

## **Dr. Carl Ravin, May 20th, 2019.**

**Stewart** [00:01:02] Hello. Can you hear me, Dr. Ravin? Hi. How are you today.

**Ravin** [00:01:06] Good.

**Stewart** [00:01:10] So this Emily Stewart, as you know. So we are chatting about Dr. Sabiston today. I hope you have some really cool stories about him.

**Ravin** [00:01:25] Well, I have some. Let me see if I can put this on speaker and whether you can still hear me.

**Stewart** [00:01:31] OK.

**Ravin** [00:01:32] OK. Can you hear that.

**Stewart** [00:01:34] Yes. I can hear you. Can you hear me okay? Can you hear me okay?

**Ravin** [00:01:41] Yes.

**Stewart** [00:01:41] OK. OK. Great. So just get started just so we kind of have some of your information. If you could just say your full name and then your date of birth. Just for our record.

**Ravin** [00:01:54] Carl Eric Ravin. November 17, 1942. Not sure if that will compute on your computer so far back.

**Stewart** [00:02:08] Awesome. So if you just want to start by just telling us, or me, a little bit about where you grew up, where you first attended college, and then kind of what... when you decided you wanted to be a doctor.

**Ravin** [00:02:27] Okay, although you want to talk about me and not Dr. Sabiston?

**Stewart** [00:02:32] Just for a minute, Just so we, just so we know you just for a minute. For the record— not very long.

**Ravin** [00:02:38] Okay. So, I grew up in the Washington D.C. suburbs and went to high school in Bethesda, Maryland. So, normally I say I'm from Bethesda Maryland. Actually, through 8th grade I was in Arlington, Virginia. But for boys wherever you get your driver's license is where you say you grew up, so I'm from Bethesda. And then I went to college at Cornell University and actually then went to medical school after that at Cornell as well. But, you asked when I decided I was going to become a doctor. So actually, it was developed over a period of time. I sort of finalized it when I was in college, but I sort of had an idea that's what I was going to do when I went to college because actually our family physician was a cardiologist at George Washington Hospital in the District and he would come to our house make house calls. And the thing that really got my attention initially was he drove a Chevy convertible. And you know when you're 16... 17 years old it was a red Chevy convertible. I thought I want to be like that guy because I want that car. And it turns out that actually he was a well-known cardiologist. But of course I didn't understand that at the time.

**Stewart** [00:04:07] Right. Wow how cool. OK. So. So you worked at Duke with Dr. Sabiston, right? Was that your first interaction with him working at Duke with him?

**Ravin** [00:04:21] Yes.

**Stewart** [00:04:22] OK. So you do you remember your first interaction with him, or do you remember...

**Ravin** [00:04:28] Oh absolutely. But let me let me tell it to you this way.

**Stewart** [00:04:31] OK.

**Ravin** [00:04:32] So, as I mentioned to you I went to medical school at Cornell. And after that I spent a year in surgery at the University of California in San Francisco. Then two years in the military, it was the Vietnam era. So I went to Vietnam, came back to the University of Utah, and then did a fellowship at Yale, and then came back to the University of Utah on the faculty, and then moved to Yale on the faculty, and I came to Duke from Yale in 1978. And the reason I'm telling you this, is one of the things I learned along the way, is that when you're a medical student there are a number of doctors who seemed godlike in... in the institution and everybody sort of reveres them. But when you start moving around from institution to institution their gods seem like mortals to you. You've seen it before. So I was always sort of laughing as I moved around to Utah and Yale, and actually University California San Francisco, guys that they thought were godlike I didn't think we're as good as the guys that I saw when I was a medical student. But it was because I was a medical student and they knew a lot more. When I came to Duke, although it took a year or so, I began to realize that Dr. Sabiston actually was way more than just a mortal. He really was godlike. And I still sort of laugh about it because I was pretty convinced when, you know, telling people that you're gods are my mortals... but this guy was different. So, I'll tell you the little stories about him that sort of put this into my mind. When we first moved down from Yale to Duke, I got here— I guess it must have been probably in July or something— June, July of 1978. And I was a... I'm a chest radiologist and at Yale, I actually used to do all the radiology for the thoracic surgery conference. That conference, we got together on Friday afternoon... they would give me the names of some patients they wanted to talk about. I would come, I'd pull out the films as we talked and you know that was... it was a sort of casual interaction, and that was the thoracic surgery conference. When I came down here... I think I'd been here less than a week and I said to my wife I want to go over and attend the thoracic surgery conference just to see how they do things here. And I found out it was actually held on Saturday morning at 7:30. And I remember saying to her "I don't think I'll be there very long and in fact I may be the only one. Who the heck goes to a conference on... at 7:30 on Saturday morning?"

