David C. Sabiston Oral History Project

Interview with John Hanks, 17 April 2021, Charlottesville, VA

By Justin Barr

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Justin Barr: Good morning. This is the interview of Dr. John Hanks in his office at the University of Virginia Medical Center in Charlottesville, Virginia. This is Justin Barn on the 17th of April 2021. Thanks so much for joining us for this project, Dr. Hanks, we really appreciate your time. I was wondering if you could start with just a little bit about where you grew up, how you got interested in medicine, where you studied for undergrad, that part of your background.

Dr. John Hanks: Great, and I'm glad you all are doing this, and I'm delighted that Duke is spending a little bit more time looking back on some of the contributions of the founders of the place. Obviously, Dr. Sabiston stands pretty tall in that group of people, getting the Duke surgery world on the map. I am a native Washingtonian. There's very few of those. I was born in the city of Washington DC, but it was somewhat after the Civil War. My family's from Wisconsin. My parents and my grandparents all went to the University of Wisconsin. My dad had gone to Harvard Business School just before World War II. When the war broke out, he was offered a job with the War Production Board, part of the Pentagon economic plan for World War II, and was called to Washington. He and my mom had just been married, and they knew very little about, as dad called it, “the south.” They moved to Washington, and dad just loved being around Washington and the vibrancy of the city. He bought a house there that we all lived in, and I was raised in. I went to a boys prep school in Maryland, a place called Landen, and then went to Princeton University, graduated in 1969. I then went to the University of Rochester for medical school, graduated in '73.

Justin: Did you know you were going to go to medical school when you started at Princeton?

Dr. Hanks: I always did. I always wanted to be a doctor. My dad was trained in economics. My oldest brother went to law school, and my next was a geophysicist, so he went to Caltech for his PhD.

I went to medical school because than was really the only profession left, other than the economics. Yes, I was always interested in medicine. Actually, when I started out, though I started out in neurosurgery, I was accepted to Duke in the

neurosurgery program. I had a big interest, and probably the background was always my interest in endocrinology. At Rochester, I came across the really good neurology group and a good neurosurgery group. My mentor there was Dr. Seymour Schwartz, who was just a wonderful, terrific person. I'm very fortunate to have known both Dr. Schwartz and Dr. Sabiston.

Justin: Was Schwartz chair at the time?

Dr. Hanks: He was not. He was a middle-level professor. He'd just put out the textbook. That's another interesting project. I may talk with you, Justin, about the correspondence between Dr. Schwartz and Dr. Sabiston, both of whom had the preeminent textbook, and both of whom respected each other's work. It was not a competition. That's a whole another story. We'll talk about that offline.

I was very fortunate with that. Actually, the summer before my fourth year, I had a student grant. I would usually try to get back to Washington every summer. I had a lot of friends there. I really enjoyed it. I always thought that's where I was going to end up, and then I met Dr. Sabiston, and everything changed. Before my fourth year, I had a summer medical student grant to go to the NIH, where Dr. Ketcham was then head of the surgical oncology group. I met Roger Millar and John Grant, who were Duke residents, as well as Greg Buckley, who was a resident at Hopkins. We all worked on our projects. We all went to the Pines of Rome for beer. They were just great guys. They said, "Well, where are you applying?" I mentioned that I was applying to these various places, neurosurgery places, and stuff. Roger Millar said, "Well, why aren't you applying to Duke?" I hadn't really thought about it. He said, "Oh, you got to apply to Duke."

That summer, actually Dr. Sabiston was a visiting professor, we would all go to their surgical grand rounds in Georgetown that were Saturday morning. He says, "You have got to come down and meet this Dr. Sabiston guy." They dragged me down there on a Saturday morning. I saw this presentation that the cardiologist gave to Dr. Sabiston. It was Dr. Sabiston. He was impressive, He knew the diagnosis. They tried to stump him, they couldn't do it, and then afterward, I was introduced. I said, "This guy is really impressive." So I put in my application to Duke.

Justin: What was Duke's reputation at the time?

Dr. Hanks: Well, it was top drawer. I mean, Dr. Schwartz actually had mentioned that the top places in neurosurgery -- I was looking in Minnesota. My mother was at the history of medicine department at the NIH, at the National Library of Medicine, and had met Dr. Owen Wangensteen and was helping him on his book actually, which he mentions in his forward. I had met Dr. Wangensteen, and I was really interested in going to Minnesota, because Minnesota had great neurosurgery.

I was applying around, and Dr. Schwartz goes, "Duke's really top of the line. You got a good record, but you ain't that smart." I had applied, and match was a little loosey-goosier back then. Anyway, I put Duke at the top. I went down and had an interview.

Of course, that was all very impressive, met John Harmon and talked with Dr. Sabiston.

Justin: Was he chair of neurosurgery? Neurosurgery was folded under general surgery.?

Dr. Hanks: Neurosurgery was under general surgery back then. It was under surgery. They had a very good program, two years of general surgery. It was interesting, I wanted to spend two years in general surgery, and it was just the beginning of one year, maybe two years, and I very much wanted to do two years. Long story short, I get in. When I get into neurosurgery, I got to say, they're a very impressive neurosurgery. Stephen Mahaley was there, Dr. Odom was chair. It was a big referral for brain cancer, and the beginnings of strokes, the very beginnings of the radiology of the scans. This is before CT scans, so they had these called ME scans, but anyway.

Justin: What were they called, the kind of scans?

Dr. Hanks: They called them ME scans, didn't they? Things kind of lit up. You closed your eyes…it was sort of like a rorschach test, if I'm remembering it right. Anyway, this was all before CT. There was a lot of arteriography. The beginnings of carotid arteriography were actually done by the vascular surgeons, where you'd go down and inject the carotids. Duke was at the forefront, of course. I rotated through during neurosurgery initially.

