

Taylor Patterson ([00:00:00](#)):

This is Taylor Patterson, it's July 28th, 2021, at 3:19 PM. And I'm speaking to Dr. John Weinerth for the Duke University David Sabiston oral history project. [inaudible, technical glitches] Can you tell me a little bit about where you grew up, and went to school, and what made you decide to become a doctor?

John Weinerth ([00:09:18](#)):

The Lehigh Valley in Pennsylvania, Easton, Allentown, Bethlehem, Nazareth, Pennsylvania. That community was part Pennsylvania Dutch, [inaudible] Dutch, German, Bulgarian, Hungarian. So actually as a child, I think I knew five kitchen languages, because there were at least five different languages the mothers used. And when kids were always looking for food, you learned the names in different languages, depending on whose house you were in that day. In those days all you had to do was go to the back door, and know the right words, and they fed you. It was a different time. And I went to school in the [inaudible - Wilsonborough?], which is [inaudible - sort of a Carrboro?] of Easton, and then looked at a bunch of colleges. I really wasn't interested in sports, despite the fact that I was a three-sport athlete. I wasn't interested in doing that. In fact, what little I did in college, it got me in trouble with my father, anyway. I was a wrestler, a football player, and I ran the 880 but when I went to college, I got bored, and I was looking for something to do. I took up boxing and I remember calling home and saying something about that to my father. I won't tell you exactly what he said.

John Weinerth ([00:11:28](#)):

The bottom line was, he said he didn't send me to college to get my brains beat out, so that ended my boxing career. Again, very provincial. Bucknell University is in Buffalo County, in the middle of Pennsylvania. The population of that town, probably, is just about 3,800. In the school, I guess we had about 1200, in the school. I can't remember. But I loved it. I got to do a lot of things, and got to study a lot of stuff. I was a major in biology. I took a minor in chemistry and math, and then got interested in French. And I ended up having to take- because I forgot to take my liberal arts- in my last semester, I ended up taking three French courses. I took Beginning, Intermediate and Spoken French, all at the same time. But I graduated, and my senior professor told me that she didn't really want me to go to Jefferson at the end of my second year, because Jefferson had, I mean - Hopkins-had a six-year program.

John Weinerth ([00:12:44](#)):

But if I stayed and worked hard she might- well, maybe Yale, probably not Harvard, but maybe Yale. And I said, "Oh, where's that?" I didn't have a clue. I finally got to be a senior. I found out where Harvard was. And we decided that I'd at least apply. And so we did, and I got on the bus from the middle of Pennsylvania, and took the bus to Eastern Pennsylvania, got on the train, went to New York on another bus, and went to Huntington Avenue in Boston, walked up Huntington Avenue to the medical school. It had one of those- you walked back down, and got on a bus. And I got back to the country, only to find out several months later that I was accepted to Harvard.

John Weinerth ([00:13:46](#)):

So I went to Harvard Medical school, and of course the only time I had been there was by bus now, so I didn't even know where that was, but I got in my car and somehow found my way there. It was a very good education. It was a very hard time. I didn't have any money. I had to work four jobs. I did a lot of stuff. I always did a lot of stuff. But I just decided that when the sun went down, on the 1st of September of 1966 and it didn't come back up again until I left on the 15th of June, 1967, I wasn't staying.

Taylor Patterson ([00:14:38](#)):

Oh, wow, okay.

John Weinerth ([00:14:42](#)):

So I had, by this time, done some extra work, and the head of Urology at the Massachusetts General Hospital knew they were going to pressure me to stay there. So he said, he didn't think I should.

John Weinerth ([00:14:57](#)):

I said, "I agree! I'll get the hell out of here." So he gave me a letter, and said, "I want you to take this to Durham, North Carolina, to Duke." I said, "Oh, I know where that is!" My father took me there in 1957, because he thought that maybe I could get a wrestling scholarship there. But in 1957, the only road that came from Lehigh Valley, Pennsylvania to here- there was Old Route 1. No 85, no 95. And my mother allowed as how that was too far away. So I didn't get to come in 1957, but I was damned I was going to come back. And my senior professor was a graduate of Duke, at Bucknell. So I was damned I was going to come back to this place. And so he gave me this letter, and said, "take it to Jim Glenn at Duke." And I said, "Right!" I mean, I said, "Yes, sir." And so I got in the car, and came down here, and visited it. And I handed Dr. Glenn this letter. And he said, "Well, that's good." He said, "Let me introduce you to Dr. Sabiston, and the surgical staff," and see if they want to take you on as an intern.