**Stewart** [00:07:33] Wow, early morning.

**Ravin** [00:07:35] Yes. I came over to Duke, and it was in the Duke south amphitheater, and I walked in the back probably at 7:25. And I was stunned. There must have been a hundred people all in white coats in this auditorium at that hour. And exactly at 7:30, the front doors open and in came Dr. Sabiston, trailed by a couple of his chief residents, and he sat down and said "Let us begin..." a little more discipline here than I'm used to. And they actually had a guy that projected the slides. His name was Brad and they would say

next slide, Brad. Anyway, they present the first case and you probably won't get this, but essentially, the doctor presenting the case is one of the residents... as he was doing it, he said, "Well this patient was thought to have a Type 3 atypical mycobacterial infection" and actually, that caught my attention because, although I was a chest radiologist and although I'd been doing chest work for years, I had never heard that atypical mycobacteria were classified in different classes. We just called them atypical mycobacterial for over ten years. Type three— I didn't know there were types. Then he goes through the presentation, and at the end he said... "And in summary this patient proved to have a Type four atypical mycobacterial infection." And it sort of glanced off my mind. But, suddenly Dr. Sabiston said... "Excuse me, Doctor I thought when you initially presented you said it was a Type three and now you're saying it's a Type four." And of course my head tilts a little bit. Wow, good pickup. And the resident said "Well, yes sir. As you know, the difference between Type three and Type four is the rate of growth on the agar plate." They said... "So I went back and actually looked at when we submitted the original sample and when microbiology reported it out and clearly they made a mistake in the dates. It was a Type four all along." Dr. Sabiston said, "thank you very much for the clarification. I think we can move on." Well, I'm just about stunned. I mean, it's like what! Then they go on to another case and they put up... always when you show these cases the pathology slides go up and I can tell you, you know blue is bad pink is good. Kind of. That's what I know about the pathology slides. So, a slide flashes up when they're doing it and the resident gives a diagnosis and Dr. Sabiston said... "Excuse me, is that the best slide that you have to illustrate this, the finding?" And that he said... "Yes sir." Dr. Sabiston says... "Well it doesn't have an epithelial lining on it. Therefore, you cannot make the diagnosis that you're talking about." You'd have to make a different diagnosis, which he gave. It's like, wow. So I went home, somewhat stunned, and said to my wife... "These guys are big league players, I'm going to have to step up my game. There's no question about it." Now, I'll tell you, years and years later, I learned that there was a little rehearsal to these things before they actually did it. It wasn't quite as spontaneous as it seemed. But I can tell you the impact on me and I'm sure most of the people the audience was... wow! You better better be good. Ok, so the next little encounter happens a few weeks later and actually, by then, I'd already met Dr. Sabiston and he's very nice to me. But, it was a few weeks later, and I was going over to Duke Hospital on Saturday morning. Now again, it's Saturday morning, I put on slacks, I put on a sports shirt, you know, with a button down collar, and I head over to Duke. Now in my mind, I'm kind of dressed up for Saturday morning because who's in the hospital on Saturday morning? I was coming over and I'm walking down the corridor. Actually, it's not a few weeks, it must have been a year later because was Duke north. But anyway, I'm walking down the corridor and here comes Dr. Sabiston trailed by... he always seemed to have a bunch of chief residents and other residents following him and so it looked like 50 people following him. But, you know, some large group, and I'm going in toward the hospital, he was sort of headed out and we passed one another. And I said "Good morning Dr. Sabiston." And he looked at me and it was total silence and he just kept walking and I sort of look, you know, a little bit like I guess maybe you didn't hear me and as the group went by, one of the chief residents steps over to me and said... "You know why he didn't say anything to you, don't you?" I said... "No I don't." He said... "Because you're not in a white coat. Dr. Sabiston wants everyone in a white coat or they're not treated like a doctor." I said... "Saturday morning?" He said... "Yeah, you see, all of us, we're all in a white coat." And you can't see it, but I'm sitting here at my desk in a white coat, which I still wear today, because I got the message.

