VICTOR McKUSICK, M.D. ’46

20 December 1999

Mame Warren,
interviewer

Warren: This is Mame Warren. Today is the twentieth of December, 1999. I’m at Evergreen House in Baltimore, Maryland, with Dr. Victor McKusick. From what I can tell from my research, you’ve been here for quite a while. You came in 1943. That interests me a great deal. I would like to have you tell me what Johns Hopkins was like when you arrived and why you chose to come to Johns Hopkins.

McKusick: Well, that’s a complicated question, at least a double-barreled question. I arrived in Baltimore on Washington’s birthday, 1943, to start medical school, the first of March, during World War II. The medical school ran nine months, nine months, nine months around the calendar. I’d never been south of New York before. I’m a native of Maine. I did my pre-med at Tufts. I had only three years at Tufts. Of course, part of the provision of the founding of the medical school that was specified by Miss Garrett was that people who came to medical school must have a bachelor’s degree, but I have no bachelor’s degree. That’s a part of my reverse snobbery. [Warren laughs.] During the war, the bars were let down for a time, and I slipped in at that time.

It’s rather interesting and significant that I arrived in Baltimore on the twenty-second of February. The twenty-second of February was, in the past, always celebrated as Founders Day at the university, and that was exactly fifty years after February 22 in 1893, when it was announced
that the medical school would finally open the following fall, that they finally had the money. So this means that I have been here considerably longer than—a fair amount longer, at any rate, than the medical school. More than half of the existence of the medical school.

The other day the Welch Medical Library was celebrating its seventieth anniversary, the library and the Institute of the History of Medicine having been opened in 1929, and the main speaker was Don Lindberg from the National Library of Medicine, and Paul McHugh and Gert Brieger and I were commenting on his speech and about the occasion in general. I wrote out my remarks, I'm glad to say, and decided to break my hip, so that I was having surgery that very day, but my wife read my remarks. But what I pointed out was that the library was only thirteen and a half years old at that time and the acting librarian was Henry Sigerist, the professor at the History of Medicine, because Sanford V. Larkey, who was the real librarian, was off on war duty.

Henry Sigerist is the reason that I'm at Johns Hopkins and the reason that Hopkins is the only medical school I applied to, because the reason I'm in medicine goes back further, and we can go into that if you care to. I'm an identical twin, as you may know, and my brother ended up in the law, so that one has to explain this discordance for identical twins, and there is a reason for that, which we can go into if you'd be interested. But that dates back to a long illness I had in 1937.

But the reason I'm at Hopkins was because of a Time magazine article that had Henry Sigerist on the cover, and it was a cover story about him in the section on medicine which recounted his very avant garde views about medicine, which was considered very socialistic, if not communistic, by many of his colleagues here at Hopkins. But that wasn't what attracted me as much, I thought, the idealistic view of a teenager that undoubtedly was very attractive to me, but
what attracted to me was the great lore of Hopkins.

Incidentally, I meant to bring you the book review that I did for the *Baltimore Sun* on Michael Bliss' [phonetic] new biography of [William] Osler. Harvey Cushing, in 1925, wrote the definitive biography of Osler, which is often considered—and I would consider—perhaps the leading medical biography, and exactly seventy-five years later Bliss comes along with the second biography. I refer to Cushing as being the gospels, as it were, and Bliss being the exegesis. But they're a wonderful pair. It was the legend of Welch who occupied a more important part in that write-up than did the others of the big four, although they were mentioned, but Welch, his role in recruiting Sigerist to Hopkins, and so on, this was the place for me.

So then when the word went out that Hopkins would take students without bachelor's degree, I hopped at the opportunity to come to Baltimore.

**Warren:** Was Henry Sigerist here when you arrived?

**McKusick:** Oh, yes, yes, yes. Yes, indeed. In fact, Henry Sigerist was director of the Institute of the History of Medicine, of course, and he was, up until 1947 when he left. He came in 1930, '31, until '47. He was the acting director of the Welch Library because Sanford V. Larkey was off doing war work in Washington. The History of Medicine was a required course for our class, and Sigerist, also in his role as librarian, gave us at least a lecture on the use of the library and personally took us on tour around the library. But Sigerist was a very impressive person.

**Warren:** Tell me about him.

**McKusick:** A very energetic man who smoked long cigars and spoke many languages. He was a physician who started out in Switzerland. A few years ago I was in Switzerland in the place where *Magic Mountain* was written by Thomas Mann, and at the museum there, there was a woman by
the name of Sigerist there, and I was interested to discover that her father was the second cousin of Henry Sigerist or something of this sort.

