper [now Professor Emeritus of Biomedical Sciences at the Cornell University College of Veterinary Medicine].

LIEBESKIND: Tapper.

LINDBLOM: Tapper, yes.

LIEBESKIND: Yes, I know him.

LINDBLOM: Dan Tapper. He was a physiologist, so not a pain man.

LIEBESKIND: You spent one year there?

LINDBLOM: Yeah. Zsuzsanna then was given to me, or put at my disposal; we did animal experiments in the cats and we recorded and tried to make a correlation with dorsal column stimulation actually; that was the experiment. And then I was nominated professor at Huddinge Hospital and wanted to set up a lab, an electrophysiology lab. [Huddinge Hospital, opened in 1972, merged with the Karolinska Institute Hospital in 2004 to become the Karolinska University Hospital.] So -- and I had some money; I asked her if she would come over for three months and help me to set it up, and she thought that would be [he laughs] an interesting thing; three months became ten years! [Wiesenfeld-Hallin is now Professor of Neurophysiology at the Karolinska.]

LIEBESKIND: So she came for three months -- [both laugh]

LINDBLOM: Yeah!

LIEBESKIND: And has been there ever since.

LINDBLOM: Yeah.

LIEBESKIND: And she just met [Rolf] Hallin [Professor of Clinical Neurophysiology at the Karolinska] there.

LINDBLOM: Yeah. And divorced by mail. [he laughs] But she was unhappy in her marriage, so it was okay. But anyhow, she stayed in Sweden. And she's now doing fine. She's on her own, independently created a career working closely with Tomas Hokfelt, actually, on animal models, new animal models and so on.

LIEBESKIND: Was [Rolf] Hallin your student also --

LINDBLOM: No.

LIEBESKIND: -- not at all; more just a junior colleague?

LINDBLOM: Yes. Right.

LIEBESKIND: Were there other students that you could mention that --

LINDBLOM: Yeah, Per Hansson [now Professor of Clinical Pain Research at the Karolinska], not actually -- yeah, my student, as clinician, he's my student, yes.

LIEBESKIND: Ulf, are there other people, especially in Europe, that you feel I should interview, that should be part of this process, this oral history process? As I was saying, I think when you were out of the room, to Berit, we've done now about thirty of these interviews; most have been in the United States, because of financial reasons. It's expensive to travel.

LINDBLOM: Yes. Of course, there are self-evident people, are such people as Pat Wall.

LIEBESKIND: I did Pat; see, I've done several in the United Kingdom, because I go there often with Julia on holiday when she's visiting her parents and Ben [his son] is visiting his grandparents. I've done Pat, I did Ainsley [Iggo; Professor of Veterinary Physiology at the University of Edinburgh; President of IASP 1981-84, known for his early experiments recording from C-fibers], Peter Nathan [(1914-2002), honorary physician at the National Hospital for Neurology and Neurosurgery (Queen Square), London, known for his research on the spinal cord], Cicely Saunders [b. 1918, Director Emerita of St. Christopher's Hospice in London (1967), considered the founder of the modern hospice movement] , and that's -- and I'm going to do Mark Swerdlow this summer.

LINDBLOM: Michael Bond [Professor of Psychiatry at the University of Glasgow, President of IASP 2002-2005], maybe --

LIEBESKIND: Michael would be very good, yeah. Is he here at this meeting?

LINDBLOM: Yes.

LIEBESKIND: I have to set up something with him, maybe a year from now or something. Yeah.

LINDBLOM: There's Jan Gybels.

LIEBESKIND: Jan Gybels, yeah, that's right.

LINDBLOM: He has perspective, he's international.

LIEBESKIND: He's retired now, hasn't he?

LINDBLOM: Yes. He's retired. He's still working, but he retired last year. But he's also still active in research.

LIEBESKIND: One of the problems, of course, is the language when it comes to some of the others, the Italians or Germans. I guess the Germans, their English is pretty good, but I interviewed Mme. Fessard, in French.

LINDBLOM: In French!

LIEBESKIND: Well, I had someone with me, a French medical sociologist who I had met through the E-mail, named Baszanger, Isabelle Baszanger [medical anthropologist with CERMES, author of *Inventing Pain Medicine* {Rutgers University Press, 1998)], and her English was obviously excellent, I could tell, and she is from Paris, so I asked if she would interview Mme. Fessard with me. And the two of us did. It was very good, and I understood most of what was going on. Not everything!

LINDBLOM: [he laughs]

LIEBESKIND: My French has fallen off quite a bit. But, I mean, I don't know any of the other languages, you know. I don't know any German or Italian or any Eastern languages, you know, Far East, nothing, you know. So that's a problem, you know. There are certainly some Japanese that one could think of, go way back.

LINDBLOM: And you would have to do the same, use another Japanese translator or interpreter. Well, I think it was very pleasant to be interviewed, and it's always flattering when you are asked [he laughs] to say what you have done.

LIEBESKIND: Well, it is, yes, it's a sense in which, I'm sure, you know, your people were saying to you, and accurately so, you're a very important part of history, the history of this field, and you're going to be. No one can ever take that away from you, you know what I mean?

LINDBLOM: But I would say then that my contribution, among collaborators I must mention Heinrich Fruhstorfer, professor in physiology in Marburg, Germany. He's not known internationally because he hates too large meetings. He stopped going to the physiology meetings, international ones, about the same time as I did, actually.

LIEBESKIND: Repeat his name for me, please.