**Stewart** [00:13:14] Wow.

**Ravin** [00:13:15] So, those are sort of two little insights into, kind of, in essence how he controlled the environment and I would tell you that in most hospitals, and I've been in enough now, that most academic medical centers are either dominated by the Department of Medicine or the Department of Surgery and, actually, in Duke's case they had been dominated by the Department of Medicine until the medicine chair retired and Dr. Sabiston became chair of surgery... and there was no question that this hospital was dominated by the Department of Surgery, but it was dominated because of the things that Dr. Sabiston insisted on from his people. And of course people like me responded to that... with, well I can try to compete and I am going to try to compete, but you know you've got to step up your game to do it. I used to think, for a while, that I would make all our faculty march in columns of two out of the conference rooms so we would look like them. I never actually did it but... Ha, it was that sort of style. Now again, when I say that it makes him seem very formal and distant but he was not that way to me. In truth, I think he... he was very hierarchical as surgeons tend to be. But, since I was a Chair and he was a Chair, he dealt with me... he dealt with me as though I were an equal, although I knew I wasn't an equal. I'll tell you one other little vignette. I went up to see him about something and his office was up on the I guess the seventh floor of Duke North Hospital and I was on the first floor. So, I went up the stairs to his office and came in, and there's like total silence... except in those days they still had typewriters, so you could hear the typing of the typewriters and several of the secretaries working away and his secretary said to ... his lead secretary... "Just have a seat. Dr. Sabiston will be with you shortly." So, I sit down and there's silence except for all these people typing. Eventually, I hear a little buzzer... "Dr. Sabiston will see you now." So, she opens a door and I walk through a little ante room into his office. He's sitting behind his desk, as I come in. He gets up walks out from around his desk. "Carl, welcome, have a seat." And there're two chairs in front of his desk. So, we sit in those chairs facing one another. We chatted about whatever it is. And he said... "Well, let me get the chief resident in here to deal with one of the issues you've raised." And he buzzes the secretary... "Can you get Dr...." whatever his name was to come in. A few minutes later, there's a knock on the door, it's the doctor. Sabiston, because it's the chief resident, Dr. Sabiston gets up from the chairs where he and I are talking, walks behind his desk, sits in his chair behind the desk when this guy comes in, gives him his instructions. Then the guy leaves. Then he comes out from behind his desk and sits back in the chair with me. So, if it was, you know, he was signaling how the hierarchy work and who's in charge, that kind of stuff. It was phenomenal.

**Stewart** [00:16:29] Right. That's very interesting.

**Ravin** [00:16:31] Well, then I walked... I'll tell you the best part of this. So then I walked downstairs from his office. I go back down the stairs to my office on the first floor and I am like thinking this is the way an office should work. I walk into my office and my secretary looks up and blows a large bubble gum bubble and pops it when I walk in and I spun around and said... "I'm going for a walk in Duke gardens, I need to pull myself together." But I remember thinking, as I was coming down from his office to mine, it was like I'm descending into Hell. And sure enough the popped bubble. It was a great great scene.

**Stewart** [00:17:14] The great ending to the story too.

**Ravin** [00:17:17] It was perfect.

**Stewart** [00:17:19] So you, so when you came to Duke, you said 1978 right?

**Ravin** [00:17:23] Right.

**Stewart** [00:17:24] Did you come as the chair of the Department of Radiology.

**Ravin** [00:17:28] No, I came as... so in those days radiology included diagnostic radiology and what is now radiation oncology... so diagnostic and therapeutic were combined in one department of radiology. And I came as the vice chair for diagnostic. So, I was in charge of the diagnostic half, not the oncology.

**Stewart** [00:17:53] OK. So then when did you become... Because your title now, or you were the chair of the Department of Radiology. Did those ever merge together?

**Ravin** [00:18:06] Correct. So what happened was in 1985.

**Stewart** [00:18:11] OK.

**Ravin** [00:18:11] I guess I was named as chair of the Department of Radiology. Actually, the search committee was Dr. Sabiston, Dr. Greenfield who was the Chair of Medicine, and a guy named Barney Carroll who was the Chair of Psychiatry... so those three guys were the search committee. Actually, they didn't even talk to Barney Carroll. It turned out it was just Sabiston and Greenfield that decided I would be the Chair of Radiology, and one of my first moves as Chair of Radiology was to split off radiation oncology and make them their own department. We had nothing in common with them.

**Stewart** [00:18:48] Right. So then, when you were appointed that position by Dr. Sabiston, did you feel your relationship change with him even more?

