

Taylor Patterson:

Good morning. Taylor Patterson. How are you?

Dr. Stuart Knechtle:

I'm pretty well, Taylor. And you?

Taylor Patterson:

I'm excellent. Thank you so much for agreeing to do this. I really appreciate it.

Dr. Stuart Knechtle:

Tell me a little bit about your background. What you're doing now for ... Are you writing a biography of Dr. Sabiston?

Taylor Patterson:

That's the eventual goal. We have several history researchers and then some medical doctors who are also conducting some of the interviews. We're interviewing upwards of almost 200 people to get an archival oral history of Dr. Sabiston's influence on Duke, and on medicine in general. Then, the eventual goal is one of the medical doctors will construct, hopefully, a formal biography. And then we'll have the archive as well, of course.

Taylor Patterson:

The questions are pretty basic, and we can stop any time you want, or if you forget something and want to add anything later. At the beginning, I will do an intro spiel and then we'll jump right in. Do you have any other questions?

Dr. Stuart Knechtle:

No. I was going to mention to you that Dr. & Mrs. Sabiston invited me to their house a number of times to visit in the 90s and early 2000s. I have a number of his manuscripts-

Taylor Patterson:

Oh wow!

Dr. Stuart Knechtle:

And talks that he gave. I've had them in my possession for a long time. I always thought they could go into his archives.

Taylor Patterson:

Oh, absolutely.

Dr. Stuart Knechtle:

So, that was just slightly off the topic, but it's relevant to what you're doing.

Taylor Patterson:

Yeah, I think that would be amazing. We're always eager for anything, especially his personal manuscripts. Anything like that from his work would be fantastic.

Dr. Stuart Knechtle:

Yeah, so I thought. I'd be happy to give those, I just wanted to be assured what these are going to be used for, and that they're going to the right place.

Taylor Patterson:

Absolutely.

Dr. Stuart Knechtle:

Because I can only give them once.

Taylor Patterson:

Yes, absolutely.

Dr. Stuart Knechtle:

The truth is I can't really use them myself. If they could be used in some way to help be his personal archive. Is that going to be at the Duke Library, or where?

Taylor Patterson:

Yeah, that's the goal is that it'll be on Duke's campus. I'm not sure if it's specifically in the hospital archives, or in the library itself where they're trying to construct a base, but I'll have my supervisor reach out to you, or to Monique, and then sort of talk about the process a little bit. An actual physical donation will be for the manuscripts, so we'll have to get a separate sort of permission slip.

Dr. Stuart Knechtle:

Well, I've got about, I don't know-

Taylor Patterson:

A lot.

Dr. Stuart Knechtle:

... Maybe. It's a stack of things about eight inches high.

Taylor Patterson:

Oh, wow!

Dr. Stuart Knechtle:

That are various papers that he gave and so forth. So, they were the topics that were of interest to me.

Taylor Patterson:

Oh, that's amazing.

Dr. Stuart Knechtle:

He'd give a talk about surgeons who were Nobel Laureates, that was one of his favorite talks. I've got a copy of that talk, and a few others.

Taylor Patterson:

Maybe in the interview, towards the end, or if you can remind me, you could talk a little bit about your experience hearing, at least, the Nobel Laureate talk, or some of those?

Dr. Stuart Knechtle:

Sure.

Taylor Patterson:

... some of the talks that you liked or why you liked them. It'd be great context for the documents themselves.

Dr. Stuart Knechtle:

Sure.

Taylor Patterson:

Awesome. Thank you so much. I really appreciate it. So, for my intro, it's "Good morning. This is Taylor Patterson. It's 10:30 on February 18th of 2020. I'm speaking with Dr. Stuart Knechtle of Duke University, for the Dr. David Sabiston Oral History Project. Good morning again. How are you?"

Dr. Stuart Knechtle:

Very well, thank you.

Taylor Patterson:

Thank you. So, can you sort of discuss your experience, where you grew up and went to college, and kind of the background about what made you decide to become a doctor?

