THOMAS B. TURNER

February 16, 1999

Mame Warren,
interviewer

Warren: This is Mame Warren. Today is the sixteenth of February, 1999. I’m in Baltimore, Maryland, with Dr. Thomas B. Turner. I am delighted to be here. I’ve read a lot about Dr. Turner and had a nice conversation with him yesterday.

What I’d like to talk with you about is everything Hopkins. When you first came to Johns Hopkins, you were already a medical doctor, is that right?

Turner: That’s correct.

Warren: Give me a little background in how you came to Hopkins.

Turner: Well, I have to go back.

Warren: Good.

Turner: I went to St. John’s College, which then was a military school, and I was going to be a lawyer, but about halfway through, my father and I had a long conversation. I had two great-grandfathers that were physicians, and he thought I might like to be a physician. So I took steps to try to get into a medical school in my junior year.

Happily, we had connections on the St. John’s faculty with the University of Maryland faculty, and I got in, essentially at the last minute, into the University of Maryland. It’s the only school I applied to. Happily, I did not apply to Hopkins; I’m sure I’d have never gotten in. So I went through there, had a very fine education, interned at the old hospital for the women of
Maryland, which is now GBMC, Greater Baltimore Medical Center, and that’s how I got to know Bolton Hill, because it’s right on the corner of Lafayette Avenue and Park Avenue.

Then I went to be the chief medical resident at Mercy Hospital under Dr. Pincoffs, who was head of medicine at Maryland, but was a Hopkins man.

Warren: What was his name?

Turner: Pincoffs. Maurice Pincoffs. P-I-N-C-O-F-F-S. Who later, or perhaps even then, was married to a Randall family, which I won’t go into, but who lived on Mount Vernon Place, and I knew Blanche Randall later on and all that.

But at any rate, he sent me—through him I was awarded a fellowship to Johns Hopkins in internal medicine, and I went in the summer, I guess, of 1927. In a sense, I’ve been here ever since. I was away for five years in the middle ’30s with the Rockefeller Foundation, but my name never came off my office door, so I felt that I continued. I was away in World War II for four years; my name was never off the door. So I’ve been there pretty continuously until now, and they still give me an office and a fine associate, Virginia Bennett, who has been with me thirty years now and does all the real work. So that’s how I came to Hopkins. But eventually, in about 1992 or ’93, I was awarded an honorary degree, so I felt finally I was a real Hopkins man.

Warren: I was going to ask you what you mean by that. What’s the distinction? Why weren’t you a Hopkins man before that?

Turner: I guess I was, but I was just kidding, of course. But someone in the academic–

[Interruption. Tape recorder turned off.]

... back on track.

Warren: But I’m interested in this distinction you’re making. What is a Hopkins man?
Turner: Well, it’s just my fun, I suppose.

Warren: But I’ve heard that all my life, the term “Hopkins man.” What does that mean?

Turner: I’ve been a Hopkins man most all my life, but when you graduate from a medical school, you sort of associate with that. But, no, a lot of people probably don’t even know I didn’t graduate from Hopkins. Not that it matters after all these years.

Warren: I don’t think it does. [Laughter]

Turner: So there it was. So I’ve been there for—

Warren: Tell me about what Hopkins was like when you first arrived in 1927. What kind of people did you meet? What were the facilities like? Take me back there.

Turner: Well, from the very beginning I was attracted and felt very much at home there, because Hopkins differed from most medical schools and, in a way, still does, in a sense that they not only tried to instruct students with current knowledge, but they wanted to advance knowledge, and all of this was done basically through careful examination of patients. This was clinical medicine. Some of it, of course, was very basic chemistry and physics in the so-called pre-clinical departments—anatomy and so forth.

But this was Hopkins’ mission from the very beginning, and it still is, and it distinguishes it from others. I believe—and I think my opinion is supported by a great many other people—that it stays in the very top medical schools of the world, and we get patients from all over the world that wish what they think is expert knowledge. And many times people call me, other physicians, other patients, happen to call me. I’m sure they call a lot of other people, too, to ask who they should see. I don’t offer them opinions right off the bat, but after talking around, I give them advice on that score. So that goes on and on still. I suppose because I was dean of the medical
school for eleven years, they still give me an office I can “work” in. [Laughter] Along with other
deans, ex-deans, so forth.

