

Taylor Patterson:

...Thank you so much. So it is April 29 [2020] at roughly 2:00. I am speaking with Dr. Richard McCann for the Sabiston oral history project. Good morning, Dr. McCann. Thank you for being with us.

Richard McCann:

Good afternoon.

Taylor Patterson:

Could you give us a description of sort of where you grew up and went to college, and general background of what got you interested in medicine?

Richard McCann:

Okay. I grew up on the coast of Maine in a small little village. I went to undergraduate school at a place called Middlebury College, which is in the Green Mountains of Vermont.

Taylor Patterson:

Oh, lovely.

Richard McCann:

A small liberal arts college. I went from there to New York City to medical school at Cornell, and from Cornell I went directly to Durham expecting to be here for five years. That was in 1974, and I haven't left.

Taylor Patterson:

So a positive experience in terms of staying in Durham.

Richard McCann:

Yes. So the story on that is that I got married after my first year of medical school to my college sweetheart, and she also grew up in a small New England town. She is an epidemiologist.

Taylor Patterson:

Oh, wow.

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Richard McCann:

So when it came time to pick a place to train in surgery, she told me she would go with me anywhere in the country, as long as it was not listed as a major metropolitan statistical area.

Taylor Patterson:

Oh.

Richard McCann:

So at the time, the only academic medical center prominent for training surgeons that met that criteria was Durham, North Carolina.

Taylor Patterson:

Right. Being away from a major metropolitan area.

Richard McCann:

Yeah.

Taylor Patterson:

Interesting.

Richard McCann:

That's how we ended up here.

Taylor Patterson:

Okay. And is there anything in particular that made you decide to become a surgeon, or you were focused on that before, even before Cornell?

Richard McCann:

No. My mother was a nurse, and I decided on a career-that my aspiration would be to become a doctor my second year as an undergraduate.

Taylor Patterson:

Okay. Okay.

Richard McCann:

I had to kind of change my focus a little bit from hard science to biological science, and take some extra courses and stuff like that, but I decided kind of late.

Taylor Patterson:

Okay. So obviously the location, being in Durham, was important for your decision. Do you remember...can you speak just to the general reputation of the school, and the program at the time, or what you had heard?

Richard McCann:

Yes. So at the time, Dr. Paul Ebert was the chairman of surgery at Cornell, and he came from Duke. He was on the faculty at Duke when he went to Cornell to become chairman. And so I needed his recommendation, of course, and he actually gave me the advice of not going here.

Taylor Patterson:

Ah, really?

Richard McCann:

Yes. He says it's too hard.

Taylor Patterson:

Oh.

Richard McCann:

So at the time, things were different in those days. In fact, in New York, there was a kind of a quasi-union, if you will, of medical residents and surgical residents called the Committee of Interns and Residents. They were rebelling, to some extent, about the amount of work they had to do, the amount of time they had to spend on call and things like that, and whether they were allowed to... Because residents and interns were not paid very much. So a lot of them did kind of [locums] type work at night, and there was a big argument over whether that should be allowed, or whether they should focus all of their achievements on their education.

Taylor Patterson:

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Oh. And this was sort of a national union or...?

Richard McCann:

No, this was pretty much limited to New York.

Taylor Patterson:

Oh, to New York. Okay. Okay.

Richard McCann:

And so at the time at Duke it was pretty regimented, something that would not be tolerated today. It was an every other night call.

Taylor Patterson:

Wow.

Richard McCann:

So it was basically 36 hours on, 12 hours off.

Taylor Patterson:

Oh, wow.

Richard McCann:

So there wasn't a lot of time to be doing stuff at night.

Taylor Patterson:

Right, to sort of supplement.

Richard McCann:

So Dr. Evert suggested that maybe that was not a good choice.

Taylor Patterson:

In terms of the intensity and different schedules.

Richard McCann:

Yeah. He said it was too hard. It was too brutal. You might think about some other place.

Taylor Patterson:

What did he say when you decided to go anyway?

Richard McCann:

Well, I never talked to him again.

Taylor Patterson:

Okay, okay.

