ORAL HISTORY INTERVIEWS WITH W. ALLEN ADDISON
Duke University School of Medicine, Department of Obstetrics and Gynecology
Submitted October 5, 2017
Researcher: Joseph O'Connell

COLLECTION SUMMARY

This collection includes two oral history interviews I conducted with Winifred Allen Addison and Sally Bender Addison on September 18 and 19, 2017. Our discussions trace Dr. Addison's medical career from his upbringing in Toccoa, Georgia through his ultimate position at Duke as Walter L. Thomas Professor of Obstetrics and Gynecology. The topics span Addison's personal life and relationships; his areas of medical specialization; and his experience of Duke University and Duke Medical Center as an institution.

This document contains the following:

- 300-word biography of Dr. Addison (pg. 2)
- Timecoded topic log of the interviews (pgs. 3-4)
- Transcripts of the interviews (pgs. 5-25, 26-49)

The materials I am submitting also include the following separate files:

- Audio recordings of the interviews
- Scans of signed consent form
- Scans of personal documents provided to me by the Addisons
- A portrait photo of the Addisons I took after the interviews
- An edited two-minute audio story about Addison's experience as a left-handed surgeon

BIOGRAPHY

When Allen Addison left the small town of Toccoa, Georgia to attend Duke University in 1952, he was already determined to pursue a career in medicine. For the next 52 years, Duke served as the primary backdrop of Addison's development as a physician and surgeon. By the time of his retirement as Walter L. Thomas Professor of Obstetrics and Gynecology, Addison had made major contributions to the practice of gynecological surgery and to the lives of the people with whom he worked.

Within the field of medicine, Dr. Addison found his calling in OBGYN medicine through a fortune turn of events. His interest in reproductive medicine took root early in life, when he helped care for animals on the family farm. As a medical student, this interest flourished under the tutelage of Dr. Ed Hamblen. In 1961, when the opportunity arose to work with Hamblen as an NIH Fellow, Addison didn't look back. Crucially, Addison also found that he could overcome the obstacles to performing surgery as a left-handed person. Contrary to his expectations, Addison thrived in the operating room. He developed a capacity for extended cancer and reconstructive surgeries—operations with a high degree of difficulty and long duration.

Addison spent several periods working in Georgia during his early career, but found a permanent home at Duke in 1976. His quick wit and Toccoa accent became as much a fixture of the institution as his surgical skills. One of Addison's most important achievements is his work on sacral colpopexy, a surgery for pelvic reconstruction. Defying the conventional wisdom of the time, Addison demonstrated the superior results of sacral colpopexy and influenced its widespread adoption in the 1980s. When asked why he returned to Duke, Dr. Addison once told a colleague, "It was the only place I ever really felt at home." Addison and his wife, Sally, still call the Durham area home. They live in Hillsborough, North Carolina, where they keep horses.

INTERVIEW TOPIC LOG

Interview 1 (September 18, 2017)

0:00 Introduction
1:01 Early life in Toccoa, Georgia
3:03 … Introduction to medicine
5:23 … (State of medical education prior to Flexner Report)
10:44 … Mentorship of Dr. C. L. Ayers
12:17 … Family influences
15:17 … ("Big doctor small town syndrome")
16:06 … Importance of writing and reading
21:47 Undergraduate education
… Decision to attend Duke
26:32 … Coursework
27:50 … Culture shock at Duke
31:28 Graduate education
… Leaving anatomy PhD program, gaining admission to medical school at Duke
36:18 … Circumstances surrounding formation of OBGYN interests
42:46 … Meeting and marrying Sally Bender
47:33 … Friendship with Henry Campbell
52:48 Observations about attending Duke
1:00:28 Reflections on development of specialization

Interview 2 (September 19, 2017)

0:00 Introduction
0:32 Six-month OBGYN internship
2:25 Internal medicine position in Georgia
8:31 NIH fellowship at Duke with Dr. Hamblen
9:48 … Relationship with Dr. Hamblen
16:43 … Development of surgical skills
19:08 … Fellowship focuses
… … Cultural and legal factors in study of contraception
26:34 Residency period at Duke
31:56 … Description of common surgeries
35:22 Military service at Fort Benning
36:39 … Story about receiving left-handed surgical instruments
39:55 Position at Emory
41:28 Practicing in Toccoa
43:59 … Story about delivering Sally in Toccoa
48:20 Practicing in Gainesville
51:05 Returning to Duke

52:32 … Appeal of Duke
56:43 Sacral Colpopexy
57:21 … Poor results of vaginal repair of pelvic prolapse
1:02:42 ... Process and success of sacral colpopexy
1:10:21 … Impact of sacral colpopexy for patients
1:11:36 … Story about woman electing to receive sacral colpopexy
1:13:14 … Story about receiving moonshine as tip
1:17:41 Stories about interviewing and examining students

TRANSCRIPTION, INTERVIEW 1

PROJECT NAME: Oral History Interviews with W. Allen Addison and Sally Bender Addison
PROJECT DESCRIPTION: Two oral history interviews with W. Allen Addison and Sally Bender Addison focusing on W. Allen Addison's biography and professional achievements in OBGYN medicine
INTERVIEWEES: Winifred Allen Addison, Sally Bender Addison
TOPIC: This is the first of two interviews with the Addisons, in which we discuss W. Allen Addison's upbringing, introduction to medicine, and undergraduate education.
RESEARCHER: Joseph O'Connell
DATE: September 18, 2017
LOCATION: W. Allen Addison's office in the Addisons' home
CITY, STATE: Hillsborough, North Carolina
AUDIO FILE: Addison Oral History 1.wav

0:00:00.0

JO: We are recording. And it's September 18, 2017. My name is Joseph O'Connell, and I'm interviewing Dr. W. Allen Addison and Sally Addison. And this recording is for the Department of Obstetrics and Gynecology at the Duke University School of Medicine where Dr. Addison is a retired faculty member.

So to start out with, could I record each of your full names?

WAA: Winifred Allen Addison.

SBA: And Sally Bender Addison.

JO: Ok. Great. And when were each of you born?

WAA: I was born in 1934. May the twenty-fourth, 1934.

SBA: And I was born eleven-six-thirty-eight.

0:01:01.1

JO: Ok. Great. Thank you. And from what I understand, Dr. Addison, you grew up in northeast Georgia.

WAA: Yes.

JO: Is that correct?

WAA: Yes.

JO: Ok. Whereabouts exactly?

WAA: Well, it's right in the northeast corner. A small town called Toccoa in Stephens County. Very rural area. And even though I grew up in this small town, or right on the border of it, a great deal of my time was spent on land very close by that my father farmed and so on.

JO: Ok. So your family farmed for a living?

WAA: Partially. They did what was necessary for a living. My father worked with a wholesale grocery company as a traveling salesman and also—but his main interest was this farm. It's a rather large tract of land. His family managed to hold on to it after the war between the states, with great ardor they did. And he had ten siblings, and over time he bought out the share of each of the siblings. And ended up with about a thousand acres.

JO: Wow. That's quite a bit of property to keep up.

WAA: Well, it was, yeah.

JO: And did you have siblings?

WAA: No siblings, neither of us had siblings.

JO: Neither one of you. Ok. Sally, were you from Georgia as well, or where did you grow up?

SBA: No. I was born in Washington, D.C.—grew up in College Park, Maryland.

JO: Ok, got it.

0:03:03.1

So from what I understand, you were introduced to the field of medicine when you were still in Georgia. When you were very young. Is that accurate?

WAA: That is correct. I had really two major interests. One was writing. And the other was medicine. And I really can't remember when I didn't want to be a doctor. And actually growing up on the farm and learning the anatomy of animals and so on.

I know once—I was dissecting—I must have been thirteen, fourteen years old, and I was dissecting a stillborn calf.

0:04:03.1

Premature. Just to see what it looked like on the inside. And one of the workers went to my father and said, "I think something's wrong with the boy. He's out there cutting up that dead calf."

JO: What did your dad say?

WAA: What?

JO: What did your father say?

WAA: He just sort of shrugged and let it go.

JO: Ok.

WAA: But there were a lot of situations in which the farm animals and so on gave me an intense interest in biology.

JO: Mmm hmm.

0:04:42.7

JO: And when did you first begin talking to people about wanting to be a doctor—and who encouraged you?

WAA: At a very young age with our family doctor, who delivered me and was, you know, he was one of the few well-educated doctors who came through in the pre-Flexner era. And—

0:05:17.2

JO: Did you say the pre-Flexner--?

WAA: Yeah. Flexner.

0:05:23.7

Prior to 1910, training for medicine was virtually a journeyman's thing. You didn't even have to go to college. You might work with—might do one year of so-called medical school in a doctor's office and another year of journeymanship. And then hang out a shingle.

And this was so different from the European system. And so different from what Hopkins imported from Europe that people soon realized how bad medicine was in the United States. So, a guy named Flexner was hired to—PhD in I've forgotten what—was hired to really survey all the medical schools, come up with their deficiencies and—which were great—and the strengths—which were pretty sparse—and as a result of this report called the Flexner Report, the government stepped in and medical associations were formed and literally hundreds of so-called medical schools were closed down. And those which were allowed to grant MD degrees were placed under certain standards that they had to meet in order to do that.

0:07:16.8

JO: I see.

WAA: But there were—like this particular doctor, Dr. C. L. Ayers, he went for four years to Emory to undergrad, then for four years to one of the few schools that would offer that length of time. It was

then the Atlanta College of Physicians and Surgeons, which became Emory University School of Medicine.

JO: I see. So he had a rigorous education—

WAA: That is correct.

JO: More so than a lot of doctors who would have been—

WAA: More so than most, yes.

JO: Ok.

0:07:57.6

And what did he teach you?

WAA: Well. I think so many things it'd be hard to recount them, but his meticulousness, his patience. He enjoyed talking to me as much as I enjoyed listening, I think.

0:08:27.0

As I described in that "Debts," a lot of times I'd spend Sunday mornings in his office. He was very—very insistent on careful record keeping, both clinical and financial. And the three years I practiced in that little town after Emory--he called me and said—he was in his nineties then—he lived to be a hundred—and said, "I know you're a gynecologist." I'm sure you've read this. "But as long as you're here, and I don't think you'll be here long, but as long as you're here you're gonna be my doctor." And he said, "Don't worry. If you don't know what to do, I'll tell you."