Dr. Stuart Knechtle:

All right. I was born in New York City and grew up in Connecticut. Attended high school at Buchanan High School and then went to college at Princeton University in Princeton, New Jersey. I majored in biochemistry there. I knew I was interested in science and medicine. Princeton did not have a specific Pre-Med track, but encouraged a broad liberal arts education, and so I pursued that. Then I went to Cornell Medical School. It was called Cornell University Medical College then, and was renamed Cornell Weill School of Medicine. During medical school, I fell in love with surgery as a third year student, and I also had an immunology background that I further developed along the way.

Dr. Stuart Knechtle:

Starting in high school, I worked many summer and part-time jobs in research laboratories, and so was exposed to immunology first in [Herbert Etkin's 00:06:02] laboratory at [inaudible 00:06:05] Cancer Center. So, I wanted to combine surgery and immunology. In thinking about a surgical residency, I was told that Dr. Sabiston, was the premier educator in American surgery, and I should look into Duke. So, I

still remember coming down here to interview as a fourth year medical student, and I interviewed the day after Thanksgiving. Dr. Sabiston met all of us candidates, and spoke to us as a group, and then I still remember him asking if we had any questions, and I asked him what'd he like to see in his chief residents that were graduating.

Dr. Stuart Knechtle:

He gave a very nice answer to that question. It was pretty clear to me that Duke, under his leadership, offered really outstanding surgical training. It was known for being a formal atmosphere. But anyway, I ended up matching at Duke, fortunately. Started here in July of 1982. Dr. Sabiston would meet with a group of residents every Monday afternoon at a conference, and he would go around the room, and ask us all questions on the topic that we had. There was always one resident chosen to present a clinical case. We had to do that basically without notes, so we had to memorize the history, and physical exam, and so forth. We would take turns presenting, and then he would ask the rest of the residents in the room questions about that case.

Dr. Stuart Knechtle:

It was just a wonderful conference that he ran. Of course, we were all scared to death. It was effective teaching at a conference, and then of course we also had surgery grand rounds on Wednesday mornings, at, I believe, it was 7:00, as it still is. Then on Saturday mornings we had two hours of conference. First, a general surgery conference, and the senior residents would take turns presenting cases, and then discussing the cases with slides. Then, a thoracic surgery case conference that would last another hour. So, we did that from 7:30 to 8:30 to 8:30 to 9:30, as I recall.

Dr. Stuart Knechtle:

That was really a great teaching conference, and an opportunity for the senior residents to prepare and teach a conference. Dr. Sabiston, of course, presided at all of those teaching conferences. It was really, I thought, a very effective way to get us to read, and learn surgery, in addition to the clinical care that we were providing to the patients, and so forth.

Taylor Patterson:

Interesting.

Dr. Stuart Knechtle:

That's a little of my background. Did I answer your question?

Taylor Patterson:

Yes! Absolutely. That's wonderful. So, you said with the dual interest in immunology and surgery, you'd heard that Dr. Sabiston was sort of unique in his educational approach, about sort of combining and exposing surgeons to other disciplines? Or, do you remember what you'd heard about Dr. Sabiston's approach?

Dr. Stuart Knechtle:

Yes. So, it was clear that Dr. Sabiston was interested in training academic surgeons, meaning surgeons who would go on to work at a medical center, and perform research in a surgical discipline, in addition to their clinical practice. And he placed a high value on that. And so, he wanted as many as possible of

his trainees to pursue academic careers at a medical center. For me, I ended up choosing transplant surgery, largely because of my interest in immunology and surgery, and because Dr. Bollinger -the Chief of Transplant then, and another of Dr. Sabiston's trainees- was such a great role model for me. So I chose a pathway that was a little bit unusual at that time. Dr. Sabiston usually wanted people to complete all of their training at Duke, and I asked to do a fellowship, a transplant fellowship, at the University of Wisconsin. But Dr. Sabiston was very supportive of that.

