



David Sabiston Oral History Project

Interview with Norman M. Rich

By Justin Barr

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Justin Barr: Good morning. This is the 21st of May, 2019. I'm here with Dr. Norman Rich at Uniformed Services University of the Health Sciences in the Department of Surgery. My name is Justin Barr. This is an interview for the David Sabiston oral history project. Thanks so much for participating, Dr. Rich. I really appreciate it.

Dr. Rich Norman: My pleasure.

Justin: Do you want to start off by just talking a little bit about yourself, where you came from, how you got into medicine and surgery?

Dr. Rich: I grew up in an Arizona copper mining town, and the chief surgeon had been a Stanford undergraduate in 1910, and a medical school graduate from Johns Hopkins in 1914. He went to France with the voluntary forces after training with J.M.T. Finney at Union Memorial Hospital. I grew up listening to him talk about how disappointed he was in World War I that they had to do so many amputations. He kept saying to me over and over again, "You know, there are some people who advocate repair of blood vessels, and that's the future. You should get into that." I said, "Yes sir." I never wavered from that.

He had three sons, and the middle son did what I did, starting at the University of Arizona. The reason I started there is, I had a state-sponsored scholarship, so I went there for two years and then I transferred to Stanford undergraduate, as his son had done, and was fortunate enough to get into medical school at Stanford.

His close friend in the undergraduate years at Stanford was Emile Holman. Emile Holman was William Stewart Halsted's last chief resident. There was a very strong academic connection, even though my first mentor, if you will, my first hero was in a small Arizona mining town. Those towns hired the best because of the accidents in the mines and things like that. They needed very good surgeons, and he had the respect of all the people in the state of Arizona, and he was also known somewhat nationally for his efforts. He had his certificate from the American Board of Surgery in 1937. He was one of the founding members. This was all very important because when I transferred, the first person I had to go talk to was Emile Holman, who was still the chairman of surgery at Stanford at that time. I told him I was there to become a surgeon. That was really the start of all of it for me, academically.

Justin: What did Dr. Holman say when you walked into his office and said "I want to be a surgeon?"



Dr. Rich: He looked at me and he said, "Young man, I have one question for you." "Yes, sir." I still remember this. He said, "What original ideas do you have?" All I could think to myself is, "Man, I don't have original ideas. I'm just trying to graduate." He knew I was in trouble, so he looked at me a little bit and he said, "Listen, anytime you think you have an original idea, it means you haven't read enough. Get to the library and read." "Yes, sir." I did that. I studied very hard, I read a lot, and I had a good mentor in the early years.

Justin: What was your surgical training like?

Dr. Rich: Well, I wanted to stay at Stanford. What happened was, in my senior year at Stanford they moved the medical school from San Francisco down to Palo Alto. This was in 1959.

Justin: This is your senior year of medical school?

Dr. Rich: Yes. Senior year of medical school. The Department of Surgery was essentially abolished, if you will, because all the surgeons had private practices in San Francisco, and they wanted to stay there. Stanford hired J. Garrett Allen from University of Chicago to be their chairman of surgery, and he just didn't fit into the West Coast environment. In other words, everything was falling apart. Most of my favorite professors, like Carleton Mathewson and Roy Cohn, had been in World War II. Emile Homan had also served in the Navy in the World War II. They all said the same thing: "Why don't you go get your military service over with," because we had conscription in those days. They said, "Do that and come back and then you'll not miss a beat."

Well, what happened is, I was able to do my internship, rotating internship at Tripler in Honolulu. I came back to Letterman at the Presidio and did my general surgery residency there. All of my former professors from Stanford were the consultants. People like J Englerbet Dunphy from UCSF and a number of others like Jon Najarian and Bill Silen were there as consultants. I had the benefit of these types of people in my residency years, and that was fantastic.

Justin: What point in your career did you first hear of this guy named David Sabiston?

Dr. Rich: It's interesting, because I have thought very hard about this. Because of his Johns Hopkins background, I knew a little bit about him. I knew his name, of course, and I knew what he had done, and I knew he had gone to Duke. I had a friend who had applied for one of the plastic surgery residency positions at Duke, so I heard about him in that context as well. I also met Dr. Sabiston briefly when I came back from Vietnam in 1966.

The momentous event that I remember was at the Southern Surgical [Association] at the Homestead in 1968. This is back when some of the papers were presented on Tuesday evening. Nonmembers could present papers but couldn't discuss them. That's been a tradition for years and years.