**Ravin** [00:18:57] You know, actually we sort of got along all along. But, I will tell you the funniest part of it was he said... he came to see me and said, you know, congratulations we're going to recommend you to be Chair of Radiology, and therefore you will be chair of radiology. And he said... "Carl, I'm not going to tell you how to run Radiology and I don't expect you to tell me how to run surgery." And I said... "Well, Dr. Sabiston, you can be sure I'm not going to tell you how to run Surgery." But... and so I don't know that our relationship changed but it was kind of funny and occasionally he would bring some of his disgruntled surgeons around to talk with me so on. But, when he did that he never intervened or said really a word. He... he would just bring them in. You know, "Dr. Paulson would like to talk to you." Fine. I talked to Dr. Paulson. He would sit there quietly. Thank you so much for coming. He was... it was very political. I'll tell you one other little vignette. At one point the University decided that they were going to put a tax on all the dollars that the departments were holding in reserve. So, we had money in reserve, like in the bank. And they... they the university Duke over on the main campus, decided they were going to put a tax on it. Now, Dr. Sabiston was a very clever guy and he could size people up so he knew that he could rile me up with no problem. And people got, sort of, excited because of course putting a tax on it was costing us money. And he sort of said to me... "Carl don't you think this is terrible?" And... "Why, yes sir, I do." "Well I've arranged for us to go over and meet with the university people to talk about this." And the university people were like the President the University and the Executive Officer, the Treasurer kind of stuff. So we go over to the Allen Building, which is the main administrative building on campus, sit in this big room around a big table. Dr. Sabiston starts off saying, you know, how much... how much he appreciates that the university president and all are willing to meet with us and just have a few issues... you know we want to discuss this issue. And he sort of looks

at me and said... "So, Carl why don't you lead off for us." Well, of course I go crazy. This is ridiculous, you taking dollars that are raised in health care and applying them to the university. And they should stay and support health care and the care of our patients, not be used for frivolous football games and blah blah blah. And I gave my little impassioned speech, and then there was some more talk, and then I'm, of course, waiting for Dr. Sabiston to speak up because I know he's going to nail this shut. And finally after, I don't know, a half hour Dr. Sabiston says for the first time... and he said "Mr. President I just want to thank you for having us here today. I'm so grateful that you would listen to our particular position. And we, we thank you for having us, allowing us to speak with you today." That was his closing remark. I looked like a raging Banshee. He looked like a diplomat and that was the end of it and one of the things I came to learn was, one, of course, he could use me as his rabbit out in front. But, he did most of his negotiating behind the scenes, in back rooms and telephone calls. In the public arena, he was the consummate diplomat and I learned that lesson pretty quickly at that point and learned that you might have to behave differently in public than you do when you're one on one.

**Stewart** [00:22:48] Yeah it's an interesting story. So that kind of goes back to what you, what you you mentioned before too about how he controlled the environment and the hierarchy. Are there any other instances, you've given a couple, but are there any other instances that describe some of the things that he did, you know besides the white coat, the hierarchy, behind...

**Ravin** [00:23:14] Well... Well, you know to be clear about it, when I say control I don't mean it in the, you know, like he "controlled" it. It would be more accurate to say he set an example of how he thought the environment should operate. So, he thought doctors should be in white coats and you'll hear about it from the surgeons who used to say you know if you're coming out of the operating room... He wanted them to change back into their total white coat outfit and not wear scrubs. He thought scrubs looked terrible and it's not the way doctors should do it. Eventually, I think he mellowed a little bit and let them put a white coat over their scrubs. But... but he was setting the example and the example was you better be your best. You better, you know, know everything and be on top of everything. It's that, you know, the Type three atypical mycobacterial stuff. So he... he set the tone by setting the tone. Now, I'll give you two other examples that are little more difficult to understand, particularly if you're not in medicine. So one was again he wanted his surgeons to be the very best and never make a mistake. Now, of course in medicine sometimes you do. So one of the things that his chief resident,... who had been around 10 or 12 years in training... by the time they were chief residents and they used to run the E.R., the emergency room on the surgery side. And one time, one of them missed an aortic rupture... it followed an automobile accident and the rumor was that after that the guy was sort of pulled out of line, made the "teaching resident" until July, and then released from the program and never heard from again. And I only knew about it because suddenly, every patient who came into the emergency room who it had been involved in an automobile accident ,even if it were ten miles an hour, was getting a thoracic aortio gram to rule out aortic rupture. I was like, this makes no sense. But, none of them were willing to throw their career away by missing one. So, they were all ordering this study... not exactly the best thing. The other little vignette I had was one of his surgeons... and surgeons you know have a slightly different personality. One of his surgeons had come down and yelled at a couple of our techs about something and I was infuriated and called the guy in and said... "Listen, you are not to yell at the technologists. They, you know, they have no way to fight back. If you want to yell at somebody, come down here to my office. You can yell at me and I'll make it worth your while." And I said... "So knock it off. You

