

James "Jimmy" Cox

[Note: Dr. Cox edited this transcript for clarity. Any quotes should come from the transcript not the audio.]

Stewart [00:00:03] This is Emily Stewart and I'm interviewing Dr. James Cox who trained under Dr. Sabiston at Duke and later became the Professor and Chief of Cardiothoracic Surgery at Washington University School of Medicine in St. Louis. It's August 20th, 2019 and we're speaking on the phone. Was all that information correct, Dr. Cox?

Cox [00:00:24] Yes that's correct.

Stewart [00:00:25] OK. So, if you just want to start out by saying a little bit about where you grew up, where you first attended college and medical school that would be great.

Cox [00:00:37] OK. I grew up in Arkansas on a rice farm and I attended college at the University of Mississippi ("Ole Miss") on a baseball and basketball scholarship. I subsequently went to medical school at the University of Tennessee in Memphis. And when I graduated there, I matched for my internship and training at Duke and that's how I ended up at Duke.

Stewart [00:01:08] Awesome. So, what made you decide to pursue surgery in medical school?

Cox [00:01:13] Well, since I was in high school, I had been very interested in the heart for some reason and I thought that I was more inclined to be a surgeon than a cardiologist. When I was about 16, I saw an article on Dr. Michael DeBakey of Houston either in LIFE magazine or LOOK magazine and I thought that being a heart surgeon would be about the most difficult thing anybody could ever try to do, other than maybe being an astronaut. So, I decided I'd take a shot at it.

Stewart [00:01:50] Awesome. So then, what made you decide to apply to Duke for your residency?

Cox [00:01:59] Well, I visited about five places to try to decide which one I wanted. At that time, Johns Hopkins was sort of the Mecca for cardiac surgery and I visited both Hopkins and Duke, along with several other places. I then went back a second time to Duke and Hopkins and was told that I could go to either place. My mentor and medical school advisor, Dr. Jim Pate said, "You know, if I were a young guy like you, I would go with Dave Sabiston at Duke. He's only been there one or two years and he came from Hopkins. I think that's going to be the next great place in cardiac surgery."

Well, I took Dr. Pate's advice and he was absolutely right. The first time I met Dr. Sabiston, I think he was about 40 years old, maybe 41, and I'd heard so much about him that when I walked into his office, the first thing I ever said to him was, "Am I in the right office?" Because he looked like he was about 25 [laughs].

Stewart [00:03:12] That's a funny story. So, will you talk a little bit about what it was like being an intern in surgery at Duke?

Cox [00:03:19] The only people we former residents ever talk to about training under Dr. Sabiston are the other people who went through it, because otherwise you could have no idea how tough it was. I've often said that I think it must be like combat veterans or something, you know, where combat veterans can't talk to people about combat who aren't

combat veterans. And it's hard to talk to anybody about the mental and physical stress of being a surgical intern and resident at Duke during the Sabiston years. It was a very very difficult environment for all of us.

Stewart [00:03:55] So, how do you think Dr. Sabiston shaped that environment or put his personal stamp on the program at Duke?

Cox [00:04:06] How do I think he did?

Stewart [00:04:07] Yeah, in what ways?

Cox [00:04:09] Through sheer will [laughs]. I mean, he became the single most important human being on the planet to all of us and to our families, if we had families at the time. It was an all-consuming life. And I think that what we got out of it was exposure to the greatest surgical teacher who ever lived. Everybody adored him and everybody feared him and certainly everybody respected him.

Stewart [00:04:43] So how... I always like to ask people how Dr. Sabiston shaped their research experience at Duke.

Cox [00:04:55] Well, he was very keen on people who were interested in research. He was primarily interested in training future professors and academic surgeons. He set the example and a very high bar for being both. He also tended to favor people who were productive in research and who were academically inclined.

Stewart [00:05:27] What type of research did you do while you were there?

Cox [00:05:31] I did research primarily in electrophysiology and arrhythmia surgery and I also did a fair amount of research in myocardial blood flow and coronary artery collateral blood flow. I eventually focused solely on the treatment of cardiac arrhythmias.

Stewart [00:05:53] So, how, if you could describe, how did your interactions change with Dr. Sabiston as you progressed through the program?

Cox [00:06:04] How did they change?

Stewart [00:06:04] Yeah.

