

Dr. Andrew Wechsler

Interviewer: Emily Stewart

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Stewart [00:00:00] OK. Awesome. This is Emily Stewart and I'm interviewing Dr. Andrew Wechsler who completed his residency at Duke under Dr. Sabiston and currently serves at Drexel University as an Emeritus Professor in cardiothoracic surgery. It's June 18th, 2019 and we're speaking on the phone. So to get started, Dr. Wechsler we'll kind of start with your background. So, if you could go ahead and tell me a little bit about where you grew up that would be great.

Wechsler [00:00:34] This will take the whole hour [laughing]. I'm a native of New York City on the Upper West Side and I went to Bronx High School of Science and then transferred to New Rochelle High when my parents moved from the city. And then went to Brandeis University in Waltham, Massachusetts where I met majored in biology and graduated with honors in that specialty. After graduating from Brandeis, I got a New York state scholarship to attend the State University of New York Medical School at Downstate Medical Center in Brooklyn.

Stewart [00:01:29] So what, did that make you decide to be a doctor?

Wechsler [00:01:33] Oh no. That that decision was made years before probably by my mother [laughing]. No, being... having a profession was extremely important in my family. My father had an eighth grade education and worked in the garment industry for his entire life. My mother's father was the Vice President of the International Labor... sorry International Ladies Garment Workers Union sometimes just known as ILGWU. So, it was a very... As you might imagine, liberal or almost socialist household. We went to camp at a place called the Unity house in upstate New York and professionalism was extremely important. I kind of knew I was going to be a doctor. I can't exactly explain why, but I kind of grew up with that fantasy which is what it was for most of my life. At Downstate Medical School, after a great liberal arts education at Brandeis, I found medical school kind of rote and boring. I did well in it but got very restless around my second year of medical school and actually dropped out for a while and went to Sweden to work in a laboratory after being referred there by my pathology professor at Downstate. And I worked with a gentleman named Corbin [?] Caspersen who had been influential in helping to define the role of RNA in cells. Had a wonderful three or four months in Sweden and then realized that I'd been a little bit hasty in withdrawing from medical school and contacted Downstate again and they were incredibly gracious, gave me full credit for the time I spent in Sweden and I returned to Downstate as a third year medical student.

Stewart [00:03:58] Wow.

Wechsler [00:03:58] Yeah, they were wonderful. Downstate had great professors at that time and I think they stimulated my interest in the science of medicine.

Stewart [00:04:12] Mhm.

Wechsler [00:04:12] Which is what allowed me to finish the more boring components of medical school, understanding what the end game was. Anyway, I did graduate from Downstate with a Summa Cum Laude degree.

Stewart [00:04:33] Wow.

Wechsler [00:04:35] And at Down... I think they were giving them away cheaply at that time [laughing] and while at Downstate I was befriended by two things made an incredible impact on me maybe three. One was human physiology was absolutely fascinating to me, particularly the physiology of muscle. The second was the friendship of a wonderful professor of Internal Medicine named Eli Friedman, who at that time was helping to develop dialysis, which was not readily available. In fact, it was considered experimental and I worked with him for a period of time. The third was a remarkable relationship with the Chairman of the Department of Medicine, who was a cardiologist before he became Chairman of the Department. And his name was Ludwig Eichna, e-i-c-h-n-a, who had been instrumental in developing cardiac catheterization while I believe at NYU Medical School in New York. I was single. He was a bachelor and I used to eat frequently at a diner near the medical school which was cheap. I remember a \$1.98 for a full dinner, which was about what I could afford. And he ate at the same diner. And we oftentimes ate together, which was just incredible. He was a gifted teacher and scholar and a wonderful wonderful human being, who loved medical students. Just as a side note, he was so inquisitive and loved learning and imparted that to us so much, that when he retired as Chairman of the Department of Medicine, he went back to medical school at Downstate. Pretty incredible for a guy in his 60s to do that.

Stewart [00:06:49] Yeah.