John Weinerth ([00:16:28](#)):

Well, I met them. I met Dr. Sabiston for the first time. And then as now, I was impressed. A gentleman, sincere, somewhat aloof. But clearly, I felt comfortable. And so when time came, I said, "Yes, that's where I want to go." And that's where I went. And I got out of town just in time, because the Dean at Harvard was after my butt, because I didn't take the job at the Mass General. And I left, I left the [inaudible - Department of?] Medicine. I left Boston. I mean, that was unheard of. And I crossed the Mason-Dixon line then, and I never went back. I love it here. I've loved my time down here. I liked the people, I liked the country. And Dr. Sabiston made a difference. So that's a little bit about how I got here. Just some kid wandering in the wilderness, and I ended up here

Taylor Patterson ([00:17:42](#)):

Oh, I love that! And had you heard of Dr. Glenn or Dr. Sabiston, before that initial trip, before your first meeting with them?

John Weinerth ([00:17:53](#)):

No, no, you didn't need- you didn't ask those questions. When Dr. [inaudible- Ledbetter?] Told me, "Take this letter," and I had to go, and that's all I needed to know. That's the beginning of the end of that. I did get to know them, but I didn't know a thing about them, before I came down here.

Taylor Patterson ([00:18:14](#)):

Did you have a sense- what was the reputation of the university itself, at the time?

John Weinerth ([00:18:26](#)):

You know, I came from Bucknell, and this was a little fancy, but it wasn't that fancy, let me tell you what! What was there in 1967, doesn't even begin to tell you what it looks like now. I mean, in 1967, you couldn't even see the VA, because there was a woods there. And in that woods were little houses,

where some of the senior residents lived. That was two years before, they moved us all to Baker House after that. The Hock Building wasn't there, but if you go to the Hock Building, and go up there, to where the balcony is in the Hock building, you know where that is, the Hock Building on Erwin Road there. That first one across from the gas station, right next to the gas station. The Hock building wasn't there, but if you would go up there, and look out the balcony from the top of it, all you would have seen were woods. Woods that went from Erwin Road, all the way to main campus, and from main campus all the way to Academy Drive- I mean, Cameron Drive.

Taylor Patterson ([00:19:58](#)):

Oh my goodness! So it's so, so different! When you said you met Dr. Sabiston, when you're touring - can you tell me a little bit about that, sort of your first impressions of him? You mentioned, being aloof, or ...?

John Weinerth ([00:20:16](#)):

He was a little aloof, but I immediately felt comfortable, and I felt like we were going to have good, really good training. I felt that way about the Mass General, too, because I thought all of the teachers there were really good teachers, but I needed to get the hell out of Boston. When I came down here, I thought they were all [inaudible] these were all good surgeons. The fact that I'd never heard of them didn't mean anything to me. It was really their demeanor, that meant the most.

John Weinerth ([00:21:01](#)):

And when the interns arrived, it was clearly a little bit militaristic, which appealed to me, since I had been in Scouts, I was an Eagle Scout. I've been in Scouts. I was a leader in Scouts. The Scouts are a little militaristic-like organization, with boundaries set out. At that time, with the residency system, the residency wasn't as big as it is now. So there were two chief residents in there, and that's all. And God spoke to the chief residents, the chief residents spoke to the senior residents, the senior residents spoke to the junior residents, and then interns. And I knew that, as that's a little bit of the way it was at the General, but God sometimes talked to the interns.

Taylor Patterson ([00:22:13](#)):

Wow.

John Weinerth ([00:22:16](#)):

I mean, Dr. Sabiston actually talked to the interns, and said, "Well, hello, how are you doing?" Now sometimes when you weren't doing what you were supposed to be doing, he didn't necessarily talk to you. He talked to a chief resident, who talked to a senior resident, who talked to a junior resident, who would talk to you. If it was really significant, he would talk to the chief resident, who would talk to you.

Taylor Patterson ([00:22:42](#)):

Oh, wow.

John Weinerth ([00:22:46](#)):

And in fact, I found that out the first week I was here. Now, you understand, this is a Yankee who's spent his entire life, before climate change, lived where there was snow. And I came below the Mason Dixon line, and I arrived here in 1st of July, and I thought I was going to die. The humidity, the heat - there was

no air conditioning. All the wards had big fans; open windows and big fans. So I thought I was going to die. So sleeping at night- we used to take a shower and lay naked in the bed, and hoped we'd evaporate before somebody called us, at one or two or three o'clock in the morning, when we'd have to jump back into some clothes, and go take care of them. Being in the ward, with the fans in there, I was taking care of a patient. And I was changing the dressing, and it was hot as blazes. And I had my coat off, those white coats, little short white coats, those white pants and a shirt, preferably a light blue shirt, and a dark tie.

John Weinerth ([00:24:11](#)):

But I had the neck undone. I had the jacket off, my sleeves rolled up. I was busy working on this poor diabetic foot, and Dr. Sabiston happened to be making rounds in the ward. And he came by and he took one look at me, and nodded his head, and then moved on. He left the ward, and then shortly - probably no more than five minutes later, the chief resident showed up, and all he had to say, he said, Dr. Sabiston just had a message for me. And it was that he realized that I came from Boston, but he wanted me to know that Duke surgeons did not strip.