But Sigerist had been at Leipzig, where Sudhoff was the great figure in medical history, and Welch was a friend of Sudhoff’s and met Sigerist when he visited in Leipzig and recognized him as a very good person to bring to Baltimore. In fact, Welch said that he considered his greatest contribution to medicine or to Hopkins was the discovery of Sigerist, but I guess he was perhaps exaggerating for effect in that regard. He was very proud of that. Of course, Welch had many things to be proud of—the medical school, the School of Hygiene, the library and institute.

Warren: So let’s get back to 1943. Tell me what East Baltimore was like then.

McKusick: In many ways it was much better than it is now. There were no dormitories, so that all of us lived in rooming houses up and down North Broadway, North Washington, Wolfe Street, rented rooms. There were four Greek-letter national fraternities and one local fraternity known as the Pithotomy Club, a very famous institution. These were located in row houses in the 600 block, 700 block, or 800 block of North Broadway, and a certain number of students lived at these houses, but they couldn’t accommodate the entire membership. Their main purpose was as dining clubs. That’s where we ate.

Related to that was a very useful function in a social function and educational function, in that you established contacts with upperclassmen as well as members of your own class, and learned a lot from them about interesting patients, instructive patients. I always tell students, “Never say interesting. You can say patients are instructive.” Things of that sort.

But North Broadway and the whole of East Baltimore was predominantly white. The back alleys, there were African Americans in the back alleys scattered through the area. Further to the
east was a bohemian area, a Polish area, and so on. But I suppose, looking back on it, that it was a rather bohemian existence that we lived at that time, but we thought it was terrific. I didn’t really, until after I finished medical school, get to know very much about Baltimore and the Maryland countryside and so on, which, of course, I found to be very attractive. It was a very interesting time.

Warren: How much of a sense was there day to day of World War II going on in the background? What kind of a difference do you think that made?

McKusick: Yes. Okay. I meant to mention, when you asked about what East Baltimore was like and what the whole ambience is like, I think that Augusta Tucker’s book *Miss Susie Slagle* captures that very well, fictionalizes it, of course, but captures it in a genuine way that’s very valuable.

War was—after I’d been here for four or five months, in June of ’43, there was an ASTP unit established, Army Student Training Program, and I was inducted into that. This was a great blessing to me because I was operating on rather limited means, and this paid for my medical education for all except the first half, I guess, of my first year.

There was a naval unit here at the same time, and those units persisted through until the time we graduated, which was in March of 1946. We had three days a week or something like that. We had formation, reported for formation out on Washington Street between north of Monument, between Monument and Madison, on the back of the medical school, as it were. Across the road there was St. Andrew’s Church and so on, where there’s now a parking lot and so on. For a time it was called the St. Andrew’s parking lot, but I think the St. Andrew’s name has long since been forgotten there. It’s called the Washington Street parking lot.
Warren: So there was a church there before. I’ll remember that next time I park in there.

McKusick: Yes.

Warren: I always park there when I go to the Chesney Archives.

McKusick: [unclear].

Warren: I’ll think of that. I’ll bless myself as I go.

McKusick: Yes, light a candle or something.

Warren: So was training accelerated then? Did you go year-round?

McKusick: Oh, yes. We had no vacations. That’s what I say, medical school ran nine months, nine months, nine months, around the calendar, and that’s why we finished in three calendar years. We got thirty-six months. We got four nine-month segments in three years.

The residency programs were tied to the same nine months, nine months, nine months.

You interned for nine months, you were a first-year assistant resident for nine months, and then you were a senior assistant resident for nine months. This was the way the residency program ran.

This had an interesting effect as far as we graduated, my class, the nineteenth of March in 1946, and I started interning on the Osler medical service the first of April of 1946, and I had a fifteen-month internship, because with deceleration we had to get things or they had to get things back on the ordinary July 1 schedule. So I was a member of Dr. Warfield Longcope’s last house staff program, because he was still the chief up until July 1. Some wonderful pictures of them, a wonderful picture of that staff that I’m a member of with Dr. Longcope. And then first of July, Dr. A. McGehee Harvey, who was not yet thirty-five, he turned thirty-five later in July of 1946, came in as the chief, and I was still an intern and was on his first house staff group.

Warren: You just mentioned two people I want to know a lot more about. I want to know
about Dr. Longcope and Dr. Harvey.

**McKusick:** Yes. Well, Dr. Longcope was chairman of medicine and physician-in-chief from 1922 until July 1 of ’46, as I mentioned. That was twenty-four years. He, of course, was my professor when I was in medical school and, as I stated, chief when I first started as an intern. We thought that he’d been professor forever. Twenty-four years! And actually both he and Dr. Edwards A. Park was the chief of pediatrics, and Park and Dr. Longcope were the same age, and because of the war they stayed on and were sixty-eight when they retired, but they were held on because of war. But we thought Dr. Longcope had been professor forever, twenty-four years, and then Dr. Harvey came in and he was professor for twenty-seven years before I succeeded him in 1973. That period seemed to pass very rapidly because I was here all the time. It just seemed to roll by very rapidly.