JO: He wanted you to take care of him, and he was going to tell you how.

WAA: So I did. He refused to see some of the specialists in town, and he could tell you what to do. He—I went by—he had some long term disability insurance—and I'd go by once a month and check on him, take his blood pressure, listen to his heart, and so on, and sign the papers for continuation of that. And—but if needed he needed help in the meantime he'd call me. He called me one day and said, "Would you drop by? I'm having terrible pain in my foot." And so I went by, and looked at his foot. It had these red streaks on it. It was just [unclear] tender. And I said, "You must have hit it on something." "I didn't hit it on anything." And then he looked at me—said, "You're an idiot. When an old man turns up with acute gout, and that's what this is, he's had a heart attack. And I've had a heart attack."

JO: Oh no.

WAA: Yes. And he wasn't going to the hospital. I had to go by and see him several days in a row. And he came through it ok.

JO: Wow. And, so you had a very close relationship to him.

0:11:26.1

WAA: Yes.

JO: Did he—when you first started going to see him instead of going to church, was that his idea or was that your idea?

WAA: I don't know.

JO: Did he invite you, or did you pursue him?

WAA: I don't know. I think what happened was—of course the church was just across the courthouse square from his office and the windows were open in both so we could hear what song they were singing. But I think knowing he would be in his office that sometimes I would just drop by to visit or skip out after Sunday school and go to his office rather than to go to church.

JO: Mmm hmm. Right.

0:12:17.5

JO: And did your family also encourage you to develop an interest in medicine?

WAA: Not really, except for an uncle who had really come up the hard way and worked his way through undergrad and medical school and he tended to show me and tell me things. But no, I think my mother wanted me to either be a Baptist minister or an English professor. And she was the English teacher. Here again, came up very hard. Started teaching when she was fourteen years old in *Deliverance* country. Close to Clayton, Georgia. That had students older than she.

And then with a great deal of effort, finally got her college degree and was very dedicated as a teacher.

0:13:29.5

JO: I see.

WAA: Sally's mother also was a teacher.

JO: Ok.

0:13:37.0

JO: And what about your father? Did he encourage you to become a physician? What were his expectations for you?

WAA: No—my father was—went through eighth grade, was an incredibly hard worker. He would have much preferred it if I'd gotten an ag degree or become a forester. Something in that area. And he would actually tell me in high school, "They're having a forest demonstration," so and so, "and I want you to skip school today and go to that. You'll learn a lot more than in school." Or he would send me—

have me skip class and go to the cattle auction and pick up scrub cattle to be fattened on our place, and so.

JO: Mmm hmm. Yeah.

WAA: So, he was very supportive, and I think was very—was proud as I got into it, and especially when I came back to that town and had practiced and—he sort of wanted me to espouse the big doctor small town syndrome, which I did not find attractive.

0:15:17.2

JO: What is the big doctor small town syndrome?

WAA: Well, it's a pretty well-known phenomenon where people, you know, they're the doctor, they're respected, they give advice on anything, on and on.

JO: I see. So a doctor who has a lot of authority and isn't questioned.

WAA: Yes. That's right.

JO: I see.

0:15:46.2

JO: And I want to record your parents' names, too. Can you tell me their names?

WAA: My father's name was Allen Richard Addison. And my mother's name was Mary Virgie Cordelia McCurry Addison.

JO: Thank you.

0:16:06.0

And—so you were interested in both medicine and writing?

WAA: Yes.

JO: And—

WAA: Well, I hadn't really thought about it, but I was more—I was really interested in medicine. Well, at first in the sciences. Biology and in medicine. Especially as I got to know some of these physicians. But I found writing easy. And I could always count on winning essay contests and making good grades in courses requiring some writing skills.

0:16:57.1

JO: Mmm hmm. It came naturally to you.

WAA: Yeah.

SAA: You read a lot.

WAA: I read an enormous amount during—I won the—and this gets sort of silly, but—the school put me up to enter the district essay contest. Well, they presented us with six subjects, which were abhorrent to me. And so I wrote my essay on—not on one of the subjects. And I—when the winners were announced they announced that they had had to give first place to someone who did not write on one of the assigned topics. So, I went on to the state and I won that, too.

JO: What was your essay about?

WAA: It was about observations in a small town. You know, the assigned topics were the thoughts of so and so and so on. And I used to work in my uncle's haberdashery on Main Street, despised it but it was a way to pick up a few bucks. And I remembered a big storm cloud coming in and the sky getting very black. It look like all hell was gonna break loose. And watching the different characters in town—their reaction and scurrying around and so on. So that's enough of that.

0:18:57.5

JO: Ok. So it was an essay about what you saw the people in the local area doing—

WAA: Yeah. And of course it required what I knew about the people.

JO: Was it humorous?

WAA: Huh?

JO: Was it a humorous essay?

SBA: Was it humorous? Funny?

WAA: Ah. I would say there was dark humor in it.

SBA: Did you name names?

WAA: No, but if you—

SBA: You could figure it out.

WAA: Yeah.

JO: I think—what I'm trying to figure out is if you liked the people in the town, or did you think they were silly?

WAA: It's all I knew. I went off to college. I sort of never really fit in. I liked it. And I had a few good friends. And some teachers that were golden and so on. But we went back recently to stay in the bed and breakfast, which I'd played in as a child. And there was another couple there. They asked me why I'd come back to visit there. And my answer was, just to remind me how glad I am to be away. And that's true!

0:20:41.0

JO: So Sally, I'm interested—since you've been back to this area, where Dr. Addison grew up—how would you describe it?

WAA: She lived there, you know.

JO: You lived there, too. That's right. I forgot. How would you describe it, as someone who didn't grow up there?

SBA: To my surprise, I fit in very nicely. And made a lot of good friends. But, you know, not the friends we have up here. University friends and so forth. It just was easy. And people made it easy for me, like when I took my car in to get it worked on, they gave me another one, you know. They—I guess they sort of respected me because I was his wife.

WAA: Literally, sort of the perks of the small town big doctor concept.

JO: Right. I see.

0:21:47.8

Well I'm interested in moving on to your college experience now. How did you—you went to Duke for your undergraduate degree, right?

WAA: Yes.

JO: How did you end up coming to Durham? What made you decide to do that?

WAA: Ok. Well. I had unrealistic expectations of probably going to Princeton. One being based on a high school English teacher of mine, who really wanted me to go to Princeton and be a writer. And—it just wasn't economically or any other way possible. I literally didn't have the bus fare if I'd gotten a scholarship. So, my parents and I took a little trip. We went to UNC and Duke. And on the way up my mother, who had known the person who was then president of Davidson, told my father, Rich, stop at the next gas station. I'm gonna call so and so. And we'll drop by and let Allen meet him. So she called and he said sure come on over—this was a Sunday—come for dinner. Or dessert after—anyhow come over. I'd like to meet your boy. So we came over and I guess had dessert, chatted some. And he said, well, you'd be a good fit here, you're in. And if you go to Duke or UNC you won't be able to play football. If you come here, you'll be able to. You can be on the team. That settled it right there because I was sick of football.

JO: So you did the exact opposite of what he suggested.

WAA: Yeah, I played in high school, and wasn't terrible. Was pretty good. I lettered for three years, but I hated every minute of it.

JO: Why?

WAA: Why'd I hate it?

JO: Yeah.

WAA: Two reasons. One, I never saw any sense at all in people going out and deliberately butting heads and trying to kill each other. And two, I would have much preferred to be out in the woods alone either on my horse or hunting or something. Just wasn't my cup of tea.

0:24:55.4

JO: Yeah.

SBA: Still isn't.

JO: Yeah. Right. And a lot of what we're learning about the physical effects of football, I think that sort of backs up your perspective.

Ok. So you applied to Duke and UNC?

WAA: No. We came on up, and spent a short time at UNC, and I told my parents, "I don't want to come here." And we came—went on over to Duke. It did not take me a long while to know that that's where I wanted to go. But to show you how totally naïve I was, I thought you decided where you were going and letting them know—let them know. So Duke's the only place I applied to.

JO: I see. You didn't know that you have to be admitted.

WAA: Yeah. No. I didn't know. You know, when I decided I wanted to go here—

JO: That was it.

WAA: That was it. Here again, I was very, very lucky.

JO: And did you have in mind that you were on a track to be a physician already?

WAA: Yes, uh huh.

0:26:32.9

JO: And so did you choose a pre-med course of study? Or—what choices did you make about what you studied?

WAA: I took premed requisites. I was a biology major, and intermittently through the time as an undergrad I would switch to history or English, still thinking in terms of medical school—and always took—one, I always took more classes than I had to, carried more hours. And two, I could count on good grades in b.s. courses.

JO: Which courses were the b.s. courses?

WAA: English. History.

JO: So you knew you had those—you knew those would be easy for you?

WAA: Languages. I took French and German and Greek. [Unclear] Greek with Classical Greek. And I always got good grades in them.

0:27:50.4

JO: And what was it like to go from your home town to being at Duke? Was that a big cultural change, too?

SBA: Night and day.

WAA: It was.

JO: What was that like?

WAA: It was incredible. When I got here I didn't know whether Atlanta or Charlotte or Durham or Washington or New York was bigger. I just knew that they were all—not having been to most of the places—that they all such big places they were unimaginable. So it was quite a—not only that but—

SBA: You were thrown with Yankees.

WAA: What?

SBA: You were thrown with Yankees.

WAA: Yeah. Yeah. For the first time in my life. I was with kids from New York and all over the country, literally. And that was a great deal of learning experience. My conscious—here the most common thing I would hear on campus was oy vey.

JO: Really? Yiddish?

WAA: Yes.

JO: Ok.

WAA: A lot of that, and I got to be good friends with some of those boys, and so.

SBA: Many of them had gone to private prep schools and were much, I guess more far advanced in education.

WAA: Oh yeah, most of them were much better prepared than I was.

JO: Mmm hmm. Yeah.

0:29:50.1

And, so it took you a little while to adjust to that climate?