John Weinerth ([00:25:06](#)):

That was the beginning of the end of the whole message. And so I learned to control my sweating, because Duke surgeons don't sweat. But he never belittled me. He just sent the chief resident back to give me a little short message. And so what can you do, but admire somebody like that, and the last thing in the world you want is for him to see you without your coat again.

Taylor Patterson ([00:25:44](#)):

Right. Right.

John Weinerth ([00:25:46](#)):

Which then leads us to later in my career, when I was in the operating room. And I knew I could sneak down to read, and check on that lady down there. And I jumped in the elevator, and a voice said, "John...what floor would you like?" And nobody spoke to me. After that, I got the message. Nobody had to say anything

Taylor Patterson ([00:26:16](#)):

Oh, no! That's so funny. And you mentioned - this is something that we've heard from multiple people have mentioned the sort of adherence to kind of a dress code? You mentioned kind of a light blue tie, or light blue shirt. Is that right? Dark tie?

John Weinerth ([00:26:49](#)):

Yeah. I mean, you could wear white, but light blue was preferred. And the dark tie. Not anything flashy. Nice and dark, that'd be just fine.

Taylor Patterson ([00:26:58](#)):

It was - was it ever sort of explicitly said, or you just learned through observation?

John Weinerth ([00:27:04](#)):

Well, we'd see what the chief resident did. You're trying to copy your seniors.

Taylor Patterson ([00:27:15](#)):

Wow, I love that. So, what was it like, sort of, your general experience of being an intern during that period? What was that like?

John Weinerth ([00:27:29](#)):

Being an intern? Well, that was back in the days of 120 hours a week. We worked every other night which meant, we got to go home probably about six or seven. We came back to work again, had to be back at work again at five, and worked straight through at the hospital. They had our last rounds were usually about 11 o'clock at night. Even if you have everything buttoned down, and you had a chance that you might get some sleep, (if it wasn't so damn hot!) before somebody needed you. And interns were the first call, but you had a JAR [Junior Assistant Resident] in the house, and a SAR [Senior Assistant Resident] in the house, and at least on my first year, they had a Chief in the house.

John Weinerth ([00:28:30](#)):

So we had plenty of backup, it wasn't like we didn't have backup. But if you didn't have a chance to see patients, you didn't have a chance to learn. So, you just got tired, things had happened. [Inaudible] You might have to edit this, but one night I got called, and I'd been tired. I must've got called about three o'clock in the morning. And I don't remember anything about it, because we made rounds the next morning, which was about quarter to six. And the night head nurse was still on, and we went around by this one gentleman, and the senior resident turned to me, and said, "How was he doing?" And I kind of went blank. I said, "Okay..." I didn't say anything. . . And then Sadie, the head nurse, said, "Well, aren't you gonna tell him that he went into heart failure in the middle of the night, and you came and you gave him [inaudible], a diuretic, and you put the tourniquets on, and you diuresed him, and now his pressure's normal? Aren't you going to tell him that?" and I'm saying, "Damn, I don't remember it. I don't remember a thing." But Sadie claims that I did all that. So yeah, we worked hard.

Taylor Patterson ([00:30:06](#)):

And do you feel - did you get the sense that that was a way in which Duke was sort of different from other similar prestigious programs at the time, or was that pretty par for the course?

John Weinerth ([00:30:20](#)):

No, it was probably pretty much what everybody went through at the time. There were a few places that were a little bit more liberalized, but not many. It was right about that time that a major change came. In my intern class, there were 18 of us in that class, of which a few went into general, you know, various sub-specialties. But we only had- if we wanted to do a hematocrit on the patient, we had to go to the emergency room, where there was a hemacytometer. If you needed a white blood count, you had to go to the emergency room, but do it yourself. If you thought somebody had had a heart attack, you had to go to the first floor, to the Heart station, where there was a single electrocardiograph. There was a bunch of guys, you know, we all came from different places. There were some Duke students, but we sort of all got together and started talking about it. How could we let Dr. Sabiston know, that it would be nice if we had a hemacytometer on the ward? Nobody was asking for more pay. Nobody was asking for special privileges. All we wanted was a few more tools to do our job. Well, we put those together. And I got elected to write it.

John Weinerth ([00:32:10](#)):

So I wrote it up, and then it was time for me to take my vacation. And Chuck [inaudible - Balch?] who lived upstairs in the apartment building, allegedly put it in final form. Well, needless to say, that was the first time that an intern class had ever bypassed the junior assistant, to the senior assistant, to the Chief, the chief of the service. And the chief residents were ballistic. I think if they could have had a machine gun in their hands, they would have taken care of all of us, because that just wasn't done. So then the word came that Dr. Sabiston would like to meet us, in a conference room. Not the auditorium, not the teaching room. But in this little room on the white zone. Just us 18, pulled off the service, into this room.

