MARJORIE LEWISOHN, M.D.’43

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Mame Warren,
interviewer

Warren: This is Mame Warren. Today is the 4th November 1999, and I’m in New York City with Marjorie Lewisoht.

You were a medical student at Johns Hopkins at a particularly interesting time, during World War II. First of all, how did you decide to go to Johns Hopkins of all the places that you could have gone?

Lewisohn: I wanted to be a doctor from the time I was ten years old, and I applied to Columbia, Cornell, Michigan, and Hopkins. I went to the University of Michigan undergraduate. My mother had wanted me to go to Vassar, but I didn’t feel at that time they had a good premed course at Vassar, so I went to the University of Michigan undergraduate, where I did have a good premed course. And I applied to four medical schools. Johns Hopkins had the best reputation of any, and at that time I thought I wanted to do research, but I realized I was a people person and really wanted to practice medicine, and Johns Hopkins had a wonderful reputation for that, too.

Warren: Tell me what you mean by that. What kind of wonderful reputation?

Lewisohn: Well, I mean they had, of course, [William] Osler, Welch, Halstead, Kelly, and the pupils of Osler were teaching me, such as Dr. [Louis] Hammann and Dr. [Arnold] Rich. Those were pupils of the big four, of which I have a copy of a painting in my office behind you, by Sargent.

Hopkins had this tradition of excellence both in the human side of medicine and in
research, and at that time I thought I wanted to do research, but I very soon found out I wanted to practice medicine.

Warren: So take me with you to Baltimore. What was it like when you arrived?

Lewisohn: Well, the Jim Crow laws were still in effect, and I came from a liberal Jewish household in New York, where that was sort of unheard of. That shocked me in itself. There were separate toilets and separate wards for blacks—colored—and white. I just never heard of that.

But I was one of seven girls in a class of seventy, and they certainly welcomed us and gave us every chance. The generation before mine had had a hard time, but my generation was given every opportunity and every chance, and they didn’t resent us. People always ask me now, you know, how many other women. We were seven in a class of seventy.

My dear friend Sally Cornell Mendenhall was my best friend, and whose mother, Dorothy Reed Mendenhall, mother-in-law, Dorothy Reed Mendenhall, was a pioneering woman doctor at Hopkins in the very first class, has just died as I’m dictating this interview. It’s a terrible blow to me and everybody who knew her. But Sally’s husband’s mother was Dorothy Reed Mendenhall, and there’s a cell in Hodgkin’s disease called the Reed-Sternberg cell, and she was the discoverer of that. Her son was our instructor. Her son, Dr. John Mendenhall, was our instructor in pathology our second year, and he and Sally got married after that year. She’s my very, very best friend, and she just died in October of advanced cancer, which is a great sadness to me and to everybody who knew her and loved her.

Warren: I’m sure. I’m so sorry.

So when you say that the generation ahead of you had a difficult time, why do you say that? How did you know?
Lewisohn: I read the biography of Dorothy Reed Mendenhall in a book called *In Her Own Voice*, by Jill Ker Conway, who was one of the heads of Smith [College]. Dorothy Reed Mendenhall, in that book, states that Sir William Osler told her, “A nice girl like you should get married and go back home and not take the place of a man.” She was a generation ahead of me. Nobody said that, implied that, and there was nothing like that in my day.

Warren: You arrived in what year?

Lewisohn: September 1940.

Warren: So that’s a pretty dramatic time to be arriving and starting a new phase of your life.

Lewisohn: In those days, they didn’t have dorms for male or female medical students. The men medical students lived in row houses on North Broadway, many of which were fraternities, but some of them were just boarding houses. And the women in those days—that’s in my write-up—the women had a house called the Women’s Medical Association on 800 North Broadway, which has since been torn down. It’s just across from Hopkins. Quite a few of us lived there, not only the freshmen, but people like Carol [Bedell] Thomas, who was already a resident, and Katie Borkovitch, who was already a resident. I think about thirty of us lived there. It was an old-fashioned boarding house, and we had a wonderful black Southern cook named Victoria, and it was a wonderful experience and very bonding experience.

Warren: So you had the opportunity to talk to people who were already well into the program.

Lewisohn: Yes. I mean, Katie Borkovitch and Carol Bedell Thomas, I mean, were ahead of me and they were already there, and they were women role models for me and my classmates.

Warren: So take me into medical school. What was it like in those days? Take me into the classroom.
Lewisohn: Well, the first opening part was anatomy, where you dissect corpses, which was not very much fun, but absolutely necessary. And we had very good instruction. The first two years of medical school were, and still are, basic science, a continuation of your college. Then we had a course in biochemistry, which was quite difficult, but I’d had biochemistry at Michigan, so it wasn’t as bad for me as it was for some of the others.

The summers in Baltimore, from June through September, were enormously hot. There was no air-conditioning. And World War II started during our second year, in December 1941. So from December 1941 to November 1943 we went through in two years instead of three, which we graduated in November ’43.

Warren: I was curious about that. Did they accelerate the pace?