Richard McCann:

It was a very just... He didn't know who I was. It was a very distant relationship, but it was very different. But I can tell you what it was like to come here.

Taylor Patterson:

Oh, please, yes.

Richard McCann:

And the thing that I remember, I mean it's been, what- 45, almost 46 years, I guess, ago. So it would have been a year before, two years before that, so 48 years ago when I came to interview. So the way they did it in those days is there would be certain days for interviews, and a bunch of people would all come, and we were all competing for the five spots that were available, and so on my particular day there were, I think, 13 senior medical students who were interviewing here. And so the first thing that happened was they set us all down in the Mary Hart conference room, you remember the first chairman of surgery was Deryl Hart. And so this conference room was named for his wife.

Taylor Patterson:

That's nice.

Richard McCann:

And so we were all sitting around a table, and Dr. Sabiston came into the room, and with no cards, no notes, no briefs, no nothing, went around the room and identified every one there by name, where they had come from, and when he got to me, he said, "Richard, how are things in New York? How do you like Dr. Ebert? And how is your wife, Margaret?" He knew my wife's name. So it was obvious how much he had prepared for this, because he had just memorized everybody's name and everything about them. And you could tell it was very important to him because as it turned out, he was a very prominent person nationally in the field of surgery, and the field of medicine in general, but he wasn't famous as a surgeon because he invented a new operation, or he did 4000 of this operation or something and had the best result, he was famous because of the people that he trained.

Taylor Patterson:

Right.

Richard McCann:

That's what he was famous for, and that's where he put his energy. So that got my attention.

Taylor Patterson:

Did the other prospective residents sort of seem similarly impressed and surprised?

Richard McCann:

Were they impressed, too? Yes.

Taylor Patterson:

Yes. That level of recall.

Richard McCann:

Yeah. Some were intimidated by it, I think.

Taylor Patterson:

I bet.

Richard McCann:

I'm not sure they all ranked Duke first.

Taylor Patterson:

Right. That's amazing that he would be able to have that kind of memory, and I've heard that from so many people that he was able to do that, and just have it at his fingertips all the time for thousands and thousands of sort of interactions over time. So you described the Mary Hart conference room during the interview, and was that the first time that you had met Dr. Sabiston?

Richard McCann:

Oh, yeah.

Taylor Patterson:

Do you remember what he was sort of like personally?

Richard McCann:

Well, yeah. This was not a democracy.

Taylor Patterson:

Okay, okay.

Richard McCann:

But on the other hand, you never wondered where he stood or what his priorities were. His priorities were the department. So you could always count on him making a decision that was whatever was best for the department.

Taylor Patterson:

Okay. But he had pretty high expectations?

Richard McCann:

Yes. So I'm sure others talked about what we called Monday conf.

Taylor Patterson:

Yeah.

Richard McCann:

So he was committed to residency training, and that was a priority. That was his first priority, really. So every Monday afternoon, he had a conference that he led that was on a current surgical topic. Usually they would pick some current patient that had some interesting condition, and we would discuss that condition. So all the residents were required to attend. There were no excuses, unless somebody was actually dying. Otherwise you had to be there. And he had a whole series of slides on each of these topics. He was somewhat unique in that he considered himself the consummate general surgeon. Most other leaders in surgery at that time had a somewhat limited portfolio, if you will. So they were either congenital heart surgeons, or pancreas surgeons, or they had a fairly limited repertoire for which they were famous.

Dr. Sabiston considered himself a general surgeon. So he did everything, especially the classic surgical conditions. So I remember him doing a hernia operation on the retired chairman of neurosurgery, Dr. Woodall, so he was the topic of a Monday conf. So we learned about how hernia surgery came about, and what was a Halsted repair, and all the different ways to repair inguinal hernia, how you make the diagnosis, what things you have to look for. So that was one week.

The next week he did mastectomy on the wife of the governor of South Carolina. So the topic that week would be mastectomy, radical mastectomy, modified radical mastectomy, who devised this, who figured this out, who gets it, how do you do it. So he did that.

