



Konstantinos Economopoulos: I'm starting the recording right now. Dr. Pappas, just for the record, I'm Konstantinos Economopoulos, I'm going to interview you for the Sabiston Oral History Project. Just to recap, we have several history researchers, as you know, and some medical doctors who are conducting these interviews over the phone. We are aiming to interview people to get an archive or a history of Dr. Sabiston's influence at Duke and in surgery in general.

The eventual goal after this is to construct, hopefully, a formal biography. As you already know, these interviews are going to be recorded and archived in the Medical Center Library and we will ask for your consent to submit and file this transcript to the Medical Center Library.

Theodore Pappas: Great.

Konstantinos Economopoulos: As you know, I'll work on the transcript, we'll send it to you and you will have the chance to edit it before you sign the consent form. Is that okay?

Theodore Pappas: Great.

Konstantinos Economopoulos: Do you want to repeat your name for the interview and the audio, please?

Theodore Pappas: Theodore Nick Pappas.

Konstantinos Economopoulos: Thank you so very much for taking the time to talk to me today. Let me start. What years did you interact with Dr. Sabiston?

Theodore Pappas: Started in 1987. I can tell you the story about how I first met him. This was the year before I started on faculty in 1988. I was looking for a job training at the Brigham in Boston. I was thinking about staying at the Brigham, looked at a job in San Francisco because my former mentor was there, a guy named Haile Debas.

I had a friend of mine who was the chief of gastroenterology here at Duke, a guy named Ian Taylor. I had done lab work with him when I was a researcher and we collaborated on a bunch of studies. We did whole animal physiology. He said, "Oh, why don't you think about coming to Duke?" I said, "I don't know anything about Duke." He said, "Well, you send me your CV and I'm going to put it in front of Dr. Sabiston." Ian Taylor, who was the Chief of Gastroenterology went to Dr. Sabiston and put his CV on his desk and said who I was.

It just so happened that Sabiston had been thinking about hiring one of his own graduates because they were expanding the Pancreas Program. There was a guy named Peter Cotton who was here, who's a famous gastroenterologist, and had grown ERCP, and grown endoscopic ultrasound, and there were a lot more pancreas cases and they needed a pancreas surgeon.

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Literally, the day before my CV shows up on Sabiston's desk, the guy who was the trainee from the Duke Program, who Sabiston had decided was the pancreas surgeon had come to talk to Sabiston and said, "I'm not going to stay at Duke. When I finish, I'm going to Alabama and take up practice with my brother." Sabiston was shocked because in his mind, he had set this all up and it turned out that he didn't have a guy. The next day my CV shows up.

What happens then is Sabiston contacts me and says, "Would you be willing to come for an interview?" I said, "Oh, thank you, sir. Very good." This is about a year before I finished. I'm in my final year at the Brigham.

Konstantinos Economopoulos: That was what year, if I may be more specific?

Theodore Pappas: In 1987.

Konstantinos Economopoulos: 1987.

Theodore Pappas: A week goes by and I'm rounding the next day at the Brigham. Again, I'm chief resident, I'm rounding up the team, and one of my junior residents named Jim Knox had been a medical student at Duke. He says "Dr. Sabiston called me yesterday." Mind you he's now a junior resident at the Brigham. He had been a medical student at Duke. I said, "Why did Sabiston call you?" He said, "He called me asking about you." I said, "Asking about me?" He said, "Yes." I said, "What happened?"

The guy tells me the story and I'll never forget it, he says, "I was sitting watching TV in my underwear, my phone rings. I pick up the phone, "Mr. Jim, this is David Sabiston." He says, "I stood up." He said, "I'm sitting in my house and David Sabiston called me on the phone I stood up. I said, "Yes, sir." Which is, of course, what a former medical student with Sabiston would say.

