

Walter Wolfe interview, 6/5/19

SR [00:00:01] My name is Susannah Roberson, and it's Wednesday morning, June 5th, 2019. And I'm sitting here with Dr. Walter Wolfe at his home in Hillsborough, North Carolina. Dr. Wolfe, thank you so much for talking with me. And also in the room we've got a couple people. Can I just pass the microphone, you want to introduce yourselves?

JW [00:00:25] Jackie Wolfe, Walter's wife.

EA [00:00:29] I'm Ethel Atkins [Dr. Atkin's mother].

ZA [00:00:31] I'm Zane Atkins, I'm a mentee of Dr. Wolfe's.

SR [00:00:35] Great. Well, it's great to be here with all of you. So this interview is being conducted as part of the David Sabiston oral history project. And this interview with all the others will be used as a resource for a future written biography of Dr. Sabiston. And they'll also be archived in the Medical Center Library. So first, I would like to ask you, Dr. Wolfe, a little bit about your background. So can you introduce yourself?

WW [00:01:06] My name is Walter Wolfe, I was born in Corry, Pennsylvania. Went to school and high school in town. And ended up going to Denison University on a scholarship there. And ended up in Temple Medical School. Resurfaced in Philadelphia General as an intern and ultimately found myself at Duke in 1964 as a resident. I finished the residency in 1972 in cardiothoracic surgery.

JW [00:01:56] Came on the staff...

WW [00:01:56] I guess I'm supposed to tell you I'm on the senior staff now, but I'm close to retired. I'm working that way.

SR [00:02:07] And can you tell me, what made you decide to be a doctor?

JW [00:02:28] Come back to that?

SR [00:02:32] Let's see.

WW [00:02:39] I went to med- I went to college on scholarship there and I played football and ran track at Denison University. And people wondered what I was going to do and I said I didn't quite know. Finally, I saw it looked like premed was something that everything was done for you. So I didn't have to think or make any decisions. So I said I'm going to be premed. And so I became premed.

SR [00:03:15] And the rest is history. And do you remember what made you decide to become a surgeon?

WW [00:03:27] Well, I guess just in medical school, I liked the operation, I liked the anatomy. I liked the... It was just the whole way you dealt with people, you deal with people differently as a surgeon than you

do if you're in internal medicine or if you're a pediatrician. Just, how you relate. And what you see as your results, more quickly, let's say.

SR [00:04:02] And what brought you to Duke? Why Duke?

WW [00:04:08] Well, I was up in Philadelphia. And back then, believe it or not, I know it's a shock to you, but I used to make friends and we did stuff. We didn't take medical school quite as serious as they do now and. So a couple of us decided, you know, we've got a week off, let's just drive down to Florida and go fishing. I like to fish. So we got in a car, one of the guys had a car. Cause this was back when people didn't have anything. And on the way down I said, you know, we ought to stop and interview at a couple places. See, we've got to think about what we're going to do the next couple years. And a couple of guys said, yeah, so we looked at the drive down to Florida and we saw a couple places, and Duke happened to be one of the places. So we just pulled in here one day and just walked in. No one (?)... Just asked if we could interview and they said, oh yeah, you can interview. So I interviewed with some people, some I can- were still here when I finally came. And we thanked everybody and got in the car and kept on driving. And time went by and I kind of thought what I might want to do with the places I'd been, cause I'd obviously been to the places in Philadelphia and... Oh, once I got a letter finally, after having filled out all the stuff from Duke, they said I could come as a junior resident, which I had told my friends, they didn't fill.... And yeah, that's the only way I got in. And sure enough- you see, at that time, the chairmanship was changing in surgery. Dr. Sabiston was coming to be arriving that October, whenever it was. And I would be arriving in September. And the place is sort of in this- you know, people were uptight and worried about change, you know. You know, people hate change. And so I accepted the chance and I came down here. Like I say, I was here when Sabiston arrived, so to speak. And then he made an announcement that he would not be appointing anybody else into the senior residency that next year, which threw another crisis into the place. And so I made an appointment to go see him and went in his office and said, can I be in your lab? A couple of days later he said yes. Now I was successful with that not because of my record, I had no record. Not because of my academic career, which was lousy at best. But it was because of that picture that's up there [points to picture of Brad _last name_ ?], because I was quite naive when I arrived at Duke, having been down south, been here and there, having interviewed, and never picked up on the fact that Duke was segregated. So I show up here and it's segregated, and I'm going, "what?!" Anyway, fortunately within a very short time, Duke integrated, mainly because a lot- so the government, other people said, you're not going to get your grants or something. But there was pressure, but anyway, they integrated and... that picture, Brad, he was- had come down here with Sabiston from Hopkins to be in his lab, to run his lab. And I, being capable of integrating myself without any trouble, as opposed to other guys, made good friends with Brad. And then I got Brad to suck up for me and then I ultimately got in Dr. Sabiston's lab.