**Warren:** So tell me about them as people. What was Dr. Longcope like?

**McKusick:** He was fairly formal. Medical rounds, he and Dr. Harvey after him, and myself after him, continued the practice of Monday, Wednesday, and Friday. Between ten and twelve we made rounds by rotation on various wards. Dr. Longcope’s rounds were very formal. The head nurse was in attendance with the examining basket at the ready with an othalmoscope [phonetic] and other equipment that he might want. The chief resident was at his elbow and the retinue of other residents and students and so on.

He was very much interested in examining the eye [unclear] of patients because he had done some work with the people in [unclear] on the fundoscopic changes in relation to various diseases, and the examining baskets on the wards always had a black silk cloth, and in order to make it dark so that he could see better, the nurse would hold this dark silk cloth over his head.
and the head of the patient. And it may be entirely apocryphal, but it was said that some joker resident told the student nurse who was officiating on this occasion that the protocol was that she was supposed to crawl under the black cloth also. [Laughter] But there was a lot of spit and polish about the rounds, which was in fair extent a projection from Dr. Longcope's personality. **Warren:** How many people would be involved with these rounds? **McKusick:** Those, probably up to twenty, perhaps as many as that. There would be six students on the ward and two chief residents, probably more like twelve as a maximum. Often Dr. Longcope would bring visitors with him on these rounds. But I think ten or twelve was probably the maximum. **Warren:** Now, something I have on my list of things that I hope that you'll explain to me, I see a lot of photographs of grand rounds. Tell me what grand rounds means. **McKusick:** Grand rounds, as we know them now and have known them for a long time, and as they were from Longcopian days, from my first days here, were amphitheater rounds. For a long time, patients were presented in the flesh. They were wheeled in in their beds oftentimes or in wheelchairs. The resident would present the patient and then a member of the faculty would discuss the problem after the patient had left the room. For many years these were held in Hurd Hall and were well attended. They were moved to the Turner Auditorium when the Turner Auditorium first became functional in the fall of 1968, I believe. They were held for many years on Thursday mornings and then later, I think this may have been during my tenure or toward the end of Dr. Harvey's tenure, they were shifted to Saturday mornings. They had become very popular as continuing education staff from hospitals all over the cities, and for our own staff Saturday was a more satisfactory time one could be leisurely, without
having to think about when you’d have to dash off to your office or to the clinic, such like, and this worked out very well.

But then Dr. Stovo came in as my successor and there was much more attention to the women on the staff, and the realization that Saturday really should be kept sacrosanct for the staff in general, that this was just too much of an intrusion to have a major exercise continuing on Saturday. So they were moved back to Hurd Hall, in part because it’s a smaller and more intimate room, and we had reached the point where patients could not be presented in the Turner Auditorium, it was such a big room and so on. But in Hurd Hall they can be presented. Usually members of the staff bring private patients of theirs and tell their stories in front of the patients and give an opportunity for the patient to tell their own story and so on. That worked out very well. But they were moved to 8 a.m. on Friday.

The exercise in the Turner on Saturdays, this service to the community as well as to some of the Hopkins people—I don’t attend these, so I’m not terribly familiar with them—continue, and they consist mainly essentially of two lectures on two topics and then after a coffee break, the so-called conjoint clinic, which is a therapeutic conference that preexisted all of this, but I don’t think that’s very much attended by the full-time staff of Hopkins. Those have been very well done. I do not intend to denigrate them. They have been broadcast widely. For a time they were taped and tapes were sold and so on, but now, and quite a while, been broadcast generally, and there’s the opportunity for people to ask questions and things of that sort.

**Warren:** How does a patient get selected for grand rounds? What makes the case interesting enough?

**McKusick:** Well, “interesting” isn’t the criterion. “Instructive” is the word. Instructive in terms
of diagnosis or treatment or both. The usual practice in present rounds is to have two patients in
that one hour. It used to be when grand rounds were at Hurd Hall, that three patients would be
presented and discussed.

Warren: Thank you. I’m really glad to have that explained. I love the photographs of ground
 rounds.

McKusick: Yes.

Warren: There’s so many, it’s going to be very hard to choose which one to use. I really find
that fascinating.

McKusick: Having said that, the fact that they’re amphitheater rounds, I think that in Osler’s
day they were actually on the wards, and the entourage was very, very large, with a lot of visitors
and so on, but a famous album of pictures dating from 1904 that show Osler in a number of poses
and shows the cluster of people peering over each other’s shoulders, and one man has his bowler
hat on his head, like men out in their street clothes.

