

Austen.mp3

Stewart [00:00:01] This is Emily Stewart and I'm interviewing Dr. Gerald Austen who was the Chief of Surgical Services at Massachusetts General Hospital around the same time that Dr. Sabiston was the Chief of Surgery at Duke. It's September 9th, 2019 and we are speaking on the phone. Dr. Austen, with all that information correct?

Austen [00:00:18] Correct.

Stewart [00:00:20] Okay great. So, could you just start off talking about where you grew up and where you first attended college.

Austen [00:00:28] Yes. OK. Let me start by saying that in general, I go by the name of W. Gerald Austen.

Stewart [00:00:37] OK.

Austen [00:00:37] I grew up in Akron, Ohio, which as you probably know, used to be the rubber capital of this country. No longer is, but it was at that time. I went to a prep school between Akron and Cleveland, where you boarded. It was a boy's school. Was great for me. My father was a very outstanding engineer and I was good in math and science there. And so, I applied to M.I.T. and amazingly got accepted. So, one of the lucky things in my life was to go to M.I.T. in engineering school. And I consider M.I.T., without question, the greatest university in this country because it is a university that is all about... It's a meritocracy. Nobody cares about anything else other than what you do yourself. And more importantly, it's a place where you are taught basic principles and then it's all about solving problems, which I actually think is what is important in medicine, and also in just about everything else in life. At the time that I graduated from M.I.T. in 1951, nobody was going from engineering into medical school. I decided that... My degree was in mechanical engineering, with a minor in fluid mechanics and the, sort of, at the very last minute really, my senior year, I decided that I might want to do medicine because I began to think that I wanted to do something that would be more, have more interpersonal relationships and maybe help people. And even though I did not have a background, I did not have the premed requirements, I applied to medical school and got into Harvard Medical School. I think I did well at M.I.T., that helped. But I also think that it helped that nobody was going into medicine from engineering. And then, I went to Harvard Medical School and enjoyed it very much. And the only... I decided to become a surgeon and the only place that I wanted to go to for residency was the Mass. General Hospital. Harvard Medical School is different than most medical schools in that they do not own any of their hospitals. It was started in a totally different way. It started actually with the Mass. General Hospital. Two hundred years ago the Mass. General was the third, is the oldest General Hospital in the Americas, and it started independently of the medical school. The medical school had been created in about 20 years before, but in 1811 the Mass. General Hospital was chartered by the legislature of the state of Massachusetts. The idea was that with the poor people had no place to be cared for, the rich people in those days the doctor came to their home and did whatever was needed to be done at home, but the maids and the other poor people had no place to go. So, the idea was to create a hospital for them and also to have a place where the Harvard Medical students could actually be educated. But the Mass. General and all of the Harvard hospitals have always been independent and the money raised to build the Mass. General was raised by two doctors, independent of Harvard. And so, all of the Harvard hospitals have their own board of trustees or own bottom line, etc.. But anyways, one of the great things about going to Harvard Medical School is you get to go to

all the hospitals, the Mass. General, the Brigham and Women's, the Boston Children's, the Dana Farber Beth Israel Deaconess. You get to go to all of them and which is a great great experience, but the only one I wanted to go to was the Mass. General, because I just liked the way the faculty viewed the importance of patient care. It was all about the patient.