Justin: What year did you arrive at Duke?

Dr. Hanks: 1973. My co-residents were Jim Lowe, Greg Georgiade, Tom Sprey, and Chuck Edwards, a good group, a really solid group. All started together. Class of '73 is the best group of interns. I was not the lead dog.

Anyway, I went through general surgery, and Tom Daniels was the chief resident, and here was this elegant, well-thought-out, excellent surgeon doing all kinds of cases. I was absolutely floored. It was just amazing. I went through neurosurgery, too. It was the same feeling, but I came out of both of those, and I thought, "These general surgery guys, they got something." It wasn't that I disliked one. On Christmas…Christmas vacation back then was five days on, five days off, 120 straight hours. You get a little woozy by day three. I had an appointment with Dr. Sabiston, and I think it was Christmas Eve. It was Christmas Eve or Christmas Day. I went in, and I asked him what would be the possibility of my doing general surgery. This was the big moment in my life, the crossroads, the Robert Frost moment. He looked at me and said, and this is the remarkable thing about Dr. Sabiston, he said, "Well, there's a possibility. You do realize that there's laboratory time involved, and it's a long residency."

Back then, we had military commitments. It was, "Sure, you can," but you got the feeling that there were guys that didn't make the cut and then guys that did, and

there was no promises when you finished. We talked about our next few years. I thought, "Sure, it's worth a shot." The guys that we worked with, my group, it was a good group to work with. There were guys like Jim Cox who were senior residents and Wayne Flye and the guys up the ladder, all these guys are just guys you wanted to work with. It was one of those things where we thought, "If you're going to go to war, I want go to war with these guys." You start with Dr. Sabiston being very serious about it, saying you had to accomplish this and this and this. It was easier then because guys are rotating in and out of the military.

Justin: Did Dr. Sabiston have any idea who you were when you walked into his office?

Dr. Hanks: Oh, yes. He knew everybody. When you'd have your visit, he would ask about Dr. Schwartz. He knew all about you. You didn't feel like you had to look you up.

So, I'm in general surgery, and so then, okay, what do you do for the lab? I had a military commitment. When you get back to the draft, because this is the Vietnam era, my friends who lived in Maryland, the draft board was a little loosey-goosier; my friends who were not doctors, it was a little easier. I was in DC and I had a DC draft board and I was a doctor. As you might imagine, there weren't as many doctors coming out as there were in Montgomery County, so they knew exactly where I was. I had a military commitment. Dr. Sabiston helped me with that, placing me in the public health service at the NIH where I spent two happy years as an administrator, brushing up on my golf. It wasn't straight lab, a laboratory experience. It was not.

Most of Duke guys went to Morrow's lab in Cardiac back then or went to Dr. Ketcham's lab in Surgical Oncology, which is where I got on the train to begin with. I was in Washington in grants administration, which was actually very helpful for later because I knew all about intramural funding and extramural funding and the surgery study section. I was actually an NIH representative on the surgery study section. I learned a lot about grants. When I came back--

Justin: That counted as your lab time?

Dr. Hanks: It did not count as lab time. Again, Dr. Sabiston made that very clear. That was my military commitment. That was not unusual. Though remember, I'm class of '73. This is now '75. Vietnam ends in '75, so the draft stops. My group was the last group to do military commitment. The guys after us, Schenk and those guys…[did not have a military commitment]

But I didn't find that as time lost. I knew that I was working into the system because I hadn't gone there in general surgery, and that was fine. Getting back to Washington, I spent two years at the NIH, I met a lot of people -- It was a great time. I went back into the residency, and then Dr. Sabiston said, "You do have to do research time." I said, "Fine." A good friend of mine, Dana Anderson, was about a year or so ahead of me. He had actually started in medicine and was very much interested in

gastrointestinal physiology and stuff. I found my way into Scott Jones' lab, did two years there, and really got a good understanding of research. Again, that was really the strength of the Duke program: you weren't young when you got done, but you had a broad base.

So I did five more years after the NIH: two senior resident years, one chief resident, and then two years of research. It was nine years all together, which goes by quickly when you're having fun. That was the package. When you came out, you did do a lot of operating, you operated with a lot of topnotch people. You did Whipple's with Scott. You did MEN-2 patients with Sam Wells. You did vascular surgery with Don Silver and Jim Fuchs, who are really pioneer vascular surgeons.

When I came to Virginia, I did the fem pop bypasses, I did esophagectomies through the chest, I did liver resections, I did Whipple's, I felt very comfortable doing endocrine surgery. You were really well-trained, which is what Virginia needed. And Sandy Schenk came with me, too. I felt very comfortable, even more so because Scott was the chair. If you got into a big deep Whipple, Scott was around. That was part of our instructions is to come here is to beef up general surgery. No one had done a parietal cell vagatomy when I came here. We'd done 20 or 30.

I don't think you want to talk about Virginia, I think you want to talk more about the Duke experience with Dr. Sabiston. Dr. Sabiston was probably one of the more unique doctors I've ever met. I think he was a man that was ahead of his time. I think a lot of people look back at Duke and say, "Oh, you guys were crazy for every other night," and all that stuff.

Justin: You did every other night for all nine years?-

Dr. Hanks: That was non-negotiable. There are two things that were non-negotiable at least, at least two things. One, your salary, which wasn't bad, but you weren't putting money away, and every other night. His understanding was it was just every other night. When he trained at Hopkins, it was basically all the time. Some of our rotations, when you took call from home, were all the time. There was a trauma rotation and the VA, when you're chief of the VA, you were on all the time, even though it was every other night because there was a "cardiac guy" rotating. But for general surgery, you were on.