WAA: It depends on what you mean by adjusting—Yes, but it didn't take me long to know that I liked it. It took a little longer to adjust.

JO: What did you like about it?

WAA: That things were different.

JO: Yeah. Ok. So you enjoyed the change of—

WAA: I enjoyed the change.

JO: And it sounds like you really excelled as a student up to that point. Did you find that as a college student you also had a natural gift for academics?

WAA: Well, I passed. I wasn't a great student. And I tended to go off on tangents. But, you know, I did ok. But I wasn't one of the brainies.

JO: Ok. And, ah—so, what else—I'm trying to think of how to transition from your studies as an undergraduate to what came next. I know that you had a professor who you worked with who wanted you to enter a PhD—he suggested you go on a PhD path. Is that accurate?

0:31:28.4

WAA: Well, my sophomore year I got a job with the chairman of the board of admissions at the medical school at Duke, who was a James B. Duke Professor of Anatomy. And I did it for two reasons. One, to get some experience. And, two, I frankly needed the money. And I would take my check every month, cash it, put it in my pocket and eat off it for the next month. Not that my parents didn't, weren't supporting—they were. And during the course of that, I decide—well I had a very good friend who recently died who went through, got his PhD in anatomy under Dr. Markee and then stayed on and taught medical students and nursing students, including Sally—taught anatomy while finishing medical school. At that point, you would have had many of the required medical courses as a PhD candidate. So, Dr. Markee asked me, knowing that finances were a question, if I would consider doing that. And I said sure. With enthusiasm.

I truly loved anatomy and really learned a lot. Probably more when I was working there as an undergraduate than at school. And at the end of the year, though, I decided I really just wanted to get on with medical school. And he not only allowed it but enabled it. I mean, I thought he'd kick me out because I was backing out on him, and he said, "I guess that's alright. There's nothing you can do with a PhD that you cannot do with an MD. And there are a lot of things you can do with an MD that you can't do with a PhD." And I said, "Well, I'm sorry to back out on you, but I'll initiate admission to the University of Georgia"—my home state. He said, "No, you really can't do that. It's too late to take the medical college admission test." And he said, "Why don't you"--he said, "You have all the prerequisites for the second year med class except biochemistry. And you can't take medcats now so you won't get in

any place. Come back in a couple hours." So I came back in a couple hours and he said, "You've got 48 hours to be at the University of Michigan to take biochemistry."

JO: How did you get there?

WAA: How did I do?

JO: How did you get there?

WAA: I drove up a Chevrolet that didn't run very well. And so that said I came back as a full member of the second year class.

JO: I see. Ok.

0:35:36.8

JO: And the PhD that you were going for initially was in biology?

WAA: No, it was in anatomy. Human—

JO: Anatomy specifically. Ok. Human anatomy.

WAA: Yeah. Human anatomy.

JO: And to you, that was just an approach for paying for your medical school, it wasn't necessarily out of passion for that.

WAA: Well, that's true, except I truly like anatomy and I truly liked dissecting. And I truly liked the paycheck.

JO: Right.

0:36:18.4

And, ah—did you know by this point what kind of physician you wanted to be?

WAA: Absolutely not. No. I assumed it would probably be internal medicine. I thought of a few other things. Ophthalmology. I knew it would not be anything surgical because I am truly dyslexic and very badly left handed.

JO: And how does that interfere with surgery?

WAA: You either have to—you have to use instruments that are made for right-handed people. You have to do many things backwards. And it's—the OR in general is just not built for left-handed people and I was especially a klutz when it came to fine motor use of my hands. So I assumed it would be internal medicine, and I did do a year of internal medicine and really didn't plan on going to OBGYN. I got drafted into it.

JO: I see.

0:37:51.1

WAA: I'll tell this quickly. Let's see. Sally—well a year of internal medicine made it clear to me that—that wasn't for me. I didn't like making rounds all day and so on. So Sally got pregnant our senior years and she had to drop out and then she had to spend the summer doing make up time in the nursing internship. Going through medical school I'd gotten very interested in reproductive biology. And here again had been fortunate enough to hit the perfect mentor in Dr. Ed Hamblen, the grumpy old guy over there.

JO: Yep. With the glasses?

WAA: Yes. And he sort of took me under his wing, and when I finished a year of medicine had a fellowship waiting for me which paid more money than I'd ever heard of. An NIH fellowship. So I worked with him a year. But waiting for Sally to finish up. The only thing available to me was being an extern in OBGYN, which literally was an intern. And I found out I liked it. And I found out that surgery wasn't impossible, it just required more attention. So I came—during the internship, the Vietnam War really—no, it was—

SBA: Cuban missile crisis?

WAA: Cuban missile crisis. Yeah, that's right. Really blew up. And Dr. Parker, who was not yet chair but was running things pretty much, came to me and said, "Will you take night call again like you did? We know you can do it. And you can do that at night and still do the endocrine fellowship during the day and essentially you'll get credit for two years." I said sure, and it was an incredibly hard working year but a very good year.

And so, at one point, I met Dr. Parker—I was coming down the hall, not officially a house officer though functioning as one, and he said, "Thank God you're on the Berry Plan. If we lose one more person we can't function." And I said, "What's the Berry Plan?" I had no idea—well that was—do you know what it is?

JO: I don't know what it is.

WAA: Ok. It was a plan whereby people are allowed to finish their specialty training with a commitment to then go into service as a specialist and not a general medical officer. So, there again, by noon, I was on the Berry Plan. Never applied for it. I just got put on it by—he called Washington and got me on it. So.

JO: Oh really?

WAA: Yes.

0:41:46.7

JO: So did you have—were there any other options available to you?

WAA: Available to me?

JO: Yeah, did you—

WAA: Yeah. Get drafted.

JO: Ok. So you were either gonna go into the military before finishing or you were going to go in after as a specialist.

WAA: Yeah. And a lot of people gambled that they wouldn't be drafted that got drafted. And those of us who went through the Berry Plan and then in the service were then rejoined by a number of them who were, who had just gotten their practices off the ground and got drafted.

JO: I see. So you knew it was almost guaranteed—

WAA: I think—yes. That's true. So I never applied for the OBGYN residency.

JO: I see. And I want to back up a little bit.

0:42:46.5

Can you tell me about how the two of you met?

WAA: I'll let you field that, Sally.

JO: And Sally, before you begin, is there any way that you can turn your microphone around?

SBA: Sure.

So how we met?

JO: Yeah, I'm interested to know—

SBA: We met on Osler Ward at Duke Hospital, probably in January of '59. 1959. And I had a patient named Hester Barnes, and he had—

WAA: He had aplastic anemia from [unclear] treatment.

SBA: So he was getting blood, and it was a Saturday afternoon and football game, and Andy Wallace who was the intern said no one is to touch this needle. We need to get two pints of blood into him. And don't touch it. His veins are very fragile. And so I was carefully taking care of him and Al comes in. He was filling in for Andy.

WAA: As a medical student.

SBA: Yeah. So he starts to take the needle out. And I said [gasps], don't touch that needle.

WAA: Well, actually you called me and—the blood wasn't going in.

SBA: Oh, ok.

WAA: Quickly, I'll interrupt.

SBA: Yeah, you finish it.

WAA: I looked and it was a 23 gauge needle.

SBA: Tiny, tiny—

WAA: Blood doesn't go through a 23 gauge needle. So I told her to get an 18 gauge and a new blood line and we had to change the needle and she got very obnoxious.

SBA: He was making the biggest mess because the blood was running out of the bottle onto the bed and not into the man. So he finally got it going, and I've been cleaning up after him ever since.

But I haven't gotten here.

0:45:29.0

SBA: So—

WAA: She threatened to put me on report.

SBA: Yes.

JO: Oh, really?

SBA: So, anyway, shortly thereafter, his best friend was having a birthday party in Chapel Hill, and he walked me to Hanes House, which was our dorm, and on the way he asked me for a date to go there. And I was thrilled and said wonderful. In the meantime my parents had come down from College Park to spend the weekend with me. And my father was at the front of the hospital waiting for me to come out to take me to where they were staying. And so I walked—we went out a different door and walked to Haines House, and I just walked right through from the front door to the back door and went back to the hospital to find my father.

But then we did go to the birthday party at the Rathskeller, which was in Chapel Hill. We were at a long table sitting next to each other, and we were both left handed, and we were able to get through the dinner without nudging elbows. And Al says that he decided then that I was the one.

0:46:57.9

So then we were married in August—the following August. Didn't waste any time.

JO: So the initial conflict didn't last.

SBA: Well, there have been conflicts.

WAA: Let's say the spirit that brought it about has surfaced occasionally.

SBA: I see. Maybe that's part of what you admire about each other, that you are strong willed.

0:47:33.1

WAA: This is sort of an important point, not to—it won't seem like it, but the birthday party was for a Jewish boy named Henry Campbell, without whose help I might not have gotten through medical school, because he—Henry is very bright, and there were times I would just block on things—EKGs, for instance. And he would very patiently help me learn enough to get through it ok. And we have remained fast friends from that time, and he—we talk almost every day still. And to have—our families have grown up together. We have a number of common interests, so—but, very quickly, Henry, when I was at the University of Georgia, we'd had Becky, and I had to drive Sally up to meet her parents in Raleigh to take them back to College Park for a week. I'd been out the night before, I drove them up, delivered them to her parents, then realized I couldn't drive back to Augusta. I could barely stay awake. So, no cell phones or anything like that. I stopped at a filling station and called Henry, who had by them married—was married also—and I said, "Can I drop by and crash. I can't drive back to Augusta." And so I did. He said, "Sure, come on over." I did and his wife, Romaine, was making up the sofa for me to sleep on. And Romaine said, "Sally, where's Al?"

SBA: No, the other way around. Al where's Sally.

WAA: Yeah, "Al, where's Sally?" And I said, "Oh, you didn't know? We split." And Henry said, "I knew it, I knew it. I knew she was so goddam spoiled you couldn't live with her."

JO: But you were lying.

WAA: Oh yeah.

SBA: Pulling his chain.

JO: But you found out his secret thoughts.

WAA: Yeah.

JO: Wow. It sounds like you're a bit of a jokester.