So Hopkins has always been, in a sense, a unique institution, and it began from the very
beginning, the people that organized it and developed it and financially supported it.

Warren: What kind of facilities were there when you first arrived?

Turner: Well, basically I spent about half a day in the clinics and the other half doing research of
various sorts in the laboratories. There was the so-called full-time faculty that were paid a salary,
a relatively small group, and saw patients, but their income was not at all from patients, but from
the salary. Then we had another large group of the part-time faculty, who received little or not
salary, but, in a sense, were an integral part of it. So it was with those two groups that I worked
clinically.

Of course, very quickly I met some very fine people. Dr. Walter Baetjer came through as
my role model. He was a member of a large family. Quite a few people had medical connections.
He was a bachelor himself.

I might add that during the school year, which was fairly short, I think we had four months
of vacation in the summer, June, July, August, September, and many of the faculty in those days,
in the pre-cooling days in homes, they took off for Maine, various places like that. In those
periods I would go on the wards as a house officer, associate resident, assistant resident, and so
forth, in medicine.

Warren: While everyone else was away?

Turner: Yes, while people were away, because there wasn’t much research going on during the
summer.
Warren: I see.

Turner: There, of course, I met many people, but one of them has remained one of my closest friends, Dr. Ben Baker, who is a month older than I am, and I claim that he's remained a month ahead all his life. [Laughter] He's still very active mentally, has certain physical problems, as many of us do, but he's very active mentally. And so it went on from there.

Warren: Take me into those wards. What was it like then?

Turner: The wards?

Warren: Yes. Describe it. Describe what it was like when you walked in.

Turner: Well, the wards, in the first place, were open wards. In the old part of the hospital, most of it is gone now and rebuilt, and there are no longer these open wards where there would be twenty to thirty patients lined up on each side of the ward, the sickest usually being closer to the nurses’ desk in the middle, and as they recovered a bit, they were moved further down. Of course, I'm talking about the internal medical wards now, not the surgical wards. Surgical wards were quite similar. These patients were really looked after by the residents. The chief resident sort of ran things. I, of course, knew all of them.

So that was a fine clinical experience, and we were all trying to make medicine more knowledgeable, a little more knowledgeable. We questioned things of the past, whether that was correct or wasn’t correct and so forth. Keep in mind that penicillin had just come into practice. No, I'm sorry. Not penicillin, but the drug for syphilis, salforsan [phonetic], was one of the few drugs that was available. But when the antibiotics, beginning with penicillin, came into existence in the late '30s, it transformed the whole population, because people began to live longer. They used to call pneumonia “the old man’s friend,” because that would take you away quickly. But
that no longer happened, so people began to live longer and longer. Now the aged part of the population is a major element. Whether that will last is another question. Bacteria—of course, it didn’t affect viruses much. Bacteria might become resistant to these drugs eventually, and we’ll be back where we were. It’s just part of the twentieth century. [Laughter] But that’s just speculation.

**Warren:** I’m very interested. Yesterday I looked at a lot of photographs of the early hospital, and I saw pictures of these wards. I wondered when that system broke down. When did they start making more private and semi-private rooms? And why did that happen?

**Turner:** Well, when—of course, it changed when new buildings began to be built. But there was much more with the antibiotics. There was much more you could do for patients in hospitals. The treatment was individualized much more than it used to be. Just what made hospitals have smaller rooms for two or three people, two as a rule, or four, I can’t really be sure, but I think it was just catering to privacy of patients and the individualization of treatment that became more and more possible. So as new buildings were built, and I suppose there was some thought that maybe infectious diseases were communicated in large groups. I’m really not clear as to those factors entering into the decision. But that all began after World War II, mainly.

**Warren:** So do those buildings that had those large wards, are they still in existence? Were they modified or were they taken down?

**Turner:** Well, the ones I knew about have been taken down and rebuilt. I don’t think they were much modified while they existed. And why they were rebuilt, I’m not too clear about. Probably to create more research space close to the clinics. But I’m not sure about all that.