Cox [00:06:08] Well things got a lot better. I think we had about 22 or 23 people in my intern class who wanted to be heart surgeons and the Duke training program was what was called a "pyramid system". So, only two or three people from that class ended up actually being cardiac surgeons. Obviously, it was a very highly competitive atmosphere. It wasn't necessarily a "weeding out" process but the numbers were pared down more by people just deciding they wanted to do something else or at least go somewhere else. Not everybody is cut out to be a Navy Seal! You asked how my relationship with him changed. When I went there, I sized the other interns up and I figured that out of those 22 interns interested in becoming heart surgeons, I was probably number 22. And I think probably everybody else in the group felt the same way, but I ended up not only finishing the program but also being asked by Dr. Sabiston to join the faculty as an Assistant Professor of Surgery upon completion of my training. I was very pleased with that.

Stewart [00:07:28] Yeah. What did Dr. Sabiston teach you about interacting with patients?

Cox [00:07:37] Well first, his bedside manner was absolutely impeccable and we watched how he dealt with patients and their families. While patients certainly meet doctors they don't like, one of the things that I think never occurs to patients is that sometimes doctors meet patients they don't particularly like too. So, it's that ability to deal with problematic patients, the ability to deal with the vast majority who are not problematic, and the idea that they are completely dependent on your judgment and your talent as a surgeon that makes the doctor/patient relationship so special. They have no control over what's about to happen to them. It's very much like when we get on an airplane. We're totally dependent on the quality and talents of the people who are flying the plane to get us there safely. It's the same way in cardiac surgery. I think Dr. Sabiston taught us how to instill confidence in our patients, how to be kind to our patients, and how to listen to our patients.

Stewart [00:08:48] That's awesome. So, I've heard a lot of people quote you about talking about how you describe Dr. Sabiston making a silk purse out of a silk purse.

Cox [00:09:03] Right.

Stewart [00:09:05] That was you that I thought originally, right?

Cox [00:09:07] Actually Lynn Harrison was the first one I heard say that, so I won't take credit for originating it.

Stewart [00:09:09] Could you talk a little bit about exactly what you mean by that?

Cox [00:09:14] Well, what I mean by that is that if you set up a program correctly and lead as an example, it takes a little while, but sooner or later you really start attracting the very best people in the country. I said that as a joke, but I think it describes things well, because clearly, Dr. Sabiston was the absolute best surgical educator anywhere and I think we all believed that and we'll always believe that and most other people would agree with it. So, that's where you start. And then, over a period of time you eventually attract the very best medical students who are coming out of medical school all over the country and want to be heart surgeons. If they were coming out of medical school and wanted to be heart surgeons during the Sabiston years and they thought they were good enough, they tried to get into Duke. Obviously not many could be taken but the ones that were taken ended up being the very best.

You've heard the saying "making a silk purse out of a sow's ear"? It's an old old saying that in this case means that you're making a great surgeon out of somebody who has no talent at all. But the people who were in the Duke surgical training program were absolutely silk purses when they entered the program and that's why I said that the best thing that you can do if you're running a training program is to attract silk purses. You put them in a 10 year cauldron and reshape them and build them up and lo and behold, they come out being pretty good surgeons! So, that's what I meant by that. Certainly I would give all due respect to Dr. Sabiston for being the kind of person he was and the kind of surgeon he was, but by the same token there were some pretty good residents in that program. I've often said that the best situation that a Chairman can be in is to be in the business of making silk purses out of silk purses. And interestingly enough, I found myself in that exact situation some 20 years later because the residents that I had at Washington University in St. Louis were all silk purses. They really were. And so, I found that my job, and that of my faculty, of training residents there was pretty easy. And also a lot of fun.

Stewart [00:12:05] That's awesome. Thanks for describing that. I've heard several people talk about it so I'm glad I got your official take on it.

Cox [00:12:10] It was a compliment. It was a compliment to my fellow residents. And a very sincere one.

Stewart [00:12:18] Yeah. I always like to ask people if they interacted much with Aggie Sabiston and if so, in what capacity.

Cox [00:12:28] There were several people who did but I was really not one of them. My only interaction with Mrs. Sabiston was strictly at the annual Christmas party and at other social functions of the Department during my residency and during my years on the faculty there. When Dr. Sabiston had a stroke after his retirement, I went down and spent an afternoon with him. That afternoon was mostly with him, although Aggie was there. After he had his second stroke, I went back to see him and I again spent all afternoon with him. However, most of the discussion on that occasion was with Aggie. I was always very fond of her and she was one of the most gracious ladies I ever knew. But there were several other residents who were closer to her and knew her much better than I did.

Stewart [00:13:28] Oh, OK. Do you have any particular stories you would like to share of Dr. Sabiston and your time at Duke with him?

Cox [00:13:38] Well, I think about my favorite story involves John Hanks. Have you interviewed John Hanks yet?