Basically, Sabiston was finding out who I was and going to a source that he trusted, which was a former medical student that he knew when he was a medical student. Sabiston at the time had this incredibly tight relationship with medical students because he was recruiting the best residents all the time from the Duke Medical School. Jim Knox had been one of those who had escaped and gone to the Brigham instead of stayed. He knew Knox as a quality guy and finding out who's this Pappas guy.

Luckily, Jim Knox said good things and I get to go and interview. I come to Durham and I interview, and saw everything, and met everybody, and we're going to a dinner that night on campus. At the time, we had all of our dinners at one of the buildings on campus, which was a short 15-minute walk on to campus. I met Sabiston about six o'clock in his office and we walked over together.

As we were walking over together, he was telling me who he was like I didn't know, of course. Since I wasn't the Duke trainee, he presumed, I didn't know. He was

telling me, "I don't have to ask permission to hire you because I'm in charge here." He was letting me know he was all-powerful which I knew but he did-- like I said, I wasn't one of his trainees, they all knew he was all-powerful, but he, in his nice way, was telling me, "Oh, by the way, I'm in charge here and I make any decision I want." I said, "Yes, sir. Yes, sir."

We walk over to that dinner and it's a dinner with all the faculty and it goes good. Then I get invited back, that went well. I get invited back the next time to give a conference and I give a teaching conference or a grand round sort of thing. Then at the end of that day, finally, I go in and I think he's going to offer me a job. I had prepared because I had talked to a bunch of friends of mine.

"When you go to Dr. Sabiston, you got to know exactly what you want, and so you think about--" I was going to set up a research lab, which I did, and he said, "Well, you go in and you should have a completely itemized list of things you need including equipment. If you're going to do whole animal physiology, how many dogs do you need?" All of this kind of stuff, so I did that. Gave all my research, got the prices of all of it. I had this complete thing about what I needed to start.

End of the day comes, five o'clock, my wife's waiting for me in the car. I go in and talk, and he says, "Well, Ted," he says, "we'd love to hire you at Duke. We want you to become a Duke surgeon." I said, "Well, thank you, sir." I pull out the stuff and I said, "This is the things I need to be successful." Sabiston said-- he takes my [inaudible] and he puts on under the credenza behind it, doesn't open it.

He stands up and puts his hand out. Then I realized I was signing the contract because I was going to shake hand, he was going to hire me. Before I knew any details, including salary, I was shaking hands with David Sabiston. For him, and this is an important part of the story, that handshake was what it was all about. It was not about a contract, it was not about some fancy piece of paper, it was about "I'm taking care of you, and my job is to create an academic career, and here's my handshake to prove it." That's exactly what he was saying.

I shook his hands. "Thank you, sir." I walked out, I go back to the car. I told my wife, "Good news, I'm going to be at Duke." My wife says, and you met my wife, she says, "How much is he going to pay you?" I said, "I didn't ask."

Konstantinos Economopoulos: Oh my God.

Theodore Pappas: She makes fun of me, to this day, about that.

Konstantinos Economopoulos: [laughs] Oh my God. That's an incredible story. I've heard also about how gentlemanly Dr. Sabiston was and you portrayed that by saying that the handshake was more important than the signature for him.

Theodore Pappas: Absolutely.

Konstantinos Economopoulos: Do you have more stories to tell me to showcase that. How gentlemanly Dr. Sabiston mean and the difference of how important the ethics were for him?

Theodore Pappas: I can remember on one of those two trips, he invited my wife and I to his house for dinner. It was very old Southern charm, his wife was an-- and is still living as a delightful, delightful people. We went to his home, and as it turns out, my sister-in-law came with us. We were looking for housing. While I was interviewing my wife and my sister-in-law ran around town with a realtor. She was there and so Dr. Sabiston said, "Oh, she can come to dinner too." He was very gracious about it because I said, "Well, she's here," and he's, "Well, bring her too."