And then the next week it might be abdominal aneurysm, and then the next week it might be lung cancer. The next week it might be esophagus cancer. Another favorite topic of his was pectus, pectus excavatum. That's when there's a deformity of the sternum that children have. So he was particularly good at that. In those days, we did ligation of patent ductus in babies. It was probably the most common heart procedure on babies.

I mean, you can't do that today. Today the volume of knowledge and technique has expanded so rapidly that one person just can't be an expert in all of those things anymore. But in those days, he did it all. Covered the whole gamut, and had to talk through and instruct the residents on each of the classic conditions.

Taylor Patterson:

Wow. So he was unique in the department at the time, for having that sort of breadth and diversity?

Richard McCann:

Yeah. Very much so. Unique in the country, really.

Taylor Patterson:

In the country.

Richard McCann:



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Yeah. Because there were other prominent surgical chairmen, but none of them did all the things that he did. Paul Ebert for example, when he was chairman at Cornell, all he did was congenital heart operations on babies, and he didn't do anything else. Francis Moore, who was chairman at Harvard at Brigham in Boston, just did trauma operations. [brief hold]

Taylor Patterson:

Okay. So you're saying he really is unique in the country, in terms of having that breadth and diversity...

Richard McCann:

The breadth. The breadth of his practice was very unusual.

Taylor Patterson:

And did you- when he was in the Monday conferences, did you get a sense of if there were certain operations or procedures that he was more interested or taken with, or is it just sort of the more rare the better?

Richard McCann:

Yeah. I mean it was the classic operations. Inguinal hernia, mastectomy, abdominal aneurysm, lumenectomy, ASD, atrioseptal defect for heart surgery. So the classic general and thoracic surgical procedures, he would go over in incredible detail, and particularly how we got to the practice that was current at the time.

Taylor Patterson:

Okay. So sort of a broader medical history? Would he go back...?

Richard McCann:

Yes. Exactly. Right.

Taylor Patterson:

And he would go back pretty far, in terms of the history, or would it just be...?

Richard McCann:

Yes, yes, he would. In fact back to surgery, classical surgery, which began in the late 1800s.

Taylor Patterson:

Wow.

Richard McCann:

And a lot of this happened in Europe... There was a man named Bill Roth, for example, Theodor Kocher, some of the very classic surgeons who developed operations. He would show their original publications. One of my co-residents was from Switzerland, and grew up and went to school in Switzerland, so was fluent in English, French and German, particularly German, and so he would be called on to translate these articles from their original publications.

So he felt very strongly that- what is it, the Santayana thing, that if you don't know history, you're compelled to repeat it. So he felt it was very important to have familiarity with how things developed. One of the things that he went through is breast surgery, for example. How early breast surgeons at the turn of the nineteenth century just did what is done today, actually, which was simply remove the tumor, but then the tumor would come back, so Halsted developed a radical mastectomy. Then it was found that, well, that was probably too radical, and too deforming, so [inaudible 00:24:06] developed the modified radical mastectomy, which was a bit less deforming. But the reasons that these things all developed, and today we're back to just removing the tumor, because we have these other adjuncts that they didn't have at the turn of the nineteenth century, like radiation and chemotherapy, and immunotherapy, and hormone therapy, and those kinds of things.

So it's a moving target, but he thought it was important to understand how these things developed, and why they developed.

Taylor Patterson:

Oh, that's fascinating. So these Monday conferences, would you know in advance, and have sort of a background?

Richard McCann:

You found out that day.

Taylor Patterson:

Oh, no. Really? Oh, wow.

Richard McCann:

Yes. Because he would pick it either Sunday or Monday morning. So his practice was that he kept his finger on the pulse, if you will. So he knew everything that was going on. So there was one resident who was called the chief resident, and that person had to report to him each morning, and we're talking seven days a week, okay? So that person had to tell him- had to bring him the operative schedule that was printed, so that he could look through it and see what everybody was doing. He had to tell him

about any operations that had happened, any emergency operations that had happened the night before, and you had to know everything. He would be quizzing you about, "What was the blood count?" Those kinds of things, and you had to have all that information, or you got criticized.