Dr. Stuart Knechtle:

Transplant fellowships had just been formalized, really, through the American Society of Transplant Surgeons. Prior to that, transplant surgeons developed their skills just by exposing themselves to transplant surgery, but not in any formalized fellowship program. The American Society of Transplant Surgeons had just formalized fellowships, and credentialed various programs to train transplant surgeons. So, Dr. Sabiston supported me fully in that, which was a relief to me, because I wasn't sure how he was going to react. But he contacted all of the places that I had chosen to apply, which included Mass General, and Dr. Paul Russell there, and Dr. Starzl at the University of Pittsburgh, and Dr. Belzer at the University of Wisconsin, and Dr. Sam Wells at Washington University-St. Louis. I could have had my pick of those fellowships with Dr. Sabiston's support. I chose to go to University of Wisconsin, and ended up staying there for 19 years, and becoming an academic transplant surgeon, which is along the lines of what Dr. Sabiston was trying to promote in his trainees.

Taylor Patterson:

So, you mentioned meeting him during the residency interview with -in, sort of, a group setting? Do you remember what he said, or what that was like? Or, sort of meeting him for the first time...

Dr. Stuart Knechtle:

Well, I met him first in that group setting, and then I was granted a one-on-one interview with him as well. I think he just reviewed with me what he'd like to see in residents. I remember when I met with him one-on-one, he asked me the names of all of the previous chairs of surgery at Cornell, which was my medical school. Of course, I knew the current chair of surgery, and I think I knew one or two others. But he then proceeded to recite for me all of the previous chairs of surgery at Cornell, which pretty much amazed me, that he knew all of that history about my medical school, way better than I did.

Taylor Patterson:

Wow.

Dr. Stuart Knechtle:

So that was one memory I have that was kind of humbling. But he was very much of a gentleman, and he'd learned my biography. He knew that I was from New York. And he was very welcoming. I had many personal moments with him, too. I married...my wife's family was friends with him and his wife.

Taylor Patterson:

Oh, wow.

Dr. Stuart Knechtle:

He came to our wedding, with his wife.

Taylor Patterson:

Oh, wow.

Dr. Stuart Knechtle:

He told me what a fine family I was marrying into. He was always enormously supportive of me, both personally and professionally. I felt like I had a really warm relationship with him always, and could always count on his support, which, of course, he gave. He wrote a number of letters for me, as I've already mentioned, helping me get a fellowship, and join societies, and so forth. Surgical societies. So, there was no stronger supporter of his trainees than Dr. Sabiston.

Taylor Patterson:

Wow.

Dr. Stuart Knechtle:

It was always evident that he was very proud of the people that he trained. But, of course, he expected a lot of us, too.

Taylor Patterson:

In terms of just performance? Or...

Dr. Stuart Knechtle:

Absolutely. Yes. He set a very high standard.

Taylor Patterson:

Right. And what was it like, sort of being in the program, in general? Initially?

Dr. Stuart Knechtle:

Well, it was very a demanding job, in that we were on 36 hours, and off 12 hours. So that was basically a 120 hour work week, and it was a little bit more than that. But, we had long weekends, meaning a three-day weekend every six weeks. We lived for those, for a little bit of rest. Although we worked hard and it was intense, it was also great clinical exposure, and a learning experience. We operated a lot, we took care of a lot of patients. We worked hard, and were very dedicated to our patients. I thought it was a great experience. People laugh, and make fun of how hard we worked back then, and it probably was a little bit crazy, but nevertheless, that's what was expected. You know the generation before us had worked just as hard, if not harder.

Taylor Patterson:

How was Duke different from other prestigious programs at the time, do you think?

Dr. Stuart Knechtle:

Well, our call schedule was more intense. We were on every other night call. We were a rectangular program, though. Dr. Sabiston really initiated the rectangular residency, meaning instead of a pyramid, where many residents were competing for one chief resident spot, he took the same number of people

that he could finish as chief residents. And so we were not competing with each other. We were, instead, competing with ourselves to complete the job satisfactorily, and advance to the next level.

Taylor Patterson:

Oh, wow.

Dr. Stuart Knechtle:

He also placed a very high value on research, and he had set up a system where every Duke surgical resident could spend two years at a research laboratory, at a laboratory of their choice, pursuing an interest of their choice. During those two years, we were expected to do only research, and not to moonlight, or do other side jobs that would distract from that experience of research. And he funded the salary through an NIH grant that he had continuously for many years. One way or another, he basically funded all of us to do two years at a laboratory research. He encouraged us to apply for our own National Research Service Award, and I was fortunate to receive one of those, as a research fellow. He made it clear to us that NIH funding was a very high value of his, and that he wanted us to work to be NIH-funded investigators.