We're all sitting at the table, and of course, it was what I thought was an awkward situation because I didn't know him that well and we were going to spend all evening at dinner but he'd obviously done this before. The routine between he and his wife would be is that he would set up a question and she would answer it and go on forever because the woman loved to talk. She was the host.

It would be about where it'd be talked about looking for housing and this and that. He would turn to her and say, "Aggie, what are the parts of Durham you like?" She would go on and on and on and entertain all of us with very graphic stories in sort of a classic old-style plan. There was not going to be any lull in the conversation because Aggie knew how to converse.

We didn't have to worry about being awkward and I was the junior guy and here I was in Sabiston's house, not an issue because Aggie carried the whole day and that was classic. They knew that routine. Like I said, I didn't know what was going to happen and I was nervous about it. No problem.

Konstantinos Economopoulos: No problem.

Theodore Pappas: Their job was to manage that. They knew that-- The interesting thing about it is I was the second person to be recruited from outside of Duke in 15 years. We had Duke trainees on the faculty. The previous guy was a guy named Joe Moylan who came from, I think Milwaukee as Chief of Trauma and then he hired Duke people. Then I came 15 years later as an outside person. It just never happened.

Despite that, he figured it out because he had a way of interacting with his own residents and it just continued into when they became on faculty, it didn't change much. Yet he treated me great and I had no trouble with our relationship because he was the same guy all the time, a complete gentleman all the time.

Konstantinos Economopoulos: That's great. Tell me more about his memory. I've heard that his memory was phenomenal from various people. Do you have any examples to give us to portray that?

Theodore Pappas: He paid attention and he paid attention for a purpose and the best example was medical students. He had a big hand in teaching medical students. The medical students on rotation were taught by him. It was his job to manage the medical students. It was mostly because he was culling through looking for the stars. He would look at their CVs ahead of time.

For example, you get new 20 students who are coming on a rotation that month. He would meet with them for a little session where we would have snacks and some drinks and he would sit there and he would talk to people. He would work the room but he had read everybody's CV ahead of time. He noted certain things that were important to him and it came up in the conversation.

Some student would introduce themselves, "Oh, I'm Joe Blow." Dr. Sabiston, he said, "Oh yes, isn't your cousin, a general surgeon in Pennsylvania." He was noting the important things already and he particularly had sorted out who the great students were, looked at their accomplishments, looked at their publications. He knew who he was targeting and committed it to memory. It was coming across as very spontaneous but he had done his homework because if you're recruiting Duke medical students, he was bringing them along, even the ones that hadn't decided to become surgeons yet. He was bringing them into surgery and this was all a recruitment tool. He's very good at it.

Konstantinos Economopoulos: I've heard specifically that he was able to remember not only the residents' names, the medical students' names but also their wives' names and so on and so forth. You said that--

Theodore Pappas: It was uncanny. Again, it was part of his thing that it wasn't an accident. He was doing this on purpose. He was a very calculated guy when it came to the social aspects and how important they were and the routines and he was very, very good at that stuff.

Konstantinos Economopoulos: That's great. Talk to me a little bit more now because you were working basically with him being your boss. What was like interpersonally in that sense, from a professional standpoint?

Theodore Pappas: He was a master at creating academic careers. This was the great comedy that I-- I was giving him a list of stuff I needed. He knew what I needed. It was a comedy. He knew how to create academic careers. He was famous for that. What he would do is, first of all, getting the lab set up was fine. He eventually did give that list of equipment to the business manager. They found me lab space.

The lab space is a great story. There was Lab Space at the VA, which is which the other GI physiology surgeons were at the VA. I was going to have a lab next to them, which is great but the lab space was basically an old lab that really needed to be a couple of walls torn down and redone. It was dysfunctional and I couldn't move in.



He took Duke money and gave it to the VA to do the construction, which is impossible. You can't. I don't know how he did that, how he gave money to the federal government so they would get the work done because otherwise, it was on some list. It would have taken five years but he wasn't going to tolerate that. By the time I had funding, which was six months later, I was moving into that lab because he had got the work done, classic Sabiston. He controlled everything and he knew what I needed. He knew I needed to get my career started.