So on Sunday or Monday he would say, "Well, what interesting patients do we have in the house now, and what would be a good topic for Monday?" And so when he operated on Dr. Woodall, he brought that up and said, "Oh, okay, we'll talk about that on Monday afternoon." So you knew a few hours in advance, but not long in advance.

Taylor Patterson:

But not long. Wow. That's so interesting.

Richard McCann:

But it did send you to the library if you had a spare moment that day, because his method was the Socratic method, and he would go around the table and ask everybody questions. And he didn't necessarily expect the junior people in the crowd to know the answers, but he did expect the more senior residents to.

Taylor Patterson:

With that level of expectation, was it pretty rare that a senior resident would get sort of caught unprepared, or unaware?

Richard McCann:

No. It was quite common, actually.

Taylor Patterson:

Oh, really?

Richard McCann:

Yes. Because there wasn't a lot of time to prepare, and if you were busy that day, it would be easy to miss.

Taylor Patterson:

Would he actually correct you, or everybody just... You just knew?

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Richard McCann:

Yes.

Taylor Patterson:

What would he say, just...

Richard McCann:

Oh, you would not be wondering what he was thinking about your competence.

Taylor Patterson:

Okay. Okay. So very sort of high standards for vast command of all of this information.

Richard McCann:

Yes.

Taylor Patterson:

But you mentioned that he was maybe a little- went easier on the junior residents?

Richard McCann:

Well, he understood that it takes a long time to learn to be a surgeon, and there's a lot of material to absorb, so, yeah, he was a little bit lighter on the younger ones.

Taylor Patterson:

The new ones.

Richard McCann:

The younger people, yeah.

Taylor Patterson:

So these Monday conferences, these are the ones he famously would fly back from across the world, and go straight to, is that right?

Richard McCann:

Yes. Yep. Whenever he was in town, there was Monday conferences. If he went to Russia and was there for two weeks, then you would get a break. But there were no substitutes. So if he wasn't here, it didn't happen.

Taylor Patterson:

It didn't happen. Okay. Did you get a sense how Duke was different from other sort of similar prestigious programs at the time, if it was?

Richard McCann:

Yeah. I think the main difference was that he considered general and thoracic surgery to be one specialty, rather than most places, where it was separate.

Taylor Patterson:

Huh. And his thinking was that...

Richard McCann:

That was the way that he trained.

Taylor Patterson:

Okay. And it sort of trickled down to the rest of the program, and the residents as a whole?

Richard McCann:

It trickled down to us, yes.

Taylor Patterson:

Okay. Okay.

Richard McCann:

Yeah, but Duke was fairly unique in that regard, and I guess the other thing was that he thought everybody should have a broad training, and not specialize too early. So that was one reason the program was as long as it was, some people were residents for 10 to 12 years.

Taylor Patterson:

Really?

Richard McCann:

Yeah. But he thought everybody should do that, and then at the end you can decide what area you want to emphasize in your practice. But most other places had much shorter training, but you had specialized training at the end called fellowship. So he was kind of opposed to the fellowship concept.

Taylor Patterson:

Interesting. So how did that... I mean, did that translate at all for when you picked your specialty in vascular surgery, or anything, or did you still do a fellowship afterwards, or...?

Richard McCann:

Well, when I came through, it was kind of a bit of a transition area, and vascular surgery as a separate specialty was just developing.

Taylor Patterson:

Okay, right.

Richard McCann:

So there were very few fellowships in those days, but people who finished the residency at Duke did as many vascular cases as the singular vascular fellow at UNC, for example.

Taylor Patterson:

Really?

Richard McCann:

Yeah.

Taylor Patterson:

Oh, wow. So you felt very prepared under him.

Richard McCann:

Yes.

Taylor Patterson:

Interesting.

Richard McCann:

I think if I could...

Taylor Patterson:

Oh, absolutely. Please.