Taylor Patterson:

Wow.

Dr. Stuart Knechtle:

That was communicated clearly to all the faculty and residents, that was part of setting a high bar.

Taylor Patterson:

A high bar. Right. So that's...another question is, sort of how did he shape your research experience?

Dr. Stuart Knechtle:

So when I was in Dr. Bollinger's lab for two years, when I would receive an award - and I received several awards during my research years - I would get a handwritten, or a typed note, but with a little handwritten note on it, from Dr. Sabiston, inevitably, saying, "Well done, congratulations." That's a huge encouragement as a research fellow. He was a big man in my world, and it meant a lot to me to have this encouragement, of a hand-written note that showed he had noticed when I made a presentation, or received an award.

Dr. Stuart Knechtle:

And the other policy that he had, that I thought was enormously encouraging of our careers, was that he would send each of us, as residents, to an academic surgical meeting annually. So, even if we didn't have a paper to present, we had, essentially, a free ride to a high-quality academic surgical meeting. That exposed us to academic surgeons in the community, outside of Duke. So in addition to being a very nice trip, with a nice hotel and meals, it exposed us to other people doing academic surgery, presenting papers and discussing them, and then being able to meet other surgeons. When Dr. Sabiston himself was at the same meeting that we were at - for instance, as an intern, I went to the American Surgical Association meeting in Boca Raton, Florida - he introduced me personally to a number of prominent, academic surgeons, which is a very high compliment when you're a surgical intern.

Taylor Patterson:

Right.

Dr. Stuart Knechtle:

So that type of exposure, and encouragement meant a lot to me.

Taylor Patterson:

Of course. Do you feel like your experience with him was sort of the norm, for all of the other residents?

Dr. Stuart Knechtle:

Yes, yes. He offered that to all of us. Then, when I had transplant papers accepted, he did make an exception for me once. I had a paper, or actually a couple of papers, accepted for oral presentation at the International - It's called the Transplantation Society, but it's an international organization - and the meeting was in Helsinki, Finland.

Taylor Patterson:

Wow.

Dr. Stuart Knechtle:

And it was not typical for residents to go to international meetings, but I asked about it, and he agreed to pay my way. So I flew to Helsinki, Finland, to the International Transplant Society meeting, and gave a paper that was, frankly, high-profile, and it was well discussed at that meeting. I was able to meet Roy Colne there. He is one of the most prominent transplant surgeons in the world, and he discussed my paper, and I got to meet him and talk with him afterward. Those types of opportunities opened up a lot of doors for me.

Taylor Patterson:

Wow. You mentioned the support, the high standards. Are there other ways that you think he put a personal stamp on the program itself?

Dr. Stuart Knechtle:

Well, he had a variety of guidelines that we all knew. That we were to be dressed in our uniforms, which were fairly well prescribed, or clearly prescribed. We were to have our ties in place, and not lose around our neck. We were never to wear scrubs outside of the operating room. So, we had to change back into our uniforms, a tie and jacket, when we left the operating room. We were not to carry food outside of the cafeteria. We were not to be seen drinking coffee, or eating food on the floor or outside the cafeteria.

Taylor Patterson:

Right.

Dr. Stuart Knechtle:



So, we had all of those, maybe seemingly small rules, but I think they communicated discipline that he wanted us to observe, and professionalism. And so he communicated that through his own personal example. If we were caught eating, we would be scolded by the chief resident. That type of thing.

Taylor Patterson:

And that was unusual, in terms of not wearing the scrubs...

Dr. Stuart Knechtle:

Oh, yes. At most medical centers, surgeons were wearing scrubs all over the hospital, like pajamas or something. It's kind of sloppy and informal, and so I think we respected him for that. I certainly did. It actually makes sense that it should be the norm, because the whole purpose is to maintain sterility and cleanliness.

Taylor Patterson:

Right.