SR [00:08:37] And do you remember, what is Brad's last name?

WW [00:08:40] Brad- his last name is Bradsher [?]. Brad Bradsher.

SR [00:08:48] And what was that like- what, what do you remember about when Dr. Sabiston first came to Duke?

WW [00:08:57] Well, everybody was uptight, I mean, nobody knew him and his mannerisms, and his administrative style was different, obviously, from anything had been there before. Plus, he was

integrating himself slowly, having to get to know the faculty. I mean, a tremendous amount of change occurred in '63, '64, you know. But by the time I came out of the lab, the residency now had been firmly established, of how it was going to run. And the people who didn't like it left, you know, and people put up with it stayed, and faculty integrated. Plus, he hired several new faculty. Paul Weaver came. So he got faculty from other places that he knew, or he'd worked with, and help his personal group. But the old faculty here, Dr. Sealy, Dr. Young, they were still very, very important and they helped run the program.

SR [00:10:13] And what was your- do you remember your first impression of Dr. Sabiston? Or the first time you met him, do you remember anything about that?

WW [00:10:24] No, I really don't.

SR [00:10:29] Do you remember, kind of the general, you said a lot of people were, you know, they didn't want change and so that was unsettling to them. Do you remember, did people kind of come around and start to- respect isn't the word, because I'm sure they already did, but just come around and start to understand what Dr. Sabiston was doing?

WW [00:10:52] Oh yes, I think they did. The ones on the fringes left, who got other jobs, were established guys in general surgery and in cardiothoracic [this sentence?]. Remember cardiothoracic was just barely growing, now. Heart surgery has just been invented, so to speak, back four or five years ago. So there was change and some people accepted the change, some people liked it, some people were excited by it. I would say by the time I finished the residency, '72, things were pretty much established in how it was going to run. And he had brought on his own faculty and he- myself, Sam Wells, who's another one that came on, Dr. Dolittle [?] trained, came on the faculty. So, he kind of built the faculty up around the people who were loyal, so to speak, and would teach and train like he wanted.

SR [00:12:05] And so he kind of hired his, he brought on his faculty. What were some other ways he changed the department?

WW [00:12:14] [00:12:14] Well, he made going into the laboratory kind of a requirement for residents. And what that did, was of course, increase number of publications. It made us more of a quote unquote real academic center. And of course got us a good name throughout the country and got him a good name. He, of course, became more and more important within the specialty, as visiting professor other places. And then, of course, he took on the book. Was involved in both books, both the general surgery book but mainly the thoracic book, which is the Sabiston... [46.1 s]

SR [00:13:02] Was that that big textbook you had?

JW [00:13:05] Yeah.

WW [00:13:06] So you know, he... A lot of things happened. This, this, this went on from, you know, twenty years, in the 80s.

JW [00:13:35] PDC.

WW [00:13:35] Where do you want me to go with that?

JW [00:13:35] There was no- there hadn't been one in the country. Private diagnostic clinic.
[unintelligible]

WW [00:13:42] Oh. Well, yeah. There was, there was a private clinic there. And it got more divided, where you had a clinic for the house staff, where the resident ran a clinic. And then you had the senior faculty had their clinic, with a resident in it. And that went on for a while, but of course as Medicare came in, the way people were paid for delivering care, that sort of changed the setup. Now, quote unquote everybody was private. Which is good, by the way.

SR [00:14:30] Let me flip the page really quick. This is something that I could probably look at your resumé, but I wonder if you can briefly tell me about the different roles that you have had at Duke? Since you came on the faculty.

WW [00:14:51] I can't think of any.

SR [00:14:53] I can, I can look at your- the CV that you gave me.

WW [00:14:57] Well, yes. Sabiston made me program director, because I involved with the residency a lot.

JW [00:15:05] Anderson did [?].

WW [00:15:05] Yeah, recruiting guys like Zane, good- good residents and... Yeah, we did a lot of things.

ZA [00:15:18] VA chief.

JW [00:15:18] VA chief.

WW [00:15:18] Oh, yeah.

JW [00:15:22] But also, Anderson appointed you program director, Dr. Anderson.

WW [00:15:23] Dr. Anderson made me program director, but... Sabiston got me over at the V.A. and, I don't know, things happened. I never felt like I was appointed, I was told to this, I said Yes sir, I'll do it. And when it was over, you leave, you're not doing it anymore. OK, I'm not doing it. So it's a little different. He ran the show. You might have worked for him, but you weren't really in charge, you did what he said, you acted like you were the one in charge. You had to be a good actor.

SR [00:16:05] What was he like as a boss?

WW [00:16:13] Oh, I don't know, that's so- that's so personal.

SR [00:16:16] You don't- you can share as much as you want or as little as you want.