know, if you've got a problem come see me. Don't yell at them." About three weeks later, I find out he's been down in the department yelling at the techs again... didn't come to see me. And so, I went up to see Dr. Sabsiton about it and said... "Look maybe you can help me with this, this guy is completely inappropriate. You know, he should not be yelling at the technologists. I invited him to come see me. I'm glad to discuss it, or yell at him. Can you help me?" "Yes. You know, Carl I will. I will see to it. I will.." I forget what he said but... "I'll look into it". Next thing I hear, this guy's been fired. He was a staff surgeon, you know, on the faculty. And I was like oh my gosh. So I zoom back up to see him and say, Dr. Sabiston, you know I didn't mean for you to fire him. I, you know, I just wanted you to correct his behavior. And he said... "Well, you know, if he cannot behave appropriately and behave as a gentleman he has no place at Duke." It's like oh my gosh. So, the problem it created for me was I didn't know, you know, could I talk to him about these issues, because if you're just going to fire somebody if they make some mistake... it makes it hard to sort of be too critical about anybody unless you really think they need to be fired. And actually later, I was talking to one of the other senior surgeons I said you know I feel terrible about this because it wasn't my intent to get him fired. He said... "Oh don't worry about it." He said, "Actually, Dr. Sabiston was upset with this guy because he wasn't publishing enough and you just gave him a good excuse to get rid of him." Oh really.

**Stewart** [00:28:02] Wow.

**Ravin** [00:28:05] So... So, I am telling you some of these stories like you may get, kind of, the wrong impression about him .I would tell you that first of all he was a wonderful human being for me. Genuinely, genuinely a good person. But, he believed that doctors, you know, should behave in a certain way... that we cared for patients in a certain way and he was going to do it the very best way and the rest of us just had to push hard to see if we couldn't compete at that level. He worked very hard. He was 100 percent about his job at Duke. I'm sure you'll hear, you know, he had a party every year for his faculty to which we got invited. He used to have the medical students over to his house for dinner at the end of their rotation. He was working all the time on the behalf of the Department Surgery and Duke. Just incredible.

**Stewart** [00:29:09] So would you say that he almost had an impact on your professional and personal life to some extent?

**Ravin** [00:29:16] Oh. Yeah absolutely. And it was fun for me because actually, interestingly at Yale where I had been before I came here, the emphasis there was really on research and you were, sort of, measured/regarded by how good your research portfolio was. At Duke, the measure was how good a doctor are you. And patient care was the top thing. And Dr. Sabiston emphasized that although, as you'll clearly hear, he also emphasized the academic side of it. But, in my mind there was no question it was about being a great doctor and taking care of patients and knowing what the heck you were doing. And I really liked that I was, you know, I was much more comfortable with that than the other model.

**Stewart** [00:30:13] Yeah. That's awesome. So, in general, how do you think Dr. Sabiston influenced the field of surgery... the larger field of surgery besides just Duke during his career.

**Ravin** [00:30:31] I think probably the... the surgeons will be better able to tell you that. There was no question you know he, he had a... a little vignette... he had a textbook of

surgery that, you know, he was a kind of standard textbook in many medical schools if you look at the author list there all of his faculty are on that list. They wrote chapters, so they got very well-known and he always pushed to make sure that he... he and Duke were at the leading edge of whatever was going on in surgery. He actually asked me to write the chapter on imaging for his textbook which I was delighted to do. But, when I did it, he also added in a surgeon who did some imaging and said well he'll have to be a co-author with you. I was like really because he's not writing that much but he said you know this is a Duke surgery thing. So, I was the first author and this guy was the second author of a chapter that I wrote.

**Stewart** [00:31:34] Nice. Yeah I've seen his textbook and seen... I've looked through the table of contents a little bit. So I'll have to go back and look for your name. That's cool.