It was fine, because there were great cases. The thing about the education, particularly in my case, I'm really lucky to have known two giants like Dr. Schwartz and Dr. Sabiston, who were very different in personality but at the top of their game in terms of education. Dr. Sabiston's idea was, frankly, you just didn't screw up. One of his favorite things was: it's just not that hard to be perfect. He tolerated no mistakes of any kind. It was a bit puzzling when you went to a liberal arts undergraduate in the Vietnam era where you're questioning authority and you're questioning some of the basics and you're brought up that way and your contemporaries are doing that. In fact, you did that during your educational period, and you were taught to do that.

I think, somehow, the old man blended an idea of asking questions of science as part of your research years – and that would include clinical research, asking the questions and getting data and answering it correctly – but when it came to a human being, you then put all that and you could make no mistakes. He did not tolerate mistakes. That was a tough road. Not everybody prospered under that kind of education. At times, it drove you crazy, usually, your chief resident year when you were responsible for everything.

Now, I definitely am an old dinosaur. If you look at the modern day, I think a lot of the questions about training and stress and the capability of learning and learning are good questions, but I think that they ignore some of the basics. His basic was that you had to work hard, and that your patients deserved that you work hard. I would love to see him in one of these panels now discussing, "Well, you get awfully tired." Tired wasn't in his vocabulary. He worked hard himself. He did a lot of stuff, put out the textbook. He was clinically busy, and he was on every NIH, international panel, doing stuff with The College.

Justin: What was he like clinically to operate with?

Dr. Hanks: I'll be honest, he wasn't the best technician, but he had a referral practice. As you went through the residency for the 10 years that you were there, you saw him cone down his practice to the stuff that he did the best. That was cardiac stuff. I did any number of vascular cases with him. I think that he saw the changes in vascular surgery or general surgery and realized the high-tech guys like Scott Jones or Sam [Wells] should be doing those, so I think he understood that.

To get back to the thing, if you look at how you would criticize his educational methods, which were Spartan, the positive side was, I really think looking back on it, the guy was ahead of his time, because what did he emphasize? He emphasized quality, and he emphasized outcomes. Your outcomes are to be perfect. Well, guess what? We worked really hard to be perfect. There weren't all these data flowsheets or productivity things coming out, but damn it, everybody did well. He wanted quality, and he had it in his own way. It was interesting because, again, my family's from Wisconsin, we were Green Bay Packers rooters, and we came up through the Vince Lombardi area, and all you have to do is read Vince Lombardi, and there's Dr. Sabiston. All the players said, "Yes, he treated us all the same. He treated us like dogs."

The Lombardi quote is, "You should be perfect. Chase perfection. You won't catch it, but maybe you'll catch excellence." In the back of all that is, I think that's what the old man was. I'll be honest, living under those circumstances, every other night, working hard, understanding where everybody was and how they were doing….when you were a chief resident, he expected you to know if there was an admission to Urology by the vice president's wife, because he wanted to know that. So, I would get up at 4:30 if I wasn't already up, I would go down to the admissions office and look through everybody's name, find out who they were, know any changes in clinical status,

meaning if any disasters in any of the ICUs; he would want to know about it. If you didn't tell him, and he found out from somebody else, your ass was in the grinder.

Justin: That was for your morning meeting with Dr. Sabiston?

Dr. Hanks: Yes. The morning reports were exactly five minutes, and you had to give him all the information. If you got done in three, then there were two extra minutes where he might just start asking questions, and you wouldn't know the answer to. It was the damndest year I'd ever been through.

Justin: How many months of the year were you responsible for giving morning report?

Dr. Hanks: Well, the way it worked back then is, there was still the general surgery rotation. There were six of us, residents, but there were three of us in general surgery. Each of the chief residents would have two months running their own service. Those days are gone. You had your own service, you operated on them, you had an attending as the person, and that attending-- Medicare laws were just coming in. He wanted the attending to at least to come through the room. Usually, they were next door, and Scott would come over. You had a room every day, priority, could not be bumped. You needed to have two cases in that room every day.

Justin: You scheduled your own cases?

Dr. Hanks: You scheduled your own cases.

Justin: You did your own cases?

Dr. Hanks: The only person who would bump you is if Dr. Sabiston had a private case, he would put it in that room if it was a general surgery case, which, by the time I was chief, was fewer and fewer.

Justin: Who assisted you? Another resident?

Dr. Hanks: Usually, yes. You would do the cases that ended up not being private cases that might come. Sam Wells might call you a week in advance and say, "I've got this patient on my protocol. It's a thyroid cancer. They have to go on general surgery. Can you schedule them in?" You say, "Yes, no problem." Depending on the case, Sam would come over and say, "Okay, I'll be operating next door. You start and get going, or do you want me to help?" or something. It was great. Usually, it was no problem.

The old man insisted then when you walked in, you knew that patient in and out, How many times have you got a med student right now, and you're scrubbing on a parathyroid and, he or she says, "You know, I was off call last night." Boy, if you didn't know that patient, your ass was in the crack. That was not just Dr. Sabiston, that was anybody. For Dr. Sabiston, he would look at the schedule and he'd go, "Oh,

well, here's Dr. Jones over in room seven, what's that case all about?" You'd have to know. You'd have to know the full OR schedule. You'd have to carry that in your head.

Justin: How many rooms were you responsible for knowing, then, a day, roughly?