Richard McCann:

There are two other things that I think are important to emphasize. One is you have to remember that he was a product of the South. He grew up in Kinston, North Carolina. He went to UNC, and he considered himself and behaved as a southern gentleman, on the one hand. On the other hand, he was pretty remarkably progressive, at least from my viewpoint. And there are two examples of that. One is he trained the first African American heart surgeon in North Carolina.

Taylor Patterson:

Really?

Richard McCann:

Yeah. His name was Jim Douglas, but he was the first one, at least in North Carolina. He also was very adamant about training a woman.

Taylor Patterson:

Really?

Richard McCann:

Yep. When I started, of course, there were no women in surgery, but he was interested in and made a concerted effort to get women to apply, and the first two or three flunked out, but he persisted, and eventually there were a considerable number. So he was very proactive in terms of opening the field, which had previously been essentially closed to women.

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Taylor Patterson:

Wow. And was that unique in terms of among the Duke faculty, that that was quite a progressive thing?

Richard McCann:

Yeah.

Taylor Patterson:

Huh.

Richard McCann:

I think so.

Taylor Patterson:

And was he recruiting from sort of the Duke scholars themselves, or nationally?

Richard McCann:

Well, the first ones came from elsewhere, were not actually Duke students, I don't know how he recruited them, but...

Taylor Patterson:

But he was very supportive of that diversity.

Richard McCann:

He was remarkably supportive of that.

Taylor Patterson:

Interesting. You also mentioned sort of the southern gentleman. Were there ways that he exhibited that outwardly? Is it sort of a mannerly conduct or..?

Richard McCann:

Well, yeah. So eating outside the cafeteria was forbidden. Smoking, of course it was very common in those days, outside of the private lounges and so on was forbidden. Nobody wore scrubs outside the



operating room. If you were doing a lot of cases, and you were a fairly junior resident and you had other responsibilities on the ward, you'd be changing your clothes four or five times a day.

Taylor Patterson:

Really?

Richard McCann:

Yeah. Because he wouldn't let you out of the operating room with scrubs on, and you had to have a shirt and tie.

Taylor Patterson:

And that was more about sort of the... It wasn't a sanitary concern specifically, right?

Richard McCann:

This was that the position of being a surgeon was very formal.

Taylor Patterson:

Interesting. So the gentleman doctor. I like that. That's fascinating. And were these actually sort of laid out, and enumerated? Did you get a handout when you started?

Richard McCann:

No, no. There were no...

Taylor Patterson:

You just have to learn very quickly.

Richard McCann:

Trust me. All the rules were very strict, and adamantly adhered to, and none of them were written down.

Taylor Patterson:

Was it a big adjustment period, or would the senior residents sort of tell?

Richard McCann:

Oh, yeah. It didn't take long to learn the rules.

Taylor Patterson:

They would warn you.

Richard McCann:

Yes.

Taylor Patterson:

If he did, did he have any sort of shape or impact on your research experience, while you were there?

Richard McCann:

Not directly, no. But he did certainly encourage it. The pattern in those days was two years as a junior resident, then two years in the lab, and then senior residency for four to six years. But while you were in the lab, he always kept tabs on you. He would make visits to the laboratory from time to time, and you would have to make a presentation of what you were doing, and what questions you were asking, and then how things were going. So it was really unbelievable how much control he had over everything that was going on. He had his finger on every pulse. He knew everything that was going on.

Taylor Patterson:

So in that sense, just with the standards of excellence, are there other ways you think that he put his personal stamp on the program?

Richard McCann:

No, I can't think of anything right now.

Taylor Patterson:

Did your interactions with him sort of change in any way, as you progressed on through the residency?

Richard McCann:

No. You were either a resident or not a resident.

Taylor Patterson:

Oh, okay. Okay.

Richard McCann:

So all the time you were a resident, you were under his thumb, and if he said "Jump," you said, "How high?" But once you were on the faculty, he didn't have any restrictions at all, other than he expected you to exhibit excellence in what you did, not only clinically, but also pedagogically.

Taylor Patterson:

Right. And you think that's something that all of y'all carried with you, sort of throughout your careers?

Richard McCann:

Yes.