Lewisohn: They accelerated the pace, and we had nine months to do the work of a full year. We didn’t have any vacation from December ’41 till we graduated in November ’43. And those summers were the hottest, and no air-conditioning and no gas for your car to go out to a place where you could swim. So it was hard, but the men were in the either V-12 navy program, which paid their way through school, and they were in reserves for the army because the armed forces were trying to get more people in and more doctors in quicker. That’s why they did that. So the men were either in the V-12 navy program or ASTP, which was the army program, after Pearl Harbor, and they were sent to Fort Meade on a very hot day and a few of them fainted. Women, even if they wanted to be in the army and navy, in those days could not be as doctors. They could be as nurses, but not as doctors, even if they’d wanted to be, which I in no way wanted to be.

Warren: Really? They just plain couldn’t be doctors?

Lewisohn: That was the law. I mean, they were trying to get more men doctors in the army and
army, so they put them in these programs where they paid for their education, but they then owed
the army a certain amount of time. The army ones had to go to Fort Meade, and some of
them were afraid they'd be sent over as privates. They weren't. It was during World War II.

Warren: So was there a—I assume there was a huge sense of the war looming all through your
time period there.

Lewisohn: One of my very best friends besides Sally Cornell Mendenhall is a girl who has since
died, named Annie Bestebreurtje, and her last name five years when she died was Fitzpatrick. She
married. She had been in the bombing of Rotterdam. She was a Dutch girl who had studied in
Switzerland and wanted to complete her medical education at Johns Hopkins, so she joined us our
second year. She was one of my very best friends, and she died of an unexpected heart attack five
years ago this November. She was a wonderful pediatrician.

Warren: How did she spell her first name?

Lewisohn: A-N-N-I-E.

Warren: Normal spelling.

Lewisohn: Fitzpatrick, she's married Dr. Fitzpatrick, who was an Emory, not a Hopkins
graduate. They had six children. She died five years ago. But she was in the bombing of
Rotterdam.

I had another very good woman friend, who's still living, named Dr. Lalla Iverson, who
later became a missionary in China until the Chinese revolution moved her out of China, and in
India. She was a very dear friend. And Dr. Sally Cornell Mendenhall was my best friend, who died
just a few weeks ago, October 12.

So those were my close friends, but we also bonded and had a good time with the older
classmates and even younger ones living in the “hen house,” as they called it.

**Warren:** The hen house. [Laughter]

**Lewisohn:** Yes, they called our boarding house the hen house, because it was the women students lived there. The men students lived either in fraternities or in boarding houses on Broadway. The dorm was built at least ten years after we were there.

**Warren:** So were there any of your instructors, the teachers, who were particularly important on the faculty of the School of Medicine?

**Lewisohn:** Oh, yes. Dr. Hammann was one of Osler’s pupils, and he was a really great clinician. He started this tradition of what’s called—now every hospital has it, but not even all teaching hospitals then—CPC, Clinical Pathological Conference. That was new then. But the head of pathology, who was Dr. Arnold Rich, also one of the pupils of Welch.

**Warren:** So tell me about this program that was new.

**Lewisohn:** The program that was new was called CPC, or Clinical Pathological Conference. A case would be presented to Dr. Hammann, a case history, and he was supposed to diagnose the case by the symptomatology, and then Dr. Rich or another pathologist would explain what happened at death, what the real diagnosis was. For instance, some of them were tuberculosis when they thought they were other things. That’s one example. And those are now giving in every hospital every week, but it was new then. [Visitor interruption]

It’s used in every teaching hospital, but they were relatively new then. And both Dr. Hammann and Dr. Rich were really great teachers, in that they really could use the Oslerian method of diagnosing a case and explaining the pathophysiology, so that’s the way you learned.

**Warren:** Did you have a very strong sense at the time that the Hopkins way of teaching was a
different way?

**Lewisohn:** Not that much, but, I mean, I never liked anatomy and I liked biochemistry, and a lot of my classmates loved anatomy and hated biochemistry, you know. I had majored in chemistry at Michigan and had had a lot of the stuff in the biochemistry. But I thought Hopkins, even then, combined the best of research to a very humanistic approach to patients.

The way Dr. Hammann examined a patient is what I remember, rather than his diagnosis. I mean, he was the first to do this. He was a real showman and he did it very skillfully, to make the diagnosis on a set of symptoms in a brilliant way, and then Dr. Rich sometimes would tear his thesis apart and sometimes they'd agree. But that was a particularly meaningful way of teaching.

Then our third year we were allowed to finally see patients. Up till then, we—

**Warren:** So tell me about that.

**Lewisohn:** What?

**Warren:** Being able to see patients.

**Lewisohn:** Well, we went to the clinic, and again they were divided black and white. Men and women were divided. The venereal disease at that time was syphilis, which was particularly prevalent in black populations, in black men, and the treatment in those days was a compound called Salvarsan, which is an arsenic treatment which you gave intravenously. So I learned to do venapunctures by giving these very large black males these injections of Salvarsan, which is not anymore—that was before penicillin. It's not anymore the treatment of syphilis, but it was the common disease, as AIDS is today, and was particularly present in the black population. And having a big black population, we got to see a lot of tuberculosis, sarcoid, and other diseases that you might not see if we had not had that enormous relatively large black population with its Jim
Crow laws, which shocked me.