Osler always stood—when Dr. Longcope went to a patient’s bed to examine them and so
no, you always examine the patient from the right side, and this is what at least I always instructed
the students when they examined patients. You always examine them from the right side. This is,
in part, that it’s easier to feel the liver, if you’re right-handed, working from the right side. It’s
easier, if you listen to the lungs and you hear crackles on one side or the other, it’s easier to
remember which side. If you know it was the side away from where you were standing, that has
to be the left side. If you shift back and forth, it may be a little more difficult to remember when
you go to write it up.

But perhaps mainly it was just a matter of practice that Osler started it, so one always
does it that way. But there’s a famous photograph in this series that a couple of medical students took of Osler looking at the patient in a very contemplative way, and a few years ago someone at Yale put together a cram book for people to use in studying for board exams in internal medicine, and the publisher put a drawing based on this famous photograph on the front. But they got it wrong. They had Osler standing on the left side of the patient. They rotated it.

But, of course, Osler’s rounds, even if they weren’t grand rounds, were major performances, because he was such a well-known person, especially toward the end of his period at Hopkins. He was, as you know, at Hopkins for sixteen years. He was a professor in four universities in three countries, on two continents, because he was at McGill first, then he came to the University of Pennsylvania in 1884 and was there for five years, till he was recruited to Hopkins when the hospital opened in 1889, and in 1905 went to Oxford as the regents professor. He was knighted in 1911, died in Oxford in 1919.

Warren: Is the idea of grand rounds something that happens at all medical schools, or is this a Johns Hopkins innovation?

McKusick: I don’t know. As far as I know, it might be a Johns Hopkins innovation.

Warren: I have no idea.

McKusick: Yes. I don’t know for sure, either. You know, it’s amusing that there is an idea that the term “ward rounds” started at Johns Hopkins, and this is a bit of misinformation that the medical students who take prospective students, take applicants around to see the hospital, they take them to the rotunda and say that the reason why they’re called ward rounds started at Hopkins because the doctors went around to see the patients. But, of course, there were never patients in that building; it was always an administrative building and residence for the residents.
and other staff.

**Warren**: What are Johns Hopkins innovations? What are things that make a Johns Hopkins medical education different?

**McKusick**: Well, at the beginning, of course, the insistence on a bachelor's degree and two foreign languages represented a foundation that was unusual for that time, now quite commonplace. In fact, many of the things that made a Johns Hopkins education different, and continues to make it different, have been adopted by institutions generally. When Abraham Flexner wrote his report, of course, he set up Hopkins as the ideal and said everyone should be doing this, what Hopkins is doing, and that, in essence, is what happened. Everyone started doing it.

Dr. [Richard Harrison] Shryock was Sigerist's immediate successor as the director of the Institute of the History of Medicine and so on, and he was a Ph.D. historian. He was not an M.D. He was interested in sociology of medicine in particular. He'd been at the University of North Carolina in Chapel Hill and had written a little book on Hopkins before he got the job. Perhaps that's the reason he got the job. I don’t know. But in that book he points out that one of the main gauges of Hopkins' success is that it is no longer as unique as it was at the beginning. The fact that it has been a model, *A Model of Its Kind*, as the title suggests, is a measure of its success.

Now, I may be wrong. Shryock has some very interesting comments about Hopkins in his little book. It may be that Tommy Turner pointed that out. I used a quote in—when I got the Kober Medal from the Association of American Physicians, I entitled my remarks *The Confessions of an Opportunist, a Chauvinist, and a Dilettante*, opportunist because I always seized the opportunity to do research on interesting problems when they arose, came to my
attention, in the case of the Marfan syndrome dwarfism in the Amish, and many other things, and medical genetics in general, really. But I confessed to being a chauvinist because I had been at Hopkins for my entire career, and I quoted this statement that Hopkins no longer is unique as it once had been and it was a measure of its success that the model had been imitated so much elsewhere. I confessed to being a dilettante because I worked in so many different areas that surely this must be dilettantism.

**Warren:** [Laughter] You have had your fingers in quite a few pies.

**McKusick:** Yes, indeed.

**Warren:** So let’s talk a little bit about that, that Johns Hopkins allows you to do that. Tell me about what being at Hopkins gives one the opportunity to do.

**McKusick:** Yes. Hopkins is a small institution, but that in itself is an advantage. I worry that it’s becoming too big, but there is such great depth and breadth, on the one hand, and in the second place, an atmosphere of collegiality and congenial scholarship, which makes it very easy to get involved in new things and new ideas and so on.

There is a very special Hopkins ethos, and, I guess you would all it, this collegiality and so on that one wonders where it comes from, and I think that it is attributable, as much as anything, to William Osler. I think you must read Bliss’ book and, if you can find the time to wade through it, Cushing’s biography. I do want to provide you with the review I wrote of the two biographies for the *Sun*.