File name: Rich.WAV



I was able to present my paper on the management of venous injuries in Vietnam. Dr. Sabiston was secretary of the Southern Surgical at that time. I'll never forget it: late on that Tuesday evening, he vaulted over a number of rows of seats and came up to not only congratulate me, but to encourage me to continue. As you know, he always had a lifelong interest in the management of venous problems. I really struck up a very close relationship with him in that respect.

Justin: He didn't really know you from Adam, he just heard your paper and was very excited about the intellectual contribution?

Dr. Rich: Yes.

Justin: That's exciting.

Dr. Rich: Yes, it was. This is a time when our country is being torn apart, and schools like Duke and Stanford and University of California, Berkeley and other schools were having a lot of student unrest, and he was very concerned about that. One thing that a lot of people didn't really recognize is that Dr. Sabiston had been in an Army uniform in the early 1950s at the end of the Korean conflict. He told me a story a number of times that Jay Sanford, the first Dean at USUHS, confirmed. We even had the two of them together with their wives for dinner at the Columbia Country Club, and had a reminiscing evening, if you will.

What they laughed about is that, at Walter Reed Army Institute of Research circa 1953, Dr. Sabiston, with his interest in surgery, was assigned to the Department of Medicine, and Dr. Sanford, with his internal medicine background, was assigned to the Department of Surgery! The two of them became very close friends at that time, and it was really from that that relationship that Dr. Sabiston was asked to be the chairman of the national search committee for the first chairman of surgery at USUHS, which he accepted, and which he carried out.

Again in 1976, when the search started for the chairman of the new federal medical school, there were still a lot of very poisoned minds from the Vietnam era, Vietnam era psychoses, as we said many times. People like Dr. David Skinner, who is no longer with us, came up to me and said he didn't think that the government should be involved in medical student education. There were a lot of people that weren't just against the effort that we were starting because of the war, they were against it because of organization, nationalized medicine, that type of thing.

Anyway, many, many people wrote to me and said, "Whatever you do, don't take the job." I went through months of agony. Finally, Dr. Sabiston stepped forward and said, "Norman, it's my desire that you accept this position." I said, "Yes sir."

Of course, my question to him was, "If I do, would you be my consultant?" He said, "Of course." I said, "Well, for how long?" He said, "Forever." I said, "Well, I can't beat that." That was really the start of a very close relationship. We talked about other consultants. He said, "Norman, you're going to get a lot of heat from a lot of people."

File name: Rich.WAV



You'd be best served if you had a visiting board." That's what we called it. That's when we decided to get Dr. [Francis] Moore from Harvard and Dr. [Michael] DeBakey from Baylor and a few other people to be on the visiting board with Dr. Sabiston.

I met with six or eight of these people every six months for 25 years. Usually, I would start out by letting them know what my problems were, and then they would give me their advice or make some suggestions. It was very good because there were a lot of people who were contrary to what we were trying to do. Whenever they would give me a lot of grief about something, I'd say, "Well, I presented this to the visiting board, and here's what they had to say."

General [Leonard] Heaton, who had been the army Surgeon General, and was very involved in USUHS, was on the original visiting board. I can always remember, he pounded the table one day, and he said, "Norman, I don't know what your problem is." He said, "When I said something, it was done." I said to myself, "That's part of my problem, I guess. I don't have your position or your stature..."

Justin: When you're a three-star general, people tend to move a little faster.

Dr. Rich: When you've been the Surgeon General for 10 years, that makes a difference. The other quick thing before we go too far: I was on active duty in 1976. I said, "I really don't want to stay beyond 20 years." My 20 years were going to be up in 1980. Dean Sanford, the first Dean, said to me too, "You'd be much better off if you retired from active duty and became a civilian professor."

So there was a second national search committee because they had to go through that process again. I had to be recruited again, if you will. I'll never forget it, and I'm hoping I can find the papers because later in life, Dr. Sabiston did send me a number of his papers from that. He was the chairman of the Search Committee the second time. He routed up a few of his former trainees, Sam Wells and a couple of others, and said that they were contenders for the position, when I don't even think they even knew that they were, because it was somewhat organized that I would continue.

Anyway, that was the background. I could not have had a more loyal supporter, a better friend. There were times, with his busy schedule, much like Dr. DeBakey, where I would meet them at the TWA lounge out at the airport for an hour. At the American Surgical [Association], American College of Surgeons meetings like that, I always met with this group. We would go over what I was being challenged with.