WW [00:16:19] He was a fair man, honest. Of course, he had his... ways. And if you were going to be successful, you needed to figure those out so you wouldn't overstep or understep, you know. He was friendly with a few of the residents. I was fortunate to be one of the residents, I think he was friendly with [me?] more than a lot others. I would usually get to go to his house once or twice a year, and sit and he would pump me and have me tell him, tell about the residency and tell me what I thought. And I don't know. It's, it's hard to describe his relationship with people. He was fair, he was honest, but he was difficult to work with sometimes, it was hard, he had his own ideas. And many times, you had to kind of know whether he liked him [points to Zane as an example] before you went in and got too committed. You didn't want to throw your money down on the table and find out that he's not voting for that guy. So. So, good to have somebody on the inside, keeping me up to speed, and the guy on the inside was the picture I showed you, Brad Bradsher [?]. Whenever there was a problem or a question coming up, I'd go see Brad and say, Brad, what did you hear? Because he would say things to Brad, because Brad would take him to the airport and drop him off or pick him up, and there would be conversations, he would say things and Brad would keep them in mind and then Brad would report back to me. So I had my man on the inside for several years and he and I were great friends a long time.

SR [00:18:18] Dr. Brad or Dr. ?

WW [00:18:20] Not Dr. Brad, just Brad Bradsher [?]. Mr. Bradsher.

JW [00:18:25] He was a tech.

SR [00:18:25] Okay.

WW [00:18:28] He was the number two man in the department, I think he was the number two man.

SR [00:18:34] What was Dr. Sabiston like? What was his personality, what was his demeanor?

WW [00:18:44] I don't think I can handle that. I... My vocabulary is not good enough to describe it. I think he's an honest man, a fair man, set in his ways. He clearly had developed opinions and ideas as a kid growing up, because he came from North Carolina, you know, and then ended up at Hopkins. And he probably had some disappointments along the way himself. I'm sure he thought he could get to be the head guy at Hopkins, and he didn't get it. So, you know, but he- he basically was an honest and fair man. But he... he'd get something in his craw and you had to make sure you dug it out of there and threw it away. Otherwise he'd keep it for awhile. Maybe Zane could fill in, from the other side, I don't know. Because Zane was there later in life.

SR [00:19:56] What was it like being a surgery resident at Duke?

WW [00:20:04] Well, I thought it was a lot of fun, I mean... What?

JW [00:20:14] "Best time of your life."

WW [00:20:14] Well yeah, I've said that. You know, you're on every other night, spend [unintelligible; a lot of] time in the hospital. You become really friendly with the other guys who are there. And you have fun doing things, like I say, taking that trip down to Florida. You have friends, you have guys, you get your

few dollars together as you have and take off and try to make it. You had... You just had... friends. And you all were suffering together and you all backed each other up. Plus you learned something.

SR [00:21:02] How do you think Duke was different from other programs at the time, did you have a sense that Duke was different or could you really tell?

WW [00:21:11] I couldn't really answer that, I don't know how different or same it was. I mean, he brought some of the Hopkins things with him of course. Attitudes, and stuff. But... I think the Duke residency was different. Weather was different just because of where it is, here in North Carolina. And with the other institutions it was close by. Or because it was a time when change was happening. It was happening everywhere, whether it was happening at Hopkins or out west. So, a lot of thing- a lot of change was going on in the 70s. Not only with the government, payment, but... ethics and morality and attitude and everything. Specialties were clearly divided. Some specialties became their own departments, separated away from the department chief, which was when Sabiston took over, he was head of orthopedics, he was head of everybody. But then orthopedics became their own department.

JW [00:22:32] After him. After.

WW [00:22:32] Yeah.

JW [00:22:32] He kept it all together.

WW [00:22:35] Yeah.

SR [00:22:36] OK. So Sabiston kept it all together? [Jackie nods].

SR [00:22:44] How do you think Dr. Sabiston put his personal stamp on the program?

WW [00:22:55] Well, I think, honestly, I think he... [00:23:05] I think he policed the residency very well. [3.3s] And that's not easy, because not everybody operates as well as the other guy. So there's some hard work involved, making sure that this guy and that guy are up to speed to that guy. It wasn't easy, you know? In some, in some ways. People on the outside didn't know it, people on the inside knew it, and recognized the difference, and the change and... You know, not everybody is as good a second baseman as so and so. Not everybody can hit 60 home runs a year. So there's a difference, whether you're a surgeon or whether you're a baseball player. Some are better than others. So.

SR [00:24:10] And you think Dr. Sabiston was better than others?

WW [00:24:14] Well, he was a tremendous administrator. He kind of figured the system, that kind of system out. And... Well, he came out of Hopkins and a lot of his attitude and positions and stuff clearly came down from, [William Stewart] Halsted and [Alfred] Blalock.

SR [00:24:44] How did Dr. Sabiston work on incorporating women and people of color into the program?