Osler was a very remarkable person. He was a bachelor for the first three years that he was at Hopkins, and lived in the administration building. There are many pictures of him with the residents and so on. I think that he started that off on the right foot. There is a sense at Hopkins
that--is that about to run out?

Warren: Yes. Let me just flip the tape over.

[Begin Tape 1, Side 2]

Warren: Okay.

McKusick: Tommy Marin. Do you know who Marin is?

Warren: I don't know that name.

McKusick: Tom Marin was a graduate of Johns Hopkins in class of 1950, got his M.D. He got a Ph.D. at Johns Hopkins also. He died this past summer. A leading pharmacologist, he was professor of pharmacology for a long time at the University of Florida. He endowed a chair here in pharmacology, been very generous to the university because he made lots of money. He studied carbonic anhydrase for many years and discovered that carbonic anhydrase has something to do with the filtration of fluid in the eye, so that he devised drugs that have been very useful for glaucoma, and made lots of money for him.

Warren: What's that term?

McKusick: Carbonic anhydrase is the enzyme that he studied for many years. But Tommy Marin, obviously from his generosity toward Hopkins, was very high on Hopkins, and he said that—Dr. Turner entitled his history The Heritage of Excellence. Are you going to be talking to Dr. Turner?

Warren: I have.

McKusick: He entitled his book The Heritage of Excellence, and Tommy Marin said—Tom Marin. My wife was a classmate of his and said, "We never called him Tommy." Tom Marin said that he would entitle his book Great Expectations because he worked in the pharmacology
department, got his Ph.D. there before he got the M.D., and they took him in, the professors took him in as though he was one of them, and I think that is part of the Hopkins ethos, is that if you’re at Hopkins, you must be good. I think this helps encourage people. If people think you’re a bum, then you probably will turn out to be a bum. It’s very encouraging and enlightening if people think that you’re going to be all right and achieve something.

I think it was always a matter of self-education, to a considerable extent, that was very important. It certainly was never spoonfeeding. That’s another respect in which it’s very enlightening to read Bliss’ book about Osler was a superb teacher. The teaching in the clinical years was spectacular. It wasn’t lecture teaching; it was at the bedside and patient-oriented teaching. Teaching in the pre-clinical years was pretty dreadful, as far as formal teaching is concerned, but the students were thrown on their own to do the dissections in gross anatomy and so on.

Warren: So as you go through this training, is everybody moving toward a career to be a practicing physician, or at some point do you know you’re going to go into research? Are you encouraged to do both? Is there a particular way they want you to go at Hopkins?

McKusick: I think the ideal that comes through from role models, the ideal is the triple-threat sort of individual or the person who in the teaching and research and taking care of patients combines these. When I was coming up through, this was certainly an ideal that people aspired to. I think it’s becoming patently less possible to do with great success. Research is likely to suffer if you have very much in the way of patient responsibilities and vice versa.

But I think Hopkins—another aspect of Hopkins is clinical medicine is very, very important. You say what is the training aimed toward. My emphasis, when I was chairman, and
what I preached all the time, and I think is the Oslerian tradition, is that you are first a physician and then a specialist. You’re first a physician and then a cardiologist or a gastroenterologist.

Osler was a pan specialist. He was very capable in all areas of internal medicine. There have been articles written about Osler as a hematologist, Osler as a gastroenterologist, Osler as a cardiologist, and I’ve even been guilty of writing an article on Osler as a medical geneticist because he described a number of medical genetic disorders for the first time. It is very interesting that subspecialization within internal medicine was rather late in getting started at Johns Hopkins and in Baltimore in general because of the Oslerian influence, that if you were an internist worth your salt, you should be able to handle most problems that came along. Perhaps you could cultivate a special interest in some area, but you were first a physician and then a specialist. I hope that principle still continues.

Clinical medicine is very important, and clinical medicine is respected. Research is on a pedestal, too, but I think good clinical medicine is respected at Hopkins. I think that has to be the case. You don’t get rated as a number-one hospital for seven years running unless you have very good clinical medicine being practiced.

Warren: So just in practical terms, how does your day go when you have patients to care for, you have your research in genetics or whatever it is you’re interested in? How do you find enough hours in the day to do all of this?

McKusick: Well, I tell people that I’m cutting back now that I work only half days, twelve hours. [Laughter]

Warren: And you’re my role model as I put in my twelve-hour days. [Laughter]

McKusick: I have had four successive partially overlapping careers, I always say. My first career
was as a cardiologist, because although I had started studying hereditary diseases, there was no such thing as formal training for specialization in medical genetics. I started as a cardiologist and did research on heart sounds, analyzing heart sounds and murmurs by a method that I adapted from a method that was developed at the Bell Telephone Laboratories, wrote a big fat book on cardiovascular sound in health and disease.