Justin: Just for some examples, what were some of the challenges that you were facing as chairman that they helped you work through? Because not only are you new to being a chairman of a Department of Surgery, which is hard enough, but you're also in this weird institution that hadn't really existed since the start of the 20th century.

Dr. Rich: I was the only full-time member of the Department of Surgery for the first five years. I couldn't recruit anybody.



Justin: Because they were in the military and they couldn't stay, or nobody wanted to come to a new military medical school?

Dr. Rich: If found somebody in civilian life who was willing to spend a couple of years in uniform, the first thing that the respective Surgeon General would say was "They have to go to sea for six months, or they have to go to whatever for whatever."

No one wanted to do that. The people in uniform, we still had some of the Berry Plan people involved. The vast majority of them wanted to get out as soon as they could. That was a good part of the challenge with the recruitment. Again, Dr. Sabiston, with his Johns Hopkins connection with people like Harry Shumacker, helped me out. Dr. Shumacker came up to me at the American Surgical. He said he had been talking to Dr. Sabiston. He said, "Norman, if you have enough of a challenge for me, I might be willing to come and help you." I said, "Fantastic."

In 1981, Dr. Shumacker came to help me for a number of years at about age 70. Shortly after he came, he said to me, "We should get somebody else." He said, "Charles Rob is down at the University of North Carolina with Walter Pories. In the state of North Carolina, the professors at that time had to retire at age 70. He said he's 70. I said, "I can't stab Walter Pories in the back. He's been a good friend and a good supporter." He said, "No, he'll be supportive of this."

We were able to get Charles Rob to come under the same circumstances. I had this long-standing connection in Mexico with their Military Medical School. Dr. Juan Leonel Villavicencio Gomez, who is married to a gringa, he had some of his surgical education in Boston and some of it in Chicago. When he was in Boston, he met his wife. She was anxious to come back to the United States, as were his children. I was able to recruit him. We had the first four full professors in the next five-year block.

Justin: That's a unique challenge.

Dr. Rich: Well, I'll tell you how those four really made the difference, and I didn't recognize this in the beginning, but I certainly look back and recognize it very much now. The students were just thrilled to have such experienced surgeons in the labs with them, and helping them on rounds and things like that, because these surgeons didn't have their own patients to worry about. They weren't in practice or anything, so they could devote their entire time to the students, as Dr. Rob would smile and say, "I feel like father-confessor." [laughs] Again, it was phenomenally supportive of the medical student teaching. That was our responsibility.

Now, back to the problems again: Dr. Sabiston said it from the beginning, he said, "Norman, you need your own service." I said, "Yes, sir." Well, once I retired from the Army in 1980, I was not in active duty anymore, and that put me in a foreign category, you might say. The hospitals had been organized in their own way of doing things since the 1950s when the residency programs started, and they weren't about to change or give that up. And the Surgeon Generals were all very parochial, which is



understandable. We had all of those things to contend with, but Dr. Sabiston would always just smile and said to me, "Wait them out, Norman"

Justin: You had your own service from '76 to '80 because you were still active duty?

...

Dr. Rich: Yes, vascular. I was actually still running the vascular fellowship and the vascular clinic.

Justin: In your spare time?

Dr. Rich: Yes, in my spare time. That was one thing - when I did retire, I really gave up that leverage, which was not good. The other thing was, the Air Force and the Navy always looked at me a little bit as being too committed to the Army. Once I put on civilian clothing, it became a little bit easier to integrate the three services, which is the direction we were going. Dr. Sabiston was always very supportive of that too.

We also created a visiting professor program. What the dean allowed me to do is to take one of the associate professor's positions that I couldn't fill and cut it up into 50 pieces. I had a visiting professors' program for this entire period of time, where every two weeks, we would bring in Francis Moore, we'd bring in J Englebert Dunphy, we'd bring in Dr. Sabiston, we would bring in the top people, not only in this country, but abroad, because we emphasized the international aspect of what we're all about. We're able to get people like Mr. Felix Eastcott from London, and people from all over, from Japan.

I'll never forget, one of the famous barefoot surgeons from China - Professor Wu - we were able to get people like that. That was one of the advantages of being in Washington DC, because so many people came here for other reasons. When they would, we would find out about it, and we would to invite them to come out and spend a couple of hours with us or a day with us. That was also highly supportive of our activity. Dr. Sabiston came to many of our meetings.