John Weinerth ([00:33:35](#)):

He said, he didn't realize that we had such important needs. And he was surprised that he would get this kind of thing from us, but to explain to him what they were, one by one. And so we had to go through each and every one of each little thing that we had. And so we got done, and he said, "I must say, it was just that the tone of the letter was a little brusque." And I thought to myself, "Charles Balch, if I can get my hands on you!" Because the original was not brusque. So the meeting was over, and we went back, and the chief residents apparently were told that they were not allowed to kill us, because we made it through that day, and the next week. And then the following week, we came to rounds on a Monday, and there were hemacytometers on the wards, and there was some place to do bloods. And they had started a chemistry lab someplace, and a couple of- each floor had an electrocardiogram.

Taylor Patterson ([00:35:11](#)):

So it was a conscious decision to bypass the senior residents?

John Weinerth ([00:35:18](#)):

Yeah, okay. This was outright rebellion, right? Because we knew if we went to them, they'd bury it. Because it wasn't done. And then that was all done, and then we had another meeting about something else. And this was never mentioned again, until we were leaving that room, and Dr. Sabiston looked at me, and he sort of held his hand up. He didn't wiggle his finger at me, "Come here," he just sort of held his hand up. So I stayed, and he said, "In your class at Harvard Medical School, do you remember that there was a group of Harvard medical students that went to the chief of surgery at the Massachusetts General Hospital, and demanded service things?" I said, "Yes." And he said, "Did that happen to be your class, John?" I said, "Yes." And I said, "I have the original letter if you want to see it!" And he said, "I didn't think you wrote that other one."

Taylor Patterson ([00:36:50](#)):

Oh, no!

John Weinerth ([00:36:55](#)):

So, in a sense, that's the beginning of a very long friendship.

Taylor Patterson ([00:36:57](#)):

I love it, I love that. And you also got the the tools that you needed, that's lovely.

John Weinerth ([00:37:09](#)):

And he thought the requests were absolutely reasonable. He was glad to hear it, then glad that we had it. And made sure that we got them. And then he also knew that I was a member of the class of '67 at Harvard, that went against Mass General.

Taylor Patterson ([00:37:22](#)):

Wow. I love that. I love that. So, in that same way, how else did you see Dr. Sabiston as kind of putting his personal stamp on the program?

John Weinerth ([00:37:37](#)):

I'm sorry, I missed your question.

Taylor Patterson ([00:37:40](#)):

Were there other ways that you saw, sort of, Dr. Sabiston putting his personal stamp on the program?

John Weinerth ([00:37:49](#)):

Other ways he put his personal stamp? Is that what you said? Oh yeah. I mean, we lived and breathed Sabiston principles. The quality of care, being gentlemen, treating the patients with kindness, every day being very cognizant of the long-term effects of what we did every day. I mean, it was a sense of pride in what we did. Part of it was a little sense of fear that he wouldn't be happy. But if he wasn't happy, it was because it wasn't the highest quality. An example of that is that as a junior resident, I had one of his patients who was really having a tough time with pain medications, and a new pain medication became available. And I ordered it for her. Well, she had a bad reaction to it, and she dropped her blood pressure. We immediately went in and took care of her.

John Weinerth ([00:39:25](#)):

And she was okay, but Dr. Sabiston wanted to know what I learned about that medicine, and so I told him. He said, "It's brand-new, and you gave it to your patient." I said, "Yeah." He said, "I think you need to make sure that she's all right, then." So I spent the next 36 hours sitting in a chair at her bedside. Because he wanted to make it clear that each and every thing you do has an effect, good or bad. And so he just needed us to know it. And it wasn't - he came by, I mean, he made rounds twice a day, and there I was. "How's she doing?" "Quite well, Dr. Sabiston." Sometimes, he acted like he didn't have a sense of humor, but he had a sense of humor. And I think he sometimes drove home with a smile on his face. "Lordy, what those children have done again today!"

Taylor Patterson ([00:40:43](#)):

Oh, I love that. And you said - you mentioned his principles. He was very like sort of gentlemanly. Is that right?

John Weinerth ([00:40:53](#)):

Oh yes, it was gentlemanly. Definitely gentlemanly, there was no question about that. But then Dr. Alyea was that way, too. And he was the first Chief of Surgery - I mean, of Urology. Dr. Dees who came after him, was like that, the Chief of Radiology was like that. Yeah, that was a time when all those people were very much the same.

Taylor Patterson ([00:41:28](#)):

Interesting. Did he sort of shape any of your research experiences, as well? Did Dr. Sabiston shape your research experience, during your time as a resident?

John Weinerth ([00:41:53](#)):

My research experience? Is that what you said?

Taylor Patterson ([00:41:56](#)):

Yeah. If he had any impact on that?