But then my second career was in medical genetics, and I ran a pioneer Division of Medical Genetics within the Department of Medicine from 1957 until 1973, when I took over from Dr. Harvey. But during that time the program combined research, teaching, and patient care. You asked how the day gets divided up. We had a large number of postdoctoral fellows. We had a considerable number of medical students rotate through the program, and we had a very active clinical program involving hereditary diseases of all types, diagnosis and management of them, and we had active research programs. You kept all of these balls in the air as best one could. It seemed a very natural sort of combination of activities.

Then my third career was as chairman of medicine, physician-in-chief. Then my fourth career since 1985, when I turned that over to Dr. Stovo, has been in promoting and advising and kibitzing, I would say, too, on the Human Genome Project and keeping up OMIM [Online Mendelian Inheritance in Man], which is a major genetics database that I’m much devoted to.

Warren: Let’s talk a little bit about that. Why genetics? What caught your interest in the first place?

McKusick: I was very much interested in genetics in college. It was a case of one of those inspiring teachers at Tufts, by the name of Paul Warren, who didn’t do any research, but somehow made genetics so exciting, quite precise in its mathematical construction and use of
probability. I think perhaps I was interested in genetics because I was raised on a farm in Maine and had some practical interest in Jersey cow breeding.

But when I was an intern, near the end of my internship, I had a patient who had melanin spots on the lips and inside the mouth on the b___ mucosa, also some on the fingers, very unusual spots, and who had intestinal polyps in the jejenum in particular. This seemed like a syndrome. The way such things happened, within the next year another patient came along with the same disorder, and then a family came along that had three affected members.

I wrote up these cases, together with a man named Harold Jeghers in Boston, who had five cases, and these were published in the *New England Journal of Medicine* in December of 1949, exactly fifty years ago this month. So that there was a very intriguing experience, and I also say that I'm pretty much an autodidact in that genetics--I learned a great deal in connection with that syndrome of polyps and spots.

Dr. Bentley Glass at that time was at Hopkins as professor of biology, and he was my tutor in genetic matters because I went to consult him and how one should interpret the data on this syndrome. But then I got training in cardiology and ran up against the Marfan syndrome, which was another syndrome that had just--the occurrence of spots and polyps is something that’s called pleiotropism, a single gene has multiple effects. Similarly, the Marfan syndrome has multiple effects from a single gene mutation, that being dislocated lenses in the eye, weakness of the aorta, and unusual height and other skeletal features.

So I was off and running again on the Marfan syndrome. This was in the early 1950s. I looked around for other--I thought that the Marfan syndrome could be interpreted as a heritable disorder of connective tissue, that there was one element of connective tissue that was defective
because of a gene defect wherever that element was in the body. I looked around for other conditions that might be similarly interpreted and found four others. These were written up, I wrote up as a monograph called *Heritable Disorders of Connective Tissue*, which was first published in 1956. I was still at this time identified as a cardiologist. *Heritable Disorders of Connective Tissue* subsequently went through three more editions, four editions in all. And then a former student of mine, a fellow of mine, did a multi-author form using *Heritable Disorders of Connective Tissue* in 1993.

In 1957, Dr. Harvey asked me to take over the chronic disease clinic of Dr. J. Earle Moore. Dr. Moore ran a venereal disease clinic, and he himself was a world-class syphilographer, and his clinic was outstanding for the treatment of venereal disease and management of venereal disease. It was closely linked into the School of Hygiene. The public health officers who came to the School of Hygiene for training would rotate through his clinic to learn venereal disease and so on. He had a tie-in with the epidemiology department and so on.

But what he worked on over the years was the late cardiovascular and neurologic and other complications of syphilis and the effect of treatment in preventing those late complications. So he had long-term follow-ups on large groups of patients. He had ways to guarantee that he didn’t lose touch with them and so on. About 1951 or ’52, penicillin had come in and been a great success in the treatment of syphilis, and he realized that this wasn’t as exciting an area for work as it had been before, and he realized at the same time in his files and in his methodology of follow-up, that he had a tremendous collection of patients with all sorts of chronic diseases, because they might have fallen into his clutches because of their venereal disease, but they had high blood pressure and they had cancers and they had sarcoid. They had chronic liver disease and so on and

19
So he converted his clinic into a multifaceted chronic disease clinic, and it was this that Dr. Harvey asked me to take over. We renamed it the Moore Clinic. It was located on the second floor of the dispensary building. The deal I made with Dr. Harvey when I took it over was that I’d be permitted to develop a Division of Medical Genetics within the Department of Medicine on the same sort of footing as gastroenterology or cardiology or endocrinology or all the other divisions in the Department of Medicine, having a triple role of teaching, research, and patient care. Of course I argued that genetic disease is the ultimate in chronic disease since you have it all your life. You’re born with it, for the most part. So that’s how genetics got started.