Stewart [00:13:44] I haven't. I'm not sure if one of my colleagues has, but...

Cox [00:13:50] John was a very bright guy who had gone to Princeton and came to Duke as an intern in the Summer of 1973 in what has generally been considered to be the best intern class that Dr. Sabiston ever recruited. John later became the Chief of General Surgery at the University of Virginia for many many years and has just served as the immediate past president of the Southern Surgical Association. So John had an extremely successful and brilliant career at the University of Virginia. When John was an intern, I was a mid-level senior resident about four or five years ahead of him in the training program. I remember the first day that John was going to scrub with Dr. Sabiston and the case was the removal of the gallbladder. John was very nervous and he said, "Jim, you need to tell me what I need to know and what I need to do." So, I said, "You really need to know everything there is to know about the gallbladder, John. I mean that's all I know to tell you. Just read the chapter in his book and be sure that you know everything in there." So, I really didn't have much helpful advice to give him, except "you had better know everything about the problem, know everything about this patient, and so on." John literally stayed up all night studying the gallbladder. I'm sure he knew more about the gallbladder the next morning than any other intern in the country. Well, we go into the operating room and Dr. Sabiston was in an especially good mood that day. We started doing the case and John was literally sweating, but it was a very pleasant operation and everything went fine. Towards the end of operation Dr. Sabiston asked that the music be turned on in the operating room. As soon as the song came on, Dr. Sabiston said, "John, what's the name of that song?" [laughs] And John had not even heard the song! He was so uptight about his gallbladder knowledge and everything he was so sure Dr. Sabiston was going to ask him about the gallbladder but instead, he asked him "What's the name of that song?" And unbeknownst to John, certainly unbeknownst to Dr. Sabiston, one of my hobbies was music and "who sang this song" or "what year was that song", and so on. John simply said,

"Song? What song? I don't hear... Oh." And he said, "Sir I'm so sorry. I don't have any idea what that is." And John was just devastated. Dr. Sabiston then turned to me and said, "Jim, do you know the name of that song?" I said, "Yes sir. That's Unchained Melody, 1953." Dr. Sabiston looked at John and said, "Now John this is what you have to do to be a good surgery resident at Duke." He said, "This is how you have to develop, you know, as you go through the residency program here, there are certain things that you'll have to learn other than surgery." Well, of course, John hated me after that [laughs]. When John invited me to be a visiting professor at the University of Virginia a few years ago (some 40 years after this incident), I stayed at his home on his beautiful farm with John and his wife, Bonnie, who was one of our former scrub nurses at Duke. As we were sitting out by his pool one evening, John said "Do you know the lowest point in my life?" I said, "I do, John. I really do." I always loved that gallbladder story because it demonstrates how we all had tried to do our best at all times, and also, that a little luck is involved in all such stories.

Stewart [00:18:17] That's a great story. I'm glad you shared that. So, you talked a little bit earlier... You stayed on faculty at Duke for how long after you completed your training?

Cox [00:18:31] For five years.

Stewart [00:18:33] OK. So then did you go to the University of Washington after that?

Cox [00:18:42] I've never been to the University of Washington...

Stewart [00:18:44] Washington University...

Cox [00:18:49] That's in Seattle. Washington University is in St. Louis. I went to Washington University as the Professor and Chief of Cardiothoracic Surgery from Duke yes.

Stewart [00:18:59] OK. How was Dr. Sabiston involved, or was he involved in that decision?

Cox [00:19:07] Well, of course he was involved in that decision! The year before I went there, another person on the faculty who was about five or six years ahead of me and had gone through the entire residency in front of me and had stayed on the Duke faculty as I later did. In other words, I'd been with him for a long time! His name was Sam Wells and Sam had gone to Washington University in St. Louis as the Professor and Chairman Department of Surgery. When he got there, he started recruiting me to come out there to run the heart and lung surgery service for him. The biggest concern for both of us was how we were going to break this idea to Dr. Sabiston. So, I told Sam that I had a couple of cases the next day and he said, "Well I'll call you in the middle of your first case. What time would that be?" I said, "I don't know maybe 9:00." So, he said, "I'll call Dr. Sabiston's office at 9:00 and tell him that I'm trying to recruit you." And I said, "Okay." And he said, "I know he's going to want to see you between cases." I said, "Well, the reason I'd like to do it between cases is that I will have an excuse to get back down to the O.R. you know." So, that's what we did. And at 9:00 the next day. I mean, about 9:05, somebody came in my O.R. and said, "Dr. Sabiston would like to see you as soon as this case is over." And I said, "OK." And so, I went up to his office and I was in his office for the next three hours!