**Ravin** [00:31:46] Which. Yeah, I did it for a few years. A few editions of it and I will tell you and it's typical Sabiston... He would then send you a copy of the textbook with a handwritten note, you know, signed by him, thanking you for your contribution to the textbook.

**Stewart** [00:32:10] Wow. Very very nice. And that shows too kind of what you were saying earlier how he cared about his staff as well.

**Ravin** [00:32:21] Absolutely.

**Stewart** [00:32:25] So is there anything else you think we should know about Dr. Sabiston? Anything that you can think of? Any other stories you want to tell?

**Ravin** [00:32:36] No, I just probably... those are my favorite vignettes that you've heard. But, I would tell you, having worked with him for a number... I'll tell you one other one and then I will have told you all I know. So, I told you he was he was... he was politically very good and had a wonderful sort of style about it. But I'll tell you... so one time we were sitting in a little meeting room across the hall from the Chancellor's office, and Dr. Sabiston started to tell what turned out to be an off color joke. Actually, I never heard him do that before. Maybe he did it... But, I've never heard him do that sort of thing and he gets into the joke and he's approaching the punchline and the chancellor walked in and he just sort of stopped and the chancellor, Bill Anlyan said... "Go ahead finish your conversation I can see you guys were in the middle of the conversation" and Sabiston looked at him and just said... "No, Dr. Anlyan it would be inappropriate to finish this conversation in front of you. I don't tell an off color joke in front of the Chancellor. And we never I never heard the punch line. But again, it was that, you know, that was his style. And if you were around him for a while you sort of picked up on it and, you know, it was a bit formal... although, I felt like he dealt with me as I felt like he dealt with me sort of as an equal. But I knew I wasn't his equal. You know, that he didn't make it clear that I wasn't his equal, I could just tell that I wasn't his equal, because he was really good.

**Stewart** [00:34:31] Yeah. And by really good you mean really good as a surgeon, as a chair, as all of the above.

**Ravin** [00:34:43] Well, I'll let the surgeons tell you about his abilities as a surgeon because I didn't deal with him there. But as... as a leader he was phenomenally good and honestly, I have to tell you that, you know, I loved Duke particularly when he was Chair of Surgery. It was just for me a lot of fun, and the environment... that I loved being in and in it. You know,



I'm older now but it's not the same environment, since he's not been the chair of surgery, that it was when he was the chair of surgery. And to be honest I mean it wasn't a perfect environment as I, you know, some of his rules sort of created problems like if you fire a guy for missing a lacerated aorta you're going to... And the response is then we'll study everybody in case they have it. That's not so good either. So there were... there were places that things could be improved, but by and large he set a tone here that was absolutely wonderful both to work here and to be a patient here importantly because the quality of care was terrific. Although, suddenly another vignette went through my mind... I remember standing, we were in radiology for some reason and he and I are standing in the corridor talking and a technologist came out eating an ice cream cone, walked into the hall eating an ice cream cone, and he turned and looked at me and he said "Carl don't you think that's inappropriate?" And I just about killed the technologist. What are you doing! Just looking at what you are going walking down the corridor eating an ice cream cone. It was like, "Get out of here." But, he could have an effect on you because as soon as he said it was like oh my gosh I can't believe you would embarrass me like this eating an ice cream cone here. Whereas, of course, 20 minutes earlier, the technologists and I could have been eating ice cream cones if they wanted.

**Stewart** [00:36:50] That's funny. Wrong time, at the wrong moment. So you were at Duke, I just have kind of one last question of my own... You were at Duke when he he retired in 1994 right?

**Ravin** [00:37:03] Yeah. I don't remember the year he retired.

**Stewart** [00:37:05] You were you were still there though, do you remember that, when he retired?

**Ravin** [00:37:11] I do. Yeah. So, I'll tell ya my little sort of thing about this. They had a big retirement party for him over at the Washington Duke. Now, this is Dr. Sabiston who has done so much for surgery and all his stuff, so a big fancy retirement dinner. And what I remember and what my wife remembers about that dinner was two things. One, he really never spoke about his wife who'd been, his wife Aggie, who was an enormous support to him and did you know did the things that she needed to do, sort of on the social side. And I don't think he even mentioned his daughters at the time. And what he said was basically what I'm really excited about is that we have a new Chair of Medicine coming in, Dr. Bart Haynes and he's going to be wonderful for the institution. And he spent his time talking about the new Chair of Medicine as opposed to a lot of what had gone on in surgery and the support of his family and all that kind of stuff. So again, in some senses it was typical Sabiston because it was all about the institution, all about, sort of, building the bridges with other departments moving forward. But I thought, you know what... at your retirement dinner and surgery ought to be able to talk a little about what your family's contributed and what you've done here. But, he didn't take that opportunity.