Wechsler [00:06:50] Well, the other thing that was important to me was we had heart surgery at Downstate Medical Center, which since that was about 1960 to 1964 was very rudimentary. And what impressed me was that most of the patients I saw that had experienced heart surgery died. And I kind of felt well, this is a field that really needs some work to say the least. Because of the efforts of Eli Friedman, the gentleman I worked with, I was very fortunate to get an internship at Peter Bent Brigham Hospital in Boston, part of the Harvard system. Peter Bent Brigham is currently the Women and Children's Hospital in Boston. It was, I believe the most coveted internship in the country. I couldn't believe it when I got it. It was rigorous. You took, I mean, obviously they perused your medical school records but then you went to the Brigham and you took a written exam and after the written exam you took an oral exam, which was competitive, incredibly intimidating. You went to perhaps eight different rooms, each staffed by two Harvard professors who grilled you [laughing]. And I was, I was really surprised that I survived the day, let alone the process. And began my internship at the Brigham. That I can only say that that was an absolutely incredible experience. The people I learned from were the masters and leaders in their field. I was there when the first coronary care unit opened. I was there when cardiac catheterization became a developed specialty under Dr. [name]. I played squash against the head of Pulmonary Medicine, Dr. George [name] the chairman of the Department of Medicine. Yes, my my internship by the way was internal medicine.

Stewart [00:09:14] Oh OK. What year was that?

Wechsler [00:09:16] That was 1964 to 1965. And then I stayed on at the Brigham for a year of residency in internal medicine again and had an equally astounding year. One of my professors was Dr. Bernard Lown, who not only invented the Lown defibrillator and cardioverter, subsequently went on to win a Nobel Prize for his efforts in disarming countries from nuclear weapons. An amazing man. As I look back on the pictures those days, it is remarkable how many giants were in my path on a daily basis. And of course at the time, you rarely realize what you're surrounded by, you only look back on it and realize it. Well anyway, a couple of good things happened at the Brigham. I'll modestly indicate

that there was a hospital fire on a ward called the F main, when one of the ventilators caught fire. It's where the sickest patients in the hospital were and I was working as a resident at that time on that floor and carried a bunch of patients out of the burning ward and got this big award from the auxiliary of the Brigham Hospital including what. At that time was a gold mine. I got a one hundred dollar cash reward which was incredible because as an intern I earned one hundred dollars a month.

Stewart [00:11:03] Wow.

Wechsler [00:11:04] I lived in the hospital. I had a room, a cement block room. It was an immersion year to say the least. In any case, this was about the time of the Vietnam War and there were options, of course, for serving in Vietnam and there were some options for not serving in Vietnam. And one of those was to obtain a position... Am I going on too much?

Stewart [00:11:35] No.

Wechsler [00:11:36] Or is this, do you really want this? Ok.

Stewart [00:11:36] This is good and then we can just transition into how you got to Duke.

Wechsler [00:11:45] [Laughing] Ok, sure. We're getting there. Well anyway I was very fortunate and I got a position in the National Health Service, working at the National Heart Institute in Bethesda, Maryland. The other thing I was very fortunate about is I met my wife at the Brigham. She was the head nurse in the intensive care unit. Gorgeous, smart. And except for her decision to marry me. But before I was allowed to marry her, she had to get permission from all of the surgeons at the Brigham because in medicine, the guys who worked in medicine we were referred to as fleas, and it was uncommon for a surgical nurse to marry a flea. But I was one of the better fleas I think. So, they allowed her to do that. Well we went to Bethesda, Maryland, and I worked with another of my great mentors Eugene Braunwald, probably the greatest cardiologist and cardiac physiologist of our time. And my direct laboratory advisor Jerry Glick, Steven Epstein, all to become names later in the field of cardiology research. It was the early days of Cardiology. A gentleman named Glenn Morrow was the head of the surgery department at the National Heart Institute. And once again, I witnessed the high mortality and morbidity associated with cardiac surgery and also realized how little we were able to do for our patients as cardiologists beyond diagnosing their ailments. And somewhere around my second year at the NIH, I realized that everything had been pointing me towards a career in cardiac surgery, rather than cardiology. My choices at that time were to go with Dr. Braunwald, who had just been appointed the Chairman of the Department of Medicine at the University of California, San Diego, as an assistant professor or to consider restarting my training in cardio... in surgery. I told my wife about the decision one morning about three o'clock in the morning. She handled it reasonably well and Dr. Braunwald said he had heard of this new guy from Hopkins that had moved to Duke and had a pretty good program. And that since it was a new program, maybe he would give me a shortened pathway to being a heart surgeon after having trained in internal medicine. I went back and I interviewed at all the hospitals I had previously been associated with and they weren't willing to deal too much [laughing]. And the training for surgery was really long back then. It was, sort of, a minimum of five clinical years and then two years in your chosen specialty and I was already at four years of training under my belt. So, I met... Dr. Braunwald, I think wrote to Dr. Sabiston, who invited me to come to Duke and give a lecture so he could get to meet me. And I was going to lecture on some of the research work I had been doing with Dr. Braunwald and I

went to Durham, North Carolina. Probably the last place on earth that I ever thought I would be. At the time I was applying for internship and residency, Duke was a segregated hospital, which was everything I thought was wrong about the South.