John Weinerth ([00:42:10](#)):

Oh, my goodness. I got through my internship here...Sorry, I have a hematoma on my chest the size of a cantaloupe, and anytime I move, it hurts like hell. I finished my first year. And he was always sort of pushing things, in that if you had a meeting you wanted to go to in your second year... Well actually, no, I guess you could go your first year, I guess I did. That was a low-temperature biology meeting in Washington, actually in Bethesda, at NIH. I had spent three of my four years at Harvard doing low-temperature biology and frozen blood [inaudible] platelet work, as a way to make money, and also for my student research. Because I worked in the lab, but I also had researched [inaudible - a bunch?] Well, so I went off to that, and I was there. I ran into my old mentor, Dr. Huggins, from the Mass General, who said, "John, Dr. [inaudible - Sells], the captain in the Navy, has got a project. And the problem is that they need somebody in low temperature biology, but who doesn't have two full years of surgical training. And, is already an officer in the United States Navy. And, is on the Berry Plan. And, is willing to go in now."

John Weinerth ([00:44:05](#)):

I said, "Oh, and what is it he wants to do?" "Well, he wants to build a brand new tissue bank on the West Coast. And so the idea is, we want to bring you in and keep you here in Bethesda for a year, and train you in tissue banking, and bring you four corpsman that you would train to take care of the cadavers and the tissue, and do all these things. And then you fly back and forth to California, and make sure the tissue bank building is built, and then go out there and run it." I said, "Oh, yeah, right. That's perfect for somebody who's almost finished with an internship."

John Weinerth ([00:44:52](#)):

He said, "But you'll have to, because you're already a Berry Planner and you're already a Lieutenant JG, you have to sign a piece of paper for the Navy saying that you wish to come in because they had promised that they wouldn't take you in, until four years. So I said, "Well, no, I do have an obligation to Dr. Sabiston. I was supposed to be an intern - I mean, a JAR next year. I think I need to talk to him." So I came home, and I went to see Dr. Sabiston, and I made an appointment, and I loved his secretary, she was such a nice lady. She said, "Oh right, John, we'll get you an appointment. What is it? What do you need?" So anyway, I met with him and I told him the story, and he looks at me, and he says, "What a marvelous opportunity. Do it! When do they want you?"

John Weinerth ([00:45:53](#)):

I said, "I think the 1st of September." He said, "Well, good. Then we'll just not do your rotations as a JAR for July and August, we'll make you an SAR, we'll promote you from intern to SAR on the transplant service, and then you can go." So that's what I did. I spent a year in Bethesda and a year in San Diego and the entire time I was gone, I got calls every so often about how I was doing. "Things going all right,

coming back?" Well, then it got to be August, July, August of 70. And so the Navy wanted me to stay, and they'd train me any which way I want, send me any place I wanted to, if I would just stay. And I said, "Now I've got a little girl, I'm going to take her back to North Carolina to raise her. And I've got an obligation." So I came back, and I'm glad I did.

John Weinerth ([00:47:13](#)):

I came back, and immediately it was known that I had two years in the Navy. I had been a tissue banker. I had built a kidney preservation machine when I was in the Navy. And I went to visit the guys in San Francisco, with their machine. So immediately as a JAR in general surgery, I did more transplant experience. And then at the end of that, they asked Dr. Glenn who I was now going to, to be a JAR in Urology, Dr. Sabiston made sure it was okay with Dr. Glenn, that I could have my own lab, and run renal preservation at Duke.

Taylor Patterson ([00:48:12](#)):

Oh, wow!

John Weinerth ([00:48:16](#)):

Right? That's what I said, that's what a lot of people said! That's what happened. Then I had a tissue preservation program with our machines. We harvested kidneys, but as a senior resident I had that lab we ran. Then the technician ran it out of there, and did that for awhile, until my faculty... Yeah, that was all Dr. Sabiston, so.

Taylor Patterson ([00:48:41](#)):

Oh, wow. And did you get the sense that this is something sort of special, that he's doing with you? Or did he seem like he was supporting all of his interns and residents, sort of like that, or...

John Weinerth ([00:48:57](#)):

There were a bunch of people doing a bunch of stuff, let me tell you! I wasn't the only guy. There were some other guys that were, even if they were radiology, were pushing the envelope on radiologic procedures, or they were doing work with platelet preservation in bleeding and in surgery. There were residents who were doing research, lots of little projects. Mine just happened to be needed, especially in need, but there were guys doing all sorts of stuff.

Taylor Patterson ([00:49:33](#)):

And he really sort of put a premium, or priority on that kind of cutting edge research?

John Weinerth ([00:49:41](#)):

I think there were a lot of things, that if you were willing to do something, he was willing to support you. If you were willing to work, he was willing to help. He wasn't willing to do it for you. But he was willing to open the doors, and sometimes provide the finances or the space, or the help, you know. But he did all that. And then later many of the guys came back from NIH, and instead of going into the service, some of the guys went into NIH, where they did research and came back, and continued it. And then it became a solid part of the program - of the General Surgery program to start with - where you did X number of years, and then you took two years in the lab, and then you came back to clinical work, and then Urology started that, long after my time. But Urology started that, to do clinical work, and then

stop and do a year, some people did two - Lord, [inaudible - Marston Linehan ?] did three years in the lab, before he finished his chief resident year in Urology. So, it was the beginning of that sort of thing, and Dr. Sabiston started that.