WAA: Not—you know, I don't try and be. Things just popped in my head.

JO: Yeah.

0:50:35.0

JO: I was curious, Sally, how you wound up at Duke?

SBA: I've always been interested in biology and science, and I applied to two nursing schools and two or three—well, at that point, women could be teachers, nurses, or secretaries, and I certainly didn't want to be a teacher. My mother was, and she stayed up 'til midnight grading papers and everything—I didn't like that. But I was attracted to science, and it looked like nursing would provide that, and I wanted to get out of—most of my classmates went to the University of Maryland, and I wanted to get out of that environment and go south or north. And so Duke came through, and I said that's it.

JO: Yeah.

0:51:41.3

WAA: Well you were accepted two or three other places.

SBA: Yeah. University of Pennsylvania. Yeah.

JO: Ok. And you were pursuing your nursing degree. A graduate degree, correct?

SBA: No, just a BSN—bachelor of science in nursing. Which I got.

JO: I see.

SBA: Finally.

JO: Ok, great. So you were in your third year of medical school.

WAA: Correct.

JO: And you were in your third year of your undergraduate degree in nursing when you crossed paths for the first time.

WAA: I would say crossed swords.

JO: Crossed needles?

SBA: Yes, that's correct.

JO: Ok. I understand. And do you think that you would have been interested in being a physician if the culture was different at the time?

SBA: Certainly—probably not at Duke, but possibly.

0:52:48.0

JO: So much has changed, I'm sure, at Duke, since the two of you were going to school there. Can you say anything about what it was like, either the town of Durham, or the university, or the medical school itself—how would you characterize it at that time?

WAA: Well, why don't we go sequentially, and I'll tell you, because in the four years, ensuing four years between the time I got here and she did, changes were going on with increasing—were going on increasingly rapidly. Ah—when I got here there was a constant smell of tobacco on campus from the tobacco factories. The freshmen all had to wear beanies for the whole first year. There was a lot of good natured hazing, and the guys having to wear beanies and so on—no violence or physical brutality. To what extent that went on in the fraternities I don't know because I had no interest in getting involved with that. The student body was more parochial then than it is now. But certainly not totally. There were a lot of northeastern—students from the northeast. There were a lot of students from Florida. A surprising number from California. And a scattering from all over the country. So for the first time, I was living elbow to elbow with people of entirely different backgrounds. For the first time living with Asians. There weren't that many then. No blacks. The blacks were menial employees on the university. The university was integrated. The professors were just very enticing. And we saw—I saw changes that we just—it's hard to believe when I go back on campus now, the buildings and so on. For instance, there's a section between Baker House—you may not be familiar with it—but Baker House where the offices are now was a nursing dorm. Or had been. It wasn't at that time. It had become offices. Duke South Hospital was not joined to Baker House, and they built that whole central section, adding several wards on—what I remember is Reed—but that—

SBA: Hanes? Was it Hanes?

WAA: Hanes. Yeah. Hanes and Reed and there was one other. And the word was that was all the hospital beds Duke Hospital would ever need.

JO: That's what people thought at the time?

WAA: That's what people thought at the time. Then they enlarged Duke South hugely. That's all a clinic now. And built Duke North, and they haven't stopped building.

JO: Mmm hmm.

0:56:49.7

JO: Do you have anything to add to that Sally?

SBA: Not really. I just remember walking to work at 6:30 in the morning and you took a deep breath and all you smelled was cigarettes, or tobacco.

JO: Was that gross?

SBA: Yeah. It was.

WAA: And daily there were these pretty girls with cigarette trays around their necks out passing out samples to the students.

JO: Really?

WAA: Yes.

JO: Wow. So just free samples.

WAA: Yes. Mini packs with about five or six cigarettes and—you want Lucky's or Chesterfields or—they of course paid for them at the tobacco companies.

JO: Did either of you smoke?

WAA: I did for several years.

SBA: I didn't.

WAA: Quit long ago. But, no, it was—

SBA: Whenever you went to a social occasion, you walked in and the room was just full of cigarette smoke. Everyone was smoking. That was the in thing to do.

WAA: Most of the professors smoked in the classroom—and the med school professors—

SBA: Chain. Chain smoked. Dr. Markee.

WAA: Yes.

JO: Do you think that smoking was more prevalent in Durham because of the tobacco industry than other places, or was that just normal everywhere?

WAA: I think it was pretty much normal everywhere—certainly your parents' circle.

SBA: Yes.

WAA: I think it was just normal. Not normal, I think it was prevalent.

Girls couldn't wear shorts on campus. My conscious, you walk across campus now, and at first look wonder if they're wearing anything.

SBA: Yeah we had to—to go on west campus, if we had on Bermuda shorts, we had to wear a rain coat.

JO: Oh really?

SBA: A long rain coat, to cover up. And of course we had our curfews. Monday through Friday you had to be in the dorm by 8:00 pm and then Saturday we got 10:30. Well maybe Sunday was—midnight on Saturday, 10:30 on Sunday.

JO: Wow. So nothing like the kind of freedom that college students have now.

SBA: And you had to sign in and sign out.

JO: Ok. And that was only the girls?

SBA: Well, it was nursing. No, I doubt if it was the boys.

WAA: There was an early curfew on east campus, too, which was then the women's college. It was pretty tight over there.

If you got caught with any alcohol on campus you were automatically out. Or if you were a freshman and got caught with a car on campus you were automatically out.

JO: Ok.

1:00:28.7

I want to make sure that I understand how you chose your specialty before I move on.

WAA: Ok. I'll make it concise. Attracted to reproductive endocrinology as a medical student. Did not anticipate going into a surgical specialty because of what many have called my disabilities. Three, doing a fellowship in endocrinology expecting to do just medical and reproductive endocrinology and literally getting—well, I have to back up, I lost my sequence. Having to find something to do for Sally to finish nursing school. And being offered a slot in OBGYN. And found out that I could do some of the things that I assumed I couldn't. But still not sure that I would go into the specialty. And then coming back for the fellowship in reproductive endocrinology and literally getting drafted into the program without applying—being asked to do that. Hell of a year. I was doing two jobs.

JO: So really there was a need for somebody with that—to train for that.

WAA: Absolutely. There was an opportunity because of the need.

JO: Right, ok.

1:02:21.2

And can you say a little bit about what interested you in reproductive health in general. What about that subject caught your attention and seemed like it would be a challenge?

WAA: Well, in medical school I truly enjoyed the lectures that Dr. Hamblen gave to the medical students. Most people hated them because he was rather droll and ponderous. But the sexual differentiation, sex assignment, glandular disorders related to sexuality and to reproduction—and I just learned a lot and I found it very interesting. So that led me to take the fellowship with him.

JO: Yeah. So partially it was his personality and he made the subject appealing.

WAA: Yes.

JO: Ok.

WAA: And here again that would go back to an early interest in reproduction with domestic animals.

JO: On the farm, and in the farm context? Because I'm sure that was something that you had to be aware of—did you deliver animals at all when you were on the farm?

WAA: I was present when a cow got in trouble and so on and actually participated in it. And the same with a horse.

SBA: You sectioned a horse.

WAA: Huh?

SBA: You sectioned a horse.

WAA: Well this is while we were practicing in Toccoa, and that's [unclear], that's another story. That I think you'd find not relevant.

JO: Was that later on?

WAA: Yes. When I was practicing in Toccoa and we had horses.

JO: I see. So you did some of your own veterinary medicine.

WAA: Not by choice. Sometimes you had to.

JO: Right. I understand.

Well, we've been talking for a little over an hour, so I think maybe we should pause and pick up again tomorrow.

WAA: That would be fine.

JO: And tomorrow—I'll have a chance to take home your CV and look more at some of your accomplishments in your career—and we can discuss in more detail what work you've done as a physician and as a teacher.

WAA: Ok. That sounds good to me. I would say.

JO: I'm gonna pause the recording.

1:05:17.5

TRANSCRIPTION, INTERVIEW 2

PROJECT NAME: Oral History Interviews with W. Allen Addison and Sally Bender Addison
PROJECT DESCRIPTION: Two oral history interviews with W. Allen Addison and Sally Bender Addison focusing on W. Allen Addison's biography and professional achievements in OBGYN medicine
INTERVIEWEES: Winifred Allen Addison, Sally Bender Addison
TOPIC: This is the second of two interviews with the Addisons, in which we discuss W. Allen Addison's medical education, specialization, and career achievements.
RESEARCHER: Joseph O'Connell
DATE: September 19, 2017
LOCATION: Dining room in the Addisons' home
CITY, STATE: Hillsborough, North Carolina
AUDIO FILE: Addison Oral History 2.wav

0:00:00.0

JO: Ok. It's September 19, 2017. I'm Joseph O'Connell, and I'm interviewing W. Allen Addison and Sally Bender Addison. This is an interview recording for the Department of Obstetrics and Gynecology at Duke University School of Medicine, and Allen Addison is a retired faculty member of that department.

0:00:32.0

So yesterday I think we left off with the internship that you took while Sally was finishing her nursing program.

WAA: Yes.

JO: And that was—it looks like it was a six month position?

WAA: Mmm hmm.

JO: And that was your first experience of specializing in OBGYN medicine. Is that true?

WAA: Correct.

JO: Ok. And what were your first impressions of that discipline?

WAA: That I wouldn't be well suited for it.

JO: Ok.

WAA: And rapidly became more interested in it.

JO: Why did you think you wouldn't be suited for it?

WAA: Lack of dexterity. Literal lack of dexterity.

JO: Right.

And can you tell me a little bit about what changed over time?

WAA: I found out during that six months that I could do things I'd assumed I couldn't do. And—but I was still—I still thought I'd be headed toward a non-surgical specialty. And probably in internal medicine endocrinology, which was my major interest and has remained a very keen interest over the years.

JO: Ok.

0:02:25.8

And when you finished that first internship, it looks like the two of you spent about a year in Georgia.

WAA: That's correct, yes.

JO: And what made you decide to move back to Georgia at that point?