I was lucky enough to get funded with basically an R21 or a K-equivalent award at the time, it was called the first award R29 at the time. I got funded luckily in the first go-round and in December I was ready, the lab was ready. He bought all the equipment. We started. He then within six months had a fellow for me in the lab. Again, he knew that, see, I had already built a huge practice from the very beginning. He knew I needed somebody in the lab running my stuff and it would be a surgical resident.

He had a steady stream of folks who were applying to do research at Duke because they came from residencies that didn't have big research programs. We had a huge research program, so people would want to do research at Duke. Some woman who was in San Diego of all places, I think she was in San Diego, applied for research. She came, she was in my lab for the first year. I had somebody running the show at the very beginning, which helped me.

I was already doing about 300 cases a year and my first year was such a busy practice already. He knew what I needed. I needed help and was able to get that. He assigned me a nurse clinician. He put together the stuff that I needed to be successful. Then all I had to do was work hard, which I was able to do. What he did is, he was targeting promotion. He would be the one that would be-- because you had to send your-- any publication, you would send to him. "I published this, I published that. I've done this, grants, whatever." Then when it was time, he would say, "I'm putting you up for promotion."

Within, I can't remember, nine years, I was full professor because he was moving it along because he knew that was important for my career. National societies were the same. I would get a little letter from him and saying this is all-- back in the day where you got a little letter from him, signed David Sabiston at the bottom. Then the letter was, "Dear Ted, I'm putting you up for the Southern Surgical. I'm putting you up for the American Surgical." That was what he did.

Again, he was making my career for me. All I had to do was work hard. He was going to take care of the rest of the stuff. He had the most important textbook the *Sabiston Textbook of Surgery*. "Ted, you're going to write this chapter on cholecystectomy. Ted, you're going to write the chapter on whatever." Then he had an Atlas and the chapters for the Atlas. *Annals of Surgery*. Suddenly I was on the Editorial Board of the *Annals of Surgery* at an age that was not appropriate but I was on the editorial board.



He was managing my career and using every resource he had, be it textbook journals or whatever because, at the end of the day, this is his job. His job is to make academic careers. He did that.

Konstantinos Economopoulos: It seems like he was the ideal mentor in the sense that he knew what was the list of things that you had to go through to succeed but most importantly, he was moving them along himself. That's exciting. I want to make sure that you get the chance to tell the stories about Dr. Sabiston that you would want to tell. I know you already told some of them and thank you for that. You make my job easy but I want to ask a couple of more direct questions. One is I've heard from residents that there was an enormous amount of respect, which some would say there was also a fear of Dr. Sabiston. How do you think he was perpetuating this?

Theodore Pappas: Well, everything he was doing gives him incredible control over your academic career. He was personally going to hire you if you're going to stay at Duke. He was going to guarantee your success if you were not going to stay at Duke because he was going to-- a letter from Dr. Sabiston was gold. You were in his hands and that was just part of the deal.

If you wanted to work it out yourself, you didn't come to Duke. If you wanted Dr. Sabiston to have a hand in your career then you came and that's what he did because he was driven to that. The problem comes if you fall out of favor and some people by whatever reason fall out of favor. Then it was an incredibly uncomfortable situation because if you were going to be fired from the program, he didn't ask a bunch of people. There was not a committee that met.

You basically had to make him happy and if he didn't think you were progressing, you would be finding yourself someplace else. There was occasionally people who would suddenly disappear because he had told them, "Ah. You can't go on." For good or for bad, or powerful as long as you're on the good side of that, and I was lucky to be on the good side of that, it's all good.

Part of it was being from the outside for me, he had taken a risk not hiring a Duke resident. At the end of the day as faculty, when you hire a Duke resident it's a guarantee. We know you can operate as a resident because we've operated with you. We know you're going to write paper. We know you. When you hire somebody from the outside, I was in the Brigham, he had to take somebody else's word and so there's a tiny risk.