We decided we would have four named lectures, and Dr. Sabiston is on one of them, Dr. Moore is on one of them, Dr. Tony Curreri, who was the first president here. He was on sabbatical from the University of Wisconsin Madison. He is on one of them. Dr. Oliver Beahrs, Oli Beahrs from the Mayo Clinic who was a very staunch supporter, is on one of the lectures. These lectures are still held quarterly, mostly for the medical students initially, but lately we have been able to get the residents and faculty more involved now that we're here on one campus.

Justin: I think Ted Pappas came and gave one recently.

Dr. Rich: Yes, he gave a fantastic talk. He's worked so hard. He was kind enough to give me a copy of his program because I couldn't make it. I didn't hear him personally, but I've watched it twice now. You can tell him that I watched it through twice.



Justin: I'll let him know.

Dr. Rich: I have just been really thrilled at what a good job he did.

Justin: He's a great surgeon, and he's an excellent surgeon historian.

Sorry, going back to 1968, when Dr. Sabiston came across the aisle to you, where were you at this point in terms of your career and your training? You had gotten back from Vietnam...

Dr. Rich: Right, and I was running the vascular service at Walter Reed, and running the vascular fellowship program. We had one of the earliest vascular fellowship programs in the United States.

Justin: You were the first?

Dr. Rich: I was the first. Only in the army: before I finished my fellowship, I was told I was the acting chief and the acting director of the fellowship, and here's my first fellow.

Justin: Where did Dr. Carl Hughes go?

Dr. Rich: He was more senior and he was off doing his own things. My first fellow was George Lavenson. He outranked me militarily and he was ahead of me academically. The only thing I had on him is, I had been to Vietnam at that point, and he hadn't. We got along tremendously well. We were just very, very busy. Again, back in those days, our operations were long. We would spend anywhere from 7 to 11 hours per operation. When you're doing aorto-femoral-popliteal endarterectomy, everybody gets to sew, but it takes forever.

That's an awful lot of what we did. We had a very senior general surgery chief, who was also a cardiothoracic surgeon, very well liked. He was always in favor of doing the American operation. If we open the abdomen, we very likely would end up doing a cholecystectomy and a pyloroplasty and vagotomy along with an aneurysmorrhaphy and patching up two inguinal hernias and throwing in an appendectomy. It was a different era, and patients did reasonably well.

Justin: Were they mostly elective cases?

Dr. Rich: Yes, mostly elective. We did have a steady flow of Vietnam casualties, with the redo type of operations. We wrote up 150 cases here, and 150 cases there, that type of thing.

Justin: Between 1968, when Dr. Sabiston shakes your hand and says "great paper" and 1976, when he chairs this committee that appoints you to become chairman here at USUHS, what were your interactions? How did he know in 1976 to pick this guy who gave this great paper eight years ago?



Dr. Rich: At the various surgical meetings, we always had a chance to get together. I was very fortunate as a young person, because I was one of the early surgeons back from Vietnam, so I had a lot of exposure to very senior people. I also had exhibits at the American College of Surgeons and the American Medical Association. These exhibits were huge, wooden exhibits with three panels built by the Armed Forces Institute of Pathology. My exhibits were shown over about a 10 year period; I probably had 15 or 20 of them. They were always a focal point at the various meetings. People would say, "Meet me Norm Rich's exhibit."

So I got a lot of exposure from that, and met an awful lot of additional people. Of course, that also helped me when I started the visiting professor's program and began inviting those people to come and lecture at USUHS. It was such a change from the '70s by the time we got into the '80s when President Reagan said, "let's be proud to be Americans." It changed the whole tenor of things. I never was turned down by anybody. If I would call and they couldn't come, they'd say, "Give me another date." It was that type of relationship.

One of my antagonists, if you will, said to me that he didn't believe what we were doing was worthwhile, but even he agreed to come to USUHS, and when he came, he smiled a little bit. He said, "All right, you've got a point." Because one of the things I said to him is, "if we fail, they're going back to the draft. They're going to be drafting your assistant professors out of your program and sending them to 28-bed dispensaries in Alaska." That made the point, too.

I always enjoyed meeting up with Dr. Sabiston at the various meetings and everything. By the time that the search committee started, we had had enough exchanges. I had written a number of papers that he published.

Justin: In *Annals*?

Dr. Rich: In *Annals*, and that type of thing. We always had a good relationship.