Dr. Hanks: It was the general and the thoracic, usually. If you were general, he'd let you off the hook on the heart cases and stuff, unless he decided he was going to have some fun with you. Then he would pick out one resident for the first two months of the summer, and he would be the attending on all the cases. That was some sort of honor, apparently. That year, I got the honor. It was a real learning experience. That's when you saw him every day, you saw him in the morning, you basically hang around until night and helped him carry his briefcase out to the car. I was basically day and night with the guy for those two months. They were long.

We did the governor of South Carolina's wife, who flew up. Of course, I'd grown up in Washington, I'd worked in a senator's office, so I was comfortable around politicians, I could do that. The old man, every now and then you'd loosen him up, because I'd worked in a senator's office on the Hill when I was in high school, and he would ask questions about that. Every now and then, you could get him off on stuff, but not very often.

When you look back on it, you had to give him a lot of credit. I would be very different if I hadn't trained there. I suppose I'd be good, but I'm very proud of what we accomplished.

As you know, Dr. Schenk and I were in a bad accident a year and a half after we got here. That was amazing. We were both in the Intensive Care Unit for a while. I got out first. Sandy was very sick-- Speak of the devil.

Dr. Sandy Schenk: Hi.

Justin: Good to meet you, sir.

Dr. Schenk: I'll be back in a few.

Dr. Hanks: Speaking of that, literally the night of the accident, my wife picked up the phone. My wife was a Duke OR nurse who had operated with Dr. Sabiston. She had offered to be interviewed as well, because she could tell stories about dealing with residents and dealing with Dr. Sabiston. The night of the accident there's a phone call at home. We're not even at the hospital yet. We're being transported or maybe just arrived. It was Dr. Sabiston. He came up, he visited, and when I got out and I could communicate with him. Very often, I wouldn't say every day, but he was calling, "How's Sandy? What can I do?" He had us actually come down.

Sandy was actually getting some plastic surgery consults at Duke. We'd spent a long day there. We're walking across the parking lot, and he just turned and looked at me

and says, "You guys going to be all right?" I said, "Well, it's going to be a long road for Sandy." He says, "*Anything* I can do?" I can still see that, in the mist of a Duke Hospital parking lot with the old man looking at me, and all of a sudden I realized, that yes, I'd paid my dues, but he really meant it. One of the few glimpses of the paternal side. That was not his goal, was to be paternal. His goal was to set up a system of excellence that was just uncompromising. I got to give him credit for that.

I don't think everybody prospered under that. There were people that wilted, and maybe I wilted. I'm not the most gloried Duke resident, but I'm one of the proud ones. I think that system can't be repeated, but I think when you look back on the goals of education, you ought to rethink what that was. Hard work, quality, outcomes, caring for patients. He was clearly into that. He just used different methodology.

Justin: Could they bring anything like Duke surgery of old today?

Dr. Hanks: You know, you'd have to ask Allan Kirk that. You've heard the stories, you'd probably have a feeling for it. Some of them are apocryphal, but a lot of them are really true.

With 80-hour workweek… Now you look at pictures of Duke, we're all cut out of the same cloth. I'm an Ivy-League, boy's prep school product, so I know exactly what people are talking about. That's fine. I'm all for diversity, but I can just see him….but remember he hired the first African-American faculty member, so the old man was, again, a visionary, he was out front in all this stuff. Onye Akwari was his first hire.

Justin: Who was the female surgery resident?

Dr. Hanks: Oh, Chase Lottich?

Justin: Yes. Were you there when she was there?

Dr. Hanks: Oh, yes. Oh, yes. "Scheduling issues."

He'd understand that [diversity]. He'd say, "Fine, you got diversity, but they're no different amongst in what I'm going to demand that they can do. They will hit the same quality bar and benchmark as everybody else."

His record shows that he was ready for diversity. He went to the Society for Black Academic Surgeons meetings. He had the first one in Durham, and he sponsored it, and this in North Carolina for Christ's sakes. He did understand, so I can see him raising his hand and doing that, but then, you say, "Okay, but here's my system for educating. How you like it?"

Justin: What was it like integrating the first female resident of Duke into the system?

Dr. Hanks: Was Chase the first to go through?

Justin: Yes. There was another one in a sub specialty.

Dr. Hanks: There was Susan Tucker, who was in Urology. She's a sharp lady. Actually, she had trained with a former urology chair here.

Sabiston had three daughters, well-raised, smart; none of them went in medicine, and he was very proud of them. I had two daughters. You've heard people say, "Well, you know, he wouldn't do that," et cetera, I think he would, but what he would demand, out of all that, is quality and good outcomes. You'd have to see how that worked in the modern era.

No, I don't think you can replicate that system again, because there's not a person that would command that, but I think that, as you look back on some of those training programs, the Hopkin's programs, the Harvards, and across the board, you shouldn't lose sight of what they were trying to do. They were trying to do the same damn thing: that every operation should go perfectly, and everybody should do well, and that's your goal. You know in your background that it can, and then you'd have to be accountable as to why it didn't, if it didn't.

Some of our M&M conferences were pretty brutal, but the old man, he was pretty good at reading sub-contexts. The resident or the chief resident would have to present. None of the attendings presented, even on private general, so sometimes, you'd have to get up and talk about one of the attendings, but you were usually in on the case. There was none of this, "Oh, I was off that day." You had to know about the case, and you'd have to tiptoe around if there was attending involved, but he was pretty good at all that stuff. I think the guy was very savvy about the education stuff.

Justin: You said you started with Greg Georgiade. I hear he's one of the first people to go through without doing time in the lab.

Dr. Hanks: Yes. There were people like Lew Stocks, I think, that had been at the NIH and had done time. You see, what was happening was, we showed up in the fall of '73, and he was only nine years into it. When he came there in '64, what he set up was, if you talked to Tom Daniels or Brad Rodgers, everything was set up to do cardiac. He integrated the cardiac and the general. That was his mantra, "You're training for a cardiac surgeon."