He was taking a risk bringing me on, but he was going to guarantee the risk personally so it was no risk. Basically, if I worked hard and he did his part, I was going to be successful. He managed the risk with his power as far as taking a guy from the outside who wasn't one of our people. The chance of me getting on his wrong side and screwing this up, I'd have to screw up big time and that would've been really stupid of me

There are some people who didn't quite fall into the line that he wanted. Some of those happened because there was an era when it was not always obvious when you were going to finish the program. It was not a pyramidal program. It was a rectangular program. On the other hand, if he sent you into the lab if you had a little log jam and because you could only finish a certain number according to the American Board of Surgery there was a set number you could finish, you might stay in the lab a while before he could bring you back.

If you decided that wasn't what you wanted and you were dead set against that, then you had to go up against the Man on it and that was problematic.

Konstantinos Economopoulos: Got it. What were the expectations on this, I guess that two questions. What were the expectations from his residents and what were the expectations from a faculty that you come in the department?

Theodore Pappas: Well, again, I got treated special because I was the outside guy. He had invested a bunch of stuff in me and luckily I delivered and it was okay, but he was tough on the residents, really tough. The beatings they took were private most of the time. Occasionally there were beatings in public and beatings I'm talking about an extreme version of the Socratic method, I guess you might call it.

It was tough for these people. I think the work was hard. It was a 120-hour workweek at the time. When you're working really, really hard and you have somebody who you might describe as a person who's verbally abusive, you could interpret that way. You can interpret very difficult Socratic method as somebody who's verbally-- and that's how it would be interpreted today certainly. Back then, it was interpreted as Socratic method, but it was tough. There are some people who could rise above it and some people who really suffered under that arrangement.

Konstantinos Economopoulos: That makes sense. Any particular stories that you would like to mention that I haven't asked you about?

Theodore Pappas: Well, there were some very interesting things that happened. To give you an idea about the power that he had because at the time he and the chairman of medicine ran the whole place. The Dean didn't mean anything, the CEO of the hospital didn't mean anything. They were running the whole thing.

I'll give you an example. In 1990, we were trying to figure out about laparoscopic gallbladder surgery. Bill Myers and I flew down to Nashville and watched a guy in private practice do three lap choles. The guy named Eddie Joe Reddick, who was a private practice guy happened to be in a tiny, tiny little 40 bed hospital in Nashville who was doing lap chole for the first time. Who knew, right? We heard about it, flew down watched the guy we came back and it was one of those things that the first case we knew this was it. You didn't have to be in genius to figure it out. This was the future.



We came back and told Dr. Sabiston and we said, "We need to buy the equipment, this is it." What happened is Dr. Sabiston called one of the senior surgeons at Vanderbilt. Now the guy in private practice was not at Vanderbilt. He was at a tiny community hospital about 200 yards from Vanderbilt just down the hill and yet Sabiston called the guy at Vanderbilt and said, "What up?" The guy at Vanderbilt said, "It's a complete sham. Don't waste your time. It's stupid."

That was one of Sabiston's buddies. We didn't hear anything for three months. Then out of the blue he called us in and he said, "I've ordered all the equipment." He basically called the OR and said, "Order all this equipment." There wasn't an equipment committee, there wasn't a high-level decision. It was basically, he picked up the phone and he had our list because we had gotten lists from the company and from Eddie Joe Reddick. We ordered it all, it came and we started.

That's Sabiston, he used his own technique to figure it out. Took him three months to figure it out, he made the right decision eventually, took him three months, and then boom ordered it and then backed us completely. I'll give you an example of that. We ripped off 100 consecutive gallbladders in the first year and it went great. Really, no complications. We had a stellar record early on for good results.