JW [00:24:49] And take it away.

WW [00:24:59] Do I take credit?

JW [00:25:01] Yeah, take credit.

WW [00:25:01] OK. I take credit for the first woman in the program. We didn't have women in the program and a woman came along and she was good, had been a student with me. And things were changing then. Other places were having, having people other than males in the programs and so you took a, finally took a woman. She went on to be very successful.

SR [00:25:43] Do you remember her name?

JW [00:25:45] Talking about Kim Gandy or Chace Lottich?

ZA [00:25:46] Chace was first.

JW [00:25:52] Yeah Chace was first.

WW [00:25:52] Chace was the first.

JW [00:25:54] But she was general surgery.

WW [00:25:56] Yeah. Kim Gandy.

JW [00:26:00] ... was the first cardiac resident.

WW [00:26:00] Yeah.

JW [00:26:04] But Chace Lottich...

WW [00:26:04] Chace Lottich was the first woman. General surgery woman, Kim Gandy became a heart surgeon.

JW [00:26:14] He got her in the cardiac thoracic program.

SR [00:26:14] So-.

ZA [00:26:15] And that wasn't until like, ninety-.

WW [00:26:17] Yeah. Yeah, that was-.

SR [00:26:20] That was- so, the woman you're talking about, that was in 1998? [Ed note: Chace Lottich was chief resident in 1989.]

JW [00:26:26] It was in the 90s.

WW [00:26:27] I don't know when it was, but-.

JW [00:26:26] But Chace had graduated as-

WW [00:26:29] The general surgery [Chace] was earlier.

SR [00:26:34] But the first cardiac...

WW [00:26:36] ...Cardiac surgeon who had some time, again-

SR [00:26:40] In the nineties.

JW [00:26:40] And that was who-

SR [00:26:40] And that was who he was talking about? [Jackie nods] Okay, cool.

SR [00:26:46] How did Dr. Sabiston's national reputation affect the program?

WW [00:26:54] Well, I think it helped the place a lot. I mean, what he did here got him a great reputation because he did a great job. And then he was a reasonable politician amongst colleagues and knew how to work the system. And he got to be secretary, he got to be a president, he got to be this, he got to be that. So he worked the academic system probably as well as anybody. [To Zane] Don't you think?

ZA [00:27:30] Oh yeah.

JW [00:27:32] And he brought the faculty into that world also, because of his reputation. Every society known to man.

WW [00:27:38] Yeah. [00:27:40] So, you know, he got Duke in the forefront of academic activity. [7.8s] He set the standard. And we'd have a lot of visitors from other programs come, you know? So you got to meet a lot of different people who were important in surgery.

SR [00:28:09] And you mentioned research and working in the lab. How did Dr. Sabiston influence your research experience?

WW [00:28:18] Well he had come from Hopkins and he had done some work with... Blalock, of course. But at the time I came in the lab, it just so happened that pulmonary embolism was, had gotten a lot of press—trying to think of just why, now, can't remember—but anyway, developed a- I developed a system where you could give dogs pulmonary emboli. And then follow them. Because at about the same time, in the 60s, a lot of things developed. We had our [arteriogram?], but then you had lung scans, you had a lot of technology was growing, radiologic technology. And... So, you know, we did a lot of experiments on dogs. And we had patients, we had groups of people in different categories that we had in clinic, with a special disease. And that's how specialization got more specialized.

SR [00:29:37] Through research?

WW [00:29:38] Yeah and people interested, saying, I'm interested in sore feet. And so next thing you know, you- everybody who got sore feet comes to this clinic. You know. You had a sore arm, you didn't get to go.

SR [00:29:53] And let's see. So did residents... Did residents call him Dr. Sabiston, or did they have other names for him?

JW [00:30:10] [Laughing] Clearly you already know.

WW [00:30:10] Well, I think they called him Dr. Sabiston. Of course out in the quiet of privacy, somebody might say, what did Sabu say? Otherwise, they'd say "The Man." "The Man wouldn't like that." So there was a lot of play between residents and in the faculty when decisions were being made, of how the professor would stand on it or what position he might take. There was an effort to try to make a decision something that he would go along with. Every once in a while, he wouldn't want anything to do with something. Most of time, it worked out. [Unintelligible] he would buy into it.

SR [00:31:07] What were rounds like with Dr. Sabiston, and how would you kind of prepare for rounds with Dr. Sabiston.

WW [00:31:16] My brain is so dead I can't even remember. You know, everybody was uptight as hell. And in those days, you'd go to the floor. [Unintelligible] You see the patient. And the resident presenting was under a lot of pressure.

JW [00:31:36] And the patients had to be in the Sabiston position.

WW [00:31:42] Yeah. Yeah. Have the patient in the Sabiston position.

SR [00:31:49] What does that mean?