Justin: Speaking of professional societies, you both rose the ranks in multiple surgical professional organizations. The American Surgical, the Southern, the College.

Dr. Rich: He certainly was president of everything. I never really achieved that. I think a good part of it is because I was in vascular surgery. Even though I did a lot of general surgery, I didn't have the same background. I also didn't write the textbook that Dr. Sabiston wrote. There are a lot of things like that, that he was just absolutely unique in doing.

Justin: Since you all were part of the same organizations, how did you see his leadership shaping these organizations or shaping the field? Did he have any specific ideas or plans that he tried to execute in either the American Surgical or the American College?

Dr. Rich: I really wasn't on his committees and really didn't have that much of a relationship with that aspect of it. I always remember, he came up to me at the American Surgical when we met in Canada. His question to me was, "why are the vascular surgeons being such a pain in the rear end?" [laughs] We had a big long discussion about that, because I pointed out to him that the thoracic surgeons had done the same thing in the early '50s. He gave me a little bit of leeway on that. We had some very detailed discussions about The Society for Vascular Surgery, of which he had been a member as well, but his responsibilities had been much broader-based than mine.

Justin: You were both two surgeons who are very interested in history. Did those interests...did you all correspond about that?

Dr. Rich: Yes. He enjoyed hearing about The Battle of Picacho, which was the westernmost battle of the War between the States in Arizona, between what is now Phoenix and Tucson. It wasn't much of a battle. It was a skirmish in 1862, and it is history that Americans don't know about.

Dr. Sabiston and I enjoyed talking about things like this. The Texicans had ridden into Tucson and raised the confederate flag. It flew over Tucson for about three months before Carlton and the California volunteers came east and pushed them into New Mexico. The major battles, if we can call them that, during the war between the states in the southwest were in New Mexico, and the confederacy didn't do well, obviously. [chuckles]

We had a lot of fun talking about that. We also shared a great interest in the international activities. In addition to coming to USUHS for many of our meetings, he went with us overseas to a number of different activities. We had courses that we taught called Emerging Technologies Courses. We did these for about 10 years, mostly in Versailles. Well, it was a little community outside of Versailles. Auto Suture Europe help sponsor these.

We did them to make sure that the American surgeons stationed in Europe would be kept up to date, and we also expanded it to the NATO members and friends. We had a number of civilians from Finland, Greece, and various countries who came, and Dr. Sabiston just loved those courses. As you know, he had a very close relationship with the man who started US Surgical. The wife of that man was a Norwegian woman who was the president of Auto Suture Europe. They spun that off, so there was a great connection there.

He always gave that husband and wife a great deal of credit for being very careful with what they did and very helpful with the military requirements. We had a lot of those types of exchanges. Daniel Rignault was at Duke for a year out of France and was sponsored by the French Army. He and Dr. Sabiston got to know each other about the time that I first met Dr. Sabiston in '67, '68. It's very interesting, because I was assigned to find out if Dr. Rignault was a communist.

Justin: Dr. Sabiston assigned you this task?

Dr. Rich: No, but he knew about all it because Dr. Rignault was finishing up at Duke at the time. I had to query him, and I always remember that in my report I said, "other than the fact he lives on the left bank of the Seine, he's more to the right than Atila the Hun!" We had a great deal of fun with all that, too. That's part of the connection with Dr. Sabiston.

Justin: These International conferences were roughly once a year or twice a year?

Dr. Rich: A couple of times a year, if you throw in something like the French Association of Surgery. When Dr. Rignault got back to France, he started an American College Surgeons chapter there. The first meeting in 1989 in Paris was with Dr. Sabiston, Dr. Beahrs and a few other people. I was fortunate enough to be included. We had a great time with that. Based on that trip, Dr. Sabiston and I actually went the next year to Nice together for the French Surgical Association. He had a lot of international contacts, and we enjoyed communicating about those. I can't remember where else we went, but we went to a number of different places together.

Justin: He invited you down to Duke several times, is that correct?

Dr. Rich: Yes, 1984 and 1994. Interestingly enough, he assigned Randy Cunningham to me in 1984. For two days, every 20 minutes I sat and talked with one of the people in his labs doing research. All I can think to myself is, "Man, I'm finished. The word's going to get out, I don't know anything."