WAA: Three things. One, I was terribly intimidated by Dr. Stead, the chairman of medicine here. Turns out that that was unnecessary. I was under pressure to—from my parents and others, to relocate in Georgia. And take care of the land that had been ours from creation. And while the Indians had custody of it for a few thousand years--but it was created for us, and it was inviolate, it was sacrosanct, and it was our land. And to be the small town big time doctor. It was a very worthwhile experience spending the year at the medical college of Georgia before I came back, and it was incredibly different from Duke. I was working with young people who had trained at other places, [unclear], New Orleans, Grady, other places, and who had done a lot more hands on things like spinals, delivering babies, and so on. But it turned out that I, not being a terribly adept student and so on, had had the benefit of such far superior instruction—without hubris, I'll say I knew a lot more. And that worked out pretty well. I got—made some good friends there.

I was called Mr. Addison instead of Dr. Addison because someone found out that when you graduated from Duke Medical School then you didn't get your medical license or your diploma when you walked across the stage. You got a blank piece of paper. And you signed an agreement then in the second year that you knew you would have to do two years of post MD training before you were eligible to get the diploma or the medical license. And that was different from anyone else. And literally then, and it's not been that long ago, literally then you could finish medical school and have a license to practice medical and surgery and go out wherever you wanted to and do whatever you wanted to without appropriate training. So that was sort of a joke to everyone that here I was an intern without a license, without a medical diploma. Which resided in the registrar's office at Duke.

Would you be interested in knowing why that occurred at Duke or would that be a waste of time?

JO: Is it that—it sounds like the standards of training at Duke might have been higher than on average at the time. Is that why they also withheld the license for a couple years?

WAA: That was a part of it. But Duke was started with the primary purpose, stated primary purpose of providing primary care physicians for North Carolina. The dean, who had come from Hopkins and was, as did most of the faculty, wanted people to be a little better trained than that. And he didn't want anybody going out into practice without postgraduate training. And he tacked on an extra year because if you did two years of postgraduate training you only had one more year to do to be a specialist in pediatrics, medicine, most of the specialties. So there was a little deception on the dean's part in making it impossible for you to go out poorly trained.

JO: I see. Ok.

0:08:31.1

And it didn't take long for you to wind up back at Duke.

WAA: That's correct. In my absence, Dr. Hamblen had gotten us an NIH grant for a year for the humongous sum of six thousand dollars. I mean, that is more money—we were accustomed to getting twenty five dollars a month at Duke as a house officer and like a hundred dollars a month at the Medical College of Georgia. So here we were getting 500 dollars a month which supported us and our children and enabled Sally not to work and to take care of the children, so—and we still got help from our parents, but we were in high cotton so to speak. So the year with Dr. Hamblen was very, very fruitful.

0:09:48.1

JO: And he had been—you'd been working with him previously in your internship, right? Or was this the first time that you were one on one with him?

WAA: That was the first time I was one on one with him, yes.

JO: And he had a big influence on you from what I understand. Is that accurate?

WAA: Quite accurate, yes.

JO: I wonder if you could just describe what he was like to work with and just document a little bit of his personality and what impression he made on you.

WAA: One, my perception of his was different than most people's. He was very opinionated, very precise. I mean, OCD precise. Very demanding, and most people considered him to be a son of a bitch. That was not my experience with him at all. He was very warm and supportive. He would push you. But as I once said to my mother, he sure knows how to exploit people. And my mother's answer was, "It is not wrong to exploit someone to their own advantage."

So, he had had a nervous breakdown and had gotten therapy and had come back to work and so on. Heavy smoker. Could be very abrupt and obnoxious. But not—I never experienced that.

Quick story. Even after I finished the fellowship and went back into residency, I still kept up the drug studies, tabulated them for him. And I would go in and stay up all night bringing him up to date before we were getting a visit from the people funding them. And I would continue when he was going—traveling—which was quite frequent—he expected me, even though I was no longer a fellow—but he was paying me well, he expected me to take his projector, which was one of the big glass jobs, and his slides to his car before he went to the airport. He—OCD—always when he went to meetings he wanted his own projector and he hand-carried his slides. And, one morning—

SBA: That's obsessive—

WAA: What, Sally?

SBA: I'm trying to tell him what OCD is. Obsessive compulsive disease.

WAA: Yeah. And—

JO: So you said he hand-carried his slides?

WAA: Yeah. He would not let the slides—he would check his baggage but he would carry both this big heavy projector and the slides, hand carry them so nobody could misplace them, mess them up and stuff. So one morning I met him early. He was going to the airport, and I finished rounds and went down to take his slides and projector to the car for him, and he and I were walking down the hall of what was then PDC. And he and Dr. Carter, Dr. Carter being the chairman who had banned him from the OR, and they had a strained love-hate relationship, and we were walking along and Dr. Carter stuck his head out of his area for seeing patients. "Morning, Ed." And Dr. Hamblen didn't even turn around. Said, "Morning, Nick," and kept walking. We got a little farther and then Dr. Carter, then chair, said, "Where are you going?" And Dr. Hamblen still is just walking away and said, "Chicago." And Dr. Carter said—it was getting louder as distance increased—"For what?" And Dr. Hamblen yelled back, "To give a lecture." And Dr. Carter, who had his own way with words said, "Well I hope to God it is for endocrinology and not about those God damn fucking roses." And all the sudden heads popped out all up and down the hall.

SBA: He was also a rosarian.

WAA: And that really is verbatim.

0:15:52.4

JO: Wow. So he just kept walking in a huff—

WAA: Yeah.

JO: So there were some personality conflicts.

WAA: Ah, personality conflicts but undissolvable adhesion.

JO: Ok. Can you say that again?

WAA: There were personality conflicts and so on but a dedication to the department and an adhesiveness that was insoluble.

JO: Ok. So people put the work ahead of their—

SBA: Differences.

JO: Their differences. I see.

0:16:43.9

Ok. So this was really, from what I understand, this was the period where you began your training that would be the foundation of a lot of what you did later—at least in terms of your specialty.

WAA: Yes.

JO: So, what kinds of things did you have to learn at this point to really, to get to know the field of OBGYN medicine? What were you learning, and how were you going about learning it?

WAA: Well, primarily that a left handed person could operate if you learned how to compensate by doing a lot of things backwards. And if you learned to—well, if you—let me back up just—in medical school I couldn't streak a petri dish. This is where you streak germs in a petri dish. And I just couldn't get it. And this very perceptive bacteriology teacher, a woman, said, "Go across the table from me. Now follow me mirror image and do just as I"—and it turned out that held true even to getting to do surgery and so on, and I learned that I liked surgery a whole lot, and gradually drifted more and more into extended surgery. Radical cancer surgery. Radical or extended reconstructive surgery and so on. Does that answer your question?

JO: Yeah. So you gravitated towards surgeries that were the most difficult cases?

WAA: That is correct, yes.

0:19:08.1

JO: I want to make sure I record also—the NIH grant that you were working on with Dr. Hamblen—

WAA: Yes.

JO: What was that project?

WAA: Oh, there were—it was really sort of just for an endocrine fellowship. At that point, we were seeing all sorts of endocrine patients. Dr. Hamblen had been the chief of all endocrinology at Duke Medicine—pediatric, OBGYN, and so on. And we were doing a lot of research with oral contraceptives which were just coming into being and with other drugs being introduced for ovulation induction and so on and so forth. So the division was well-funded primarily with industry grants to develop oral contraceptives, ovulation induction drugs, and also some early research with antibiotics that fought diseases which could cause sterility.

JO: Ok. So you were doing a range of different research that was largely about regulating the female reproductive system?

WAA: That's right. Dr. Hamblen had had several fellows from South America who had gone back on different faculties there and they knew how to do the research. We would package up sample drugs or investigative drugs and send them to these now-faculty member in South Carolina—I mean South America—and they had to be labeled "Caution: if used as directed, may act as a contraceptive." Because of the Catholic Church.

JO: Ok. And that was their intention, correct?

WAA: Yes. Oh yeah.

JO: But it required an extra warning label just because of the culture—

WAA: That's right. Exactly.

JO: Yeah. Did you run into that cultural resistance here in the states of people questioning contraception?

WAA: No, there were very few Catholics in the area. And very few who thought contraception was wrong. We used to rotate a Duke resident with a Harvard resident and we would literally swap jobs. No worry about hospital privileges, insurance, things that now would make it prohibitive. And the thing that the Boston residents were most interested in was being in our Saturday morning contraceptive clinic, and this was really before the birth control pills were dispensable, and it was offering surgical sterilization, fitting diaphragms, teaching the use of condoms and so on, because in Boston it was against the law to dispense—to do sterilizations or dispense contraceptive devices.

JO: Wow.

WAA: Can you believe that?

0:24:04.5

JO: It's remarkable that there was that much of a difference between Duke and Harvard at a given time.

WAA: Yeah. Well, I don't think it was Harvard's choice. It was state law.

JO: I see. So that was just based on the particular policy of the state of Massachusetts.

WAA: Mmm hmm.

JO: I see.

0:24:26.6

JO: So presumably the physicians might have been doing the same kinds of work had they been allowed to.

WAA: Exactly. Precisely. They would have been trained in it, but they weren't. Now, many of them went into practice and learned these things and dealt with their own private patients as they wished, but it was against the law to—and I don't think you could even buy a diaphragm in Massachusetts at the time.

JO: Ok.

0:25:10.4

So, as the research advanced did you see a change in the culture, too. And the attitudes?

WAA: I don't understand you.

JO: So, like you said, as oral contraception became more available, did you see that changing the attitudes that people had, or the laws, or--was that a big social change?

WAA: Well, it certainly had a tremendous impact here, where there was no prohibition on sterilization or providing contraceptive advice, either mechanical or—but the birth control pills came in and made an enormous difference and people were clamoring for them. So, yeah, that really changed, yes.

JO: Yeah. And it sounds like some of the research you were doing contributed to that change.

WAA: Well, not that I personally was doing but that the division was doing. Yes.

0:26:34.3

JO: And—so it looks like you were a resident at Duke for several years in this period, through 1965. You advanced to chief resident.

WAA: That is correct.

JO: So, how did your interests and—how did your work develop over that period?