JW [00:31:50] Feet up, head up, and not feet up like this, you had to be like this.

SR [00:31:56] Kind of curved, over a hump kind of?

JW [00:31:58] So the feet were not dangling.

SR [00:32:00] Oh, so their feet-.

WW [00:32:01] ...position, healthy position.

SR [00:32:02] Yeah.

WW [00:32:03] But... and then we go to a conference room and have a more formal mashing of teeth. What was done or not done or where you screwed up, or where you didn't screw up.

JW [00:32:21] Didn't he have a senior resident pass it down to the junior resident, as to his concerns? He would not do directly, do it directly, it would be the chief that would give the...

SR [00:32:29] Feedback?

JW [00:32:33] Mhm. And to the nurses, too.

SR [00:32:34] Yeah.

JW [00:32:34] We never got directly confronted.

SR [00:32:40] And I read something that you wrote about rounds with Dr. Sabiston. And you mentioned a story where residents hid a patient in the bathroom. Can you tell me that story?

WW [00:33:02] Well, I don't know if I should.

JW [00:33:09] It's out there. And you were the culprit.

WW [00:33:09] So yes, so anyway. He had laws. Oh that's too strong a word, rules, you know, about patient care. In other words, you had a patient in the bed. You had the bed in this position, like she said, you know. And everybody knew he was going to make rounds at 4:00. And you, you, and you go out and get these- get everybody in position. You know. So like an army, they're going to be like this [salutes]. And so, there were certain things that he was—I'm not going to, I'll use the word against—but he wasn't against it, but he had strong feelings about. He didn't like NG tubes. [Unintelligible]. I don't know. But there are some patients who need to have a tube, keep the stomach empty and keep things... And so if you had a patient that, I felt or one of the other faculty members felt, should have a tube, they had a tube. Cause, you know, the faculty was a doctor, you know, he wasn't the doctor, he's just coming around. So we'd walked in and we'd see somebody sitting there, like this, you know, everybody behind. So if you have a tube, you say, can't get that tube out, that tube can't come out. So I took the patient and moved it into a room, because in those days we had rooms for thoracic patients and general patients, orthopedics. So I put the patient over in a...

JW [00:34:56] Bathroom.

WW [00:34:56] ...Bathroom, just moved him in there and said, just stay here for a while. So we went on a giant round and we went to the rooms and everybody's in. And then I'm sure it's the only time it's ever happened, ever.

JW [00:35:15] That he peed.

WW [00:35:15] That Sabiston would have to go to the bathroom. And sure enough you stop for a minute, and normally think, well, he'd leave and go back to a private room. He's going to go in a patient's- in those days, the patients didn't have private rooms, they had wards. And he goes in [the bathroom], and here's this guy in there, NG tube and all sitting there. So he asked the guy, the guy unfortunately wasn't up to speed, and he said, he was told to come in here and sit, and once "The Man" had- "The Man" had gone they had to get him back out. He used that term, "The Man." So Sabiston found out about me.

SR [00:36:06] And that was you who put the patient there?

WW [00:36:08] Yeah.

SR [00:36:11] Well, I was gonna ask you, you know, were you there when it happened, do you think it was true, and it sounds like you were there! Oh. And let's see. And what was the pig face?

WW [00:36:31] I don't know how to describe that. You know, every day once in awhile something would come up, and he would have a look on his face. And first of all, it was a bad- it was a real signal that whatever it was was bad. The pig face was bad. So whatever caused it, that was gonna be a problem.

SR [00:36:57] So I was just kind of a bad face? There wasn't any particular-

WW [00:37:01] Somebody had screwed up, said something stupid.

JW [00:37:04] Call each other, say, we've got a pig face here.

WW [00:37:04] Yeah.

SR [00:37:15] Do you have any- I'm going to ask this now and we can kind of, you can kind of think about it as we continue the interview. But do you have any other good Dr. Sabiston stories?

WW [00:37:33] No, I... I mean, things don't pop into my mind. Certain things will happen, or- in the environment and it'll make me realize, I've been here once before.

JW [00:37:53] Can you think of one, Zane, that he's told you in the past?

ZA [00:37:55] I don't know about that slush story or that one time on Thanksgiving or something, you had to do a tracheostomy on a kid. And he was mad about that, or- I don't remember all the details of that one. But the slush was pretty funny, because it was your way of hiding, from him, to see what you were doing, you were doing some technique that he didn't like. And so you grabbed some slush and threw it on the heart, so he couldn't see it.

WW [00:38:20] After I got to be a more senior man, he had a way of wandering in the OR and seeing what people were doing. Which was a good thing, I think, for the chairman. But when the word come out that Sabiston was up looking around watching—because he'd look at the schedule, he'd see something on there, and said, Wolfe was doing something stupid. So he'd wander in sooner or later to see how stupid it was. I'd get a warning from people like Zane or somebody, that he was coming in the room, and I would immediately cover the heart with slush and that's a "protective mechanism, keeping it cold," you know? [sarcastically][40.1s]

SR [00:39:03] That was the reason you gave?