Dr. Stuart Knechtle:

And it defeats that purpose to wear them into the parking lot, and home, and everywhere else. So I think he set a very high standard in a variety of ways. Needless to say, he also was the editor of *Annals of Surgery*, the leading surgical journal. Also the editor of his textbook of surgery, which was one of the leading textbooks of surgery. He was President of the American College of Surgeons, President of American Surgical Association, the leading academic surgical organizations. He was clearly one of the most respected surgeons in America. And we all knew that. He networked extensively, but he'd also introduce his residents to surgeons of influence. He invited a lot of visiting professors to come to Duke, so we got to interact with them.

Dr. Stuart Knechtle:

That's another thing I can tell you that was his personal stamp, when he invited visiting professors, he would have a resident go pick them up at the airport, and be their personal escort. Take them to their hotel, and then we would shuttle them back and forth to Duke. And then he always asked us to give talks to the visiting professors. So these visiting professors would be subjected to half a dozen or so talks by the laboratory residents, or the lab fellows. I'm sure we tried their patience by making them listen to our 10-minute talks, and then commenting on them. But that was one of the things he did to get us exposed to these visiting professors.

Taylor Patterson:

Right.

Dr. Stuart Knechtle:

And, of course, it was his legitimate way of asking them to work to give us feedback in those ways. Then there would be a dinner with the visiting professor that he would invite us to. So we got pretty thorough exposure to leading academic surgeons in America, and that was another way that he did it.

Taylor Patterson:

You mentioned you were close. Was there a way that your interactions with him sort of changed at all, as you progressed through the program?

Dr. Stuart Knechtle:

I can still remember when he called me up when I was a senior resident, and he asked me if I thought was ready to be a chief resident. And, I said yes. And so, he made me his first - we always took turns being the administrative chief resident - but I was, in a way, accelerated, because I was going to do a transplant fellowship. So my co-chief residents had started a year before I did, at least a year before I did. It was an honor to be selected by him as the first administrative chief resident of that peer group. And so I was complimented, and also worked hard to perform well.

Dr. Stuart Knechtle:

Then when I went off to the University of Wisconsin to be a transplant fellow, and my interactions with him changed after that, and as I was now faculty, he invited me to come back and join the faculty, and I chose, instead, to stay at the University of Wisconsin, on the faculty. That was awkward for me, a little bit...to chose a different job, but he invited me back a couple of other times as a visitor, to give grand rounds. He also invited me to join the faculty a couple of other times. I eventually came, as is obvious. But it wasn't until about the fourth time that he invited me to return to the faculty. He was amazingly loyal and kind to me, in terms of giving me opportunities.

Taylor Patterson:

Wow. And so one of my other questions is what was it like to be the chief on Dr. Sabiston's service?

Dr. Stuart Knechtle:

We met every morning for morning report, except I don't think we met Sunday mornings, but we met six days a week in his office. He would ask for a brief summary of every operating room case, every surgical case. So I had to prepare all of that the night before, and be prepared to go through every case, to give him a word or two about what was being done and why. If there were any issues or special circumstances of the day, we'd discuss that. And once a week, usually Saturday mornings, we met as chief residents with him. The whole group of chief residents, in his office. We always had assigned seats, essentially.

Taylor Patterson:

Really?

Dr. Stuart Knechtle:

Yes, in his office. He had the administrative chief resident sit in the green chair, and he had roles for everybody. We would discuss whatever issues there were to be addressed that week, and so forth. There were sometimes disciplinary issues. While I was chief resident, he allowed anesthesiology residents for the first time to take some of the call in the intensive care unit, surgical intensive care unit. And I still remember that he was concerned about one of them - he was the first resident, and I remember, he asked me in one of our one-on-one meetings, where this resident had gone to medical school. And I didn't know the answer. And he responded "Well, Stuart, do you think it's important that you should know that?" Of course, I said "yes." And he went on at some length to say that I needed to be more aware of the backgrounds of the people that were reporting to me, or that were taking care of

the patients that I was responsible for. Then he used a famous comment that he was known for when he wanted to demonstrate that this was really not acceptable. He said, "Stuart, it seems like the wheels are coming off the car."

Dr. Stuart Knechtle:

That meant you were really failing miserably at your job. So, I heard that. Anyway, he was well known for expecting a lot of us. And that's an example I'll give you.