**Warren:** Let’s go back and talk about some of those people who were there. I remember
yesterday we talked about Dr. Welch.

**Turner:** Well, I hope I can remember names. [Laughter] I sometimes can’t remember my best friend’s name. But the fact is that I’ve known virtually everyone of any prominence at Hopkins’ medical institutions since their beginning, because in the ’20s most of those had simply matured and become older, but they were still very active.

The Big Four, you know, are characterized as Dr. Osler, Welch, Halstead, and Kelly. Well, Dr. Osler left for Britain and became knighted later, and became very distinguished, as he was at Hopkins, actually. So I never knew him. Dr. Halstead died, I think, or became inactive just before I came to Hopkins. But I knew Dr. Kelly. In the operating room I scrubbed up with him several times. He was a gynecological surgeon. Dr. Welch, of course, I knew quite well as a young person knows an older person.

**Warren:** What was he like?

**Turner:** Well, he was a delightful person, of course. I was at dinners with him. He never married. I remember one dinner. I’m trying to come up with names now. But on our faculty—oh, dear—was a physician. Meyer. Meyer. M-E-Y-E-R, I think. Who was a good friend of mine, and his mother, or maybe his sister, married the person that ran the *Washington Post* eventually. I guess his mother and his father was head of the *Washington Post*. But what I’m going to say is that she sat by Dr. Welch at dinner one evening when I happened to be present, at Hopkins, and she was charmed by Dr. Welch and liked him. He didn’t talk trivia, but he was very outgoing in his manner.

He was head of pathology at Hopkins, and then when the Welch Library, named for him, was created, I remember that, about 1928 or ’29, of course, he was immortalized there. Then later
he became, I think, later he became head of the School of Hygiene and developed that area.

**Warren:** He’s the one who started that?

**Turner:** Well, I’m sure he was instrumental partly, or influential in it. I don’t know whether he actually started it or not.

So where are we now? We’re talking about individuals. Well, I’ve written–

**Warren:** Did you work with Dr. Welch at all in any close proximity?

**Turner:** No. No, I was not working with him. He lived, I think, on Preston Street, and we would sometimes walk to Hopkins together, because I would walk from Bolton Hill, where I lived.

That’s one way I got to know him.

I’m trying—I never have come up with the name of the woman that I tried to remember yesterday.

**Warren:** Mary Elizabeth Garrett.

**Turner:** No, no.

**Warren:** And then there were three other–

**Turner:** Well, there was one other that was very important.

**Warren:** In terms of the hospital?

**Turner:** Yes, in terms of--

**Warren:** Well, I looked it up last night, and what I saw was that there were three daughters of trustees. You were absolutely right that it was Mary Elizabeth Garrett who really led the way and sort of bribed them into doing what she wanted.

**Turner:** Into giving the money. No, but the moving person was not entirely Mary Garrett, and that’s the name I’m trying to come up with. It’s very stupid of me not to remember it. I thought
you would find it overnight.

Warren: In terms of the hospital, those were the women, these daughters of trustees, who formed the funding committee, is what I found. There were other women in other parts of the university that I found references to, but the woman associated with Bryn Mawr, I didn’t find a reference to her in terms of the hospital.

Turner: I’ll stop and look it up, because I hesitate to talk about her. She played a very important role in the development of the medical school. The university was started in 1873, Hopkins University, and its main base was in the center of the city, near Centre Street and Howard Street, a little west of the Peabody. They had close relationships with the Peabody. That was still there when I was at St. John’s College. That’s where Hopkins University was.

Warren: So you remember that campus?

Turner: Oh, yes.

Warren: Tell me about that.

Turner: I remember it not too well, but it was just a series of buildings, very much, looked very much like that looked before it began tearing down the buildings on Howard Street and where the Maryland General Hospital was. They were close to that, some of their buildings. But they moved out to Homewood, I think about 1917 or ’18, in there. That was before I came to Baltimore. I only knew it as a St. John’s College student then.

Can you turn this off?

Warren: Sure. [Tape recorder turned off.]