WW [00:39:07] Protecting the heart.

SR [00:39:11] Do you think he ever suspected?

WW [00:39:14] I'm sure he got lots of people to squeal.

SR [00:39:23] When would residents be called to Dr. Sabiston's office?

JW [00:39:27] The 2831.

WW [00:39:33] Well, first of all, it would start... it would start with staff. If there was a major kind of problem, first of all, Sabiston wouldn't take on, he wouldn't call a junior boy in and eat him a new one. You know? At first, he might get the attending and find out exactly- and then the next guy that was going to get his butt kicked was going to be the chief resident. And so the chief resident come in, and he wanted to know why so-and-so... He let so-and-so do such-and-such, or did he know that so-and-so did this? And then he'd get himself a good, good laying out. But Sabiston would find things out. And he would take the chief resident on first usually, and chew him to start with. And sometimes they'd make it down to the resident. [To Zane] But you'd agree, he didn't, he didn't eat junior residents? They were off- the chief resident went down and took it out on him, but-

ZA [00:40:49] Hierarchical.

WW [00:40:49] Yeah.

SR [00:40:50] Yeah. The chain.

SR [00:40:54] Do you remember what his office looked like? Can you describe his office?

WW [00:41:03] A desk, four walls.

ZA [00:41:06] Well that's a good story. When they were trying to kick him out of the- I don't know if you can tell that story fully, but when they were trying to kick him out of the, his last office. Remember-

JW [00:41:19] After he had re- stepped down. Remember, he was asking about keeping his office. You can tell that story and we can edit it later, we get, we get to edit. So tell- you know, when the department was trying to move him out of his office and you told him to say you-know-what to them?

WW [00:41:33] Yeah.

JW [00:41:34] That story.

WW [00:41:36] Oh, I can't remember what I said.

JW [00:41:36] Do you remember it, Zane?

ZA [00:41:39] Well, not all the details, but Dr. Sabiston was trying to get Dr. Wolfe's advice on how to negotiate this incursion to kick him out of his office, and Dr. Wolfe said, you know what I would say, Dr. Sabiston? Fuck 'em. He said, all right, Walter, that's just what we'll do.

WW [00:42:04] Yeah, I remember that now. I can see why it was dead in my brain, though. Yeah that's true, that's a true story. And...

JW [00:42:17] I think Dr. Sabiston called on you a lot for real good advice, about you know, what was going on, because he knew you'd be very honest with him about things, and you were, to a fault sometimes. [9.1s]

WW [00:42:27] He'd want me to spy, keep an eye on things. Between Brad and myself, he kept himself up to speed. Brad would come and warn me, because he'd say something to Brad and Brad would immediately come up and tell me, Dr. Sabiston is gonna be... So it was good to have some friends in the system keeping...

JW [00:42:54] when there was a resident in trouble and you would advocate for the resident if you thought they were worthy. I mean, you would go in and, I mean, I can think right now, several that were all kind of on the line, you said, hey, this guy's good. Let's do it. And he would listen to you. And it always turned out OK. [14.9s]

WW [00:43:15] We had fun. In some ways, yeah. Used to go over to his house, knock down a couple.

SR [00:43:27] What was your relationship with him like, and how did it change as you progressed through the residency and then eventually onto faculty?

WW [00:43:37] You know, the easy answer is that it didn't change. Now, there's a change in that I would say things to him or tell him stuff that early on I wouldn't, or wouldn't have, wouldn't have risked. But as time went on, he started asking me things. What do I think about so-and-so? And he honestly wanted to know, and I had the courage to tell him what I thought. . . the system And how he was in the system. Yeah, he used to have me over to the house a couple of times a year. Sometimes he had some things he was, he just wanted to run out and see what I thought. Not that my opinion mattered, but I thought ooh, that's not... I don't know, I give him one of those [making a face], he might hold off, you know. But most the time he wanted to really find out about somebody, he'd fix it or arrange it so that he'd try to catch me off guard and say, what do you think about so-and-so? You know, I heard he did as much, which might have been a positive thing. And I said, yeah. And then after he got me caught, he'd say, yeah but I heard he did a... And then I was stuck. Because not only did I know about the schmutz, I now know about the other thing and I'm going to have to talk about it. So you know, he was... He was a great administrator. Let's face it. I mean, if there was one thing you could say, I mean, I wouldn't think about it now, but in [00:45:32]retrospect. Yeah, the guy was a heck of an administrator. He managed to get along with people who hated him, get along with people liked him, and he could walk, he could walk the rope. [14.8s]

SR [00:45:49] How do you think he did that?