**Stewart** [00:38:52] Wow. Yeah, that is interesting. Did you see him after he retired?

**Ravin** [00:38:56] Yes. He... he actually kept an office over in one of the research areas and because of some stuff that I was doing... he and I would meet occasionally. And so, he could advise me. And his wife Aggie would drive him in from home. His health sort of deteriorated a little bit. I remember a couple of times when he came he, sort of, came in a wheelchair, so he physically was not doing as well although he's still pretty sharp. But, you know, I would lay out the issues for him as to what was going on around it and he would

give me some advice as to what he thought I should do to kind of see if I could correct that. But, he was always willing to come in. I think he was delighted actually to be asked to come in for that kind of thing. But, I felt bad because he was at home and Aggie would have to get him into the car and drive him over and get him up to his office so we could meet.

**Stewart** [00:39:57] Yeah. That... I'm glad that he was still around, that you can talk to him.

**Ravin** [00:40:05] I know. You know, he had very interesting, you know, he... he really had the big picture. Knew all the players. So it was... It could be very helpful.

**Stewart** [00:40:17] Well, is there anything else that I, that we didn't talk about, or I didn't ask you that you want to make sure we get on record about Dr. Sabiston?

**Ravin** [00:40:26] Well no. Again, particularly in this day and age when you look around and look at leadership you can... you know what I learned from him, was leadership begins at the top and is really important. And he was a great great leader through whom his influence sort of influenced thousands of us who were at Duke and made Duke what it was in the days when he was chair. I had not seen that... I hadn't seen that before and I've not seen it since and I don't see it on higher levels ... in fact it frustrates me because I keep thinking if we had a better leader, someone like Sabiston, a lot of our problems would go away. But he had a very clear vision of what he thought medicine should be. And I'm saying medicine generically so medicine, surgery, should be. And he made it happen in surgery and the rest of us sort of responded to that in our own departments saying yeah we want to be like them. Actually, I said I want to be better than them but I didn't get there.

**Stewart** [00:41:43] Well...

**Ravin** [00:41:45] So, can you tell me a little more about how this project is going to work or what you're going to do. You're gonna have like rambling stories like mine all over the place or you somehow pull together into a coherent whole?

**Stewart** [00:41:56] Oh yeah. So I... The main goal of the project, is actually in the future to write a biography about Dr. Sabiston. So, we're kind of doing that through these stories about him that we're, you know, collecting from interviewing his residents, people he trained, people such as you, that we're kind of more his colleagues and then we're kind of compiling all of those. I'm only in the... I am only in the phase of collecting the interviews. So then, after we kind of have them all collected, and I think they're just trying to have that completed within the next year, then they're going to write a definitive biography of him and the contact person for this, who's kind of organized this is Justin Barr at Duke as well. So yeah, right now we're just in the early stages, kind of collecting all of these stories in order to capture as many components of his life as possible and recognizing, you know, you have more of a colleague perspective of him while others will have more, as you were saying of his surgical...

**Ravin** [00:43:27] Yeah, actually if you've got time let me tell you one more little story that will amuse you that suddenly had occurred to me while you were saying that. So when we came here in radiology in 1978, one of the big issues was the X-ray films that we used to record stuff on and in those days, kept getting lost. People couldn't find the films, couldn't find the information. So, one of our challenges was to correct that. And when we moved into the new hospital, Duke North Hospital in 1980, I made the decision that we would not