I think medical genetics, as a specific clinical discipline, it was institutionalized, medical genetics was institutionalized at Johns Hopkins July 1, 1957, when I took over Dr. Moore’s clinic and renamed it the Moore Clinic, and rather quickly worldwide the Moore Clinic became synonymous with medical genetics in general and medical genetics at Hopkins specifically.

We had wonderful training grants from the NIH [National Institutes of Health]. You didn’t have to be a U.S. citizen to have a fellowship at Hopkins, so we had some marvelous people from abroad, from the U.K. in particular, but not exclusively from the U.K. A very exciting group of able fellows and so on came through the training clinic in the Moore Clinic and went on to populate programs elsewhere and to develop very similar programs elsewhere in medical genetics. So that by 1991, medical genetics became one of the certified boards. There is an American Board of Medical Genetics. This was the twenty-fourth in the family of board exams under the AMA [American Medical Association]. So you take your American boards in medical genetics to get certified as a specialist in the field, the same as you take the American Board of
Cardiology, the American Board of Surgery, American Board of Internal Medicine, and so on, to get qualified in those specialties.

Warren: You didn’t have to take the test, did you?

McKusick: No, I was grandfathered. [Laughter]

Warren: [Laughter] You are the grandfather.

McKusick: Yes.

Warren: You’ve mentioned the School of Public Health. You’re on the faculty there, too.

McKusick: Yes.

Warren: That’s one of the things that most interests me about Hopkins, is all these intertwinings. And you mentioned biology. Tell me about that.

McKusick: When I took over the Moore Clinic, I sort of inherited the linkages to the School of Hygiene that Dr. Moore had, and I felt that the Department of Epidemiology was the one that I felt most akin to and was a member of. The professor of biology role was an outgrowth of the Ph.D. program we had in human genetics. Starting in about 1962, we had such a program and trained a number of Ph.D.s. Some of them already had the M.D. degree and added the Ph.D. on top of it. Others were pure Ph.D.s that we trained. It was in connection with that, that I was given an appointment in the Department of Biology, as were several others of us in the program, to legitimize that.

Warren: Did you actually come to Homewood and teach classes there?

McKusick: Yes, but not to a great extent. In fact, I think for a long time my lectures at Homewood were limited to one or two lectures in the series on genetics.

Warren: And did public health—how did that work?
McKusick: Yes, I would participate in the epidemiology course, lecturing there. Genetic epidemiology has become quite a well-recognized part of epidemiology, and that was my role in the epidemiology department, was to add that dimension. We were doing studies beginning in 1963 or late '62, we began to do studies in the Old Order Amish in Lancaster County and other parts of the United States. These population-based studies were a very useful model for genetic epidemiology work.

Warren: I'd like to switch now, fascinated as I am by what we're talking about, because I know we're running out of time here, a couple of fun things. I want to know, did anybody first take you to the dome or was this an innovation of yours, the tour of the dome?

McKusick: When I was a resident living in the administration building, the dome was never locked up. No one would even imagine vandalism, any reason to lock it up. We would go up there every now and then. It was a fun thing to do. I don't know. Going up in domes, I guess, sort of intrigues me. I remember that when my twin brother and I and other contemporaries went on a trip to Augusta, Maine, the main thing we wanted to do was climb up into the dome, which we did. There must be something about that, that is innate. I'm sure there's some Freudian significance to that.

Warren: One of my favorite things to do is go in the State House dome. I've done that numerous times.

But tell me how this tradition got started, of your taking--

McKusick: Well, I started as chairman in '73, and at least as early as February of '74 I had started the practice of taking the students who were in the Osler rotation to the top of the dome, and I used to refer to it as the pinnacle of their clinical experience at Hopkins. I say at least as
early as February 1974 because I have a spectacular collection of pictures of the reconstruction of
the Johns Hopkins Hospital that occurred between 1974 and 1984. I have a picture of the old
Harriet Lane, which was torn down to make way for the oncology center, which is now referred
to as the old oncology center, and it being half down. Then in May of ’74, it’s a hole in the
ground, completely leveled. Then the oncology center gets built and Nelson building gets built,
the Harvey building bridging across between the end of Halstead and into Osler. The Meyer
building gets built.

All of that is ’74 to ’84, and I always took a great many pictures of the scenes below and
also of the students I took up. Those are in the process of going into the archives. They’re
chronologically arranged. They aren’t as well organized as I would like, and certainly not as well
identified as I would like, but I think–

Warren: Well, you know that’s my next question, is where are these pictures. Are they slides or
prints?