WW [00:45:53] Well, he, he got some of it from Blalock, I'm sure. And I think as he grew up down south as a kid. I'm sure he had some, I know he had some disappointment over at Hopkins. And those things are educational. You try not to make the same mistake twice. And he learned on the job, like all of us.

SR [00:46:33] What was he like when interacting with patients?

WW [00:46:43] That's a tough question. He was personal.

JW [00:46:46] Charming. He was charming. He was very charming with his patients. [6.5s]

WW [00:46:54] But you know, he was... He wasn't the one who wanted to give the patient the bad news. You know, he was real good with the patients, good with the families, you know, but sometimes there was misery. Somebody else would kind of have to get the husband or the wife prepared for the bad news. So when he came, they'd know the bad news already. He'd give them the bad news, but it's not like he was the first one. We were taught to set the family up a little when misery was coming. He didn't, he didn't like misery. Any place, he didn't like it in administratively, didn't like it in the residency, he certainly didn't like it in patient care. Yeah, he... He did not like any bad patient outcome. [62.9s]

SR [00:48:01] Do you think he- that was hard for him, emotionally, or why do you think it was so hard for him?

WW [00:48:13] Well, I think it's hard for all of us to give a bad result. I think you know, he felt people were watching more carefully what he was doing, so that, I think, added to the pressure. And there are some things I can't say, can't be on an interview.

SR [00:48:47] And when you were program director of the thoracic surgery resident program, did you consider Dr. Sabiston a role model?

WW [00:48:59] Well, yes. I always did. I mean, his administrative schedule, he was a... He was a real good, now, I think, how I related with people, related with residents was much different than how he did. So I mean, we were not the same. But we were the same when it came to, we wanted Duke University surgery to be the best. And I think we managed to keep it there. I have to say yes. I'm going to say no.

SR [00:49:45] And just later as you were kind of more of a senior faculty member, how did your interactions with Dr. Sabiston change? And you know, after he retired, how did your interactions with him change?

WW [00:50:02] Well, in many ways they stayed the same, in many ways they changed. Certain things stayed the same, when it came to how he would deal with people or how he would want information about patients, or the way he would ask you a question, what do I think about so-and-so? I immediately had a... Sign go up to myself, uh oh. Where, what's he want, what does he know? Where's he going with this? Kind of thing, as opposed to other kind of interactions where just be over talking about things, or he'd have a visiting faculty, we'd chat about him, or...

JW [00:50:54] When he was hospitalized, you still maintained a really good relationship right after his stroke, and went to see him all the time and to friends, took residents over to see him and tried to stay connected. [9.9s]

WW [00:51:07] Yeah, once he had that stroke it was... Bad. But... I mean, it's hard for me to even talk about it in a way over these years, because I was so- basically I was so lucky, you know. If you took a list of people, pulled my name out, and a couple of other names aside and pulled their names out. You'd say,

how did Wolfe ever get in here? But I was lucky. Like I say, timing means a lot sometimes. Be in the right place at the right place, right time. I was lucky.

SR [00:52:03] Did you interact much with Mrs. Sabiston?

WW [00:52:12] Well, I don't know, I can answer that yes or no. How should I answer it?

JW [00:52:19] You did, she would always call you. She called you when Dr. Sabiston fell. And we had a great relationship and we went to the house for dinner all the time.

WW [00:52:30] Yeah. Unfortunately time goes on, misery happens.

JW [00:52:36] Not recently, but throughout the years, I mean.

WW [00:52:42] But you know. No, I... everything went fine. . . Mrs. Sabiston, but... there wasn't a lot of relationship with the- even though we would have a party every year at Christmas, over at the house, the activity within the family with the residents was not great. Or at least wasn't great with me.

JW [00:53:09] I don't know what you mean by that.

WW [00:53:09] He didn't have residents over a lot. You know.

JW [00:53:15] He had the end of the year thing. You know, parties [unintelligible]. We went over there one on one, Walt, you and I.

SR [00:53:28] And is there anything I did not ask that you want to make sure we say today?

WW [00:53:41] No, I just have your phone number. As soon as you walk out of here, I'm going to say, hey, did I say...?

SR [00:53:47] I can come back.

WW [00:53:48] I forgot!

JW [00:53:48] Can you think of anything to say? That would be...