Taylor Patterson:

Wow. Did you have any- I've heard a lot of really positive things about his work, and encouragement of grant writing?

Richard McCann:

Yes.

Taylor Patterson:

Was that something you experienced as well?

Richard McCann:

Yes. He thought those... One of his bragging points was the amount of NIH money that the Department of Surgery was awarded every year. So he kept track of that.

Taylor Patterson:

Okay. And he emphasized that sort of throughout the department?

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Richard McCann:

It was clear what was expected of you, yes.

Taylor Patterson:

Okay. Wow. And did you... If you could talk about any interactions with Dr. And Mrs. Sabiston, in a personal sense, or any sort of social interactions?

Richard McCann:

Well, yeah. One of the traditions... As I say, he was a southern gentleman and a surgeon, and all of those things lend to an adherence to tradition. So people would ask me sometimes years later, "What's new with Duke?" And I say, "What do you mean, what's new at Duke?" The place where they put the ham biscuits on the table at Dr. Sabiston's Christmas party for the department has stayed the same for 20 years.

Taylor Patterson:

Really?

Richard McCann:

Yeah. So every year at Christmas, there was a party at his house, and it was two nights in a row, because you could only go on the night you were not on call.

Taylor Patterson:

Right. Okay.

Richard McCann:

All right. So two nights in a row at his house there would be this giant Christmas celebration, and it was the same every year. So much so that the ham biscuits were in the same place, the menu didn't change. Nothing about it changed for the 20 years that I went to it. So there were these traditions that just happened.

So the first tradition was the Lasagna Party.

Taylor Patterson:

Okay. What's that?

Richard McCann:

So the new residents come in, and the night before they actually begin work, for the first week you have some kind of orientation, and you sign up for this and that, and you get your uniforms, and your special operating room shoes and you have people come in and talk to you about how the beeper works, and how to get an autopsy and all these things. Your orientation. And then the next day you're actually going to start work. You're going to be the intern on the service. But the night before that, he has all those people and their spouses to his house, and Mrs. Sabiston made this lasagna, which was quite famous. Everybody had experienced it. And it was the same every year, right? So that was one tradition.

So at Christmas, it was every other night, right? But at Christmas, it was five days in a row on, and then five days off, or the reverse. But just before that started, would be the reception at his house for the whole department. So that would be everybody. Neurology and anesthesia, and everybody related to surgery, including all the resident staff would have to go, and you would go on one night or the other night, depending on when you were on call. And at the end of this ordeal, when you're about to graduate, there was a social event at his house called the Mint Julep Party.

Taylor Patterson:

Okay.

Richard McCann:

Okay. So this was the only time that you were not required to wear a tie.

Taylor Patterson:

Really?

Richard McCann:

This was allegedly to be somewhat less formal, they would say. So you show up in a golf shirt, with a collar, of course. You would come with your spouse, or your significant other, and the first thing that would happen is you would be given- and I still have mine- a mint julep cup. Do you know what a mint julep cup is?

Taylor Patterson:

Tell me.

Richard McCann:

It's kind of like a mug, a big mug. It has your name engraved on it, your spouse's name on it, and you were supposed to drink mint juleps. So I don't know if you know the tradition in surgery, but Dr. Sabiston was trained by Blalock, who was his mentor, whom he revered. Dr. Blalock came from

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Vanderbilt to Baltimore, and this was in, I think, the 30s, and when he did so, Dr. Blalock brought a sprig of mint, which he planted in Baltimore.

Taylor Patterson:

Really?

Richard McCann:

Yeah. And when Dr. Sabiston left Baltimore and came to Durham, he brought some of that mint with him.

Taylor Patterson:

Wow.

Richard McCann:

And planted it at his house. So part of the ceremony was all the finishing residents would go out into the garden, clip some of the progeny of Dr. Blalock's mint, and use that in concocting the mint julep, which is- I'm not much of a drinker, but it's basically just bourbon packed in ice, right?

Taylor Patterson:

Right.

Richard McCann:

So that was part of the tradition.

Taylor Patterson:

Wow.