Stewart [00:15:52] Right.

Wechsler [00:15:53] The hospital integrated the year before I went and interviewed with Dr. Sabiston and the night that I went to Durham was the night Martin Luther King was shot. And I remember very distinctly staying in a motel in this then, rather desolate Southern town and the motel manager coming by and telling me to keep my doors locked that night. I guess I had a good interview with Dr. Sabiston, then flew back to Washington and got to see Washington burning from the air. It's all very dramatic. And then Dr. Sabiston called me not long after and offered me a deal, of a very very abbreviated surgical training. And I realized that what he was offering me was too abbreviated and that I'd probably come out knowing nothing. So, I accepted the opportunity with Dr. Sabiston. He added two years of laboratory work, which is great for me because I wanted to do that and a very shortened general surgery training. I skipped completely an intern year. I did what was called the junior residency and then went immediately to two years of a senior residency and then did my cardiac surgery and general surgery, Chief Residency at Duke. And I oftentimes said, "I'm probably the worst trained surgeon in the country." I took my boards in general surgery. Well yeah, I mean, as I finished my training and got my lab established... heavily supported by Dr. Sabiston, I had some choices to go elsewhere or stay at Duke. And I thought I wanted to leave Duke because I wanted to broaden my exposure and actually accepted a job at the University of Kentucky in Louisville. After interviewing a number of places. Dr. Sabiston had offered me a position. Well the job at the University of Kentucky fell through because the guy that hired me was just a wonderful honest man called me about a month before my position on the faculty was to begin and told me that things were really in upheaval. The Department of Anesthesiology had gone on strike and had been fired. And he thought it would be a terrible place for me to go for my first faculty appointment. Amazing man named Joe Utley. Even though it clearly hurt him, in terms of the recruiting good people to his department. Going back to Dr. Sabiston, I guess with my tail between my legs, kind of, and asked him if his offer still held. And he said, "Yes, it did." That he'd love to have me stay at Duke and I said, "Well, do you think we could up the salary a little bit?" He had offered me twenty five thousand dollars a year. And he said "Okay well, we'll bring it the thirty five thousand dollars a year." And I said, "I have one more condition." I said, "I would like to work at the VA... Veterans Hospital rather than at Duke." And of course, I have my laboratory for my research and I also wanted a paid two week excursion around the United States, focusing predominantly on the Cleveland Clinic because it was my belief that cardiac surgery was not being done particularly well at Duke. It was one of the reasons that I had looked elsewhere. And he said, "That's fine, Andy. We're happy to have you aboard." I was amazed and thus began my time on the faculty at Duke which lasted for 14 years.

Stewart [00:20:18] Wow.

Wechsler [00:20:18] Do you want a narrative of that or...?

Stewart [00:20:22] Well, what years were you at Duke?

Wechsler [00:20:26] So I joined the faculty in 1978. Sorry, in 1968 and I was... No, I'm sorry. In 1968 I went there for training and I stayed until 1988. So, I joined the faculty in 1974.

Stewart [00:20:49] OK. So, you stayed in the South pretty long [laughing].

Wechsler [00:20:53] Yes. I came to love... I loved everything about Duke. I loved the hospital. I loved the people I worked with. Durham was, I wouldn't call it a hick town, but it wasn't much else. There were just a couple of restaurants. There was one movie theater. We used to call it "the itch" because you always came out scratching. The only Chinese restaurant was in Raleigh, North Carolina. So, there was a lot of... there was rampant bigotry and people around town. We lived on what we could afford on my salary, which very modestly. And we met southern neighbors who just became dear friends and exposed me to another kind of life from my days in New York and Boston and Washington. And I was an avid tennis player and there was a faculty club and I had a whole variety of tennis colleagues. I don't know if you want me to get into the Duke residency.

Stewart [00:22:06] Well, we can talk... I want to know particularly how your relationship with Dr. Sabiston changed or evolved, what that was like. You could start with your residency, until your faculty. But just a little bit about your relationship with him would be great.