WAA: Ah—primarily in a surgical direction. I truly enjoyed the long cases which required a lot of dissection and so on, and I found out I could do it. Not as well as a lot of people who were more skilled manually, but I could get the job done, and I enjoyed extended cancer surgery, extended reconstructive surgery, and so on. So, that is the direction in which I drifted, yes. And boy did I do a lot of surgery as a resident.

Mo Courie, who practices in Raleigh, and I were the last two chief residents in the old pyramidal system. And right after us the parallel system was instituted. Do you know the difference in those?

JO: No.

WAA: Ok. The pyramid system—you got accepted to a residency. You didn't know how long it was gonna take. At that time four years was required for board eligibility. No, three years at that time. It went up to four with the parallel system. But in—under the pyramid system, you finished when the

chairman said you were ready. And it could be rarely three years at Duke, at least four, usually five, and sometimes six, you know. And of course the people behind you were hung up at that level and there were two chief residents who were essentially junior faculty and very on top of us.

JO: Ok. So you were still within that old pyramid system.

WAA: Yes. Which I liked.

0:29:44.7

JO: And it really hinged on the approval of one person above you saying you're ready.

WAA: Yes. Well, that one person being the chair.

JO: Uh huh. Ok.

0:30:01.1

SBA: The wars, let's see—Korean war, Vietnam war, Cuban missile crisis—took a lot of people. So I guess you moved up a little faster, but they came back.

WAA: Well, both did—Cuban missile crisis, right soon after we came back. And that may have been the year I was a fellow but taking night call. And then as the Vietnam war heated up we just got decimated. And I think—ok, I did my JAR year, junior assistant resident. I was an AR, assistant resident for I think the shortest time on record at Duke. Six months. And I took care of some, a bunch of things for the then-chair Roy Parker. Being up all night doing it and him being sick at home. And things went well and he came in the next morning and said, "You did great. You are now an assistant resident." And I thought boy I'm gonna get through and get out of here in record time. No—"you are now a senior assistant resident." Then I was a senior assistant resident for the longest time on record. Over three years. Before I became chief resident for a year.

JO: It all kind of balanced out.

WAA: Yes. Uh huh.

0:31:56.3

JO: Ok.

So you said that you were doing a lot of surgeries for cancer and reconstruction.

WAA: Yes.

JO: And I wonder if you could describe to me a little bit about what each of those kinds of surgeries entailed, or what a typical case is like.

WAA: Yes. Well, with oncologic surgery—

JO: With cancer?

WAA: Yes. Treatment of cervical cancer, which was then rampant, especially in the south, required irradiation plus a radical hysterectomy with pelvic lymphadenectomy. You're talking about a five, six, eight hour case where you go all the way out to the pelvic side walls, remove the adnexa, that is the tubes and ovaries, and then you go throughout the pelvis down and up to the aortic arch dissecting out all the lymph nodes and—a very arduous operation, but—

And then there was other extended surgery, or radical surgery in dealing with ovarian cancer, vulvar cancer—you couldn't just take away the cancer, you had to dissect retroperitoneally to remove all the nodes and so on so that was—those are examples of the extended oncologic surgery. There were others.

But then with reconstructive surgery, dealing with total uteral vaginal prolapse, anterior wall prolapse with bad stress incontinence, those things.

JO: Ok.

0:34:17.9

And were those prolapse cases people who suffered prolapse after childbirth, or what were the causes there?

WAA: Usually after childbirth, usually multiple childbirths with enlarged babies, but not always. Some people with connective tissue deficits would prolapse after one pregnancy, and occasionally such people with connective tissue deficits, which were then not identified but you knew they existed and are now well identified, would prolapse even without being parous, without having had a delivery.

JO: Ok. Thanks. So that gives me a good idea of the general kind of work that you were focusing on.

0:35:22.9

And, so it must have been when you finished your residency that you had to complete your military service. Is that accurate?

WAA: Yes, I had to keep my commitment which was two years of military service.

JO: And that was just the fulfilment of the Berry Plan commitment?

WAA: Precisely. Yes. And I had the good fortune to be shipped to—to be assigned to Fort Benning, and it was at that time the largest OBGYN service in the army. The base was very busy. Vietnam war. A lot of young couples there having babies, and a very large retired population getting their medical care at the army hospital. A retired population with cancer and with prolapse problems.

Quick story.

0:36:39.9

JO: Yes, please.

WAA: Well the chief OR nurse while I was there was a bird colonel.

SBA: What's a bird colonel?

WAA: Yeah, that is not a lieutenant colonel—it's between lieutenant colonel and general.

JO: Ok.

WAA: Ok. And she developed endometrial cancer, and she asked me to operate on her. And that really hacked off the colonel who was in charge of the OBGYN department. One, I think it offended him because she [unclear], and two, he said, "You know, this has to go to Walter Reid. This is a ranking officer, [unclear], we will send her to Walter Reid."

And she said, "No. He's gonna operate on me here, and that's that."

So I did, and it went well, and about six weeks later she came back to work and I started operating one morning and nothing would work.

I couldn't cut with the scissors. I couldn't engage the clamps, and if got them engaged I couldn't disengage them. She had bought me a complete left handed OR set up. All the instruments left handed. I didn't even know they existed. I couldn't use them because I was accustomed to using right handed instruments backwards.

JO: What a shock.

WAA: Yeah. I wondered what the hell had gone wrong.

JO: Yeah, and did you relearn with the left handed implements or did you just say—

WAA: No—well I tried them I think three times and it just didn't work for me and I told her thanks so much but no thanks.

JO: It was a nice idea but probably it was too unfamiliar.

0:39:04.8

JO: That's interesting.

WAA: But that was another two years really of training. Sharing techniques and so on with people who had come from all over Harvard, Hopkins, Emory, on and on.

JO: So that was a real melting pot of different physicians--

WAA: Exactly. Yeah.

JO: Who had all gone into the military. Ok.

0:39:35.6

JO: So in a lot of ways it sounds like that was also a good learning opportunity, it wasn't too much of a side track from what you were doing anyway.

WAA: No, it was an extremely good continued training from my perspective.

0:39:55.9

JO: And from there you took a position at Emory, is that correct?

WAA: That's correct. When I got out of the army, I knew I wanted to go into academics, and I was offered a job at Emory—University of Florida offered me twice as much, and Duke offered me the same thing Emory did. I wanted to come back to Duke but here again was under pressure to stay in Georgia and tend to business there. And that also was an extremely important learning year. Especially my association with the chairman, Dr. Dan Thompson. But we just couldn't live in Atlanta. Or I couldn't. And—

SBA: Traffic.

JO: Traffic. Really? Even in the sixties. Wow.

WAA: Oh, it was horrendous.

And, ah—so I almost came back to Duke. But here again I was under pressured. That's when I went mountaineering, you know back to Toccoa.

JO: Oh, you went mountaineering—to your home territory. Right.

WAA: And that was quite an experience.

0:41:28.2

JO: Ok. Yeah. So that was your stint as the big doctor in the small town.

WAA: Yes. But you know, taking care of things which really should have been managed at Emory or the medical college of Georgia. The people wouldn't go. I mean, no. "Not gonna go to a strange place like that. You take care of it." And it worked out pretty—I was extremely lucky.

JO: In what sense were you lucky?

WAA: That I basically stayed out of trouble and did some pretty good work.

JO: Uh huh. Yeah. Sounds like if people weren't willing to go to the major hospitals then, at least you could bring some of that training to them.

WAA: That is right, yes.

0:42:25.0

JO: And, Sally, I don't want to neglect your side of things too much. I know I'm focusing a lot on Al. Did you—so the two of you had three children, correct?

SBA: Mmm hmm.

JO: Did you wind up practicing nursing during this period?

SBA: No.

JO: Ok, so you specifically—

SBA: I was at home.

JO: Ok. And you were supporting Dr. Addison in his career.

SBA: Yes.

JO: Do you have anything to add to what we've talked about so far, about all of these changes?

SBA: Not really. I do agree with what he said.

JO: Ok.

WAA: She really had a pretty good time—she was very warmly accepted by the townspeople in a way that I wasn't accustomed to seeing Yankees accepted. And she made a lot of good friends.

SBA: Still have some. I wasn't a Yankee. I was from Maryland. And that was south of the Mason Dixon line. So when his mother found out we were engaged that "my Allen is marrying an Episcopalian and a Yankee."

JO: What a scandal.

SBA: It was. I wasn't there, so—

0:43:59.0

WAA: And I actually delivered Sally in Toccoa. There was one other OBGYN in town. And he was out of town. And I delivered two little boys, came home just exhausted, showered, as I got into bed the phone rang. Had two more patients in labor and delivery. And so I got up and started dressing, and Sally got up and started dressing. She was about three weeks premature, and she said, I'm in labor, I'm going in with you. Well, she sure enough was, and as soon as I got to the hospital I called the general practitioner who had done a lot of OB to come in and take over, and his wife said, "No way. Ed is drunk." And when—I knew from previous experience, when Ed is drunk that meant knee walking not able to get to the car drunk. So I called another GP who did obstetrics, and he said, "No way, I can't—I've got three badly injured patients, and I'm trying to get them stabilized—car wreck—stabilized enough to shup out to Emory." So I was stuck with it. And all three of the patients were coming right

down to deliver at the same time. So I ended up actually delivering one, cutting an episiotomy, delivering, going to the next table and doing the same thing, and then coming back around and repairing the episiotomies.

JO: Oh, wow. So you had to kind of trade off between your patients.

WAA: Yeah.

JO: So you weren't planning on delivering—

SBA: No, I was early.

JO: So it was just circumstance.

WAA: I think I did say something sort of mean to you.

SBA: Mmm hmm.

WAA: I told her, "Look, it looks you're all three going to deliver at the same time." And Sally said, "Well, what are we going to do?" I said, "I don't know about you but the other two are paying patients."

SBA: And they each had a little boy, and of course we had our third girl.

WAA: That night I delivered four boys and then our daughter.

JO: Wow. That's a busy night.

0:47:17.7

WAA: It was.

The busiest night in OB I ever had was at Fort Benning, when I delivered twelve patients in one night. And OB was not my favorite endeavor.

JO: I see. That just came with your job in that case.

WAA: Yes. Exactly.

JO: Wow. That's a lot of pressure.

WAA: Yeah.

JO: Well, it sounds like it all went well, though.