Austen [00:05:51] And even though they had, in those days, a pretty good research program it was still all about the patient. So, I was lucky enough to get into the Mass. General, but it was also a very interesting time because I went to Harvard School in 1955. In 19... Late 1953 in Philadelphia the first open heart operation with cardiopulmonary bypass was carried out by Jack Gibbon [John Gibbon] and a number of hospitals, including the Mass. General, just as I was becoming a surgical intern, had decided to launch a open heart surgery program using cardiopulmonary bypass. And so, the person who had been designated as a heart surgeon at the Mass. General, who I knew because I'd sort of gotten to know him as a Harvard student doing my rotations down at the Mass. General, he called me up and he said, "You know, we're gonna want to do open heart surgery at the Mass. General using cardiopulmonary bypass and we need to build a open heart machine. You're an engineer. Would you like to get involved in building the open heart machine?" I said, "I certainly would." Even though I had no idea really what he was talking about. But then, I read Gibbons paper and understood it. So, when I started as a surgical intern at the MGH (Mass. General Hospital) in 1955 I had the great, great good luck to be able to actually build the first heart lung machine for the Mass. General. And then, working with the heart surgeon, we tried it out in the dog lab and eventually, in 1956 we did the first open heart operation at the Mass. General. I was, by that time, in my second year of training and for the first hundred patients at the Mass. General, wherever I was they would arrange for me to be free for my rotation and I would come and run the open heart machine for the morning and then I'd go back and do my work. They always did it on my night off. In those days, you worked 36 hours on and 12 hours off. So, on my night off, once I finished at about 6:00, I'd go have a bite to eat and then I'd come back because we... The heart surgeon, his name was Gordon [unclear name], he and I both agreed that somebody needed to learn how to take care of these patients post-op[eration] and we decided that I should be that person. So, I would come back and stay with a patient that first night. Now, there was a resident, you know, regular resident assigned to that patient and, of course, a great nurse. So, I didn't have to do too much, but I had to, sort of, I wanted to, sort of, figure out what was important. In those days, we still didn't understand completely how to, you know, you have to have heparinize a patient with an open heart surgery so they won't clot when the blood goes into the heart lung machine. Then, you had to reverse the heparin and we were still trying to learn how much protomine to give. And we obviously weren't giving the right amount. So, we learn things like if the patient continues to bleed by midnight I learned that we really needed to go back and cauterize all the places and etc.. So, we did learn. But I would say in the first fifty patients, we probably had 50 percent going back to O.R. by midnight. And... Obviously then though the heart surgery program continued to develop. There were no training programs in those days, no formal training programs, that I'm aware of anyways, in the early days and in early, mid [19]50s, but in my fourth year of residency, Dr. Churchill, who was my Chief at that time, sent me to England for a year and I spent six months in London at King's College doing general and vascular surgery as... The title was a senior registrar, that would be like the Super Chief Resident. And but the important part was the second six months I went to Leeds, England where they were doing a lot of heart surgery and I got to do a lot of heart surgery so that by the time I came back, in the end of [19]59... So, basically for 1960 to be the Super Chief at the MGH, I had done actually quite a lot of heart surgery, probably as much as anybody in doing them and even are still residents. And then, I finished being super chief and then I went... I was lucky enough then having met the head of heart

surgery at the NIH while I was in Leeds, very fortunate that... In those days, you had to go in the service for two years after the Korean War and I was scheduled to go in the Army, after I finished the super chief job, in which case I would be doing general surgery, hernias, and stuff like that. And Glen Morrow, who was the head of heart surgery at the NIH, called me up and said that one of his staff people had decided to leave go to be chair of a department at one of the medical schools and there was a job opening. He knew I would only want to do it for two years, but he was offering it to me if I could get out of the Army. That was not the easiest thing to do but we did... Well, Dr Churchill actually was the one who got that done and I then spent two years at the NIH in the NIH heart surgery program, which was a great experience both scientifically and clinically.

Austen [00:13:03] And during that time, really that was the time that I first got to know David Sabiston. And I can't actually remember whether he was by that time at Duke or not. I think not, I think he was still at the at the Hopkins. In fact, I'm quite sure he was still at Hopkins. I then was asked to come back to the Mass. General in 1963. Having spent [19]61 and [19]62 at the NIH. So, I was asked to come back on the faculty at the Mass. General in 1963 to sort of be the young leader of modern heart surgery and I had a great time doing that and that was the time that I really got to know David Sabiston, even better. It was during that time that Dr. Blalock stepped down. The person who should have been made Chair of Surgery at Hopkins was David Sabiston, but it didn't happen. And that was... I think clearly, the reason that David was attracted to going to Duke as the Chair of Surgery and of course, that was wonderful for him and also for Duke. I don't exactly remember exactly when David became Chair, can you tell me when that was?

Stewart [00:14:50] I don't remember exactly either.

Austen [00:14:54] Because about 1964 I was on...

Stewart [00:14:57] That's what I'm thinking...