Then we started to stray into the other laparoscopic cases and the very first colon was a mistake. I decided to do a lap colon on a morbidly obese guy with diverticulitis. Bad decision on my part for the first case of anything. You don't pick a morbidly obese case and you don't pick diverticulitis for a lap case.

We did basically a lap-assisted sigmoid, put it together he went home in about four days. Lived in the Western part of the state, he stays up in the mountains and on the 12 postoperative day, he developed a high fever. Then his truck broke down and he couldn't get here and by the time he got back to Duke, he was wildly septic. He had leaked his anastomosis and died. He got presented at Morbidity & Mortality Conference. I presented the case and I got beat up by every senior surgeon there who were all skeptical of laparoscopic surgery anyways. This is 1991.

On and on and on a significant, "This is stupid. This is malpractice. How could you possibly do this? Terrible, terrible." At the end, Sabiston was always there and he always had the last word and he said, "Well, this is progress, we have to continue." Everybody shut up and we moved on and basically, he was acknowledging that we screwed up, but we have to do this because this is progress. This is the future and everybody's jaw dropped because they were expecting him to beat me up and he didn't.

I thought, "Shoot. He just gave us permission to proceed." That was all he ever said, never heard about the complication otherwise. Then we went on to dehiscence and everything else, but it was a Sabiston thing. He used his power very strategically with a very short sentence. "This is progress. We have to continue." That's all he said.

Konstantinos Economopoulos: That's amazing. Have you any direct or indirect I guess experiences about him or working with him in the operating room?

Theodore Pappas: No. By the time I came, he was really not operating much at all.

Konstantinos Economopoulos: Got it. Any other stories that you would like to mention.

Theodore Pappas: Yes, there are a couple hundred. [laughs]

Konstantinos Economopoulos: I guess the ones that--

Theodore Pappas: I think he was famous for his parties. He had a Christmas party every year, it was a two-night event. You could always tell where you were in the pecking order, which night you were invited to. You were invited to his house, he always opened the door, he was there at the door, greeting people when they came in. You had to say, "Yes, sir. Nice to see you, sir."

Then you milled around a little bit and you worked the room a little bit, and then you had to go home, and then you had to say, "Thank you, sir," on the way out. They were pretty formal events, and they were pretty orchestrated. Nobody was getting drunk at those, that was big trouble if you got drunk at those. There were a lot of people who were in that era who remember the parties and the first thing they ask is, "Did you get invited on Friday or Saturday?" Because it made a difference.

Konstantinos Economopoulos: What was the difference if I may ask?

Theodore Pappas: Well, I don't actually know, but people used to joke that the preferential group was Saturday, not Friday.

[laughter]

Konstantinos Economopoulos: I bet you were on Saturday. [chuckles]

Theodore Pappas: I might have been, I don't know. I think the important things to remember, and people will hear some of the negative things. When people are all-powerful, some of that creeps in. For example, he didn't like the car that I drove at the time. I was a motorhead at the time and loved cars. We came to Durham, I actually had a paycheck and I bought myself a Firebird, it was like a Camaro only Pontiac made. It didn't have a big Eagle on the front hood, but it was a tee top, it was red. He hated that, he hated it.

He sent Walter Wolfe, one of the senior faculty members in thoracic surgery, who's his right-hand man, come to talk to me, to tell me, "That is not a Duke surgeon's car. You cannot be driving that." Now, I didn't sell it, I ended up getting rid of it for other reasons later, but that was him. He had value judgments about a lot of stuff and that

was not a Duke surgeon's car. You should not be driving that car. He didn't tell me himself, he sent Walter to tell me.

Konstantinos Economopoulos: Interesting. That's a very interesting story.

Theodore Pappas: My wife made fun of me of the car too, by the way. I think Sabiston was on good grounds, my wife's said the same thing. She said, "That's a 16-year old's car. What are you doing?"