LINDBLOM: Fruhstorfer.

LIEBESKIND: Fruhstorfer.

LINDBLOM: F-R-U-H-storfer. So he's not an international man, but he's very knowledgeable and he's a wonderful experimenter.

LIEBESKIND: You have a number of papers with him.

LINDBLOM: Yes. Now we have a joint student also, I can say, who is here. And also what my accomplishments -- I would say that clinical application of sensory physiology is the, is my contribution.

LIEBESKIND: That's your special contribution.

LINDBLOM: And the setting of quantitative sensory testing in pain patients is a combined result of Berit's collaboration and mine, because we have a sort of -- Berit, who has been my research assistant since I became a professor, has a very humane interest and has been a wonderful vehicle between -- nondoctor vehicle, telling her, patients tell her things they wouldn't tell me, but I can incorporate that [he laughs] in my judgment. So that setting [of the testing] is very powerful, and we see that now, working as consultants at Danderyd Hospital, at the pain unit there.

LIEBESKIND: Where do these qualities come from in you, Berit? Were you born with them, or did you -- ?

BERIT LINDBLOM: I must have been. [all three laugh]

ULF LINDBLOM: Yes.

LIEBESKIND: Were you trained in medicine or nursing or science in any way?

BERIT LINDBLOM: No. No.

LIEBESKIND: No. Yeah.

BERIT LINDBLOM: I trained as an air hostess.

ULF LINDBLOM: You were an air hostess for many years, and got practice as to handle people.

LIEBESKIND: Good practice in dealing with people under conditions of stress.

ULF LINDBLOM: Yes. I think that was because you were never -- you always knew how to handle patients, even better than our educated nurses [he laughs] many times, because of your general attitude. And so I have always felt comforted.

LIEBESKIND: Well, Lord knows you don't learn that skill in school.

ULF LINDBLOM: No. No. No, no.

BERIT LINDBLOM: No.

LIEBESKIND: No, you don't. You have to --

ULF LINDBLOM: You have it --

LIEBESKIND: -- develop it early.

ULF LINDBLOM: I think it has to be inherent. You have the genes for it, I think.

BERIT LINDBLOM: I've worked with him twenty-five years; I've learned quite enough.

LIEBESKIND: You've learned a few lessons. [he laughs]

BERIT LINDBLOM: Yes.

LIEBESKIND: Ulf, were there other questions that I should have asked you?

ULF LINDBLOM: Not that I can --

LIEBESKIND: Things that we didn't get into that we should have gotten into?

LINDBLOM: No. No, I think not without going perhaps into details, which you always have, but not that I can think of right away, no. I may drop you a note if I wake up at night --

LIEBESKIND: [he laughs] "I should have told him about -- "

LINDBLOM: Yeah! [he laughs] "Why didn't I?"

LIEBESKIND: All you have to do --

LINDBLOM: I can say, "I should have told you -- why didn't you do that?"

LIEBESKIND: But see, all you have to do, Ulf, is put it on the E-mail, and then I'll get on the phone and then we'll record a little more. [he laughs]

LINDBLOM: Yeah. Okay.

LIEBESKIND: You'll pay the charges now. [he laughs] Well, we'll be together at some more meetings, so I've done a number of interviews, where I felt at the end that we were not finished. I certainly did one with John Loeser several years ago; I was in Seattle and I had some hours, and he said, "Well, we can meet between eight and ten in the morning." So I went in with my tape recorder, and of course at ten o'clock, he was just getting started, but he had to stop. So there are a few others like that where --

ULF LINDBLOM INTERVIEW

TAPE TWO, SIDE TWO

LINDBLOM: -- very enjoyable to be interviewed by what I think will be our next new president [of IASP; Liebeskind was elected, but was unable to serve after he contracted the illness leading to his death].

LIEBESKIND: Well, we'll see about that. [both laugh]

LINDBLOM: This is on tape, and we will see.

LIEBESKIND: You have looked into your crystal ball --

LINDBLOM: Yeah, yeah, yeah!

LIEBESKIND: You're a wise old man who predicts the future!

LINDBLOM: Oh, he predicted that on tape! Yeah. So that will be --

LIEBESKIND: I feel very good about the interview. I think we covered things nicely, and I'm grateful to you for this time.

LINDBLOM: Do you have someone who helps you to edit this?

LIEBESKIND: Yeah. Well, what we do is this will go, as soon as I get back I make a copy, and because I'm too scared to have only one copy. One stays in my office and one is at my home, in a safe place. And then we give one copy to a transcriber -- we have a professional person, and she puts it all on a diskette, and then we get it on the computer, word processor, and then we get a transcript. And then it takes a while -- we like to listen, before we send it back to you, we like to listen to the transcription and try and get as much as we can corrected, you know. You'll say a name, Hallin, and somebody, the girl, will write H-A-L-E-E-N, you know, or something like that, and then I'll say, "No, it's I-N, H-A-L-L-I-N." We change that. And then when we get it as cleaned up as we can get it, we send it to you, and then you have an opportunity to make any - - we'll ask you some questions -- things you've said that we didn't understand, or that I didn't know how to spell or something, and then you can look through it and make any corrections you wish. And then it goes into final form. That's the way it goes. So I think we'll turn it off at this point.

LINDBLOM: Yes. Yes.

LIEBESKIND: Thank you.

LINDBLOM: Thank you.

LIEBESKIND: It's ten of five.

END OF INTERVIEW