I really enjoyed every minute of it, and I especially liked it when we got to see patients. I thought Hopkins had a very humanistic approach and caring about the patient, which dated back from Osler’s day, and it still was present.

Warren: Tell me what you mean by that.

Lewisohn: Well, one of the complaints about medicine today is they deal with diseases instead of people. But Hopkins always had a very holistic approach, that you’re dealing with a sick person, and even though they had the Jim Crow laws, which I abhor, you couldn’t even drink out of the same fountain as a black person or sit in the same part of a train or bus in Baltimore, they treated the black patients and all the patients with great dignity and great care. Now we’re trying to come back to that, with great sense of humanity which dated from Osler’s day, and Dr. Hammann and many of the others encouraged that kind of attitude and practiced it, so that rubs off on the students sometimes more than the academic people.

Warren: I was impressed, recently I saw a copy of Johns Hopkins’ original letter to the original trustees, and in that letter he spells out that the people of Baltimore and beyond will be treated, regardless of race, creed, or color. I thought that was a pretty spectacular thing to be saying in 1873.

Lewisohn: The medical school didn’t start till 1893.

Warren: But right before he died, he wrote that letter instructing the trustees.

Lewisohn: As you know, and as I’ve given you in that paper, one reason women were accepted was that four Baltimore—they had enough money to start the university, but they were short on the hospital and the medical school because the B&O stock, which was Johns Hopkins’ estate,
had gotten—in the 1890s had gone down. So they had a hard time getting the medical school and hospital started.

Four women of Baltimore, one of whom is a Mary Elizabeth Garrett, for whom the Garrett—her husband [sic]—for whom the Garrett Room is named, and there were three others. One’s Elizabeth King, and one was M. Carey Thomas, who was later the president of Bryn Mawr. There were four women who raised $500,000 to start the medical school, four Baltimore society women who raised that $500,000, which would be like raising 500 million today. And Johns Hopkins’ 7 million would be like 7 billion today.

But they really couldn’t have started either the medical school or hospital without the money these women raised, and they raised it on condition women would be admitted and treated on equal terms with men. The one I told you before about, Dorothy Reed Mendenhall, in that first class, they were not treated that way, but by the time we came along, which was thirty or forty years later, we were treated well, I’d say.

**Warren:** Were there any other faculty members who were particularly important to you?

**Lewisohn:** I’m trying to think of some of the women faculty members. There was a neuroanatomist named Marion Hines, and she taught neuroanatomy. I got measles my first year in medical school and was a patient in Johns Hopkins, and Dr. Mac Harvey, it’s A. McGhee Harvey, was the chief resident then. He later was a professor of medicine after I left. I had a high fever. Adults getting measles often have high fevers, and I had 105 fever. He brought the fourth-year medical students to look at my c____ spots, which are white spots in your b_____, that’s inside, when I was lying there with this high fever. I’ve never forgotten it. I teased him about it.

He died two years ago, and his widow was not in our class, but she was in medical school
with us. She was the class above us. She was a woman medical student. But Dr. Mac Harvey was
one of the professors of medicine after my time. He was chief resident at that point.

**Warren:** So that must have been very interesting to be a patient. You were probably one of the
rare people who got to see the place from both sides.

**Lewisohn:** Right. I have three younger sisters, and we grew up here in New York. I think we led
fairly sheltered lives. I never had mumps, but we had chicken pox and I’d had whooping cough,
but we’d never had the measles. My sister, Joan, was at Bennington College. She came down
spring vacation and brought it to me and my other sister. I was at Hopkins. She’s three years
younger than me. So she brought the measles down from Bennington, and that’s how I caught it
on my spring vacation.

Talking about Marion Hines. When we had the final exam in anatomy, there were only
two questions on the whole final exam in neuroanatomy, and neurology has never been one of my
strong points. In fact, anatomy hasn’t been either. But “Ma” Hines—we called her “Ma”—her
name was Marion Hines, and she wanted me to succeed, so she kind of tutored me so I knew the
answers to the questions they’d have on neuroanatomy after my measles episode, so that I could
pass that course, which I otherwise would have flunked. She was good.

Now, there was another woman teacher our second year, named Ella Oppenheimer, and
she was a very—she was tall, slim, a wonderful pathologist, and inspired her love of pathology to
all the students, including my friend Dr. Iverson, who became a missionary, but before she became
a missionary she became a pathologist.

**Warren:** Tell me about Dr. Oppenheimer.

**Lewisohn:** She was a single woman, unmarried, no children, like me, but she really made
pathology interesting and come alive. Pathology is the study of tissues usually either on people who have been operated on or on dead people, but she made it interesting and made it come alive. She was a wonderful teacher and a wonderful role model.

Then in our clinical years, we had Dr. Carol Bedell Thomas that I’ve mentioned before.

_Warren:_ Tell me about her.

_Lewisohn:_ She had been the top of her class at Bryn Mawr and the top of her class at Hopkins. She’s about ten years older than me, than I. But she never got to have an Osler residency because she was a woman, but she went on to be a very distinguished professor at Hopkins, and she did a very important work called the Precursor Studies, where she studied medical students in the late 1940s and then followed them for the rest of their lives. That study is still going on by some of her successors. Her husband was also a Hopkins graduate and Hopkins doctor. I didn’t know him because he was away at war during when I was in medical school. His name was Dr. Henry Thomas.