[laughter]

Konstantinos Economopoulos: It's interesting. Well, it's probably good, when your wife has many things in common with your boss. It's always good. It works with me the same way. Were there any instances that because you were teaching surgery residents as well, how direct was his guidance on how to teach surgery residents? How involved was he in that, in how you were going to teach surgery?

Theodore Pappas: He was not. In fact, the routine at Duke at the time when I came on faculty is about half the faculty did their own cases with the residents assisting them. That was very common at the time. It is not common today, as you know. At the time it was, my second case at Duke was a Whipple, I'd never done one before, by the way. My second case, never done a Whipple when I got to the-- because I hadn't done one as a resident. I was the pancreas surgeon, I hadn't done one as a resident, by the way, just so you know.

Whipple comes, I'm stupid enough to say, "Yes, I can do that." It never dawned on me how stupid it was without asking somebody to help me. I just. "Yes." They thought I knew how to do the case, so I'd read about it. There was a woman named Chace Lottich, who was the very first woman in the program. She got beat up for seven years because she was the first woman in the program. My second case, she's the chief resident.

I was trained at the Brigham to take whoever the junior person is through the case, I was not going to do the case myself, it didn't make any difference that I had done it before or not. I was going to take her through the case I knew that. No biggie, I didn't think twice about it. The faculty came by, Walter Wolfe came by again and said, "You need a different resident? You're doing this Whipple tomorrow." They assume I knew how to do it. They said, "Maybe you need a different resident," thinking that Chace couldn't do it because she got beat up all the time.

As it turned out, she was an incredibly talented lady, and I took her through it. It took us four hours and the patient did great, went home in a week. It was perfect, sheer luck because it could have leaked like a sieve. Sheer luck, and it did several things. That case established me as a guy who knew how to do pancreas surgery because people didn't know it was my first one. It established her as a surgical resident who can operate, and it established the fact that I could take her through the case because everybody found out that I took her through the case.

That had an incredible impact because the norm had been that a lot of the attendees did their own cases. Over time it started to shift, but that was the case, that's my interpretation. He never was heavy-handed on that at all, he gave people a lot of flexibility about who was taking who through the case. He didn't get into that.

Konstantinos Economopoulos: That's nice. Any other stories that you would like to mention? What was your first interaction with Dr. Sabiston, for example, at work?

Theodore Pappas: I don't know the first one. I remember we had a complication one time, I had a dehiscence. I was trained at the Brigham to run the fascia. There was a bunch of literature that's saying it was the same as interrupted. Yet when we presented the dehiscence, everybody got up and said, "Well that fell apart because he ran the fascia, you can't run the fascia, you have to interrupt the fascia," because that had been the way Duke did it.

Sabiston, at the end, got up and said the same thing, "Yes, we can't be running the fascia, we got to interrupt it." I thought it was strange. I pulled out all the literature and there were multiple randomized trials already been done that showed it was the same, half of them were from the Annals of Surgery and he was the editor of the Annals of Surgery.

I basically went to a copy machine, which of course you had, and I had about 20 papers made copies of all of them, and put a summary page on top saying, "Dr. Sabiston, I reviewed the literature and there's some articles I'd like to highlight that show that running the fascia is really the same, and I think it's safe to do." I left it on Nancy Whaley's desk. Nancy Whaley was the secretary forever, and I never heard anything about it, but he never criticized running the fascia again, because I had other dehiscences, never came up again.

Konstantinos Economopoulos: That's interesting. That's an interesting way of showing your flexibility and--

Theodore Pappas: Well he thought the literature was incredibly important. I knew that and I was going to stick on the grounds that he trusted, which was they were randomized trials and were in his journal and clearly showed it was the same. It was not something that we should be criticizing. Of course, over time everybody shifted over it pretty much, in the most common way run the fascia is running of course. At the time it was pretty controversial.

Konstantinos Economopoulos: Got it. What changed after Dr. Sabiston left Duke?