Austen [00:14:59] So, I think so. I think it was about a year or so after I came back to the General to develop modern heart surgery. The reason I'm thinking of the time was because I then, I did, sort of, develop the Heart Center program at the MGH and it was going really terrifically well. And the person who recruited me was Paul Russell who would become the Chief in 1962 at the MGH, succeeding Dr. Churchill and much to my surprise, in 1968, Dr. Russell resigned as Chair of Surgery and he was a transplanter, very excellent scientist and he was... He decided that he would prefer to spend more time doing that. So, the Chair at the MGH became open and they had the usual national search. And in 1969 they asked me to become the Chair of Surgery at the MGH. It was about four or five years after David Sabiston became the Chair at Duke.

Stewart [00:16:19] He was Chair in 1964. You were right.

Austen [00:16:23] OK yeah. Now, David was a few years older than me. I don't... I would've said maybe four [years older]. So, I think both he and I got made Chairs of Surgery when we were pretty young. I was 39 when I became Chair. I suspect he was in the same general age when he became Chair at Duke. He and I got, I would say over the course of time, David and I became wonderful friends. I always considered him my greatest friend in surgery of individuals who were not, you know, sort of at the MGH. We were quite different in terms of our personalities, but somehow we became very close friends. We got very involved in doing things together at various associations, the Society of University Surgeons, the American Surgical Association, the American Association of

Thoracic Surgery, and the American College of Surgeons, all of those major national societies. David being a few years older than me, he became president of every single one of them. And after he finished as president, in every case, he was I think, quite instrumental in seeing to it that I became president. It usually was a few years, a couple of years after he finished. But I couldn't... I've always been grateful to him for being so loyal to me and doing that on my behalf. But in the process, of course, we were very... Because I would be involved in all these organizations while he was president. So, we did things together and then, eventually, I became president and he was a past president. So, we did a lot of things together. I was visiting professor at Duke at least twice during his time as head of surgery at Duke. And he came up and was visiting professor at MGH during my time as well. He, in my opinion, was responsible, a major person responsible, for the ascendance of Duke Medical School to become one of the great medical schools in this country. The other thing I would just say is, you know, life is strange. So, I stepped down. I was just about almost 29 years as Chair of Surgery at the MGH and I... And there was a big dinner to celebrate my years as Chair in Boston. It was, I think, in the Summer of 1998. No, summer of [19]97, I was still chair. So, I finished at the end of 1997 and it was a dinner for about five hundred people.

Austen [00:20:23] And I had a number of people speaking at that event. Most of them, of course, from people in Boston. But I picked one person from surgery around the country to speak and that was David Sabiston. And it was a Saturday night and on Saturday morning I got a call from Aggie [unclear] saying that David couldn't come. That he was.. He did not feel well. And she thought he had the flu. At least that's what she told me. And that was the first evidence that David was having a stroke troubles. And I think, at that the time they didn't really understand what was wrong with him that he just didn't feel well. But it turned out a few days later that they figured out that he had a small stroke. And then, of course, he had a number of further small strokes that eventually did him in. I saw him once after that. I was... Our... Two of our kids, we have four children. Our third son and our daughter, fourth child, both went to Duke for undergraduate school. And our son also came back and went to Duke business school. So we're very fond of Duke and we were there visiting our son, who was at that time, I can't remember maybe a third year student at the Duke undergraduate program. And David by that, this was probably nine months after this started. I can't remember. So, we called up Aggie to see whether we could come and see David. And she said yes. So, my wife and I went over to their home and met with both of them in their living room. David was sitting in a chair and we had a very nice conversation with him. He seemed to be perfectly OK, mentally. He did not get up or anything. And so, I had assumed that he'd had some... I'd been told that he'd had some paralysis, but I... He just sort of sat there, so I didn't really see whether... What that what that amounted to, but we had a very nice conversation. And that's the last time I saw him, because after that he had a number of small strokes and eventually it caused his death.

Stewart [00:23:29] Mm hmm. Well, that was... I was going to ask if you remembered the last time you saw him but you went there and that's great. I'm glad you told that story. Going... Back tracking just a little bit, when you and Dr. Sabiston were Chairs together did you often give each other advice or share challenges with each other or was it more of a personal relationship you guys had?