Sam Wells was the very first person [to go general], and I think that he actually had to do cardiac rotations because they didn't know what to do, but he was amongst the first persons to say, "I just want to do general." Again, with the army and the other stuff, Sabiston was just beginning to deal with guys that just wanted to do general, so they didn't have to do the cardiac chief and super-chief years, the extra two years, and that was working out.

Justin: You came in, and you always wanted to do general. You never wanted to do cardiothoracic?

Dr. Hanks: Well, that was one of the things he asked me, did I want to do cardiothoracic. I'd been through general, and again, here's Scott Jones doing right

lobes, having to go open up into the right chest to do that, doing lobectomies-- Well, he didn't do lung lobectomies, but he did the esophageal stuff, and Post over at the VA, he was a general surgeon, he did all the esophagectomies. One time I mentioned, I said, "General thoracic is really cool. Could we do that?" [chuckles] "No. No." That wasn't an option.

Justin: I think Dave Harpole was the first general thoracic.

Dr. Hanks: Is that right? It wasn't available…

Justin: He was 10 years after you, I think.

Dr. Hanks: Yes. I think he was like an intern when I was leaving. That said, guys like Lew Stocks had been at the NIH and he came back, and I think he went to private practice and basically did general thoracic. Tom Daniel did all the cardiac stuff. He was chief when I got there, went into private practice in Richmond then came up here but just did general thoracic. So they could do it. It evolved into more of its own specialty.

His love was the cardiac stuff. He realized that in general surgery, there were people like Sam that were making important contributions to the MEN, to the follow-up on how to deal with pheochromocytomas and stuff. The stuff was rolling in.. That was all before laparoscopic stuff ruined all the stuff.

Justin: I'm going into transplant for that reason.

[laughter]

Dr. Hanks: Goddamn, we just did a lot of cases. We really did do a lot of cases. We were taught by Scott Jones and Sam Wells. I must have thought about Sam every time I opened a neck. I could hear Sam, "No, no, no, where's the nerve? Where's the nerve." It was just high-quality surgery. Was it better than Hopkins, or better than Harvard? Well, we were told it was. But I didn't go elsewhere, but I sure felt comfortable when I left Duke.

We made all kinds of friends with Lillemoe and Sharpe, and the guys at Vanderbilt. We all ran into them, and we had lots of fun talking about all our guys. It was impressive how much the old man was this giant figure because of his presence in the American College of Surgeons, the American Surgical, the Southern. Even though he may have grilled you a few times, which he did, he had a great deal of respect for what you'd been through. I think it was a little bit different for me and Sandy because there was that glimpse, because of our accident, how much he personally cared for you, but he wouldn't show it because that wasn't expected.

It's like my parents living through the Depression and stuff like that, and I sit back and I think, I'd never sat down with my dad or mom and said, "Thank you." I never had that chance, and I feel badly about it. I talked to my brother and he said, "They

didn't expect that. What they expected is that you do good. They bragged about you." That's what he did. He bragged about us residents and stuff like that, but he never told us that. He didn't expect us to say that, or he didn't expect you to say, "Thank you." He said, "You reached my bar."

In a way, that's good. That was unique of all my educational experience, in a way.

Justin: Do you feel there's a lot of change of the nine years you spent with him? Did the program change? Did he change?

Dr. Hanks: No. Not at all. I think he did adapt. I think one of the big things was when we started, when I was an intern, and Tom Daniel was the chief, that was just a resident thing and there was just no attendings and all. Tom Daniel was well trained, and we took good care, and the old man knew what we were doing. By the time I was chief, there was still the general surgery service, but you really had an attending with it. He understood the Medicare of laws and all this, and he was not going to be in violation of that. It just wasn't going to happen. At least the attending had to be present. He would ask you, he says, "Was Scott in the room?" Scott had come through, maybe scrubbed in or something. I'd say, "Yes." He did adapt to that. I think he adapted some of the new technology.

You'd be doing a parietal cell vagatomy, and he'd quiz you on that…"The lesser curvature is not going to necrose or anything?" "Oh no Dr. Sabiston, it's not going to necrose." He'd be asking questioned about that, and you could see the wheels turning. The son of a bitch, he was like Seymour Schwartz. In that textbook, he knew everything that was in that textbook, and he read every page of it. When a new thing came out like parietal cell vagatomy, he'd read about it. You might hear him give an opinion about it, but that was either in a conference or on rounds or something like that. Yes, I think he adapted to change. He was sometimes kinds of slow, but boy, he was perfectly plugged into the payment system and the Medicare changes and what's going on in Washington on with medicine and more and more encroachments. The DRGs were just starting, that's the beginning of all that stuff. DRG, I think it was just starting when I left, but it was certainly hitting us when we got here. He was very careful about that and, as you know, some other prominent academic centers weren't so careful about that. That stuff just wouldn't happen. Yes, I think it changed. I think it changed to some of the outside forces, but internally, every other night, the salaries, the Monday conferences…

Justin: What was the Monday conference like? I know we talked about it a little bit before we started recording but--

Dr. Hanks: They were absolutely brutal. I think that, in a way, with some of the stuff that I found a little discouraging. There was some needless aggravation in there. I think you have to give him credit for the fact that he wanted people to learn, he wanted people to excel in discussions. He had a way that if you didn't know …some guys were just scared, me included. You'd gone to a different kind of medical school and you would come right in and you'd just get grilled, and then you didn't know it,

and he'd just keep going. Then there would be some personal comment about your lack of knowledge and how your future was going to be in Toledo and stuff. I think that was needless aggravation. I'll be honest, I had trouble with that in the beginning. On the other hand, that was also responsible for me getting up at 4:00 in the morning -- "Okay, now we're gonna read on pancreatectomy." It was pretty amazing because it was Monday conference, it was an hour and a half, sometimes two hours, and all residents were there.