Taylor Patterson ([00:51:01](#)):

So, was that unique at Duke, there weren't other programs in the United States, really, doing anything like that, right?

John Weinerth ([00:51:11](#)):

I think maybe there may have been some, but the truth of the matter is, when you're doing your residency, you're pretty much focused at home. I don't really know what everybody else was doing, but I think as there became more grants, I think, it became a common way [inaudible.] There are still a lot of programs that don't have a research year. They're just straight surgery, or straight urology. So a lot depends on the institution, and whether they're research oriented.

Taylor Patterson ([00:51:57](#)):

Did you get a sense of - if they did, how did your interactions with Dr. Sabiston change over time, over the course of your residency, and your time at Duke?

John Weinerth ([00:52:11](#)):

Yeah, I think they did. I think they went from awe, to appreciation, to congeniality. It was a maturing thing. It went from, I think, maybe by the time I was close to being a senior surgeon, I did call him, "David."

Taylor Patterson ([00:52:50](#)):

Okay.

John Weinerth ([00:52:50](#)):

Once. [Laughter] But I had gotten - I had been divorced, and then I got married again, and he happened to know my bride, and we just said to hell with it, and we invited him, and down he and Aggie came. And then he had his stroke, and he didn't go anywhere. And then I was given a faculty award, teaching award, and they were having a thing, and I was allowed to invite guests and I thought - I just invited him. And he came. He came in patient clothes, had a white jacket [inaudible] as a patient. And he had started a stroke. I'm looking at a picture right now.

John Weinerth ([00:53:55](#)):

It must've been summertime, because I've got a hell of a tan. And Dr. Sabiston has got his paralysis on one side of his face. And the chancellor is standing behind us, and all three of us have got the biggest damn smiles on our faces, from that night. Yeah. But it was a special maturing relationship, and the respect never went away. It only grew the friendship more. And I think that Dr. Sabiston knew that I would do the best I could. He knew that I would not lie. There were a couple of times that I had to tell the truth, and I didn't like telling the truth, but I had to. There were a couple of times when I told the truth, and he didn't like me telling the truth, but we had to. But it grew, it was nice.

Taylor Patterson ([00:54:55](#)):

And you said he had known your wife previously, or...

John Weinerth ([00:55:02](#)):

Yeah, she was a nurse. He knew Mrs. Bridges. She had been there around - 32 years as a Duke nurse.

Taylor Patterson ([00:55:11](#)):

Oh, that's so amazing. You mentioned, or was he sort of encouraging all of you to apply for grants or the NIH stuff or was that-

John Weinerth ([00:55:29](#)):

It was always pushing the envelope. We didn't want to do just what we knew how to do, we wanted to know how to do it better. That's a very large part of the program now. We did what we could when the grants became available. But it's a very large part of the program now, and many of the residents do their research other places, and come back. Do the two years away, and then come back.

Taylor Patterson ([00:56:03](#)):

Oh, wow. Interesting. so, and this, you know, may not be something that y'all sort of had a position on, but did you get a sense on how Dr. Sabiston worked on sort of incorporating women or, or minorities into the program while you were there?

John Weinerth ([00:56:27](#)):

Okay. Give me just the last part again...

Taylor Patterson ([00:56:32](#)):

Sort of like African-Americans and women sort of minority doctors. Was he- it might be too early...

John Weinerth ([00:56:44](#)):

I don't think we ever thought about it. I think that, our first Black residents...somehow, now that I think about it, it was after that, it wasn't until a few years ago, when everybody got all hyped up about it, that somebody said he was the first Black resident, and we had to stop and think, "Who? I guess he was Black, but it didn't seem to make a difference." [inaudible] And the other, in urology, I don't think I worked so hard as the year I had four chief residents, all women.

Taylor Patterson ([00:57:57](#)):

Oh, wow. Wow.

John Weinerth ([00:58:03](#)):

And it's because they were so good. And they wanted to do so much, they were on my dang case all the time. The patients loved them. I loved them. It broke my heart when they graduated, and went and had to go someplace else. I think it was like anything, there were a lot of candidates that had the stuff, I don't think there's any question. I guess some people feel differently, you know. In surgery, it's a different animal. I mean, there's not a whole lot of this, "Oh, you have to talk to somebody, and you have to [inaudible - share in Duke] grand rounds and show yourself off," or whatever. I mean, it's blood and work and sweat. The gown is on, and the mask is on, and you don't get to notice anything, except,

"Are those hands helping you?" If you've got good hands helping you, it doesn't matter where it comes from.

Taylor Patterson ([00:59:36](#)):

Oh, that's so interesting. Okay. Interesting. And did you- we had a question about what were his feelings about post residency fellowships, if he had any, or anything like that?