ZA [00:53:48] Well, I mean, I think my perspective over the years, Sabiston would get a bad rap for sticking the residents in the lab and I think, for years, I mean they call it the "decade with Dave," and sometimes people lack the historical perspective to understand why he did that. And you have to, as Dr. Wolfe was implying, you have to consider that it was Vietnam going on and there was conscription of doctors going on, and from my, what I understand about it, he would use the research lab as a way to keep people from having to be going to Vietnam all the time. [38.7s] I don't know if you can comment, you know, if you have a different view of that or... [00:54:34] But that was one of the big criticisms of Duke across the nation was, oh, Sabiston will stick you in the lab and you'll never come out of there until he decides. But there was, what I understand about it, there's a lot of different-. [11.1s]

JW [00:54:46] A lot of research and a lot of grants and a lot of things came from all that. [3.5s]

ZA [00:54:50] And in some ways, protection of the resident who was in the lab. [2.8s]

WW [00:54:54] Yeah. Okay. Vietnam War was over like what, '72, '73? Some where right about then, about the time I was supposed to go in, as I finished the residency. Because I was an Air Force. I got a honorable discharge, where is it, better be hanging up here somewhere. But I never served. Other than I had to get down to... I guess, Texas, right? Had to go to Texas couple times, be on, be on an Air Force Base, act like I was taking care of Air Force people. But, you know, when... when the war ended, things changed a lot. Especially then how much time in the lab, the number of people available changed. Things changed.

SR [00:56:08] Well I can come back if you think of anything else that you want to share. Is there anything else you want to share today?

WW [00:56:18] No, my brain is dead.

SR [00:56:20] Well you can let me know and I can always come back. All right. Well thank you so much-.

WW [00:56:28] I'm going to want the audios of these other guys. Yeah.

SR [00:56:44] Well thank you so much.

WW [00:56:45] Well thank you for being involved and taking an interest in him. It's an important part of surgery. Yes, obviously Sabiston is involved. And yes, Duke's involved. But the bigger picture is what happened here, as an institution had a lot of influence on other institutions. You know, and so it's a surgery thing and other surgeons in this country contributed to the changes, much like Sabiston, across the country, whether you're in Texas, Boston, Baltimore, or out west.

JW [00:57:41] Walter, tell Susannah about the significance of the, a pin on the map? The pin on the map. Every time he would have a, one of his residents become a chief or a chair, he would put a pin, pin on the map.

WW [00:58:00] Put pins on maps. Most of the guys who finished the residency here got some position within an academic system. It may not have been as strict, as tight, say as what Zane's in now, or what I was in. But they would have an appointment. They might... what do you call when you're attending for a while? They might attend every, once or twice a year. You know. But... [00:58:39] The academic system at Duke was really, probably, I'd say, the tightest in the country. [12.3s] And I include Hopkins.

SR [00:58:56] Why do you say that?

WW [00:58:57] Because I think the way he maintained first, first hold on it. And the other faculty all fell in, in line right around [unintelligible]. Where some of these other institutions, you had a chairman. You know, like Dr. Blalock or somebody. Boston, you had... But the faculty. They were pretty quote unquote elitist themselves, don't you agree?

ZA [00:59:27] Oh yeah.

WW [00:59:27] Yeah. They might not have been chairmen, but they weren't any worse and they weren't lower. They just didn't have chairman by their name. Here, chairman. After that, you know. You're on a first name basis with most of the guys, you know?

JW [00:59:55] Was the program so much longer than other programs because of the lab?

WW [01:00:02] I'm not so sure how much longer the program was. Program was longer earlier because of the need to fill people in that he took from the outside and to get the laboratory set up. But once the system was in place... '72 '73, I don't think, the residency was still, five... If you wanted to be a heart surgeon, then you took a little more time. It didn't have- you, you can recall this better than I can, the residency was what we call a mixed residency. In other words, you'd be a resident here, everybody finish the same. Then it changed, then pretty soon you had general surgery and that happened like about 1969, '70. [01:01:11] When did we really get thoracic divided? Had to be... Had to be late 60s when heart surgery got really, when people wanted to be a heart surgeon. You know, '62 was like the first heart surgery, right? So after two or three years. Next thing you know, heart surgery is big. And now you had to have heart surgeons. So now you need two residences, one in general surgery, and one in cardiac surgery. [31.3s]

JW [01:01:43] But you had to finish the general before you could go into the cardiac, right?

WW [01:01:47] Most places.

JW [01:01:47] So it was two to three years- three years longer? Was it three years longer?

ZA [01:01:50] Two back then.

JW [01:01:50] Two back then.

WW [01:01:54] Four and two used to be the standard.

[01:02:02] Okay, is there anything else?

ZA [01:02:07] We can go on and on.

SR [01:02:09] Yeah, I get that sense, yeah.

WW [01:02:12] Well, education is... I thought, for me, the residency education was quote unquote as Jackie's not wanting me to say, the best years of my life. Because it was, first of all, I was lucky to be here. Secondly, you had friends that you were with a lot, 36 out of 48 hours. And then when you're off, you yukked it up, had some fun together. Like I say, go to Florida. So you know. It was... It was some good times back then. It's clearly different. I know it's different now. But, not that it's bad now. It's just different.

SR [01:03:06] OK, well maybe we'll leave it at there now and you can let me know if there is anything else you want to add. Thank you.

JW [01:03:15] Things might pop up.

SR [01:03:16] Yeah.