Justin: Period?

Dr. Hanks: Period. There was no excuse not to be there. There were no med students, there were no other students, it was just the residents, I mean the general surgery residents. The subspecialty interns were in there, I'm pretty sure. Basically, he made sure that all the categoricals were in there. He would just get after you.

Justin: Someone would present or he would just hold court on a random topic?

Dr. Hanks: Well, a patient would be presented on a whipple or something like that, then he would take off on either the physiology of the pancreas or something like that. The chief would usually present it and then the interns on the services are responsible for answering the questions. Sometimes you're just in over the head, Sometimes there's really, really bright guys like Jim Lowe and Chuck Edwards who knew all the answers. It was not fun. On the other hand, when it came to taking the orals-- [chuckles]

True story, first time I walked in, I recognized this very prominent academic surgeon who sat down and said, "Okay, Hanks, you got a five-year-old kid, he's got his mother and his grandmother have had thyroid surgery or adrenal surgery or something like that." This is back before the RET oncogene. "He's got a lump in his thyroid, what are you going to do?" These was before needle biopsy. I said, "Well, let's get a calcitonin." "Calcitonin is elevated. Now what you're going do?" I said, "I'm going to set him up for a total thyroidectomy." "You're going to do a total thyroidectomy on a five-year-old?" Don't you think that that's overtreatment or really stupid?" I said, "No." Iit's like this guy's yelling at you for operating on a five-year-old, and you're thinking to yourself, "Is this the best you got?" I've been chewed out by the old man. "Is this all you got? You're wasting time. Yes, I'm gonna do a total thyroidectomy on a five-year-old." "What are the complications?" "Hypothyroidism, recurrent laryngeal nerve damage, but you've got to be really careful--"

And then you think to yourself, "Oh, shit, I've been through this before." I think a lot of people pass the oral boards that way. I think the Monday conferences were his way of kicking your ass, which is what he was not scared to do.

Justin: I hear you almost got fired for eating an apple once.

Dr. Hanks: I did. Yes, I was fired. He had this rule of absolutely no eating on the wards. Okay. You got to hear this.

It'd been a long day and he'd done this long case. Ralph Damiano was my second-year resident.

Justin: What year were you at the time?

Dr. Hanks: I was chief. Yes, I was on. We're up in the ICU and, of course, you had to get down to a single bandage, take the NG tube out, get down to one IV on this complicated thing. He had said he'd be up there at four o'clock or something. It was 4:00, 4:30, and I had had breakfast that morning, but not anything since. It's 5:00, 5:30, 6:00, and I'm still sitting around and Damiano comes through and he's got this plum.

He said “This patient gave me a plum.” I said, “Get the fuck out of here, the old man's due." Damiano flips it to me like I would throw it away, and I'm going over to the trash can, true story, going over to the trash can, then take a big bite, and there he is right behind me. [chuckles] “Hi!” [chuckles]

I can still see, his face just fills up the world and then he's got that little vein that's coming out of-- "Don't you know you're not supposed to eat here?" I'm sitting there looking right in his face. I'm thinking, "This is exactly what Dana Anderson described, this is the pig face," and I am thinking "Oh, God."

"Doctor Blalock just didn’t tolerate this type of thing. He would have just fired us. Matter of fact, you’re fired!” He goes storming off. Now, you have a dilemma. You're the oncall resident and you've been fired. Do you go home? I call Bob Wesley who was the chief. I said, "I got this problem here, Bob. I just got fired by the old man." He said, "Look, Hanks, this is not one of your tricks. I'm not coming in and covering you." I said, " True story. Ask Damiano for verification or Schenk."

So you sit there and, well, now you've been fired and the old man's pissed. What do you do? [chuckles] Where do you go? I figured, "Okay, well, I'll just stay here." I'll just do 7:30 [morning report] and see what happens. Should I go home and go to bed? Am I done? Should I call Dr. Schwartz? What do I do? I walk in the 7:30 conference the next morning, and he’s a little grumpy. But yeah, plum. I'll never forget them. God, it was good. I got fired. True story. That's the way it was.

The rule was you didn't eat on the ward. He caught me eating on the ward. "Get out." [laughs] In a way, he must have known the patient was doing well. I mean, why—he could have just said "Don't fucking do that. Okay, now how's Mrs. So and So.” I mean, that would be how you or me would handle it.

Yes, but that wasn't him. But that would wilt some other people. I don't know what the right answer is. I mean, I'd gone to a prep school and all that stuff. The headmaster would yell at you, and you knew it. You knew it. You knew where it came from. But it wasn't pleasant. Being fired in your chief year is not pleasant. I mean, it's one of the great stories now, but it's true. But why do you have to go through that. It wasn't fun at the time.

Justin: Any other great stories we should capture for the record?

Dr. Hanks: Jim Cox will tell you this one. I'm an intern. Cox is the chief doing a gallbladder with the old man. Of course, that was one of the things he'd do – he'd pimp you in an operation, and it was usually the intern. You should catch up with Jim Cox because he's really great with all this stuff. I'll tell him you're looking for him. Cox gets a hold of me and says, "Listen, Hanks, you're going to get pimped on gall bladders." I said, "Well, look, I'm working." He says, "No, I'm going to take care of the ward. You're going to go study on the gall bladder. You're going to know everything. You're going to know who Mrs. Gall bladder was. You're going to know who invented the artificial gall bladder. You're going to know about biliary secretions." "Okay."