Stewart [00:20:55] Oh wow.

Cox [00:20:58] He kept telling me why I should not go out to St. Louis but it was obviously going to be in the cards for me to at least go look at the place. Well, about two or three weeks later well before I actually went out to St. Louis to interview, he called me to his office again. He said, "You know I've checked into this and talked to Tom Ferguson out in St. Louis and a few other people." He said, "I really think you ought to take a good hard look at that job." He said, "That could be a really great job for you." And I looked at him and I said, "What have I done wrong? You don't want me here anymore?" He said, "No no no. I just think that may be a very good job." And it turned out to be a very good job. But that's how I ended up leaving. But you don't just walk in and tell him, "Hey I'm going to Oregon." You know, you have to involve him in the process and you had to get his approval and blessing.

Stewart [00:22:02] So, after you left, did you interact with Dr. Sabiston in any way once you took the job?

Cox [00:22:11] Oh sure, I interacted with him the same way when I went to meetings and things like that. We would occasionally talk to one another and he always treated me as nice as he possibly could. Also, I would still call him for advice occasionally and years later I had him out to St. Louis as a visiting professor after we built a really nice program there. During his visit, I told him "You know, there are two things I'd like to tell you. One is that I've asked you over the last 25 years or so for advice many times and never once have you ever given me bad advice. That's quite remarkable to me." I then said, "The other thing is that I want you to know that I understand what a privilege it is and how lucky I am to be able to show you my department that I'm very proud of in St. Louis and I realize that you were never able to show Dr. Blalock your department at Duke." Dr. Sabiston worshiped his mentor, Dr. Alfred Blalock but because he died just before Dr. Sabiston left for Duke, he never saw what Dr. Sabiston accomplished at Duke. He said, "You know, I may appreciate that more than anything you've ever said to me. That was always a really big deal to me. I always wished that Dr. Blalock could have seen what I built at Duke."

Stewart [00:24:07] Well, I'm sure that was really meaningful to you too that...

Cox [00:24:13] I think it was meaningful to both of us.

Stewart [00:24:15] So, I always ask interviewees this too, is there anything you think, in particular, we should know about Dr. Sabiston?

Cox [00:24:30] Well, I don't know. I'm sure most of the guys either said it or conveyed it to you but it's that he's not just a normal person, you know. I don't mean that he was abnormal but rather, he was a very unique, unusual person without being obviously unique. I mean, he was a perfectly normal guy to his friends and to us too years later. Yet he was never a perfectly normal guy. He was one of a kind. He really was. I've never met anybody like him. And that's why it's so difficult for those of us who were there to convey what he was like to somebody who didn't know him or even to people who knew him but who didn't go through his training program. It's very difficult to convey how different he was. He was really different. He was better than everybody, he really was. Oh, I have a great story for you.

Stewart [00:25:52] Yeah.

Cox [00:25:53] My eldest son, Michael, was in elementary school the last year of my residency. That was a year we all spent after our Chief Residency year and so we were

called the "SuperChief". One of Michael's classmates was Dr. Sabiston's nephew. One day this little Sabiston boy said, "You know I have an uncle who is a very famous surgeon and is the Chief of Surgery at Duke." My son Mike said, "Well, my dad's a surgeon too [laughs] and he is the SuperChief at Duke! He was so proud of that. So, I had to explain to him the difference in being the Chief of Surgery at Duke and being in the final year of one's residency!"

Stewart [00:27:40] That's so funny. Oh man, I bet the other little boy was like, "What even is a super chief too, you know."

Cox [00:27:48] Well, Mike is the same boy who picked a fight with an Army Ranger's son when I was on active duty in the Army, so he kept me in some trouble, I guess.

Stewart [00:27:58] Yeah. Wow. Well, is there anything that I didn't ask you today that you want to make sure we talk about?

Cox [00:28:09] Well, I'm sure you've gathered a lot of input from the other former Duke surgical residents but I'm sure they all would agree that Dr. Sabiston was a very hard taskmaster. But I was with him for 16 years, 11 as a resident and then 5 as a faculty member except for two active duty years in the army. I saw him and worked with him virtually every day. In all that time, as tough as he was, he never once ever raised his voice to me, not one time. I always thought I really got out of there relatively unscathed! It's impossible to convey what it was really like there or what the atmosphere was like, but the atmosphere for all of us was pure substance, pure excellence. Pay attention to detail. No exceptions ever. Anytime. And, you know, after a lot of years, that can become a bit stressful but, everybody who counted made it through. And looking back, it was a privilege and honor to train under such a legendary figure as Dr. Sabiston.