_Warren:_ What was the point of her study?

_Lewisohn:_ The point of her study was to study as much as possible healthy young men and women and see what affected their prognosis, who got heart attacks, who got diabetes, who got cancer, and what facts affected that. She did a really rather unique study that’s still going on, because when I went back to Hopkins this last June, there was a talk on it by some of her successors, whose name I can’t give you at the moment, but I’m sure they can give them to you. And her son, Dr. Henry Thomas III, is a pulmonary physician here at New York Hospital Cornell Medical Center, where I’ve worked for the last forty years.

_Warren:_ So her point was, she was using medical students as her subjects.
Lewisohn: Before the Framingham Study, to see what led up to heart disease, high blood pressure, diabetes, and it was during the ’40s and ’50s she had a whole large cohort of medical students, and they were studied throughout their life.

Warren: Because presumably they’re going to be healthier than the average person?

Lewisohn: Not necessarily. Which are the ones that get heart disease, high blood pressure, stroke, cancer? And she did a rather unique study. This was well before the Framingham Study in Massachusetts, which has had worldwide renown. So she was a role model to us, too, being ten years older.

Then I’ve mentioned before Katie Borkovitch was only about four or five years older. Dr. Thomas was married to Dr. Henry Thomas, who was in World War II, and I think he was something of a hero in World War II, and he was very much on the Hopkins staff, but I never had him. But Katie was an unmarried lady who dressed in the old-fashioned way that people thought women doctors dressed. She wore sort of women’s suits that were like men’s, and a necktie and brown gripper shoes, and she was very much on that, no makeup, no special hair-do. She was very much on that order. She was a very fine physician, and she went on to practice medicine for many years. She died about five or ten years ago. She had an enormous practice, and her patients loved her. She was a very good role model and teacher for younger—because she was on the house staff when we were still medical students. So she was one of our role models.

So we were lucky to have these people like Katie, who were just a little older than we, and Carol Thomas, who was ten years older, and people like Dr. Ella Oppenheimer and Dr. Marion Hines, who were a lot older. There was one other woman pediatrician, never got married, named Dr. Harriet Guild, and she was a beloved pediatrician and took care of all the faculty’s children.
My friend Dr. Annie Bestebreurtje Fitzpatrick became a pediatrician and adored her and saw her till the end of her life, which was in her nineties. She was just wonderful. So we really had some very good female role models, which was not common in that day, older than we.

Warren: So did you have a sense of that when you chose Johns Hopkins? Was that part of why you went there?

Lewisohn: I had a sense that they were one of the few that combined excellence in research and excellence in human care. That’s why I chose it.

Warren: And having the women role models was a bonus when you got there.

Lewisohn: It was a bonus, yes. I had a cousin here in New York who was a psychiatrist, a Cornell graduate, named Dr. Bettina Warburg, and she introduced me to a very famous Hopkins woman graduate who was then at the Rockefeller Institute, named Florence Sabin.

Warren: Did you know her?

Lewisohn: I met her through my cousin Bettina Warburg. Actually, Bettina was my mother’s first cousin. Florence Sabin had been a friend and roommate of this Dorothy Reed Mendenhall, who was Sally’s mother-in-law, and they were the first two women in the first class, and they graduated number one and two in their class, but Osler would not give them, either of them, an internship or residency. They were the ones that Osler said, “Go back and get married.” And I did know her at the time. I knew her. She was at what was then Rockefeller Institute here in New York, now Rockefeller University. She became a very eminent research scientist.

So I did have these women role models, which I was lucky, because in later years I’ve heard there weren’t enough women role models. One other person who was there when I was there was Dr. Helen Taussig—
Warren: I was going to ask you about her.

Lewisohn: —who, with Dr. [Alfred] Blalock, who came during our second year, enabled Dr. Blalock to do the “blue baby operation” for which he received world fame. She was really the first to outline the different kinds of congenital heart disease. They used to lump them all under one heading: congenital heart disease.

She was very deaf even then. She was in her forties or fifties, and she had a stethoscope which magnified the sounds. She’d let us listen in that, and I almost blew out my eardrums. But she was a very eminent pediatrician, but like many others, I don’t think she or Dr. Thomas ever got their full reward, and I know for a fact that Dr. Taussig did not even get—I mean, that she had trouble when she retired, because she didn’t get a full professor’s salary. A full professor’s salary in those days was about 25,000 a year. She was just an associate professor.

So when you ask if there were prejudice against women, I think Dr. Taussig and Dr. Thomas both should have been much more promoted than they were, and that was a good ten or fifteen years ahead of things. Dr. Taussig is a good friend of some other friends of mine who were here at Cornell. They had two retired doctors, Dr. Mary Allen and Ralph Engle. Mary Allen Engle was Dr. Taussig’s first resident and became the children’s heart specialist in the USA through the ’40s and ’50s, ’60s, and ’70s. She retired about five years ago and now lives in the Eastern Shore of Maryland and in the winter in Miami, Florida. Her husband’s a physician, but he’s a hematologist, and he was not as relatively eminent as she was, but she did get her professorship at Cornell. She knew Dr. Taussig very well.