[laughter]

He, again, did that by design. You'd enjoy this because I'll never forget the first time in 1984: he sat me down in his office, and he said, "All right, Norman, what's wrong with my department?" I said, "Well, sir," I said, "there's one thing. Down in lab such and such, there are two culture counters. Neither of those investigators will talk to each other. They should be forced to have one culture counter and share." He said, "I like that." He made a note. I had one thing I could offer, because we were always looking for sharing at USUHS. We didn't have the resources that he had. I really enjoyed both of those visits. The second visit, the person assigned to me was Allan Kirk.

Interestingly enough, I still have a copy of a letter that Dr. Sabiston sent to me about Dr. Kirk the previous year, 1993, saying that he would be coming on active duty, and that he should have a faculty appointment with us at USUHS. Of course, that is what we did, which worked out very well too.

Justin: What did you speak on when you were down at Duke those years?

Dr. Rich: Vascular trauma, because that was my life, the Vietnam Vascular Registry and vascular trauma and, of course, an emphasis on-- for Dr. Sabiston, particularly in the second meeting -- on lower extremity venous repair because of the popliteal vein



and the critical aspect of that. At that point, we had 19 amputations that had been done for venous hypertension. In other words, patients had both the popliteal artery and veins severed. The arterial repair was successful but there was no-venous repair. Like I kept saying to everybody, blood goes in a circle. [chuckles]. We have to have some kind of a return conduit.

Justin: When Dr. Sabiston was coming here, what types of talks would he typically give?

Dr. Rich: Some cardio-thoracic because he kept up with the cardio-thoracic physiology. He had a great deal of interest in that. Thrombo-pulmonary embolism was a big topic that he liked to talk about. Those are the two things that I remember the best. He, again, could talk about everything.

One time when he came up to give one of those talks, he took all the papers that we had published in the department over about a 10-year period and threw them on the floor and took a photograph of it. He said, "This is to show you that you are making some contributions and some progress." I'd never even thought about that. I was just busy working. I wasn't counting or anything. He had a great deal of thoughtfulness involved in the relationship that we had.

Justin: I never had the chance to meet Dr. Sabiston; what was it like to hang out with him as a person when you're flying to Nice or when you're having dinner at the country club?

Dr. Rich: Always, always very involved. You could talk about anything with him. He enjoyed it. He enjoyed relaxing, particularly later in life. Some of that got him in a little trouble a little bit later, as you well know. I won't belabor the issue on that. I know we had a navy Captain whom he became quite close to. They used to sneak off with a fifth of whatever it was and enjoy that too.

He was kind enough to invite me and members of my family. He and Aggie, we went to their home a couple of times. We enjoyed that type of relationship. I always remember back to my first daughter: when I was telling Mrs. Sabiston something about I hope she would have a chance to get in, and she smiled a little bit, she said, "Norman, I serve on one of the committees that chooses the admission requests that are going to be evaluated. I can get your daughter that far." I said "thank you very much." It was a different era.

Justin: Different era. Is there anything I didn't ask you about Dr. Sabiston that you want to make sure that you get on the record or that we cover?

Dr. Rich: Yes, let me just show you a little bit here of what I have. I know you have this, but this is something that Dr. Sabiston had given me. [photograph of DCS in uniform with Drs. Blalock and Allison]. I don't think anybody had it at Duke for a number of years and, as I say, Doctor Sabiston had given it to me because it shows he was on active duty with Dr. Blalock and Dr. Phillip Allison.

File name: Rich.WAV

Justin: Who's Dr. Allison? I don't know who that is.

Dr. Rich: He was a gastrointestinal British surgeon. The Allison procedure, well, this goes back to the '50s.

I remember, Dr. Sabiston telling me this because we had been to Garmisch together, and I think that the building looks like it's one of those buildings. We had what were called medical surgical seminars in Europe after World War II with the 7th Army Medical Command. Dr. Sabiston was invited a number of times to give talks, but, as far as I know, this is the only photograph that's ever surfaced with him in uniform.

This is something that I thought you'd enjoy, too, because he got me to write a little chapter on venous repair, in 1981. [shows signed copy of Sabiston's textbook of surgery with personalized note.]

Justin: He convinced you? [laughs]

Dr. Rich: Yes, in 1981, but just to show you again what type of a person he was. This was part of the visiting board. [photograph of visiting board] Dr. DeBakey didn't make it, and Dr. Beahrs didn't make it, but, obviously, Dr. Sabiston and Dr. Francis Moore and Dr. Carelton Mathewson from Stanford, one of my favorite old professors, and he [pointing to someone else] was the Navy Surgeon General for a period of time, Dr. Custis, and then in the VA and he was the Army Surgeon General. Of course, Doctor Shumacker.