Wechsler [00:22:26] I think you could call it a love-hate relationship. I was born and bred in the North. Dr. Sabiston was very much a Southerner. I had never been brought up to say yes sir and no sir and things like that. I tended to see people as they were and probably did not exhibit all the respect I should have for my southern surgical mentors, one of whom was Dr. Sabiston who during my residency was never anything but supportive. I did not like his rigidity. I didn't like some of the environment within the surgical department. But Dr. Sabiston never did anything but support and promote my career. He knew I wanted a laboratory and he built a laboratory for me. Beautiful facility, it was probably the nicest lab at Duke. He encouraged my research. He allowed me to have research fellows who were chosen from the surgical residents who were really an incredibly bright and hardworking group of people. And I was very fortunate in that I wrote and received a large National Institute of Health grant, that went on to support the lab for years and years to come. That grant was renewed and renewed again, time after time. And now, that was made possible by Dr. Sabiston allowing residents to work in the lab. One of the reasons that the V.A. program, heart surgery program, had actually closed down a couple of years before as a consequence of bad outcomes, which kind of goes along with my impression of early heart surgery at Duke. And I went to the V.A. with the mandate to re-establish the cardiac surgery program, even though I'd had no faculty experience as a cardiac surgeon. And we built that program from the ground up with a lot of support from Dr. Sabiston and encouragement. But it also became the proving ground for me to introduce a lot of techniques that were not used at the main hospital at Duke. And it was a blend of things I had seen in my travels around the country. Again, supported by Dr. Sabiston at the end of my surgical training. And it was interesting because our results at the V.A. were incredibly good, far better than the outcomes of patients undergoing the same operations at the main hospital. And after three years, true to his word, Dr. Sabiston let me come back to the main hospital and begin my practice as a member, of what was then called the private diagnostic clinic. My reputation, the reputation of the methodologies, methods used at the V.A. must have spread to the main hospitals because it only took two or three years before I became the busiest heart surgeon at Duke.

Stewart [00:26:23] Wow.

Wechsler [00:26:28] You know, in his typical fashion, I did some things that were unconventional. For example, up until that time no cardiac surgeon at Duke ever operated on more than one patient a day. And the first day that I posted two cases on the same day, that was groundbreaking. Got me into a lot of trouble and a lot of, you know... Dr. Sabiston had a way of clearly expressing his displeasure when you did something he didn't like and that was something he did not like. He was an incredibly conventional person. And in fact, to this day I remember the extension of his office which was 2 8 3 1. And when you got a page 2 8 3 1, it was rarely anything good [laughing]. So, that was sort of the beginning I think the love-hate relationship. Now, despite my perceived arrogance and unwillingness to do the status quo, Dr. Sabiston continued to advance my career in every possible way. He put me up for promotion early he got me into various societies because of his national leadership positions and his strong support for me. By the time 1980 came, so six years after I joined the faculty, I was a full tenured professor. And I guess in my head, my vision of myself kept growing and I guess, Dr. Sabiston probably felt that I need a little bit of checking. And so, we had a bit of a tug of war from time to time. I was getting offers from all over the country to come and work at other institutions. And once again, I am sure that the first person they would ever call to find out about my potential would be Dr. Sabiston and he obviously said good things about me. I looked at a myriad of jobs and I couldn't find one that I liked better than Duke. And Durham was growing. We had many many friends there. I was very comfortable there and I felt my career was still in its formative stages. Towards the latter part of my time at Duke, sort of the years between 1984 and 1988, I think that's when Dr. Sabiston and I kind of had differences that were less subtle. I, in an egotistical manner I guess I thought that I should have been declared the head of heart surgery at Duke, Dr. Sabiston reserved that title for himself, even though he was really engrossed in doing a lot of other things, you know, as that the department chair and being an incredibly important person at the medical center. I'm going to take a pause there, Emily and just see if I'm digressing or if you have some questions.

Stewart [00:30:16] No, this is, this is good. And it's kind of getting to my next question.

Wechsler [00:30:21] Sure.

Stewart [00:30:22] Which you can transition into, which is, when you eventually left the where did you go and was he involved in that decision?