Dr. Taussig died in a car accident when she was eighty-five and in a retirement home near Philadelphia.
**Warren**: Did you have Vivien Thomas?

**Lewisohn**: No. He was, I understand, Dr. Blalock’s assistant, who was not an M.D. I think he got an honorary M.D.

**Warren**: But you didn’t know him?

**Lewisohn**: I didn’t know him. I didn’t really know Dr. Blalock. The nurses always thought Dr. Blalock was a medical student because he came in our second year and he was very young-looking for his age. He had no gray hair at all. He had thick black hair and wore saddle shoes, which was what the—and the nurses always thought he was a medical student because he looked much younger than his stated age.

The only group that really were against women, Blalock wasn’t against women, but the male urologists Hugh Young gave lectures about male urology diseases and made dirty jokes, you know, and he also would not let the women go to his clinic in his building, but the boys called it “the black hole of Calcutta,” because it was mostly gonorrhea with urethritis, a very unpleasant clinic anyway, but he wouldn’t let us go near it, but which suited me and my classmates fine. He was what would today be called a male chauvinist.

But Dr. Blalock—maybe he was, but Dr. Blalock, I mean, none of us went into surgery. Several of my classmates, including Sally Cornell Mendenhall and Annie Bestebreurtje Fitzpatrick, went into pediatrics, and two or three others. I’m talking about the women classmates. I went into general medicine. But nobody went into surgery in those days. The only kind of surgery a woman could aspire to in those days was female gynecology, and there was a professor of female gynecology, which was way ahead of its time, named Dr. Lawrence Wharton. And they did separate. Another thing that Hopkins did, it separated OB from GYN, because Dr. Nicholas
Eastman was head of OB and Dr. Richard TeLinde was the head of GYN. They separated those two in those days at Hopkins, which they didn’t at other places. OB/GYN was one unit, but at Hopkins they were separate.

**Warren:** Really.

**Lewisohn:** Yes. And there was one wonderful—I’ve forgotten her name. There was one wonderful woman gynecologist who died of cancer, and I can’t remember her name, I’m sorry to say. She went to Milwaukee, Wisconsin. But I have forgotten her name. Maybe you can dredge it up.

**Warren:** Okay. You made a reference a few minutes ago to an Osler residency. What do you mean by that?

**Lewisohn:** Well, the residencies in medicine were the Osler residency, where you were in charge of ward patients. The wards were divided, white male, black male—colored male—white female, colored female. They had four floors. The other residency was a medical residency on the private service. It was called the Marburg service. You dealt mostly with the private patients rather than the ward patients. It was more prestigious to have an Osler residency.

**Warren:** So that would be in the Marburg service?

**Lewisohn:** The Marburg was less prestigious.

**Warren:** That was less prestigious.

**Lewisohn:** Yes. You took care of private patients. Osler, you took care of the ward patients.

**Warren:** So you’re saying that the women were not allowed to have—

**Lewisohn:** Well, I said Carol Thomas, who was the top of her class, and Dorothy Reed Mendenhall and Florence Sabin, who were top of their class, were not given residencies by Osler
himself, or internships. I had a somewhat different internship and residency, in that I worked at an affiliate of Hopkins, called Hospital of Women in Maryland, which is since defunct. But I did OB/GYN and medicine and infectious disease and had a rotating. So that was more like a Marburg.

Warren: Tell me about that hospital. I don’t know anything about that. I read that you were there, but I don’t know anything about it.

Lewisohn: Well, it was an adjunct of Union Memorial, and I’ve forgotten where it was in Baltimore, but they had the Hopkins professors there. We had very good and very interesting cases, so that’s where I did my internship.

Warren: And it was all women?

Lewisohn: The patients were all women. The doctors were mixed. Then I did my residency at Bellevue for five years because my friend Sally Cornell Mendenhall had been there and loved it. It was run by a Hopkins graduate named Dr. J. Burns Anberson.

Warren: So before we move on from medical school, because I know there’s another whole part of your affiliation with Johns Hopkins, tell me what the social life was like for you as a medical student.

Lewisohn: Well, it was during World War II. I had a car which we nicknamed Dumbo. We used to use the car to go—we had to take some of our courses at Baltimore City Hospital, which is now called Bayview. Right?

Warren: Yes.

Lewisohn: So we did that. Occasionally we got out to a place where you could swim or cool off in the summer. But my friend Sally Cornell Mendenhall met her husband, who was an instructor,
and got married during the war. He went off to war, and then when he came back, they moved to Wisconsin, Madison, Wisconsin, which was his home. But I really didn’t—I mean, social life for me was rather bleak, and it was during World War II, so there weren’t that—I mean, it wasn’t like social life is today.

_Warren:_ I need to flip the tape over.

[Begin Tape 1, Side 2]

_Warren:_ Because the other day I was going through some of the photographic files at the medical archives, and I came across a big box of pictures of dances and all kinds of social events related to the School of Nursing. So that made me think, that made me wonder how much dating went on between doctors and nurses, between male and female medical students. Was there a lot of social life, social interaction, or—

_Lewisohn:_ For instance, my friend Mary Allen Engle, who I just mentioned, the woman cardiologist, she was two classes below me, but also lived in the Hen House. Her husband was her classmate. Her name had been English, and his was Engle, and in their class we were put at anatomy tables according to our alphabetical, so Engle and English. In her class there were two other couples who married because they had met over the anatomy table.