Did you appreciate his humor at the time when he said that you weren't a paying patient?

SBA: That wasn't the top thing on my mind. I wanted to get it over. No. It didn't make me mad or anything because I was desperate.

JO: Yeah. I understand.

0:48:20.2

Ok. So it seems like you were sort of bouncing between Duke and Georgia. I assume that was, like you said, family commitments in Georgia—

WAA: Yes.

JO: You were back as a fellow at Duke in ’71, ’72, then spent time in private practice in Gainesville.

WAA: Yes, which is not far from Toccoa, and we actually moved back into the house which we had built on our farm.

JO: And were you looking for an opportunity to come here permanently?

WAA: Oh, absolutely. Yes. And had three more good years, of course in Toccoa I practiced pretty much alone, in Gainesville it was a much more sophisticated medical community, and I practiced with three other well-trained OBGYNs.

JO: Were you more specialized in surgery when you were in Gainesville, or were you still doing a whole range of--?

WAA: Well, I did OB, that was part of the practice, but was surgically far more busy and even the local OBGYNs including people outside our group, would send extended stuff to me.

JO: I see. Ok.

0:50:07.2

WAA: And I—after the year fellowship at Duke I declined to do something the chair demanded, and he tried to talk me into doing it. I said, “No. I’ll just have to leave. I won’t do it.” He said, “Well, I don’t want you to leave, but if you leave you can never come back.” About three and a half years later, he called me and said, “Are you ready to come back?” And the rest was—the next 30 years was at Duke.

JO: Do you want to say what he asked you to do?

WAA: I’d rather not go into it.

JO: That’s fine.

WAA: It was a philosophical difference.

JO: Ok.

0:51:05.3

And when you got the call that he was interested in having you come back, did you have a grudge or anything, or were you excited?

WAA: Mmm mmm. No. He said, "Are you ready to come back?" And of course that was based on department need. He was working hard to become president of ACOG, the American College of Obstetrics and Gynecology, and two of his, two of the senior surgeons in the department were winding down rapidly. So that—that worked out very well.

JO: Ok.

0:51:49.2

WAA: It wasn't the last fight we had. But it worked out well.

JO: Can you tell me a little bit more about what was pulling you back here, and what the appeal was to being a professor at the medical center for you?

WAA: Well, sort of being where the action is, as I perceived where the action is. I'm not sure I want this to be on record.

JO: Ok. I can pause the recording.

WAA: Ok. Would you?

JO: Yeah.

[Recording pauses]

[Recording resumes]

0:52:32.1

JO: Ok, we can continue.

WAA: I've always been interested in clinical studies. I certainly am not primarily a researcher by trade, and I've never had any illusions about being a particularly good teacher. I hate lecturing. I hate public speaking, I'm not good at it, and I can really panic at it. But I just wanted to be here to have the extended surgery and have contact with people who were doing research, and it turned out that I seemed to connect with the residents and fellows in a way I had not expected. And I think I told you yesterday that I—my fondest hope coming back was that I'd get to be an associated professor with tenure. And I had absolute—I'm amazed that I got to be a full professor with tenure and that I have an endowed professorship. No, I've been extremely lucky, I would have to say from the time I pissed Sally off on Osler ward.

JO: That was the beginning of your stroke of luck.

WAA: Yes.

JO: Well, that is quite an achievement, and—so it sounds like Duke was really where you could thrive as a surgeon, and thrive in the practice of surgery because you had this system around you that was advanced—

WAA: And I knew the system. Was familiar with it. But I actually did, when we left Gainesville, before Roy had called me—there were then just over a hundred medical schools in the United States. And I researched every one of them and Duke was the only place, with the exception of UNC, that we could live out as we do and have our horses and not be confined to a neighborhood, and I also sort of figured that if I had to leave Duke again I could get a job at UNC. We're equidistant here from Duke and UNC medical center.

JO: Yeah, it's right around the corner.

WAA: Yes. Well, but the main campus in Chapel Hill. This is [unclear] just around the corner here.

Ah, this is sort of a maudlin statement, but Chuck Hamblen refers to it in his notes somewhere that he once asked me, "Why did you keep coming back to Duke?" Did you read that? And I said, totally with a quick response, "It's the only place I've ever really felt like home." And that's true. Silly but true.

JO: Yeah. Interesting. So it was partly a lifestyle thing, too. You had a little bit of the culture you grew up with but also all the advanced research.

WAA: That's correct.

JO: And, ah--

0:56:43.6

So over the course of your professorship, I know that you pioneered certain surgical practices. Matt Barber in particular mentioned sacral colpopexy. Can you tell me that story, and how that technique came about and what it meant at the time?

WAA: Yes. May I grab something just to show you?

JO: Absolutely.

WAA: Ok.

SBA: Wait, wait.

JO: Oh, the microphone.

[Recording pauses]

[Recording resumes]

0:57:21.2

WAA: When I came back to Duke in 1976, as I told you, one of the senior surgeons was really winding down. Illness. And one had just retired. One was really winding down. And Roy Parker, who was the chair, very surgically busy, was more involved in national and international politics. So a lot of the stuff fell to me. Which suited me just fine.

For years, Duke had touted and actually the specialty overall had touted correction of pelvic prolapse being done vaginally. "If you can't do it vaginally, sew it up and destroy the vagina. But you can always get a good repair going vaginally." So I started reviewing our results. And they were abysmal. Failures. Recurrences. Persistent urinary incontinence, and so on.

JO: Before you progress further, can I ask you what exactly you do in a repair?

WAA: Well, in a repair, if the uterus is still in place, you remove it vaginally, and then you reflect the mucosa of the vagina widely and you bring the fascia together, plicate that, and then trim off the stretched mucosa. You do this anteriorly and posteriorly--that is, under the bladder and above the rectum, and you can get a good result. And I certainly have. But overall, the failure rate and the recurrence rate--well, the failure rate initially is way too high. The recurrence rate unacceptably high. And the functional results, i.e. continued incontinence and so on, unacceptable.

In 1972 when I was back working in oncology, I did operate with Roy Parker on one patient. Happened to be the mother-in-law of another resident, or then on faculty, and a very good friend of mine. And we'd done a sacral colpopexy. Which had recently been reported by a guy named Fred Lane in new York, and that was where—I'll show you this momentarily--where you take a synthetic mesh and secure it to the sacrum, the backbone of the pelvis, and then bring it to the top of the prolapsed vagina, and to do this requires a wide dissection. Anyhow, we had done that, and when I did review—when we came back, and I did review years of overall results, I thought this—Roy wanted to publish it, until he found out what the results were—uh, uh.

So, I started doing sacral colpopexies, and the first few year—between the time Roy and I had done that patient and I came back to Duke the final time there had been years with not a one being done, years with Roy doing one or two, but probably not a half dozen overall. So, I—still because of the local conviction that you can do it all by vaginal surgery.

JO: So it was a technique that existed but it hadn't really been tested fully.

WAA: I beg your pardon.

JO: It hadn't been tested enough for people to know that it was useful.

WAA: That's pretty much so.

1:02:42.3

So I started doing them and essentially here's what you start with. A patient with total pelvic prolapse. Vagina, uterus—in this case the uterus has been removed—and you go in and do this wide dissection of

the entire pelvis. You can see it better here. This is the inferior vena cava, the common iliac—these can bleed like crazy. It's a dangerous area. And you take a mesh, initially like this. We made several modifications to get better results, and recognized several discrete patterns of fascial breakdown that enabled us to do a better repair, and then expose the sacrum, the hollow of the sacrum, where it's very bloody, fix sutures there, and then fix sutures to the top of the vagina. And with those at the top of the vagina, fix the mesh. Then brought it back. And sutures placed in the sacrum fix the mesh. And that's just the remainder of our initial technique.

The results of a patient postoperatively a couple of months with truly normal vagina. They have a better picture of that somewhere, but it must be in another publication.

But it's a big operation. So we started doing them. And when I say we, it was almost exclusively myself. And you know, first year it was like eight or ten and people in practice didn't know what to do and didn't want to fool with them. And then it gradually increased with time to where I was doing at least one a week, sometimes two. And we published our first paper, 1980 I think, and when we published it. Sally and I, then you couldn't pull it up on the computer, you had to go pull the old OR logs, and Sally, while I was working in the clinic or in the OR, went to the OR, got several years of logs, brought them back to my office, and went through every surgical patient, identifying and recording the history numbers and so on, every single patient that had had a sacral colpopexy, and this was, at the time of that first publication, around a hundred that we'd done. Well it kept growing. So that we were doing several a week, and they came from Atlanta, or the west coast, or New York.

SBA: Florida.

WAA: Florida. Texas. Literally were coming from all over. And we kept refining our technique and getting better results and so on so that's essentially the story.

1:07:25.1

WAA: When I gave the Howard Kelly lecture at Hopkins, not long before I retired, I would guess between 2000 and 2003, the faculty member who introduced me and who had been a fellow of ours said that our series was more than all the other series in the country, that we had done right at 1000. So that's the story of—and we got at least six or eight more worthwhile publications out of that. So that's the story of sacral colpopexy.

And here again, I didn't have time to pull all those OR logs and leaving them out.

1:08:30.5

JO: So Sally, you were—you participated in putting together that publication and spreading the information about this technique.

WAA: Yes.

JO: So what was the reaction—you said that patients were coming really frequently to get the procedure done. What about in the field of OBGYN? How did—did this become adopted more widely?

WAA: Oh, absolutely. Yes. It became the touted—the superiority of vaginal surgery disappeared. Certainly a place for it, and a skilled surgeon could get good results. But the old OBGYN or GYN myth that you could do it all vaginally and get a good result rapidly dissipated. And of course part of that was—had to do with stress incontinence, and the fact that there were very strict traditions. If you operated for incontinence abdominally, the urologists did it, if you operated vaginally, the gynecologist did it. And that was mindless tradition. And that changed.

JO: Ok. So you helped break with that distinction between what parts of the body were the domain of which kinds of surgeons.

WAA: Yeah.

1:10:21.5

JO: And, how have you seen that technique improve people's lives? Is it mainly—what effect does that have on the patients who get this done successfully?