Wechsler [00:30:31] Yes, he was. He... When I left around 1987, I realized that I was getting into a pattern that was unlikely to change for many years into the future. As my wife and I discussed it, I said, "Well, I'm sort of a blue collar worker you know going to work with my lunch pail and doing the same thing every day." Even though it was good things. A few years before that, I went to Dr. Sabiston and I said, you know, I think it's time that Duke did a heart transplant. See that, that was kind of adventuresome for Dr. Sabiston, since heart transplants were really not being done in a lot of places in the country and had had a brief upswing and then had failed a lot of places and he sort of begged the question by saying, "Well, you have to get permission from Dr. Wallace." Who was then the hospital chief executive officer. So, I lobbied Dr. Wallace for a while. And finally Dr. Wallace said, "OK. You have my permission." I went back to Dr. Sabiston and I said, "Dr. Sabiston, Dr. Wallace said it would be OK. That he would take the financial risk of doing a heart transplant." And then Dr. Sabiston started putting down a bunch of conditions on my doing a heart transplant including identifying certain members of the faculty that were kind of... I don't know if I'd use the word his favorites but certainly carefully chosen by him and saying those people had to be members of the heart transplant team. And I said, "OK." I didn't have a lot of choice. And somewhere around 1984, I guess it was, I flew to Richmond

Virginia. Since nobody Duke had ever seen a transplant [laughing], we we've created a waiting list. We advertised at Duke now had a heart transplant program and we actually got a patient referred for a heart transplant and then we figured out, well gee this would probably go better if we knew how to do one. So, I called the Medical College of Virginia in Richmond, Virginia and I said, "Hey, could I come down and watch a heart transplant?" And they said, "Yeah, we'll call you when we have one coming up." And I got a telephone call about nine o'clock at night one night from a guy named Tim Wolfgang, who was part of Dr. Richard Lauer's faculty in Richmond and said, "We're doing a heart transplant this morning it'll probably start about 2:00 a.m." And I had previously obtained Dr. Sabiston's permission to get a private plane to take me down to Richmond to see a heart transplant. And I did. I flew down to Richmond. I watched them do a heart transplant. They were incredibly gracious and shared, I mean, as much information as they had with me. I remember the flight down because it was the pilot and me and a little single engine plane. It was raining like hell and the pilot was a math professor at the University of North Carolina who, kind of, did this as a hobby. It scared the daylights out of me [laughing]. But I survived. And don't you know, we went back to Durham and two days later a donor became available in the eastern part of the state and we went in a helicopter with the whole team and retrieved the heart and came back to Duke and we did not just Duke's first heart transplant, but the first heart transplant done in North Carolina.

Stewart [00:34:34] Wow.

Wechsler [00:34:36] And it was a big deal. There were news conferences and all that stuff and I do remember, you know, being told by Dr. Sabiston that there were no conferences, no appearances, no nothing that he was unaware of or not a part of. So, we did that. We went through the, sort of, glory of doing it. And then the heart transplant took off at Duke. But as I said, around 1987, I realized that I wasn't going to be doing anything very different if I stayed in Duke indefinitely. And I began to look with seriousness at jobs as chairman of departments of surgery and as fate would have it, after looking at a number of opportunities, some of which I thought I wasn't ready for and some of which were so far away that we just didn't feel that with aging parents on the East Coast, we did not want to move to California, for example or Portland, Oregon or the Pacific Northwest. And so all of a sudden, the opportunity to become chairman of the Department of Surgery at the Medical College of Virginia, which is now Virginia Commonwealth University but had always been associated with Virginia Commonwealth University, became available. This was a very venerable program. It's where Dr. Lauer had set up the heart surgery program. It had a high volume of heart surgery. It was doing about 90 heart transplants a year. It was a little further north than Durham. It was a bigger city, which really appealed to my wife, who had been very restless in Durham. And that's where I went from Duke. I took a job as a professor and Chairman of the Department Surgery at The Medical College of Virginia, the Stuart McGuire Professor of Surgery. Interestingly, when we were leaving Durham, a couple of things really came to me. The first was... First of all, Dr. Sabiston put on a wonderful departure dinner for me, black tie. Big deal, was very nice, very gracious. He... I remember I had planned to leave I think in April or May. And the job and the house weren't quite ready and I went to his office and asked him if it would be okay if I left a couple of months later than that. Implying of course that he would continue to pay me and and so he said, "Yeah, Andy. You can stay as long as you want." So, he granted me that. All of our friends had various little get-togethers for us. But I do remember that many of them came up to me and said "We're so sorry to see you and Donna leave. And by the way, what are you doing with your basketball tickets?" [laughing] That was a hot item for us.