Austen [00:23:59] I think it was both. We certainly had a very very wonderful personal relationship. I could, as I say, I considered him a great friend, but we had lots of phone conversations and conversations at the various national meetings about all sorts of things related to how best to create a great department of surgery... How to... What's the best way to educate young people, just about everything. David was much more... He was

stricter than I was about things, as you probably know, he was very strict with his residents in terms of their behavior, in terms of everything that they did.. Where they ate, [laughs] what they wore. Stuff like that. I mean, he and I were different in that, but we were very similar in the important things about the importance of working hard, being totally dedicated to your patients and your work. I admire him greatly for all those things. He was also, in my view, fantastically great about ensuring the increasingly wonderful reputation of the Department of Surgery at Duke. And the Department of Surgery at Duke before him was OK, but it wasn't anything like it was under David. And David was very, not only was the department great, with great people and terrific residency, but he was very careful to see to it that the Department presented itself at all the national meetings, that they had all sorts of papers on every program. I mean, he was amazing in my view and he saw to it that what was presented was really first rate stuff. And it resulted in the Department of Surgery at Duke becoming one of the... Viewed as one of the great departments in the world.

Stewart [00:26:32] Kind of following up to that, how do you think he influenced the field of surgery during his career?

Austen [00:26:39] Well, I think he had a great influence it. Of course, again he and I were, had similar interests. He was a heart surgeon. I was heart surgeon. But, I think we also similar in that we both sort of broadened our interests when we became Chairs of our respective institutions. He was a tremendously important influence on Academic Surgery in this country and indeed the world. And he did, of course, by the quality of the people that he hired and the quality of the science and clinical investigation that came out of his institution.

Stewart [00:27:28] Did you ever feel that Mass. General and Duke were competitors in the field of surgery and Academic Surgery?

Austen [00:27:38] You know, I really didn't. I probably should have, but it just never occurred to me. You know, both places were, you know, my view, both places were just doing so well and in every way and every measure that you could think about. I think, in terms of the faculty at both places being so important nationally and all the national societies, but all the science and clinical investigation coming out of both of the places, but also in their residencies. The Duke residency was very well thought of and I think the MGH residency, during my time, was similarly very well thought of and both of us, as far as I could tell, you know, in terms of the percentage of people who we put first on our list and who ended up coming to each of our programs was incredibly high. So, it just never occurred to me to be competitive with Duke. Duke certainly was our competitor, but it never seemed to bother... I don't think it bothered either of us at all because we both were doing so well.

Stewart [00:29:04] I always like to ask people if they're any stories or memories that they would like to share. Dr. Sabiston. It can be silly. It can be heartfelt.

Austen [00:29:22] Well, you know, I mean, David was a very serious person and I think he had a wonderful marriage with Aggie and they were devoted to each other. And I think Aggie understood that David's career was crucially important to him. And I think, in that sense, we were very similar because my career was incredibly important to me and I have a wonderful wife who... In January, we will be married 59 years.

Stewart [00:30:08] Congratulations.

Austen [00:30:08] But she, you know, I think both Aggie and my wife, Patty, somehow understood that we were very devoted to our careers and that they had to adjust to that. My impression was that while David loved his three daughters and certainly spent time with them that he was very much involved in his work, always. And I was actually quite similar. And I guess, in that sense, we were quite similar in the sense of being very serious about our work and working very very hard and always trying to be the individual that worked as hard or harder than anybody else around us. I think David was like that. I was similar. I can... I mean, there were a number of incidents where David and I did things together. For example, there was one weekend where David and Aggie and my wife Patty and I were invited for the long weekend to Kentucky to Louisville by the Chair of Surgery there and it was that time of the Kentucky Derby. So, we... That's the only time I've ever been there and the only time I've ever gone to a horse race, but we spent, I think it was like three or four days together with the head of surgery there and his wife. And it was really, kind of, I don't know whether you've ever gone to a Kentucky Derby, but it's a unique experience. I mean, the whole town is so focused on that. And of course, horse racing is so important to that town. It's very different than any experience that I've ever had. But it was especially nice to spend this kind of four days almost 12 hours a day with the Sabistons. And I must say I frequently think about David and Aggie and about... I think one of the things that I've felt sad about was that David had this wonderful career and devoted himself so fully to Duke and the Duke surgery department. And then, he retired and he got sick so soon. You know, he never had the opportunity to, sort of, enjoy life, sort of, without the burden of being so involved and busy as the head of surgery. I've always felt a little sad about that with David because he certainly deserved to have a whole bunch of years where he could, sort of, bask in the glory of what he'd accomplished and be involved with Duke Medicine and with the department like I have been able to do. But he never had that opportunity. I've always felt rather sad about that. He deserved it.