allow the X-ray films to leave the department. They used to go wherever people wanted them. I said they're all going to stay in radiology. You want to see them you come down here.. We'll have them displayed for you. We had these things called multi viewers where you put up all the films for all the patients. So, the Chair at the time said to me OK. But, you go around and tell the Chair of Medicine the Chair Surgery this. So I said fine I'll do it. So, I went off to see the Chair of Medicine who was a very high profile guy. Later went on to be the director of the NIH. So you know he's no no slouch. And I went in to see him and said here's the way it's going to be, you know, I can guarantee you we're going to have the films but they're not leaving radiology, so you want to see them you come to radiology. And the guy looked at me after I explained all this and he said... "I have only one question for you." I said... "Really, what is that?" He said... "You're going to do the same for Sabiston." I said... "Absolutely." There's a little quote. I said... "I'm from the Vince Lombardi school of management. I treat them all like dogs." So he laughed and said... "Good luck." So I go off to see Dr. Sabiston and explain it to him and he's listening to me politely and, at least, seems to be nodding his head. But, at the end he said... "Well Carl, that certainly makes sense." He said... "Now, you understand, I think that it's best to have the films with you when you see the patients. So you can review the film and talk to the patients." And I said... "Absolutely, I understand. That will not be happening. The films will be in Radiology. We cannot lose them." He said... "Well, you understand that what I'm saying." I said... "I do. But, we can't lose the film. So they will be waiting for you in radiology." And he said... "I'll tell you what. Suppose I have my Chief Resident personally come down and sign out the film and be personally responsible for returning the films after we make rounds." And I said... "All right. Let's let's try that." So in truth the only person in the hospital who did this... he had his 14th year resident come down, sign out the films personally take them up to make rounds with Dr. Sabiston and the patients and bring them back and put them all back up there. And so, we worked out that compromise but, he was the only person in Duke Hospital who got that. Otherwise, no film left radiology unless I personally approved it.

**Stewart** [00:46:58] Wow.

**Ravin** [00:47:00] But that guy, would remember that. it was a guy named Wyngaarden who as I said went on to be the director of the NIH. Jim Wyngaarden said to me, "only one question, you're going to do the same for Sabiston?" "Absolutely."

**Stewart** [00:47:14] Absolutely.

**Ravin** [00:47:18] So, you know, it's funny when I'm telling these stories because you have to understand, I mean I had I developed enormous respect for Sabiston as a colleague as he treated me differently. I could see it was different than he treated... you know, the people who worked for him, you know not that he was exactly a friend but certainly was a professional colleague. And we could talk about issues although he had a very clear vision... and the good news for me was, almost always, I agreed with his vision and where we didn't... where I didn't... we could come to some kind of a compromise that both of us could live with.

**Stewart** [00:48:02] Wow.

**Ravin** [00:48:03] Even if it involved a trainee in this 14th year of training.

**Stewart** [00:48:10] Wow. That's awesome. Well, unless there's anything else, any other stories you think of.

**Ravin** [00:48:20] I think I've told them all now.

**Stewart** [00:48:22] Well, they were all very interesting. This actually was my first interview about Dr. Sabiston so I've learned a lot about him and I really appreciate you taking time out of your day to speak with me today and get his his stories on record as well as your own. So, thank you. I am pretty sure we will be sending a transcript of this to you just so you can review it after we've transcribed the interview and then as far as that goes I... for my part I don't need much more from you but I am sure as this project moves forward we'll be in contact with you about the final goal and the biography of the book.

**Ravin** [00:49:13] Right. Let me leave open, you know, if there are things that need clarification please feel free to contact me if there are things that come up, you know, as you as you talk to lots of people that you want to get a perspective on, I'd be delighted to, you know, to help because I'm sure I know most of the people he's talking to and many of situations but I think an interesting picture of Dr. Sabiston will emerge. But, without question it should be that, you know, he is a... was a great, strong... But, I would say if you're his colleague benevolent leader with the right goals in mind and I just wish there were more of those folks around.

**Stewart** [00:49:59] Yeah. Yeah. How awesome. And I can already see his impact is very large from the stories you described. Well, that's awesome too.

**Ravin** [00:50:11] Okay. Well,listen thank you so much. And again if they're things that require clarification or you know some embellishment please feel free to contact me. I'm delighted you guys are doing this project and although good grief I mean you're going to get an enormous number of stories to try and weave together into some coherent whole.

**Stewart** [00:50:37] Yeah it'll be a lot. Well, thank you for offering more help in the future. And thank you for offering your stories today.

**Ravin** [00:50:44] Well... OK. Well, it was my pleasure to tell them. As you can tell, it brings brings an amusing smile to me but as I said, let me finish where I started which was that first weekend watching that conference and saying man I'm going to have to step up my game. But, you know, for years when I came to work every day I thought I've got to step up my game because he's... This guy you're playing with is the best.

**Stewart** [00:51:10] Well how awesome.

**Ravin** [00:51:13] Well well listen thank you so much. We'll look forward to working with you to see it through to completion.

**Stewart** [00:51:19] Yes. Sounds great. Have a great day.

**Ravin** [00:51:22] You too. Take care. Bye bye.

**Stewart** [00:51:24] Bye.