Stewart [00:37:55] Yeah.

Wechsler [00:37:56] Another interesting comment that people made was they said oh you're going from Durham to Richmond. You're moving further south. There was actually a lot of truth to that.

Stewart [00:38:09] Yeah.

Wechsler [00:38:09] MCV was a place that had long long tradition in the south and a lot of history. And I made my first mistake on my first day as the Stuart McGuire professor. I had this beautiful new office that had been built for me by Dr. Stephen Ayres, who was the dean and had recruited me, and there was this clunky old desk in what I thought was a wonderful office and I said, "Look, I just can't live with this desk." And the guy who is the head of general surgery there, Dickie Newsome, came to me and he said, "But that's Dr. McGuire's original desk." And I said, "It's a piece of junk." And he said, "Well, can I have it?" And I said, "Yeah, take it." That did not endear me to the very southern faculty at MCV, most of whom had trained there and stayed on. And I learned a lot about the dense Southern tradition. But that's where I went after Duke.

Stewart [00:39:18] Awesome. So, a question related to Mrs. Sabiston, did you interact much with her?

Wechsler [00:39:26] Yes.

Stewart [00:39:26] During your time at Duke, you did?

Wechsler [00:39:28] Everyone did because she was the most gracious hostess, wife of the chairman that anyone could imagine. Dr. Sabiston really believed in his role as the leader of the Surgery Department. He put on a Christmas party every year in his home on two consecutive evenings for all of the residents and faculty at Duke. Mrs. Sabiston hosted it. And she knew all the residents by name.

PAUSE IN RECORDING

Wechsler [00:00:00] Well, that's those evenings at Dr. Sabiston house turned into pretty raucous events. And I felt endangered their rather pleasant home. But Mrs. Sabiston never never said a word. She was one of the most gracious people that I've ever met. I've, I almost never heard anyone called Dr. Sabiston anything other than Dr. Sabiston when I was on the faculty. And it always surprised us when she would refer to him as David, of course that makes sense since she was married to the guy. Dr. Sabiston when the Chief Resident's finish their training he always had a barbecue dinner that he cooked and he served mint juleps to everyone. They were strong.

Stewart [00:00:57] Wow.

Wechsler [00:00:59] That turned into a pretty interesting evening. But Agnes Sabiston was just one of the most gracious women that I've ever encountered. I didn't know many wives of chairs but she certainly was a role model for anyone that's wanted to be one.

Stewart [00:01:19] Yeah that's a great,,, I've heard a lot about the Christmas party, so I'm glad that you brought that up as well. Kind of jumping back and forth a little bit. Did you, once you went to Virginia, did you interact with Dr. Sabiston at all, after leaving Duke?

Wechsler [00:01:40] Almost not at all.

Stewart [00:01:44] OK.

Wechsler [00:01:45] From time to time. No, I was still a Duke when I got an officer position at the American Association for Thoracic Surgery. No, I had very minimal interaction with him. I'd say maybe at national meetings I would run into him. He remained Dr. Sabiston. It is interesting that, sort of, poignant in a way, that the this Association, the American Association for Thoracic Surgery, which is, was sort of the premier academic institution, national institution and international. There would be a president's lunch after the president of the association gave his presidential speech. There would be a lunch to which only certain people were invited. And you'd stand in line and you'd wait to congratulate the president on the speech that he'd given and then you would go in and have a nice lunch and a glass of wine, whatever. And I remember that Donna and I were standing in the line and Dr. Sabiston was a little bit behind us. And I was then at the University of... at Virginia Commonwealth University and he started talking to us in line, just usual sort of social banter type things. And I was, said to Donna after we finished our conversation, I said, "Do you think anything is off with him, because he didn't make a lot of sense to me?" And it was just a short time after that maybe days that he had a terrible stroke. And I think I may have been witness to the earliest harbinger of what was to come. It's something I do remember. But yeah, we didn't have a lot of contact after that.

Stewart [00:04:01] Right. Well that's, kind of, all of my questions. But as an ending question, is there any, sort of, story you didn't get to tell about him or anything else do you think we should know about him that you would like to share?

Wechsler [00:04:17] A good story or a bad one?

Stewart [00:04:19] Either. Whatever you're comfortable telling.