Richard McCann:

So I have my cup, my wife has a cup with her name on it. However, if you came to the party with a significant other without benefit of clergy...

Taylor Patterson:

Oh, I see. Yes.

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Richard McCann:

No matter how long you had lived with her, she got a cup that she had to turn in at the end.

Taylor Patterson:

No, really?

Richard McCann:

Yes. You got a loaner, as you will.

Taylor Patterson:

Oh, that's so funny.

Richard McCann:

So he was quite formal, and quite southern in that aspect.

Taylor Patterson:

Fascinating. That is quite an undertaking, especially with a Christmas party to do that two nights in a row.

Richard McCann:

Year after year.

Taylor Patterson:

Year after year.

Richard McCann:

Year after year after year. Anyway.

Taylor Patterson:

And what was the... Did you have a lot of interactions with Mrs. Sabiston as well?

Richard McCann:

Other than she always went to the Southern Surgical Association meetings. That was I think the first association that he became president of. So she always went to that one. But other than that, at the social events she would be there, but you really didn't interact that much.

Taylor Patterson:

Okay. Interesting. So was he pretty supportive of you, everyone kind of traveling for those kinds of conferences, whether national, or international...

Richard McCann:

Oh, absolutely. He wanted Duke to be on the podium at all the major meetings, and he was very proud of that, actually.

Taylor Patterson:

Wow. So he was just encouraging your sort of journal submissions, as well?

Richard McCann:

Yes. Trust me. He was keeping count.

Taylor Patterson:

It just sounds like that eidetic memory that he had it all at his fingertips all the time. Amazing. So in your post-training years when you were on faculty, did you maintain a lot of contact with him, or was it more rare once you were?

Richard McCann:

Probably less, actually, because you became more independent. You were there at the conferences, and that sort of thing, but he kind of let you do your own thing, as long as you walked the straight and narrow.

Taylor Patterson:

Right, gave you your space. That is wonderful, and I love the imagery of everybody with their mint julep cups. I think that's a cultural tradition. That's really lovely. We'll have to get a picture of one of those.



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Richard McCann:

Yeah, you should.

Taylor Patterson:

Yeah, that's a great one. Are there any other sort of stories, or observations, or anything about him that you remember?

Richard McCann:

Well, those are kind of the things that strike out to me was how progressive he was for a southerner, from a social perspective.

Taylor Patterson:

And was that striking to you because you had the perspective of coming from a small liberal arts like Middlebury, and growing up in New England, and...?

Richard McCann:

Yeah, but when I started surgery, it was so male-dominated that it was just pretty remarkable that he would be willing and even encouraging to add some diversity. I thought that was pretty remarkable.

Taylor Patterson:

Right. Did he ever speak about it, about sort of...

Richard McCann:

No.

Taylor Patterson:

Why it was important or?

Richard McCann:

No. No. He just said, this is the way it's going to be.

Taylor Patterson:

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Wow. And did you overlap with any of the female residents while you were there, or was that later?

Richard McCann:

Nobody... It was after I actually graduated. Yeah.

Taylor Patterson:

Okay. That's just a great juxtaposition, of sort of the courtly manners, and the progressive social ideals. That's so unusual.

Richard McCann:

Yes, yes.

Taylor Patterson:

I think that's really interesting. Well, everything that we've heard from you, and all the other interviewees we've spoken to, it sounds like he was just a really special, influential person for all of you?

Richard McCann:

Oh, absolutely. Yeah.

Taylor Patterson:

Wow. And if there is anything else, any other stories that you, or your wife as well, anybody, I would love to get anything else on record. Please do shoot me an email at any time, and we'll add to it, and supplement it. I really appreciate your time. It's so lovely getting to hear all these stories.

Richard McCann:

All right. Good luck on the project, I'm anxious to see the final result.

Taylor Patterson:

Oh, yeah. I think you'll really hopefully get a kick out of seeing all the archived interviews. It should be pretty, pretty fun.

Richard McCann:

All right. Thank you.

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Taylor Patterson:

Thank you. Bye.