John Weinerth ([00:59:55](#)):

You know, we're also talking about during a time -at least in my time- when they're weren't many subspecialties of surgery. I mean, it was cardiac surgery, and then there was surgery-surgery. But then, if you look at Dick McCann, who died not too long ago, Dick was being pushed - or not pushed, but led- to being sort of our first real vascular, full-time vascular surgeon. And I think in urology, in pediatric urology, I was one of the first, but John Wiener, John S. Wiener, in pediatric urology, as well. John was my resident, and I got invited to more damn parties, because they couldn't figure out the difference between Wiener and Weinerth. John got [inaudible fellowships] he wasn't married then, but they'd page me, and then write me up. I said, "Oh, no. You got the wrong one."

Taylor Patterson ([01:01:15](#)):

You've got the wrong one!

John Weinerth ([01:01:18](#)):

Yeah, they still do. They don't invite me to things now, but I get invited to meetings. So, I think the development and seeing people who were particularly good, and sort of helping them develop that relationship, and often sending people off, and bringing them back. He was thoughtful about that, because they realized that those specialty needs became much more complicated as time went on. Instead of being the ultimate, all-around general surgeon - although we have some, there are still some around - we really needed sub-specialists who were to do that. We now have [inaudible] something like eight divisions. I mean, there are people who do Oncology, people who are gastrobiliary, the vascular surgeons, the endocrinology surgeons. So, not all [inaudible - gray?]. He pushed that.

Taylor Patterson ([01:02:31](#)):

Wow. Okay. Did you - did you ever get a sense of how his national reputation affected the program?

John Weinerth ([01:02:44](#)):

Well, the reputation of the general surgery program, and for the urology program, and Jim Bryan was a national figure, too. And Dave Paulson who took over from Glenn in urology, was a national figure. So that brought us some of the best people, the best candidates. So it really helped.

Taylor Patterson ([01:03:13](#)):

That's so interesting. And one of the questions I had was what was it like to be the chief on Dr. Sabiston's service? I'm not sure if that's applicable? It was - you served as a chief resident under Dr. Sabiston at one point? Is that right?

John Weinerth ([01:03:43](#)):

I'm sorry? It's okay.

Taylor Patterson ([01:03:48](#)):

Sorry, just sort of- what it was like working with him, sort of more directly, did you have interactions with patients with him or...

John Weinerth ([01:04:00](#)):

Well, you know, my work with him and his patients, ended when I ended my general surgery JAR year. Because then most of mine was transplant, then urology. Except that, God bless him, he arranged for me to be the first -one of the first two fellows, urology transplant fellows. And spend six months with Del Stickel. Which I had already been doing all the urology, for the transplants, but now, I spent six months, and I would do all of it, including the vascular work and the immunosuppression. And I would be the third transplanter. Well, that was, that raised a few eyebrows. [Inaudible] But it didn't matter to Dr. [inaudible - Stagen?] And to Del Stickel, and to Dr. Seigler. A body is a body, but I don't care if it- you know, he had the same feeling about the hands, or the [inaudible] hands. So if John wants to and take some of the calls here and do the vascular- cut the residents, do the vascular work, so be it. So we did that until we got Randy Bollinger trained. And then I gave it to him, because of that old saying in transplantation, "There are no old transplanters." Because it's 24 hours a day, seven days a week, and that'll wear you out. But when I took care of his patients, it was fine. I think when you talk to some of the ex-chief residents, they were the ones who really looked after his personal patients, and they'd probably get a better feel.

John Weinerth ([01:06:22](#)):

Although it probably wasn't any different than the way he treated us. He wanted everything perfect. I mean, anything less than perfect was not good, necessarily, but he expected perfect.

Taylor Patterson ([01:06:39](#)):

And was that articulated or, was it sort of everyone just picked up on this, and raised the bar?

John Weinerth ([01:06:51](#)):

When you talk to somebody, ask them if they have ever heard, "You do understand." Just that phrase, "You do understand."

Taylor Patterson ([01:07:06](#)):

And was it with a question mark at the end, or kind of just a period?

John Weinerth ([01:07:10](#)):

Well, it didn't matter. [Laughter] You do understand. Whether he's going to say, "John," or going to say, "Reginald," it's "you do understand."

Taylor Patterson ([01:07:36](#)):

And did you interact much with his wife, with Mrs. Sabiston?

John Weinerth ([01:07:45](#)):

Aggie always invited us to their house. They had wonderful parties, Christmas parties at the house. Aggie was a delight, really a nice lady. And his daughters- I don't know how they put up with all of these boy residents coming to Christmas. There were a few Christmas times, where I swear to God, I thought

Dr. Sabiston was going to burn the house down. They had a couple of fireplaces in that house on Forest Drive, big fireplaces. He had them all ready and going and going, and more people start to come and, he'd run in there. He had papers stuffed underneath there, and he'd run in and [blow] "This fire's gone out!" And I thought to myself, "Oh, my Lord, he's going to burn the house down!" But he never did. Aggie was a nice lady. A very delightful, quiet, supportive person, very gentle with the residents. I'm sure the older residents, the chiefs and SRs-in-chief knew her better.

Taylor Patterson ([01:08:59](#)):

And you said, his daughters would be at these parties, as well at this time, or...