I have some others. I thought this is, again, so characteristic of Dr. Sabiston with all of the letters that I got from him and with his advice and everything. [shows letter re: Dr. Hufnagel] Dr. Hufnagel said he would come out and help me on a part-time basis. He actually ended up working full-time here for about five years.

Justin: You had some huge names. All of these guys could be chairmen anywhere else.

Dr. Rich: Well, they were. Dr. Hufnagel was chairman at Georgetown for many years. All of them had been chairman.

Justin: Dr. Shumacker was chair at Yale, Indiana.

Dr. Rich: Yes, so they brought all of that experience, and they'd also been president of various societies. Dr. Hufnagel, when he died -- and this got into the British obituary because I mentioned it to Felix Eascott -- I said, "It was such a thrill to come to work every morning because Dr. Hufnagel would have more original ideas, back to Dr. Holman again, more original ideas in the morning than the rest of us could conjure up in a lifetime." Just sitting there listening to him talk was phenomenal education.



This [another photograph] is 1989, this is at the French Association. The one I mentioned where Dr. Sabiston and Dr. Bearhs and I, along with a few other people, were made honorary members of the French Surgical.

This is an example of the types of quarterly seminars we had. This [another photograph] was the fifth surgery for trauma day, and Dr. Sabiston always enjoyed coming to this, standing here with Dr. Shumacker, and you can see Doctor Don Trunkey who just died recently. He was always very supportive, and there's good old Bob Joy.

Justin: Oh, yes. [laughs]

Dr. Rich: Bob would come to quite a few of these things, so he could tweak me afterwards. [laughs]

Justin: He had a good sense of humor.

Dr. Rich: Yes, he did. This you'll enjoy. [recommendation letter for Dr. Kirk] I thought a couple of times about this, whether we should be talking about Dr. Kirk behind his back, but I think that--

Justin: This is pretty complimentary.

Dr. Rich: Yes, and I think I had sent this to Dr. Kirk too somewhere down the line, so you're more than welcome to have that. I still had the agenda for my visit to Duke in 1994 with Dr. Kirk assigned to me. Not only there [pointing], but you can see also assigned to me here.

This was Dr. Sabiston's organizational ability. You can see how many presentations I had to listen to.

Justin: That's a lot of presentations you have to listen to. We only give three or four these days.

Dr. Rich: [laughs] Not only that, after about the third or fourth one, my head was just--

Justin: It's just your eyes glaze over.

Dr. Rich: It's funny because I wasn't familiar with any of this type of work. I wasn't doing it. I was strictly vascular at that point.

This [another photograph] is an example of our emerging technologies courses at Versailles, and, as I say, Dr. Sabiston was always very much involved, and this is for our military. He's a German officer and, of course, Dr. Rignault was a French major general, and we always had Bill Blaisdell with us.



We always had good support from the NATO activities. I will send you electronically the update on the Sabiston lecture. We started it in 2000, and Tom Krummel gave the first. That wasn't by any specific design, it just turned out that way, but I'll send you the list and the people who've given them. Of course, many of Dr. Sabiston's trainees have given them, including Dr. Kirk and Bob Anderson.

I don't remember exactly when Dr. Sabiston had his first stroke. I think it was in the late 1990s?

Justin: Yes.

Dr. Rich: This [letter of encouragement to NMR, hand-signed] is after he had had some rehabilitation, and he doesn't have much of a signature anymore, and yet in 2001, he was still writing encouragement, if you will, and giving me the benefit of his evaluation. I had talked to Mrs. Sabiston a number of times because we had hoped we could get him back up here, and she just said she didn't feel that he would tolerate an airplane ride, so we never were able to get him back.

I did see Dr. Sabiston probably about six weeks before he died. Mrs. Sabiston was very kind to take me to the rehabilitation unit between UNC and Duke, and I remember how momentous that was, if you will, because Dr. Sabiston, even though he wasn't speaking, he did say "thank you". He would say "thank you" over and over again, but that's all he could say. The tears just welled up in his eyes when I sat with him.

Justin: He could recognize you?

Dr. Rich: Yes, and I told him what was going on, and he would smile and say, "Thank you." He still had some good mental capacity within the last year of his life. As I say, I'm grateful to Mrs. Sabiston for allowing me to do that, but, if things like this are helpful, I can get a few more things that will be helpful, and I'll send them to you electronically.