My friend Sally married her instructor, Dr. John Mendenhall, and they moved to Madison, Wisconsin. But I never married, as you know, and I came to Bellevue for my residency and then went into practice in New York after that. So there wasn’t that much—there was interaction, but not that much interaction. And it was during the war, and we were limited in what we could do and where we could do it.

_Warren:_ I also wanted to ask you, just because I think a woman would have a different
perspective, about what the relationship was with the nurses, with the women who were going through the School of Nursing at the time.

Lewisohn: Well, I mean, we didn’t live the same lives or in the same place, and there was not all that much interaction.

Warren: I wondered about that.

Lewisohn: I got to know some nurses later in my internship very well, who became very good friends, but there wasn’t that much interaction. If they resented us, I did not realize it.

Warren: I was just curious, since you were all women in the same geographical place, learning, whether there was any interaction.

Lewisohn: Quite a few men doctors did marry nurses whom they met there. But in our day, only one or two men were married during medical school. Now over half the class is.

Warren: Times are changing.

Lewisohn: Times are changing. I went back to my fiftieth and fifty-fifth reunion, and I met especially some of the Southern doctors who were married back then and are still married to the same wives. Hopkins was really a Southern school in the sense that the white families felt that Hopkins and Princeton were the two places they could send their sons and wouldn’t be ruined by “damn Yankees” in my day. So Hopkins had quite a Southern tradition, and, I told you, had the Jim Crow laws which shocked me as a New Yorker and as a person.

Warren: Well, obviously there were no black medical students at that time.

Lewisohn: No. Even many years after me. Hopkins was rather late in taking black medical students and black house staff. Cornell, where I’ve worked most of my professional life, which is here in New York City, was way ahead of Hopkins in accepting blacks, Puerto Ricans, and ethnic
diversity, way, way ahead of Hopkins. Hopkins accepted women, but the blacks were certainly—I mean, this is even way after I graduated.

**Warren:** Would you have had any kind of opportunity as an alumna to speak out about any of those issues?

**Lewisohn:** Well, I did when I became a trustee, which was not till 1971. In 1971, when I became a trustee, Milton Eisenhower had been president, and then his term was over, and a man named Lincoln Gordon from the State Department came. I gather when all the other universities were in the black, it sent Hopkins into the red, and nobody liked him. The students didn’t like him, the faculty didn’t like him, and he talked endlessly. I’ve learned some of this from Ross Jones, but, I mean, I gather he was—in any case, the students voted him out, or the faculty did, and then they begged Milton Eisenhower to come back for a second term as president. He was widowed at that point, and he did. He put some conditions. He wanted two young trustees who were recent graduates, and he wanted a woman trustee. And I’m the woman trustee. That was in ’71.

**Warren:** All right. Well, let’s make that leap. Tell me all about that. Tell me about being the first woman trustee.

**Lewisohn:** Well, it was a wonderful experience because President Eisenhower was just a wonderful person. Ross Jones stood at my side the whole time. The first meeting I attended, I came by plane, and it was foggy and I was late getting there. There were fifty male trustees and me, and Ross Jones took me in to introduce me. Mr. Hutzler, who was on the board then, of Hutzler Department Store, asked me how I came, and I said, “I flew down.” He said, “You should take the Metroliner.” From then on, I’ve always taken the Metroliner. He was a good friend. He died.
I was appointed under Milton Eisenhower, and I'm trying to think of the name of the man who called me. His name is Harvey. Robert Harvey was the chairman of the board of trustees then. I was thrilled. I really enjoyed that. And I have brought up the part about not enough blacks and diversity, especially in the medical school.

Then in 1976, Dr. Jerry [Jeremiah] Barondess—he’s somebody you ought to interview—he’s the head of the New York Academy of Medicine now. He’s somebody you really ought to interview. He started the Medical Visiting Committee. We were a committee, and I joined that and I’m still on it.

Warren: Tell me what that is.

Lewisohn: That was to advise the dean, who was then Dean [Richard] Ross, about problems affecting the medical school, including what we’ve just talked about, the lack of diversity and some of the other problems.

Warren: Tell me about those discussions. How does Johns Hopkins address those issues now?

Lewisohn: Well, I don’t know. I mean, I think there’s much more diversity than there was.

Women have had a better break in many ways than they used to, with one or two exceptions. One I came across this past year, and we’re talking 1999. My friend Dr. Carol Johnson Johns just got her full professorship two weeks ago. She’s five years younger than me or more. She was class of ’50. She has been with Hopkins since then and given devoted service. She is a world expert on a disease called sarcoid, and has given papers on that. But she did not get a full professorship until 1998. Her husband is the head of biophysics. Yes, biophysics. What is—

Warren: Biomedical engineering?

Lewisohn: Biomedical engineering. She raised three sons and has lots of grandchildren. She did
not get her promotion till she was about ready to retire, which was this past year. So things haven’t changed that much.