It's the old ORs, it's room nine. They piped in music. He would turn it down. He wouldn't turn it off, but he'd turned it down. We get in, and Cox is helping him. I'm thinking, "Come on, come on, come on. Give it to me. Give it to me." Cox is just sitting there. There's this gall bladder. There's this red gall bladder. "Come on, you son of a bitch. Put one over the plate for me. Ask me the question. Come on. I'm ready! "John?" "Yessir?" "That's a lovely tune they're playing. Do you know the name of that tune?"

You are so wired, you're just [cries] and all you hear beep, boom, boom. [cries] "John, it's a famous tune. It's a popular record, and you should know that." You're trying to listen. You're thinking about lecithin, phospholipids and all this. "John, I'm just disappointed in you. Jim, do you know?" "Oh yes, sir. It's Unchained Melody by The Righteous Brothers." God. It was weird. Then the old man goes out, and I just said "Cox, I got to sit down." He said, "Jesus, you can't answer anything."

I actually got a letter from Cox because he won the Jacobsson Award. I wrote this letter about all the stuff, and I said congratulations. Cox goes, "I got so many pleasant memories of you and me working together, but I'll never forget Unchained Gallbladder, 1973." [laughs] I thought, "God, this is just the beginning of another long year." "John, what's the name…?" He never asked that question ever! That's a true story.

Justin: Yes. Well, I don't want to make you late for practice? Is there anything we didn't cover that want to make sure?

Dr. Hanks: No, I think when you look back at those kinds of residencies and the educators, the Blalock's and the Blalock residents and the Harvards and the Yales and the Minnesotas. It's sort of interesting, because again, with my mom, when I went to interview at Minnesota, Dr. Wangensteen made sure that he told my mother, "You make sure that John stays at my house." I stayed at Dr. Wangensteen's house, and he drove me in to see Dr. Vargas. If I'd gone to Minnesota things would have been different. You look at those programs and what those people were doing…Dr. Wangensteen put that PhD into his residency. You look at the people that were at--Penn and San Francisco, and you're at Duke, and you hear a lot about Duke. He was proud of it, and that's fine. But you have to look at the education in those places.

It was world-class. I mean, those were really, really great programs. You'll meet and have met people that came out of that, which were well-educated. And you have to look at those programs, and you have to say, are we still capturing the best of those? Okay, and I think you can and you can't. I think the other part about that is-- and the old man was always very respectful. It was very unusual for him to talk about other programs -- other than that Hopkins comment. He was very respectful of other programs. He really never talked trash. To the hotshot Duke med students that came through, he would push his own program. But he was always complimentary about other programs. He was very good about that. It's probably why he was visible at the American College and stuff like that. You have to look back, and you say, okay, what was it that they did that was really good? Okay, and what was it they did that's outdated and which we can't do it anymore, like every other night call.

You have to really make sure that you don't throw out all of the principles that they had. I think the old man ran a hell of a program. I'm proud to have done it. I think that it was not for everybody, but he never made it sound anything other than what it was. I mean, he did not guarantee whether you'd finish. He did not. He said it's just going to be every other night. You rotated down at Womack. Do they still do that?

Justin: No, sir.

Dr. Hanks: That's too bad. We rotated through the Army hospital down there in Fayetteville, and he would call and check and make sure that you were on call every other night. To me, I just didn't think that the problem was every other night. I mean, we could go Libby Zion for months and months. I mean, does every third make sense or something like that? For me, I mean, you look at every other, I thought, we just did a lot of cases. You did a lot of cases. You were in when patients got sick. The people that had taken care of them were in the hospital. And I think that was his view of quality, not to punish you for being every other night. Now, there's a lot of Saturday afternoons Jim Cox and I sat out on the loading dock in the emergency room, told lies about our athletic abilities, but hell, that was great. You'd go up there, and you'd study, or you'd work on your papers or stuff like that.

I think you have to really look at what those programs did and say are these new emphases diluting the quality?

I think the best part about surgery is, it's still the brightest young people go into it. I think they do. I think, God, look at all this technology and the Human Genome Project. I mean, nobody knew what a RET oncogene was. Now you're operating on people, you're operating on kids that have RET oncogenes because you know the kid's going to get cancer. I mean, God, thinking about surgery in the future, I envy you people, but I just wonder what the old man would think about all this stuff. [laughs] "I don't think that's a very smart idea." He'd be standing up for the principle rather than the history of it. Does that make sense?

Justin: It does.

Dr. Hanks: Yes. I have absolutely no regrets. I have some un-fond memories. Getting back to the Packers analogy, which is legit, basically, we all got treated the same. I mean, there are a couple of favorites. You may even see some of those. As you know, that wasn't the big issue. Everybody was under the gun, and the young factory like John Grant and George Leight, they'd all been through it, so you could go over to George and say, "Hey George." You would keep things private.

Justin: They were pretty good allies?

Dr. Hanks: Oh, absolutely. They were lifesavers. I was chief one time, and I'd been chewed out for something. Scott had an office about this big with a couch this big and Scott and I had really-- I worked in his lab and had done cases with him -- we were friends. My wife had spent Thanksgiving at his house when I was on call. I just remember going into his office one day and just sitting on the couch. He walked in and says, "You're looking terrible." I said, "I'm just sitting here. Do you need your office?" Scott looks at me, "You need it more than I do."

[laughter]

I said, "I just need 10 minutes or something" and Scott walked out. A lot of it wasn't fun, but it was a price you paid.

Justin: To be a great surgeon?