Wechsler [00:04:23] I mean there were plenty of both and I've probably emphasized the good ones a bit. There are certain events that stand out in my mind from the times that Duke. And they're not good stories. One was I had a wonderful young resident working in my laboratory named Leonard Kleinman. There were not many Jewish residents at Duke. In fact, between myself and Lenny, I'm not sure there were any. Lenny was a little rough around the edges. He was another New York kid, had the same irreverence or what might be interpreted as irreverence. He worked in my lab. I thought he was a wonderful and proficient guy. And Dr. Sabiston had a way of enforcing his opinion on people. So, in this instance he would call together the chief residents and he would say, and he did say in this specific instance, he said "I'm afraid Lenny Kleinman is just not the sort of person who is going to progress well in our program." This was after Lenny had spent four years there and I felt I knew him better than anyone. I said, "I disagree. He's perfectly competent surgeon. He's smart and he works hard." And he really did work hard. And a couple of other of the chief residents said a good word and then Dr. Sabiston employed one of his favorite maneuvers in which he would say, "Well, you know, reports have come to me that he did this or he did that." And that was something he did frequently. We never knew where those reports came from and there was never a name associated with them and they were a way I think of invoking his personal opinion and he said, "Well, so I don't think we're going to be able to continue in the program. You all agree, don't you?" Well I didn't agree. And the other residents did agree or were uncertain. And I remember him lecturing me and saying you know Andy when we chairman

meet at something called DUPAC [?]. I'm not even sure what it stands for Duke University, something or other, a a major decision making body. He said, "When we walk out of the room, we walk out with a single opinion. And a single voice that was what it was." And I said, "I'm sorry Dr. Sabiston. I'm never going to agree with you that he doesn't deserve to stay in the program." That was I think that was representative of where he and I developed our differences. I remember when Dr. Glenn Young operated on a patient. This was in the very early days of coronary bypass grafting. So, this was probably around 1967, I don't know early maybe 1970, 71, the traditional operation for blocked arteries in the heart was then what was called the Vineberg operation where the internal mammary artery was burrowed into the heart muscle. However, the Cleveland Clinic and other places... See how we come back to the Cleveland Clinic, were doing by coronary bypass operations, where something was used to connect the aorta directly to a coronary artery, it was the saphenous vein. And Dr. Young, I was on the heart surgery service at the time, and Dr. Young used the piece of saphenous vein to connect the aorta to the left interior descending coronary artery. First time that had ever been done at Duke. And the patient died. Dr. Young was a gifted surgeon. It was before the days of magnifying glasses in the operating room. He used to wear a pair that he had bought from Sears.

Stewart [00:09:01] Wow.

Wechsler [00:09:02] You know, that just like mechanics glasses that just dropped down and magnified things a little. Very little. And we had... We, it used to be called mortality and morbidity conference and it became very confrontational and Dr. Sabiston said, "I'll tell you why this patient died because you did the wrong operation. And you should have done Vineberg, instead of this new operation." And it went back and forth between these two people. There was I don't think a great deal of love lost between those two guys anyway. And finally. And of course we, the resident staff felt like we wanted to be anywhere but at this conference at that moment.

Stewart [00:09:53] Right.

Wechsler [00:09:54] And finally Dr. Young stormed out and said, "I'm not going to put up with any of this Dave." And he walked out of the room. And I think that reflected.... Dr. Sabiston was a great educator with one foot buried in the past and he was not a great innovator. And in fact, I think he tended to resist it a bit. Not a bit. I think he resisted it a lot. And if you didn't do it the way he wanted you to do it and the way it had been done for the past 30 years, you were really risking his wrath. So those were a couple of examples. I mean, everybody had run-ins with him. We were washing our hands one night for an emergency operation on a patient that came in for him to do an abdominal aneurysm repair on that and it was a leaking aneurysm. And I remember, the patient that . . . Dr. Sabiston's instructions from home were: have him seen in the emergency room, clean his bowel and give him an enema, and get him up to the operating room and I'll meet you in the operating room. So, we came up to the operating room and the patient was not there yet. The patient was still in the emergency room because he had trouble expelling this enema. And Dr. Sabiston was furious with me. I mean furious beyond imagination, just standing at the sink. "You know, I gave you specific instructions blah blah blah." And I was sort of, I was the chief resident and at the time I was weakly trying to defend myself by saying, "Dr. Sabiston, I mean, I can't make the guy expel the enema. And you know this isn't my fault. I followed all your instructions." And he just got angrier and angrier and angrier. I finally... And got all red in the face, the way he would and I remember saying, "Dr. Sabiston, I don't think I should scrub with you on this case because you're so angry with me. I don't want to compromise the patient's safety because of your anger." And well, that didn't exactly calm him [laughing]. And we ended up doing

the case together and it went fine. Dr. Sabiston did a really nice job, he did a good job with abdominal aneurysms and I remember weeks later the patient presented both me and him with a piece of homemade furniture. A small chest that still sits in my living room.