There was a committee within this committee that looked into promotions on women, and women have not been promoted at the same rate as men in the faculty, and that’s very true not only in the medical school, but also in the undergraduate school. I wrote a letter about my friend Dr. Carol Johns, and another woman trustee who was on the board with me, was Dr. Mary Ellen Avery, she’s not anymore, but she was the head of pediatrics at Harvard, where they’ve had similar problems. She is no longer the head, but she does major research still at Harvard medical school. She, again, was about ten years behind me, and she and I both wrote letters about Carol Johns, who finally got her promotion about forty years after she should. So that part hasn’t changed so much.

However, being the only woman trustee has been a great learning experience for me being a trustee, and I’ve learned about other parts of education that I really didn’t know anything about. **Warren:** That was my next question. I was about to say, you must have learned a lot about Homewood as a trustee. 

**Lewisohn:** I did. I also learned that Hopkins wasn’t really only the medical school and hospital, but that they have excellence at Homewood, excellent departments there. The APL, the Applied Physics Laboratory, is not my favorite subject. They have other parts of Hopkins that are really excellent, and I learned about it and got to meet the people, particularly now that it’s connected with Peabody.

So Eisenhower was the president, but then he appointed Steven Muller as the provost, and a year after that, in ‘72, Steven Muller became the president. So I’ve been under Eisenhower,
Muller, Richardson, now Bill Brody, but Dan Nathans was an interim president, my favorite of them all.

**Warren:** Dan Nathans?

**Lewisohn:** Yes.

**Warren:** Tell me about him. Why is he so special?

**Lewisohn:** He is a really brilliant person, topnotch brain, a real researcher in molecular biology, who’s gotten a Nobel Prize, and he’s the most modest, wonderful man I’ve ever known. He always insisted on holding an umbrella if we had to go out for lunch in the rain. He’s just a wonderful person. He was the interim president. So I’ve been a trustee under six presidents, I guess. I consider them all personal friends. A wonderful experience. The other trustees whom I’ve met I’ve enjoyed, too, enormously.

**Warren:** One thing in particular you mentioned that I want to know about is this whole idea of the Young Trustees. You arrived with the young trustees, the first Young Trustees.

**Lewisohn:** They were in law school and they came to all the meetings and never missed. There were meetings like October, December, February, and they never missed them, so I felt I shouldn’t miss them. Since then, one of the senior class appoints somebody so a Young Trustee can stay usually four years and then they rotate. They’ve been inspiring people, too. They’ve been wonderful. Then the whole thing comes up about tuition, and they’re always quite vocal about that, because the tuition has gone up, as it has everywhere else. They’re a great addition.

**Warren:** What do you think the Young Trustees bring to a meeting in particular?

**Lewisohn:** Well, their recent experience of being a student and a student’s point of view. Also the weaknesses and strengths of Hopkins and this business about not enough diversity, I think
they bring a more recent and they bring the current campus to your attention, which you need, both the medical and the Homewood campus.

**Warren:** Are there Young Trustees representing East Baltimore as well as Homewood?

**Lewisohn:** No, no. They’re Homewood. The senior class elects them every year, so we have four Young Trustees and they turn over every year. One goes off and another one is added.

I also had the pleasure of being a Presidential Councilor. I say we’re the oldies and goodies. Not under Steve Muller, but under Dr. Richardson and now under Dr. Brody. He has a group of us oldies but goodies who had some experience. Twice a year we have dinner with him and then we have a meeting and he brings one of the deans from either Homewood or APL or the medical school to talk about the problems. I find that very stimulating and wonderful. I call us the oldies but goodies.

**Warren:** That’s great. That’s great. I’m really interested in all these different presidents that you’ve served under. Let’s talk about their styles as administrators. You’ve told me about Eisenhower. Tell me a bit about Steve Muller.

**Lewisohn:** He was a very good administrator, but I think he did make Hopkins a worldwide presence because he particularly added the campus in Nanjing, and he worked hard to keep us up with the campus in Bologna, which was already there. I mean, if I had a criticism, I think the first five years of his presidency he brought Hopkins from the nineteenth century, which was really a community of collegial scholars, into the twentieth century. He did major fundraising, the first time Hopkins had ever done major fundraising since the beginning, and he raised a great deal. We had the Hopkins Hundreds, which was back in ’76, to raise 100 million, and now it’s up to more than 900 million. But he was the first to do that. His first five years, I think he accomplished a
great deal, but I think then the ideas got somewhat too grandiose and a little out of hand, so it made it too diffuse. That’s my criticism.

But Dr. Richardson followed him. He was a wonderful man.

Warren: Tell me about him.

Lewisohn: He had been at Penn State, and he was a scientist, but not a doctor. He was very thoughtful, and I think he was able to keep the things going that Steve had started that were good, and sort of cut back on those that were too ambitious. Then he left to be the head of the Kellogg Foundation.

Now we have Bill Brody. He’s an M.D. and a radiologist. I just think the world of him. But my favorite of all was Dan Nathans because he’s a great man who’s truly humble.

Warren: I like him in pictures. I just like the way he looks. I haven’t had the pleasure of meeting him yet.

Lewisohn: He’s about my height, which is short for a man. I’m five feet two and a half.