Turner: Just a comment on this name I can’t come up with. She was the daughter of one of the early trustees that managed Mr. Johns Hopkins’ will, and she was a great friend of Mary Garrett.
So the hospital opened in 1889, I believe, and was functioning, and the top people there were going to be the top people in the School of Medicine, but there simply wasn’t enough money to open a medical school. It required the basic science education, required salaried people.

It was this fine woman [Carey Thomas] who prodded Mary Garrett, or at least went along with Mary Garrett, in wanting to have the medical school open as one of their main projects. She, the other woman, not Mary Garrett, insisted that in the first place students admitted to Hopkins had to have a bachelor’s degree. And that was unique. No other school in the country, I think, had that provision.

Secondly, they would have to have basic courses in chemistry and physics and that sort of thing before they could have a degree. There should be a four-year course. She worked with Dr. Welch on this, as well as others, because he was already then head of pathology. I’ve written about this in my books. You can chase that. But they were very important factors. So these were the stipulations that were made then and have held, in a sense, ever since. The only time we put those aside was in World War II, when we wanted to hurry people through medicine. I was in the Army at the time, was on leave from Hopkins. So there it began.

The quality of the work, the quality of the education, we taught very little with lectures. We taught students around the bedside, in discussing that as a clinical thing, actually with patients as the main target. So I think its education was first class in those times. Many, many other schools are in the same category now and give fine medical education, but I think Hopkins was one of the leaders in that sense.

Warren: One of the things that we talked about yesterday that Mary Garrett and her friend stipulated was that women must be admitted.
Turner: Oh, yes. I meant to mention that. That was one of the main things, too, and we were the first school in the country. There was a women's medical school, at least one, maybe more, in existence, but there were never in the same school with men. We were the first ones that stipulated and made it mandatory that women be admitted on the same basis as men. Of course, everybody goes with that now. It quickly changed many medical schools in the next twenty-five years or so. Yes, that was, in a sense, the most important thing she did.

Warren: Were there any fields that women went into more than others? Were they drawn to particular fields, or did they integrate themselves right into the whole system?

Turner: Well, I would say that fewer went into general surgeries than men, much fewer women. They tended to go into internal medicine or pediatrics or obstetrics, gynecology. Some of them are gynecological surgeons. At Hopkins, for example, for many years obstetrics was, from about almost the beginning, a single department, and gynecology, the surgical part of pelvic surgery, was a part of general surgery. That lasted until just a few years ago, all the way through. Dr. Whitridge Williams became head of obstetrics. He was a graduate of the University of Maryland also, and he eventually became dean. So I, in a sense, was the second University of Maryland graduate that became dean of the Hopkins medical school.

But those factors carried the medical school. We had a bad time during the depression of the '29 and 1930s. Very few new full-time people were taken on and some were let go and so forth. But then with the resurgence of— as World War II began in Europe and then went on to involve us, and, of course, it was World War II preceding that, that took me to Washington. I was head of microbiology at Hopkins, and I knew—I was supposed to know a lot about syphilis, for example, and so forth. But Dr. [Lewis] Weed, who was head of anatomy at Johns Hopkins, was
on various committees in Washington as the war began, and I think he recruited me, probably, or at least somebody did, to be the secretary to the—can't remember the name of the committee now, but it's all in my book. But it became an important governmental committee that was not in the military. It really began research relating to medicine in World War II. And so I served with that committee, and I've written a lot about it in my book, this red one.

**Warren:** Did a lot of Hopkins doctors leave and go into the military?

**Turner:** Well, no. No, they didn't leave. We had a unit, a medical unit. I was lucky in a sense that I was taken in long before that unit became active. That unit eventually went to the Far Pacific, whereas my personal activity in the war was in Europe, America and Europe and North Africa. But on that committee was General Simmons, representing the Army. He later became dean of the Harvard Medical School, and we were great friends. Dr. Dyer [phonetic], who was with the Public Health Service, and someone in the Navy, from the Navy, was a good friend of mine. I can't quite call his name. And there were civilian people, too.