Stewart [00:33:51] Would you say that your wife and Aggie Sabiston were close friends too?

Austen [00:33:59] Yes absolutely.

Stewart [00:34:00] Are they still? I guess, is a better question.

Austen [00:34:04] I would say probably in actual fact, no.

Stewart [00:34:08] OK.

Austen [00:34:09] I mean, it isn't... I mean, I think my wife always liked Aggie very much. But you know, I think we sort of lost touch when David got sick. I mean, we made the effort to, as I said to go to see them. But I think that David was an incredibly private person. And when he got sick, I think it was the impression we had was that he sort of wanted to sort of ride this out in private with his wife. And that's the way it turned out. So, it's interesting that you bring it up. It is kind of interesting that we actually... Although, we had a, we had some conversations with her on the phone after that, but we never actually met after that. And I'm not sure I know why. It certainly wasn't that we weren't very fond of her because we were.

Stewart [00:35:28] Yeah. So, was that last time... You told this story about you seeing Dr. Sabiston after his first episode of strokes, was that the last time you spoke with him or were there times after that that you spoke over the phone?

Austen [00:35:46] I don't believe I ever spoke to him again.

Stewart [00:35:50] OK.

Austen [00:35:51] We did... I think I did talk to Aggie on the phone a couple of times after that just to inquire how he was doing. And you know, he was... It was clear to me that it was gradually having more trouble.

Stewart [00:36:13] Is there anything that I didn't ask you today that you want to make sure we know about Dr. Sabiston?

Austen [00:36:25] Well, I mean, I guess I've probably said I just, when I think of him I think of this incredibly intelligent, totally devoted individual who was a very innovative person, an excellent surgeon, a terrific leader. Who was about as hard working as I can ever imagine anybody being, who built, in my view, one of the great departments of surgery in the world.

Stewart [00:37:05] Well, those are all... We've talked about all the questions I had prepared for you. I saw you sent your consent form back to me. Thank you for doing that.

Austen [00:37:16] Sure.

Stewart [00:37:18] And just if you think of anything else you want to talk about. Feel free to call me or email me and we can set up another time for phone conversation or if there's anything else now that you'd like to say we could do that too.

Austen [00:37:35] I think all all I would like to do is, sort of, maybe say one... about myself. I will be 90 years old in January.

Stewart [00:37:51] Wow. Congratulations.

Austen [00:37:54] And I'm still working full time at the Mass General and Harvard Medical School, which I feel very lucky about. And so I'm still the Edward D. Churchill Distinguished Professor of Surgery at Harvard Medical School.

Stewart [00:38:14] Mm hmm.

Austen [00:38:16] Edward D. Churchill Distinguished Professor of Surgery and I am a surgeon, a chief emeritus at the Mass. General Hospital.

Stewart [00:38:35] Mm hmm.

Austen [00:38:37] And my present, sort of, work title is I'm chair of the Chief's Council of the Mass. General hospital. So, I oversee all the service chiefs.

Stewart [00:38:48] Wow. Well it sounds like you're busy.

Austen [00:38:53] Well, I have a wonderful job. It's really great. I really... I don't work as hard as I did when I was head of surgery and as hard as David did. But I work every day, all day. I have a great time.

Stewart [00:39:10] Wow. Well, I am glad. Seems like you're still loving it.

Austen [00:39:15] Well, I do. I do. Yeah, I do.