McKusick: Both. They were slides early on, and probably up until into the ’80s they were slides,
but on prints exclusively for quite a long time now.

Warren: I think you and I need to talk some more about this, but we don’t need to do it on tape.

[Brief break]

One last fun question. The Pithotomy Club. I’ve seen some pretty outrageous pictures of
the Pithotomy Club. What goes on there?

McKusick: I belonged to Phi Beta Phi, which was one of these four Greek-letter fraternities.
They were down at 814 North Broadway. I was not a member of Pithotomy Club until I became
an honorary member when I was chairman, but I was always a very regular attendee and found
them very amusing, both as a faculty member and as a student. As a faculty member I always enjoyed it because it was a marvelous satire on the members of the faculty. Many of them were very raunchy, and the most clever ones weren't excessive in that way. Some of the shows depended on the raunchiness rather than cleverness. As I recall, the third-year students put on a show and the fourth-year students put on a show.

Warren: So it's the students who are on stage.

McKusick: Yes.

Warren: And faculty is in the audience?

McKusick: Faculty is the audience. Oh, yes.

Warren: I thought that's what I was seeing. I wasn't sure.

McKusick: And all the little idiosyncracies of the professors would be imitated. Sometimes the professors would get very put out about it. Some refused to attend.

Warren: So does it still go on to this day?

McKusick: No, no. When Ross was dean, Bernadette Buckley, now known as Bernadette Healy, was dean for academic affairs, I think, and her husband, who was still there, was Greg Buckley. The show made some very lewd remarks, references to their sexual relationships, and Bernadette went after them tooth and nail. In fact, threatened to take them to court, I guess. But Ross quieted them down. Have you interviewed Dick Ross?

Warren: No.

McKusick: Do you plan to interview Dick Ross?

Warren: He's not on my list.

McKusick: You must interview Dick Ross. You see, he was dean for fifteen years, in one of the
most critical periods in the history of the institution. He has all of his marbles and is a very keen observer of the scene. It would just be inconceivable to me that you wouldn’t talk to him.

Warren: Well, you’re not the first person to say that, so I think I’m going to have to go back to the people who made my list up and say, “Maybe we need to add one more name.”

McKusick: Yes. I’d be curious to know who left him off the list.

Warren: I don’t think it’s a matter of leaving off; it’s just that there are so many people and so little time.

McKusick: Yes.

Warren: Just choices being made, because there are just so many people that ought to be on the list.

McKusick: Right. But that really sort of put the kibosh on the club. They started admitting women and they for a time continued the shows, but it was quite a watered-down version of their previous—the Pithotomy Club dates from the 1890s. It was very early on. It’s a very old Johns Hopkins medical school tradition, or was. I’m chairman of the archives advisory committee, and we had a meeting on Friday, and they were telling me about new acquisitions and so on, apparently a big collection of photographs and also programs from the shows and so on that the archives has in their collections, and there was a necktie. There was a Pithotomy necktie which was always worn on Wednesday.

Warren: What distinguished it?

McKusick: It had some very nice stripes and it was black with green and so on. It was a very attractive tie. They gave me one which I always enjoyed wearing. I wrote it out because I always wore it on Wednesday. You know, when I was chairman we developed an Osler house staff tie
which was to be worn on Friday and is still worn on Friday. It says “equinimitas” on it.

Equinimitas, meaning imperturbability or unflappability. Equanimity was the title of Osler’s most famous essay. It was his commencement address that he gave at the University of Pennsylvania in 1889, just as he was leaving to come to Hopkins.

About 1977, we decided that there should be an Osler house staff tie, and we looked up the Osler coat of arms. After he was knighted, someone made a coat of arms for him. Absolutely terrible, with all sorts of gobbledy-gook on it. We couldn’t use that, but it did have below a scroll that said “equinimitas” on it, so we just took that and put “equinimitas” on the white escutcheon against a blue background. A very attractive tie, if I do say so myself.

Warren: Well, that sounds like something I should watch for in these photographs. That’s the kind of thing I like to find and point out in a caption.

McKusick: Yes. For example, house staff pictures, the Osler house staff pictures, it shows up there. In ’77, let us say, the group picture doesn’t show any of the Osler ties, and then there’s an explosion. The next few years everyone has an Osler tie or an Osler scarf. The women have an Osler scarf.

Warren: I’ll have to watch for this. That little red light means we’re at the end of the tape. I’d love to keep going. It’s entirely up to you.

McKusick: I think we’d better stop.

Warren: I can’t thank you enough.

McKusick: You’re very welcome.

Warren: It’s been just marvelous.

[End of interview]