Stewart [00:12:51] Wow. Well I'm glad you shared that story.

Wechsler [00:12:59] Yeah. He was an interesting person, I guess like all great leaders. You know, I didn't stay at MCV. I stayed there for 10 years and that's when I went and moved on to Philadelphia. But by then, he had been... He was seriously impaired. I never really brought myself to go visit him because I didn't want to.... I didn't want to remember him that way. And I stayed away. Yeah, a very interesting guy probably caught between two generations, you know a new generation of surgery and old generation of Southern Hopkins generations.

Stewart [00:13:45] Right.

Wechsler [00:13:47] His goal in life was to be better than the program at Hopkins.

Stewart [00:13:51] Yeah I heard I've heard that line too. So, that is very interesting that it keeps coming up.

Wechsler [00:13:56] Yes. Oh and that was the final... That time I'm describing where he was so angry at me at the scrubs sink. He said, "I would." And these are his, literally his words... "I would never have done Dr. Blalock that way." Dr. Blalock, of course, was his hero at Hopkins. And there was no retort to that, you know.

Stewart [00:14:20] Right.

Wechsler [00:14:21] He was venting. Did Eddie tell you about... You know we used to have the end of the year party at Croasdaile Country Club, where I was a member and the tennis champion [laughing] and also where I set the grounds on fire with my Porsche, that made headlines in the Durham newspaper. But one... the year that Eddie finished his training Croasdaile would not allow us to have the party there if Eddie were going to attend. Because Eddie was black.

Stewart [00:14:58] He mentioned this a little bit, but I don't think he could remember the name of the place where you guys were.

Wechsler [00:15:09] Oh it was Croasdaile Country Club, was the place we had traditionally gone for years. Every year that I'd been there and to his great credit Dr. Sabiston said, "Well, you know, Eddie is one of our residents and if you don't want him there we're not coming here."

Stewart [00:15:31] Right.

Wechsler [00:15:31] And he moved the venue.

Stewart [00:15:33] Yeah.

Wechsler [00:15:34] Every now and then he did something surprising. But he was a person of great, great principle.

Stewart [00:15:43] Yeah. Eddie... Dr. Hoover did talk about that in detail, which I thought was a really good story. Yeah. Well is there anything that I didn't ask you today that you want to make sure you get to talk about?

Wechsler [00:15:58] No I've probably talked too much about myself.

Stewart [00:16:01] No.

Wechsler [00:16:02] But, you know, during those training years it was all interwoven with Dr. Sabiston. And I think it's nice to have this history of him. He certainly will go down as one of the great educators. A term that you've probably, maybe you've already heard if not you will hear it when you do your interview with Dr. Chitwood. And I think it's attributed to Jim Cox said, "Dr. Sabiston was able to make a silk purse out of a silk purse." [laughing] He did in truth have the brightest and the best in his training program and he could because it was such a good training program.

Stewart [00:16:48] Right.

Wechsler [00:16:49] Good in the sense of national prestige. Bad in the sense of a lack of innovation in my opinion.

Stewart [00:17:04] Interesting insights.

Wechsler [00:17:06] Yes.

Stewart [00:17:07] Yes. Well thank you for your time today.

Wechsler [00:17:10] Pleasure Emily. Good luck with the project.

Stewart [00:17:12] So, I will send you a transcript of this just so you can keep or if you see as you read there anything that you don't want in the archive or any errors you can feel free to let me know. And yeah I really enjoyed our conversation today. So thank you.

Wechsler [00:17:34] Pretty one sided. But.

Stewart [00:17:37] Oh it was great. Good. My job is to listen.

Wechsler [00:17:41] OK. Well good talking to you.

Stewart [00:17:43] All right. Have a great day.

Wechsler [00:17:45] OK. Bye now.