Dr. Hanks: To be a Duke trained surgeon. Which was, in my mind, topflight. Then you come here, and people are like "Oh, you Duke guys" and all that stuff. And you go, okay. It's fine. You're not going to defend it or one thing or another, but we had a good reputation. There's not that many people that went out and screwed up. Some did, and then you had guys like Bill DeVries on the cover of Time Magazine.

They're looking at guys like Jim Cox who made significant -- up there with Nobel Prize-worthy—contributions. But Scott Jones had the same thing with the Penn guys. He was a contemporary of [Stanley] Dudrick, who worked with [Jonathan] Rhodes. Why those guys didn't win a Nobel Prize for TPN is crazy. Well, guess what? Those guys were getting trained under the same circumstances. Jonathan Rhodes was entirely different than the old man, but nonetheless, these guys had worked their butts off and made significant contributions.

Minnesota guys too, so you're not any better than those guys, but you're in the same league. You're major league, and I was very proud of that. I never thought I'd be in the major leagues. I thought I'd be back in Washington, and so that was made possible by Duke. It was made possible largely by Dr. Sabiston, with a significant contribution by Sy Schwartz, who was a different spin on this. Can I get to part B or do you have any other questions on this?

Justin: Part B.

Dr. Hanks: I wonder, because my daughter was in Rochester doing her residency, so I went back and connected with Sy a lot. He was never very far away. Rochester's just up there. Anyway, I'd be going up to Rochester. I would always call Dr. Schwartz, and we'd have coffee and stuff. It was like a death in the family when he died. It really was. He was such a great guy. He was a great guy to my daughter.

Then, I got to thinking about how, when I left went down to Duke…my fourth year of medical school was when Schwartz's first textbook cam out, and Sabiston's came out the next year. They're within a year of each other, the first editions. Like I said, both said how much they didn't realize that the other guy was putting the book out, that maybe they would have altered or done it differently, although, in a way, they're different kinds of books. I never heard one of them say anything other than complimentary about the other. Stop and think about that. I just wonder if there was a correspondence between the two, and I was wondering if any of Sabiston's correspondence catalogued?

Because I've talked with Dave Linehan, who's the chair. Actually, it's sort of funny. When I was president of the Southern, Sy called my up, and he was very complimentary. "Now, the next time you're up here, we're going to go out to lunch with Dave Linehan and stuff." It was just terrific. You know, I looked at the chair in Rochester and actually, long story short, the Dean was crazy and gave it to somebody else. Sy was always for me. Even Sy would mention that there were good candidates, but that he really would love for me to come back. And that's the one job I would have gone and taken, but different story.

Anyway, we talk with Dave Linehan, and so we sat down with David, and he goes, "Boy, you're some good friend of Dr. Schwarz's, aren't you?" I said, "Well, God, I hope so." He was my adviser all four years of medical school, and I said, "The other good news is Dr. Schwartz likes you." I'm talking to him, and said, "Well, he likes the chair." Sy, we just had a lot of fun together.

I got to thinking, there must have been some correspondence and you got a million things, but what would you think about looking into the two giants of the surgical textbook, which are both still going on, and see if there's any correspondence that would be-- Because I was going to talk to David, because now obviously they're cataloging all of Sy's stuff.

Justin: If there's correspondence, it could be a really interesting project. If there's no correspondence, then it's going to be really difficult to say anything.

Dr. Hanks: If there is correspondence….

Justin: I can certainly look into to see if they have. They have all these letters.

Dr. Hanks: Well take a look through that, and I'll ask David the same because I'll be happy to truck up to Rochester and look through it, because I would love to get his stuff to the Southern Surgical anyway because of the archives. He was a contributing

member of the Southern, even being out in New York. I just got to thinking that I had a unique position. I never heard anything but a respectful word. I mean, both those guys are president of the [American College of Surgeons], they're president of the American [Surgical Association]. Sy wasn't president of the Southern, but that doesn't matter. Big guys, as we're coming through, those are the two things. I may have been the only Duke resident, maybe, with both of them as mentors.

I was worried, initially, when I started on an academic track, if I could live up to it, but I think I've made my mark, and the old man knew about that. When I got on the [American] Board [of Surgery], I got a nice note from him about how big he thought that was.

I would think a correspondence between Sy Schwartz and Sabiston might be rich. Probably not a lot of it, but if you stop and think about how much those [textbooks] sold, how much each of those are worldwide, and here's these two guys with entirely different backgrounds…

Justin: Yes, and totally different personalities.

Dr. Hanks: Entirely different personalities. Sy was every bit as smart as the old man. Maybe again not the great technician that the old man was, but still had a big referral practice. He just was out here at this level, and he showed that to you. There it was for you to emulate. He didn't beat up on you or whatever, call you stupid or say your future was in Toledo the way the other man did, but they're both doing the same thing in different environments.

That was my adjustment I had to make coming from the outside. The Duke guys all knew that, and they were smarter than I was, anyway, so it just took me a while, but as I thought about what I was going to say here, and I really thought a lot about Sy since he checked out, but I was really glad to spend so much time with him. Because, in a way, Sy Schwartz is like a family member to me, because of the interpersonal reaction.

The old man is out there and is just there as the great educator. I'm glad I bobbed in that wake, but he's not a member of my family, nor did he expect to be. Like when I'm chief resident, my mom and dad come down. Mom met all these surgeons. She met DeBakey and all these guys as they came through. Well, let's have dinner with Dr. Sabiston.

Justin: [laughs]

Dr. Hanks: "Mom, we don't." "He must be a nice guy." "No, actually, he's not." There you go. That's not derogatory.

Justin: No, it was just him. Well, thanks so much for your time today Dr. Hanks.

John: No, thank you.

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[01:10:17] [END OF AUDIO]