Justin: If they're readily available, they would be certainly useful, absolutely.

Dr. Rich: Yes. You can have those copies.

Justin: Thank you, sir. I appreciate it.

Dr. Rich: Again, my exposure to senior surgeons in coming back from Vietnam in 1966 was phenomenal, and I was, again, not only overwhelmed with invitations from people Dr. Sabiston at Duke one from one of the very senior surgeons at Vanderbilt. I went to Rochester with Charles Rob, who was chairman. Rochester, New York. This is 1967. Everybody treated me like I was a visiting professor, and I was nothing but an army major. [laughs] I was worried, "the word's going to get out that I don't know anything!"

I remember at Rochester, New York sitting there with Dr. Rob and Dr. [Seymour] Schwartz, Dr. [Jim] DeWeese, Dr. Adams, a number of other people, and I knew all

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their names, but I didn't know the people. But because of this and then because of the exhibits of the various meetings, I had the opportunity to see people like this, two or three times a year. That's where I got the base of what I was able to draw on when I needed to have the help.

I always remember Dr. Wangenstein came a couple of times, and it was just phenomenal to sit with him for an evening, just the two of us. His son, Steve, came a number of years later and he said, "My dad and I were talking about your situation, Norman." He said, "That old adage that there is a light at the end of your tunnel and its the train. It's going to run over you.? We were thoroughly convinced that that's where you were headed."

I had a lot of privileged opportunities. That's the value of living a long time. Back to Dr. Hufnagel again: I always thought of Dr. Hufnagel as being an older very senior surgeon. He died at 72, and today that's-

Justin: Young.

Dr. Rich: - not that old. A number of other people died very early. Dr. Jack Wiley, who made such a contribution in vascular surgery, was only 63 when he died.

Justin: Really? How did he die?

Dr. Rich: Myocardial infarction. He was a very heavy cigarette smoker. We lost quite a number of people. One of the ironies there, and that's the type of thing Dr. Sabiston and I would talk about too, the number of cardiothoracic surgeons who continue to smoke.

Anyway, you're here. Do you have just a few more minutes?

Justin: Yes sir.

Dr. Rich: Tell me a little bit about what you're researching at the moment.

Your latest contribution in *Annals*, I've had about five or six different people already telling me it's a fantastic contribution.

Justin: The Pacific article?

Dr. Rich: Yes. I remember when you first approached me on the topic, and I said, "They didn't do anything!"

Justin: Exactly.

Dr. Rich: The way you wrote it up and the way you researched it really made a quality manuscript out of it.. Being in the *Annals* it'll be something that will be cited for historical import..



Justin: It was a fun paper to write. Thank you for your help on it. Holman's papers and Holman's input was important.

Dr. Rich: Yes. I really appreciated that, too. I had a lot of fun with the Holman connection over the years.

You've had some very solid opportunities and exchanges, and particularly with the work you've done in American College of Surgeons. I don't know whether you really appreciate that or not, but you won over everybody on that committee immediately. It reminded me again very much of my opportunity when I first came back from Vietnam because everybody was interested in what I had to say. Because of your background in history, everybody was very interested immediately in what you had to say.

Justin: Only with the help of people like you and LaMar McGinnis championing me. It's not just that I have this degree, it's people like you who have taken interest in a younger surgeon. That's been extraordinarily helpful.

Dr. Rich: I know it's teamwork. It's teamwork. That's what we all are benefiting from. There one anecdote I can share with you, I said to Dr. Ben Eiseman, when he put me up for the Society for Vascular Surgery...both General Carl Hughes and General Tom Weyland called me into their respective offices and said they were concerned that Ben Eiseman had put me up for membership in the Society for Vascular Surgery. They said, "You know Norman, you're too young. Wait a few years and it'll be better." I called Dr. Eiseman. He went about that far off the chair. He said, "you tell those two generals to mind their own business," and of course, I was fortunate enough to get in on the first round, and Ben Eiseman had that figured out. I said to him, "Sir, I'll never be able to repay you for what you've done." He looked at me and he said, "Yes, you can." He said, "You turn around and see who's coming along behind you and reach your hand out and give them a helping hand." That's advice I've tried to follow ever since 1970.

Justin: Well, I appreciate the hand, sir.

Dr. Rich: Anyway, thank you very much.

Justin: Thank you.

[00:57:53] [END OF AUDIO]