Taylor Patterson:

So, you mentioned... international conferences. Did you get a sense of how Dr. Sabiston's national reputation affected the program during your time there, and into the future?

Dr. Stuart Knechtle:

Oh, yes. About every visitor who came would remind us that we were at the premier surgical education program, and that Dr. Sabiston was so highly respected. We could see his own dedication to that teaching process. I still remember, he had made a trip to Japan, and came back, and he had just gotten off a 18-hour flight, or 12-hour flight, and he was visibly exhausted. He still came to his Monday afternoon teaching conference [inaudible 00:33:38] and I was so impressed. I could tell that he must have felt terrible. But it was such a priority for him to not cancel that conference, and to show up, and to do his best to teach. That sends a message to all of us, too, that it doesn't matter if you're tired, you do your job, and you do it as well as you can. So he set a very high standard by his personal example.

Taylor Patterson:

And all of his residents took that with them into their future lives?

Dr. Stuart Knechtle:

I think so. How can you not notice that? If he was on a domestic flight, or if he was visiting some other program, he would generally come back. He would make sure that he came back for that Monday afternoon conference. He would generally not be out of town, if at all possible. And we knew that. Having a dedicated mentor like that makes a difference, I think.

Taylor Patterson:

Absolutely. That trickle-down effect. How did, if he did, Dr. Sabiston work on incorporating minorities into the program?

Dr. Stuart Knechtle:

So there was a woman in the program with us. She was one year ahead of me, and I actually finished with her. That's what I meant by I jumped ahead a year, but Chace Lottich was her name. He worked hard to retain her, to keep Chsc in the program. Now, I'm sure there are many sides to this. I know that she struggled with a variety of things. It was not at all easy to be the first woman in an exceptionally male dominated field, and residency program. Everybody knew that she was the first woman, but I don't know the particulars of what he did to help support her, but I heard many times that he worked hard to help her succeed, like he did for all of us. But, he wanted to expand beyond just men. Now, obviously, that was the very beginning.

Taylor Patterson:

Sure, sure.

Dr. Stuart Knechtle:

So we don't give him huge credit for gender neutrality. One of the nurses told me, "Don't you recognize that all of his residents are men who are tall, with dark hair?" It wasn't literally true, but I guess that was one person's perspective, anyway. But there was some truth to that.

Taylor Patterson:

Well, it's very funny.

Dr. Stuart Knechtle:

So I don't think diversity was his strongest suit, probably. But he at least became aware of the need for women to be in surgery. And then, after Chace Lottich, there were other women who completed the program.

Taylor Patterson:

So he would champion them as well.

Dr. Stuart Knechtle:

I'm sure he had to. It was a long history to overcome, and I'm sure it's taken many years to change that stereotype, and the under-distribution.

Taylor Patterson:

I've heard a lot about how gentlemanly Dr. Sabiston was. Can you talk a little bit about what he was like, sort of interpersonally, in that sense?

Dr. Stuart Knechtle:

Interpersonally, he was a fairly formal person, quite a formal person, of course. He was a very capable speaker. He could stand up, and give a spontaneous talk that was excellent. We had dinners at the American College of Surgeons with him, and he would give sort of a summary and history of the Department of Surgery. One of his hobbies was medical history, and so he often gave history of surgery talks, and examples. He was also well known to memorize all the medical students' names. We used to have these big pictures with everybody's mug shot on it and name, and he would memorize every group of medical students coming through the surgery rotation, and expected us to learn their names.

Taylor Patterson:

Oh wow.

Dr. Stuart Knechtle:

He, of course, knew all the residents' names, so that was very impressive. That's not typical of the chairman of surgery, I can assure you. He really made a point of getting to know a little bit about students and residents. He would have a Christmas party at his house, and he and Mrs. Sabiston were always at the door, welcoming us by name. They always knew the names of our wives.

Dr. Stuart Knechtle:

Mrs. Sabiston and her daughters would make the food for that party, and it was on two back-to-back nights, because we were all on-call every other night. So that way, everybody could come to one of the parties. But talk about a big personal investment, that's pretty impressive! Having 100-plus people to your house two nights in a row, and making all the food personally for them. I thought that was a very impressive personal investment in leadership, not only by him, but his wife, too.