John Weinerth ([01:09:10](#)):

When we had the parties, the girls were always around.

Taylor Patterson ([01:09:16](#)):

Okay. I've heard these Christmas parties - these were sort of epic, and everyone has kind of lovely memories of these. Is that right..? Are there any other sort of Dr. Sabiston stories that you'd like to share or anything?

John Weinerth ([01:09:46](#)):

They were lovely parties. I have one last one I'll tell you, one last one. Let's see. Where were we? Okay. I just gotten back from the Navy and since I hadn't completed my JAR year, I left, I still had nine months left. And so some of my training, some of my rotations were in the acute care unit. And the thoracic care unit where the post-operative hearts went. And the deal was, that would be two JAR's on that rotation. And one day you would be in the operating room and your partner would be in the acute care unit. And then as you came out of the operating room, you stayed overnight and the next day, and then went home. Okay. So that was the deal. And the surgery of course, was what all of us loved, the surgery-trying to take care of these four people post-op was just a slog. We just had to work really hard, right? So lots of things were hard. Surgery was not what it is now. It was a little precarious. So it was my turn to be in the operating room. And I had done something, got a little crick in my back. But it turned out that I knew the scrub nurse, who was a friend of the family, and she knew my back hurt. And so I am, I guess, number three on the hook holding a retractor, got a chief helping Dr. Sabiston, an SAR across the other way. And this JAR hanging onto the retractor. Trying to see, but you really can't see, because Dr. Sabiston's elbow is in the way. So my back is hurting, and the scrub nurse hears it. And so she came over and she slid a high stool right underneath my butt. So I can sort of ease on it. And this went on, and whatever Dr. Sabiston was doing, I couldn't see. He looks over at me and says, "Are you sitting?" I said, "Yes, sir." He said, "Why?" I said, "Well, my back was hurting. And so I just sort of sat down so I can hold the retractor for you." He said, "Oh, okay." So I finished the case. And the chief resident, needless to say, said, "Dr. Sabiston has decided that since your back is hurting, that there will no longer be a rotation. You will spend all the time in the acute care unit."

Taylor Patterson ([01:13:07](#)):

Oh, no.

John Weinerth ([01:13:11](#)):

Yeah. I thought, "Damn, I spend my time in the acute care unit so I can get into the OR, but now I can't go to the OR." So is that a bad thing, or is he trying to let me get better? So here we are, in the Navy, I'd

already been an officer for two years. I'm back in the ACU, two days into this, maybe three days into it. It's getting near the end of the week, I'm irritable. My SAR is out playing games, making phone calls, saying it was the chief of this or that, and it really wasn't, it was just him, aggravating us. And it's night time, probably nine o'clock at night on a Friday night. No, it wasn't. It was a Saturday night. And the person who picks up the phone says, "Dr. Sabiston wants to speak to you." Well, Dr. Sabiston's mitral valve right across. . . and they're always a little tenuous And so I answered the phone and I hear this, "John. . ." I said, "God. I said, Brad Rogers is on the damn phone, pulling my leg. I don't have time for this." I told him, "Brad, I don't have time for this. I am sick and tired. I'm exhausted. I've been in this ACU for a week. And I don't need for you to do this."

John Weinerth ([01:14:55](#)):

And there was this silence at the other end. And he said it again. The voice says, "John, it is me." I said, "What can I tell you, how is she doing, blah, blah, blah." And I was back in the OR on Monday.

John Weinerth ([01:15:28](#)):

I blew my stack, and I didn't know it was him, but it got me back in the OR.

Taylor Patterson ([01:15:34](#)):

I love it. I love it.

John Weinerth ([01:15:37](#)):

Because he knows, he knew what was going on. And he just let me go. Just let me ventilate the whole thing. I got it all out. And then as if nothing had happened there, "It is me." Great guy. Great man.

Taylor Patterson ([01:16:07](#)):

Of hearing about them and, and all the wonderful stories. And, and if you do come across any you know, images or documents or anything that you would be willing to take a photograph of and email to us, we'll add any of that stuff to the archive, and preserve it sort of as well along with the, with the story itself. And once we get it cleaned up, we'll send you a copy of the transcript just to make sure we get all the names right. And all of that good stuff, but it's been so lovely talking to you. And speaking to everybody, I had the privilege of speaking with Dr. McCann in 2020, and he was lovely as well. And it's impressive to see how many people Dr. Sabiston really, really touched.

John Weinerth ([01:17:00](#)):

Makes a whole lot of us who would like to be like him, are trying to be like him, but we know that that's impossible.

Taylor Patterson ([01:17:12](#)):

Absolutely, absolutely, it's worth a try. Well, thank you so much for sharing your time. And if anything comes up, if you think of any other stories, please feel free to shoot me an email and we'll always be thrilled to add a written document or an oral history or any other way. Thank you so much and have a wonderful afternoon.

John Weinerth ([01:17:37](#)):

Bye

Taylor Patterson ([01:17:47](#)):

Bye.