Theodore Pappas: Well, the most interesting thing that changed is our selection of residents. No, there were several things that changed, I've underplayed it. It was night and day. Even though Bob Anderson became chair and Bob had trained here, Bob was a totally different guy. I'll just highlight one of them. First of all, Sabiston had been the chief of general surgery, the chief of thoracic surgery, the program director,



and the Chair, he was everything, there were no titles. It was Sabiston and all the rest of us.

When Bob Anderson came, Bob said, "Well, we need to have a program director." He made me program director. I was the very first program director. Came to the first year we're going to match, and I said, "Well, I think we got to be inclusive here and include the whole faculty." What we did is we interviewed people. We had evaluation sheets, scoring sheets, similar to what we do today, in fact, identical to what we do today.

We collated the results. Then we put a ranking up on of chalkboard about what, the pre-ranking was based on the written evaluations. Then we spent an hour going through all the names with all the faculty there, which nobody had ever participated in before because Sabiston did it in his office by himself. We moved people around. They said, "Oh no, this guy Jones, he needs to be near the top." We moved people around till we got to a list. That was a night and day difference, because Sabiston did it literally by himself.

The other thing that happened is the in-service scores started to fall because no one wanted to be called into Sabiston's office for a bad in-service score. They studied like crazy. Well, I charted-- I'm program director and I started charting it and it was a slope down. First five years when I was a program director every year, the average in-service score went down and it was because the fear factor went away.

I hate to say it. We didn't have stupider residents. It's because no one wanted to be called in. There was a red chair in his office. No one wanted to be called into the red chair because there was a green chair and a red chair. No one wanted to sit in the red chair in front of Sabiston because your in-service is bad. They studied like crazy and once that went away--

Konstantinos Economopoulos: Unbelievable, but expected, I would say. Any other changes from the faculty perspective? I guess you mentioned that so many roles, so then you had a separate person being a program director, a separate person being the thoracic chair, and so on and so forth. Any other changes from the faculty perspective that you've not--

Theodore Pappas: Well, I will highlight women in surgery. He struggled mightily to train women and again, it was just Chace Lottich was the first one to finish in '88. She was the first one under Sabiston that went all the way through. We had a couple of other women that finished under him, but they came in during the research years. We only matched Chace.

He struggled with it because he was trying to fix the problem and he struggled with it. The very first year, Bob Anderson is the new chair. We're doing the ranking the way I just described, Sabiston is actually in the room and we do the ranking and all the names are up there and some women on the list, but there are no women in the top 15.

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At the end of the whole thing, we're about ready to write it all down because we're submitting the list and Bob Anderson stands up and he says, "We're going to Institute something called the captain's choice. That as chair, I get to move one person every year." Chair of Surgery gets up and he goes to the woman who was 15th and puts her first, and he sat down.

He didn't say anything else. That was all he did. We all realized a new world order here. Bob basically figured out what Sabiston hadn't. That if you're going to get this done, you got to be proactive about it. Now at the end of the day, we probably would've matched that lady anyways. I don't know if we did or I can't remember, but we probably would've matched her anyways. She was at 15 and that was within striking zone, but he was making a statement in front of all of us.

New world order. We're going to get women in this program and I'm going to show you, we're going to do it proactively. Takes her from 15, put it right at the top, and sat down. Nobody said anything, but we all got it.

[laughter]

Konstantinos Economopoulos: That's very interesting. Thank you so very much if you-- Yes go ahead.

Theodore Pappas: No, that's all I got.

Konstantinos Economopoulos: My final sentence was if you remember anything else, any other stories that you would like to share, let me know. For closure, we were May 20th, 2021. I was Konstantinos Economopoulos interviewing Dr. Theodore Pappas. Thank you so very much, sir. I appreciate your time.

Theodore Pappas: Thank you.

Konstantinos Economopoulos: Take care.

Theodore Pappas: Bye.

Konstantinos Economopoulos: Bye.