Taylor Patterson:

Can you speak a little bit more about your interactions with Mrs. Sabiston?

Dr. Stuart Knechtle:

Yes, she was similar to him in that she was a very hard worker, very personal and warm. She got to know the surgical residents and their wives, as well. Nobody was harder-working than Dr. Sabiston, and she was sort of the prototypical wife to support him in that role. I don't think he spent a ton of time at home. His secretaries used to tell me that when he was on vacation, he basically was calling them all the time, and asking for more work to be sent to him. That was more typical of that era. Now it's not considered very enlightened.

Taylor Patterson:

Okay.

Dr. Stuart Knechtle:

But, for that era, they were sort of a model, of a man working like non-stop, and the wife supporting him in that role.

Taylor Patterson:

You mentioned she would learn all of your names as well?

Dr. Stuart Knechtle:

Yes. She knew our names. She certainly knew my wife and me, and she was an incredible support to him in what he did. She was a very gracious host, and a lovely person to talk to. Just very easy to talk to, and still is. She's still living, and has a very active mind. Her father, I believe, was a senator in North Carolina, from New Bern. And of course she was also mother to their children, and very involved in their lives. Very lovely lady.

Taylor Patterson:

And you said, they came to your wedding, is that right?

Dr. Stuart Knechtle:

They did. Yes.

Taylor Patterson:

And they knew your wife beforehand? Or just through you?

Dr. Stuart Knechtle:

They knew my wife before. My wife grew up with one of their daughters, and was a personal friend of their daughter, Sarah. My in-laws were personal friends of the Sabiston's, too. My father-in-law was a Duke ophthalmologist. It was part of the surgery department, before the ophthalmology department split off on its own.

Taylor Patterson:

Interesting. So he was sort of a big source of personal support as well.

Dr. Stuart Knechtle:

Yes. Absolutely.

Taylor Patterson:

You mentioned some of the NIH grants. Did you get a sense of his feelings about post-residency fellowships, Or grant-writing, or how important that was?

Dr. Stuart Knechtle:

Oh, yes. He communicated that. He would announce at the grand rounds, or at teaching conferences when one of the faculty had received a NIH grant. He was visibly proud of the research accomplishments of his faculty, and of the people in the department. That was always a very high-value. He had modeled that himself, and would tell us his own story about the research funding that he had, and how he had gained that, about his research on stroke, and going to England for that. He'd talk often about the relationship between U.S. and European surgery, and how he benefited by going and spending time as a fellow in England. He would always send the pediatric cardiac fellows to Greater Ormond Street, which is one of the largest pediatric heart surgery programs. So he cultivated relationships with England and Europe in the surgical world. That was visible to us.

Taylor Patterson:

Did you get a sense of what he was modeling from the English surgeons that he admired? Was it a technology, or...

Dr. Stuart Knechtle:

I think part of it was the education process. He basically explained that we all knew the history that William Stewart Halsted, as the chair of surgery at Johns Hopkins, had borrowed the surgical training model from German surgeons, or German surgery, to build the Hopkins model of surgical residency. He was in that history, that historical line, having trained at Hopkins himself. Duke always had a strong tie to Hopkins because of their surgical history. He had trained under Alfred Blalock at Johns Hopkins and Blalock had succeeded Halsted. We knew all the history of American surgical residency developing as an off-shoot of the European and German, specifically, surgical training models. He would talk about that frequently. I think that was part of the relationship that he spoke of, and Dr. Kocher [Theodor Kocher] We knew about the prominent European surgeons as well, because he emphasized the importance of the relationship between European and American surgeons.

Taylor Patterson:

Wow. You mentioned you went straight to Wisconsin, or through ...

Dr. Stuart Knechtle:

Yes, straight there from Duke for a fellowship in transplantation, and then I did two years with Dr. Belzer who was the chair of surgery there, and was my mentor. And then Dr. Belzer hired me as a transplant surgeon at the University of Wisconsin, in part because he wanted me to do my research there. So I was able to get NIH funding pretty quickly, within a year. And I've been NIH-funded ever since.