WAA: Well, it—women who can not have sexual intercourse because everything was hanging out could be restored to a sexually functional vagina. And women who did not desire vaginal preservation, you could do a vaginal obliteration and not resort to this strong—to this extended surgery. And women who were miserable not only because they couldn't have sex but because they couldn't walk with a balloon hanging out, so it restored them with preservation of the vagina.

1:11:36.8

A quick slightly amusing story relevant to that. A patient was sent to me from Atlanta. She was quite old and her husband was quite old and she hadn't been in the hospital but a day or two when their children had to come and get him and take him back to Atlanta because he was always drunk and was causing trouble on the ward. And I told her, you know, we'll go through the operation as scheduled, but you've had a couple of heart attacks, you're at risk and so on, I said we can do a much simpler operation vaginally and obliterate the vagina but then you would not be able to have sex, and obviously your husband isn't now. And the choice has to be yours with full knowledge of the risks. And her answer was, "Do the sacral colpopexy. The old fool can't live forever." No, "The way he drinks," "given his health, and the way he drinks, the old fool won't live forever."

JO: Wow. Well, that's a very unsentimental view of it.

WAA: That's correct.

1:13:14.1

SBA: Can you tell the story about the Georgia State Patrol man?

WAA: Do you have time for it?

JO: Please. I have all the time in the world, it's really just a matter of how long you can keep talking.

WAA: Ok. I operated on a patient for ovarian cancer in Gainesville, Georgia. And she did well. She came up to see me at Duke 'til she died of something else years later. And her husband who was a Georgia State Patrolman drove her up in a Georgia State Patrol car and I saw her on a follow up visit several years down the road, and things were fine and she said, "Now, like always you need to talk to my boy." So I had them bring him from the waiting room and he had this tote bag. And he said, "Now"--and we'd done our talking, and he said, "Doc, I brought you something." And he pulled out this half gallon of moonshine liquor. And he said, "I know that you are probably afraid of it." And he reached over and got a medicine glass about three or four ounces, poured it full and took it down in a gulp, and he said, "But this is good stuff. We made it ourselves, and it's perfectly safe."

JO: How old was he?

WAA: Oh, I would guess that he was in his mid-fifties—

JO: Oh, ok.

WAA: No, that was really a profession, and practicing in Toccoa had--less so in Gainsville--patients frequently brought me moonshine, and I always poured it out. And frequently, you know, after an operation or after post op check up a patient who appeared to be totally indigent would pull out a roll of bills from the overalls. I'd say, "No, you go check out with the business office." "No, you did the work, I want to pay you." Ok, well it's whatever. And pull out a big roll, a wad of rolled up bills. And peel it off. And you knew damn well that was bootleg money.

JO: Yep. That's funny.

1:16:21.1

JO: The state patrolman's moonshine, did you wind up trying any of that because he tested it for you? Or did that go down the drain, too?

WAA: No, actually, I took it back to the dictating room and Roy Parker was dictating and he said, "What do you have in that bag?" And I pulled it out and showed him, and he said, "What are you gonna do with that?" I said, "I'll pour it out. I'm not gonna drink it." "You will not. You will either give it to me now or you will take it home and put white oak chips in it and not touch it for a year, which is what I'll do with it." So I brought it home. Never put the white oak chips in it. Never drank any of it. And but friends did. Thought it was a real delicacy. It all got used.

1:17:18.8

JO: The white oak chips. Is that for flavor?

WAA: Well, it colors it, makes it look like bourbon.

JO: I see, because it's just clear otherwise.

WAA: Yeah, it's sorta like, what is it, cask aged bourbon in barrels.

JO: Yeah, so it's a short-cut to making it sort of barrel aged.

WAA: Yeah. Exactly.

1:17:41.4

JO: Uh huh. Ok. Great. Well, I know I've been asking you to talk for a long time now. It's been about an hour and fifteen minutes or so. And there's a lot—I know it'd be impossible to cover everything you've done. But, if there are—is there anything you think we've left out? Or if you think we've left out something, Sally, we could keep talking now, or we could schedule another time to continue.

WAA: Well, I don't think there really is. The stuff I gave you from that mini-symposium and so on. I think I told you, I didn't realize Sally had it. I had never read it. And I was surprised and somewhat askance at some of the things that were said. Like people—like me giving hard residency interviews. I never tried to at all, and usually I would ask them, "What do you want to know about the program?" And the pretty predictable answer would be, "Well, what are the strong points, and what are the weak points?" If someone started asking right off about how much time off and the pay and so on, that didn't score well with me. And a question I frequently asked was, "Oh, I see you did your medical school and your undergraduate work at Hopkins. Give me the history—tell about Hopkins. Tell me the history of it." "Well, it's a good place." And know absolutely nothing about where they had spent eight years of their life. That to me was—

SBA: A minus.

WAA: Yeah. That irritated me.

JO: They didn't know the historical context of what they were doing.

WAA: They didn't know where they'd been. And I got caught on that interviewing a fellow who was on the faculty at Cornell, and wanted to come to Duke to do a uro-gyn fellowship, and I asked her that. And she couldn't stop talking about it. And I said, "Boy, you know a lot about where you've been." She said, "Well, I should. I'm president of the Cornell Medical Alumni."

1:20:46.3

JO: You finally found the person who could give a perfect answer to that question.

WAA: Yes. But things that were said about me being intimidating or actually staring at them. I did observe very closely but in no way trying to intimidate or so on. So—I think that if you haven't looked at those comments that came rolling in from people who trained with me or trained while I was active, they are—many of them are an eye opener to me.

SBA: I think one of the interesting questions, when you interviewed our friend from Saint Louis—

WAA: Louis Wall?

SBA: Yeah. I wasn't gonna say his name.

WAA: Louis is a—became a good friend. He's a pompous ass. But when I interviewed him for residency he had an MD from Kansas and a quotes PhD from Oxford. Which I pointed out really couldn't be true because Oxford doesn't grant PhDs, they grant DPhils, which are in no way comparable to the PhDs we know. And so we, you know, chatted a little bit, and it was obvious he was—knew all about himself, I mean knew all about a lot of things. And indeed he did. I said, "What do you consider yourself really expert in?" And he said, "Albert Schweitzer. I know everything about Albert Schweitzer." And he had done some missionary medicine, and spent time in Africa. Wrote a book about it. And I said, "What did Albert Schweitzer's mother die from? How did she die?" "Albert Schweitzer's mother? How should I know how she died?" She was run over by German cavalry of course just before the end of world war—well, world war one.

JO: You got him.

WAA: I got him.

1:23:36.0

But he did stay for a residency and was a good resident, though—and has done well in academics since. He was one of these people who really never learn to operate. There are people who are smart and who assimilate things and so on that you just can't train to operate proficiently.

JO: The way you've described it, it sounds like people who are really talented surgically work really closely with the people who are, you know, writing the papers--that there's a lot of collaboration.

WAA: Oh, no. If I understand you correctly, that's not really true. There are people in practice who are exceptionally good surgeons, well trained, keep up to date and could care less about writing a paper. And there are people like Ed Hamblen at medical centers who find other ways to pay their dues.

I'm gonna bore you with two other very short stories, and then we'll wind up.

JO: Sure.

1:25:02.0

WAA: One was a boy with an MD PhD who came to us at the end of the interview cycle for a potential residency, and he was obviously sick. He was sneezing and coughing. I said, "What can I tell you about the program? What would you like to know?" He said, "Not really anything. I'm sick, this is my twelfth interview, I have no intention of coming to Duke, and I don't need you to tell me anything." And I said, "Well, we're stuck here for a half an hour. What do you want to talk about?" Well, he started talking about how he had flunked out of the University of Delaware, had become a house painter. His wife had really rescued him and gotten him back into college, and he finished, then he tried to go to medical school. Both his father and brothers were doctors. And didn't get accepted. So he got a PhD at the

University of Colorado, and really latched onto some very interesting things. Immunoglobulin work. Got his PhD and also got several patents along the way which made him pretty well off. Got accepted to the University of Colorado medical school and now was looking at residencies. So you know he told me all this. I don't think I said a word. I said, "Well, that's very interesting. Time's up. Thank you for coming." He got up and went to the door and started to open it and he turned around and said, "I've changed my mind. I'd like to come here."

JO: And what did you think of that?

WAA: I said, "I think you're a good candidate." And he was an excellent resident. And we've remained close friends ever since. But—

JO: So there was something about the way you just allowed him to say who he was that appealed to him. And you made a connection with him.

WAA: Absolutely. Yes. And he went on, after residency did an endocrine fellowship at the University of Pennsylvania and stayed on faculty there and came back to UNC on faculty, and he called me in the middle of the night one night and said, "I've got three things to tell you." I guess "I've got two things to tell you." "I've just been to a family reunion in Delaware and I came back to find out I've been promoted to full professor, and I'm not a god damn Yankee." Well it appears I had reproached him in the OR at some point during residency, and at this family reunion he found out that one of his great grandfathers had fought for the south. Was from here in North Carolina and had a mill out on Cold Mill Road, not very far from where we are right now.

1:29:16.0

And the last one is giving boards. I was examining this very bright and very well-prepared girl from Harvard. And she was also very snooty. So I had her case list. I'd gone through it the night before, and I said, "Would you turn to page seventy-one on your case list?"—well, first I asked her a question and she was giving me a very erudite answer but not to the question. And I said, "I'm sorry, I think you must have misunderstood—must have not understood the question." And she said, "No, I find you difficult to understand. You talk southern." I said, "I'll try to do better." Then I asked her to turn to page seventy-one on the case list and go to case so-and-so. "There is no seventy-one--page seventy-one on my case list." And I said, "I'm sorry, I guess I meant seventeen," which is what I did want her to pull up. And I said, "I'm sorry again, I'm a little dyslexic." And she said, "It must be horrible to talk southern and be dyslexic, too."

SBA: And he was examining her.

JO: Wow. What a tough customer.

WAA: She passed with—she was extremely—

JO: So you liked her despite her prejudices.

WAA: Oh yeah.

JO: Maybe she was just giving you a hard time.

WAA: Well, she wasn't one to back down.

JO: Ok. Well, thank you both.

WAA: Thank you.

1:31:29.5