Warren: Whenever I encounter photographs of him, they just make me smile.

Lewisohn: He makes you smile, and he just is sort of a gentleman of the old school and so modest and so wonderful.

Warren: So he really stepped into the presidency at sort of a difficult time, I understand.

Lewisohn: Yes. Richardson left to be the head of the Kellogg Foundation just when we had gotten Peabody on board, and he stepped in and he did a wonderful job for a year, but he had a contract with Howard Hughes to do this research, and he told me he’d have to go back to it. He’s not too well now, as you may know.

Warren: Yes.
Lewisohn: So sad. He was my favorite, if I had to pick a favorite. Eisenhower was my favorite, but he was my real favorite.

Warren: And Bill Brody?

Lewisohn: Bill Brody is just a wonderful person and warm and easy to deal with, and the students love him. He and his wife, who’s a dear girl, too, roller skate to meet the students, and you feel they’re more on a level with the students and not way up here and the students way down. I think he’s an excellent administrator and really human and caring, which is what Hopkins is so good at.

Warren: That made me laugh, too, when I saw a picture in the alumni magazine of him and his wife on roller blades.

Lewisohn: Right.

Warren: I just said, “Oh, I think they’ve got the right person this time.” [Laughter]

Lewisohn: Also I think it’s good they’ve gone back to live in Nichols House, which was designed for the presidents and then was made into offices, and we have our trustee meetings there and our Presidential Council meetings there. It’s a very gracious, lovely house and it’s their home, and they make it gracious. They’re both gracious, lovely people.

Warren: There’s one thing you mentioned that I’d like you to tell me a little bit about. You said APL is not your favorite part.

Lewisohn: Well, APL, as you know, does research for the navy, and though they may not make the guns, they tell them how to make bombs and things. I understand—I’ve known the heads of APL—I understand they’ve done a lot to advance the science of physics and biophysics for Hopkins. I mean, they’re really a topnotch school in that sense, but, on the other hand, I feel bad
to be part of something that’s making bombs and not growing wheat. I feel that’s not creative. I’ve never felt war solved anything, and it just upsets me.

That picture that’s here, a group of trustees, we were meeting in front of APL one lovely fall day about three or four years ago, and that’s the picture that’s there. This picture here is Dr. [Edward] Benz, who’s the head of medicine, giving me that honor that’s up there.

**Warren:** Dr. Benz. I don’t know him.

**Lewisohn:** Edward Benz. Before him was Dr. John Stobo, because one of the things that I contributed to Hopkins was under Dr. John Stobo they needed more teaching in the Ambulatory Care Center, and that’s when the new Ambulatory Care Center was built. So under Dr. Stobo, I raised some money for that and was on that committee. Dr. Stobo left to go to Galveston, Texas, about four years ago, and Dr. Edward Benz took his place. He’s wonderful, too.

**Warren:** So when you think about Johns Hopkins, how do you sum it up? What does Johns Hopkins mean to you now after all this time?

**Lewisohn:** It means that they really have had a heritage of excellence, and I think they’re continuing it. I am very pleased and proud to be part of it.

**Warren:** And when you look to the future, what do you see in the future?

**Lewisohn:** I think and hope it will continue, and I hope they’ll continue to have an open mind, a much more open enrollment, and much more open arms, and less arms, less APL. I feel the humanistic tradition has been carried forward for more than a century. I hope it will continue. Everything I see says it’s going to continue.

**Warren:** What’s the best way we can celebrate this 125th anniversary? What would you like to see happen as part of the anniversary?
Lewisohn: Well, I’m not really very good on that. My fiftieth anniversary was the hundredth of Hopkins’ medical school, and Hillary [Rodham] Clinton spoke at our—that was in ’93.

Warren: Good timing.

Lewisohn: Yes. But I’d like to see some seminars on how in today’s world to keep this sense of excellence and humanity going. That’s what I’d like to see.

Warren: Certainly that’s a theme and a feeling that comes through with everyone and everywhere, this idea of excellence. I guess part of what I’m trying to pursue and to understand and to figure out how to put down on paper is, what makes a place have that goal? Not every place has that.

Lewisohn: It’s certainly not the bricks and mortar. It’s the people. I mean, starting with Osler, Welch, Halstead, and Kelly, that tradition has carried through with excellence in research and excellence in caring, which is what medicine’s about and what teaching and universities are about. I just hope they continue.

Warren: It looks like that’s what’s going to happen.

Lewisohn: Good.

Warren: Is there anything we haven’t talked about that we should?

Lewisohn: Not that I—we did talk about not enough ethnic diversity especially in the medical school, even today. I felt it was much more and much better at Cornell, which was not as good in other ways and not as human and caring. So that’s the one thing I’d like—and of course we have to make it more affordable for everybody.

Warren: Yes, I think that’s a big issue. I think those two go hand in hand, too.

Lewisohn: Right. I think you ought to interview Dr. Barondess, who’s at the Academy of
Medicine. Dr. Jeremiah Barondess. He was a trustee with me, and we both went to Hopkins. He’s a little younger than I am. But I think you’d find him an excellent person to interview.

**Warren:** Okay. I’ll check that name off. I thank you, Dr. Lewisohn.

[End of interview]