Taylor Patterson:

Wow. One of the questions was, was Dr. Sabiston involved in that decision? It sounds like he very much was.

Dr. Stuart Knechtle:

Well, he tried to get me to come back to Duke, and I said "no, thank you." But I stayed in touch, close touch, with him.

Taylor Patterson:

You did. So, you were still frequently communicating by phone, and things like that?

Dr. Stuart Knechtle:

And I would visit him, honestly, once a year, because of my wife's family being from Durham. We would generally come back here for our spring vacations, and I would always make a point of asking if I could visit him. I went to his house, saw him and Mrs. Sabiston most years, and kept in touch. That's why after he died, Mrs. Sabiston invited me to go through his files, and take whatever I wanted. She said she didn't really have any use for it, and if I could use it for teaching purposes, that Dr. Sabiston would have like that. So, that's why I have some of these papers of his.

Taylor Patterson:

How did you select them? Was it things that piqued your interest in terms, of your specialty? Or what were you drawn to...

Dr. Stuart Knechtle:

Yes. I'm not a thoracic surgeon as Dr. Sabiston was. Many of his talks and interests were on aortic or heart surgery, or thoracic surgery, and so I left that alone. Bu he had some good talks about abdominal surgery as well, so I focused on that. And then some of his general teaching types of talks, like the presentation about Nobel Laureates who were surgeons.

Taylor Patterson:

Oh, yes. Tell me about this?

Dr. Stuart Knechtle:

That was one of his favorite topics, and so he would always ask us, "who were the surgeons who have been awarded the Nobel Prize?" You had to kind of memorize that list. In his talk, he would go through what all of their accomplishments were, and why they were awarded the Nobel Prize. It was a very entertaining History of Surgery talk.

Taylor Patterson:

Really. He was a big history buff?

Dr. Stuart Knechtle:

He was a history of surgery buff. That was one of his hobbies, and we all knew that. He didn't expect any of us to belittle the importance of surgical history. We were expected to respect that. It was traditional for him to begin talks with history... We learned to do that, too. You begin your talk with a little bit of a historical introduction to your field.

Taylor Patterson:

Interesting. Sort of the historical background.

Dr. Stuart Knechtle:

Yes, which of course, is usually fun and interesting, and not quite as dry as the topic might be itself.

Taylor Patterson:

Was there a period that he was interested in? I've heard from a few people about Civil War history, J.E.B. Stuart and things.

Dr. Stuart Knechtle:

Yeah, I don't know the answer to that. As far as I know, he was interested in all aspects of surgical history.

Taylor Patterson:

Does the Nobel Prize speech, and you've mentioned some abdominal surgical papers ... Are there other things that were interesting to you in his documents?

Dr. Stuart Knechtle:

I was interested in portal hypertension, because I became a liver transplant surgeon, and interested in liver failure. He had a very nice talk about the history of portal hypertension surgery.

Taylor Patterson:

Great. Well, we'll be so excited to archive those, and preserve anything that you're willing to share. That's exciting. Are there any other particularly good Sabiston stories? Or stories about the program, or anything that you recall?

Dr. Stuart Knechtle:

Well, I think I've told you some of my recollections. There was nothing in particular that I was ... I don't think so.

Taylor Patterson:

Perfect. And is there anything else that you want to make sure we get on the record, or anything like that?



This transcript was exported on Apr 01, 2020 - view latest version [here](#).

Dr. Stuart Knechtle:

No, not that I can think of.

Taylor Patterson:

Okay. And if you did want to add anything, you can always email me, and I'll add an addendum, or sort of update. Anything like that. But it sounds like he was a really special person.

Dr. Stuart Knechtle:

He was very special to me. I hope that's come through in my comments. I greatly appreciated him as a person, and everything he meant to me.

Taylor Patterson:

Oh, absolutely. We're hoping this archival project will honor him. Thank you so much for your time. We really, really appreciate it. We know how busy y'all are, and it's really a huge generosity.

Dr. Stuart Knechtle:

Well, thank you for doing the project, and I look forward to seeing the fruit of your work.

Taylor Patterson:

Absolutely. Thank you so much.