But the day we declared war, the day after we declared war, General Simmons asked me to come into the Army to head up—try to control the syphilis and venereal disease in the Army. He wanted me to have enough rank so I could do the job, so I came in as a lieutenant colonel. [Laughter] Whereas many of the regular Army officers were majors and captains, and they looked down on me a bit in the beginning, but soon we became good friends. There was no problem. They were promoted and all that.

I was in the Army almost four years to the day, and ended up being a colonel. During the middle of it I was—but this was in December. It was the seventh, I think, that they bombed Pearl Harbor, and that's when Simmons asked me to come in. I never knew until many years later why I
was not actually inducted in as a lieutenant colonel until January 28, and it was the day I became forty years old. [Laughter] They were waiting.

**Warren:** Wasn’t he smart?

**Turner:** They were waiting for me to become forty. It was 1942.

**Warren:** Wasn’t he smart?

**Turner:** So we went on from there. But that has nothing much to do with Hopkins. I don’t want to talk about the war. A lot of it’s written about and so forth.

**Warren:** I am interested to ask you, just as an aside, is there anyone left who was in that Hopkins medical unit who went to the Pacific?

**Turner:** Ben Baker. Dr. Ben Baker, yes. He became the top man and the top advisor to our commanding officer in the Far East. Again, I–

**Warren:** Do you think he would be willing to talk with me?

**Turner:** Oh, I’m sure he’d be glad to talk to you if you mention my name particularly. He’ll probably agree to it. His wife, Julia, I know very well. She is a lawyer, or was a lawyer, on her own account. She was married just before World War II, and she studied law. She’s considerably younger than he is. So maybe the person to talk to is her first, Mrs. Baker. She’s a good friend of all of us.

**Warren:** Are they still here in Baltimore?

**Turner:** Yes, they moved from a very nice home. I think their son occupies it now. Their son, incidentally, heads the preservation of this foundation. Chesapeake Bay Foundation.

**Warren:** Will Baker!

**Turner:** Will Baker. Yes.
Warren: I’ve known Will for many years.

Turner: Have you really? Well, he’s a great guy. I’m a great admirer of his.

Warren: Oh, my goodness.

Turner: So that’s his son. And you can tell Julia that.

Warren: Oh, my goodness. Sure, Will and I have been buddies for a long time.

Turner: A fine family. I had them all to dinner at the Mount Vernon Club not too long ago. But I think you’ll enjoy talking to Ben Baker.

But that year it went to the Pacific, and I went into the Surgeon General’s office. While our troops were mainly here, I headed the Venereal Disease Control Section of the Surgeon General’s Office. But when they moved abroad, there wasn’t much for me to do then, and so I was put in as head of what they called, I think, military government. At any rate, I worked with the local governments that we took over. Our troops were in England, for example, and I was involved in our relationships in England and parts of France and parts of Germany, of course. I was theoretically head of those activities. Well, that’s another story and I’ve written about all that. Hopkins was active, involved in all of that, but the Hopkins unit went to the Pacific.

Warren: Well, I’m glad Dr. Baker is around, because I’m very interested in that story.

Turner: Yes, he can tell you a great deal about it.

Warren: I need to turn the tape over.

[Begin Tape 1, Side 2]

Turner: We have plenty of time.

Warren: I think we’re doing fine.

Turner: I have to leave at twelve.
Warren: We’ll be through well before then.

Turner: Sure.

Warren: I wanted to ask you, I know you were with the School of Hygiene and Public Health.

Turner: Yes.

Warren: I know absolutely nothing about that. Would you inform me with the things that I should know about that?

Turner: Well, I know almost all about it. [Laughter] I don’t know where to start. I’ll tell you how I became involved with the School of Hygiene. I was selected by the Rockefeller Foundation to head up a research study in the West Indies of syphilis and related diseases. Yaws, Y-A-W-S, was a disease mainly of children, but it’s closely related to syphilis.

So they wanted to study that. So I was in Jamaica for three years. First year I worked very hard, second year not quite so hard, and the third year I just played polo, and I thought it was time to come home. [Laughter] Because I grew up on horseback, and I love playing polo. So I told them I was leaving, and that was the middle of the Depression, 1932 or ’33. It was very questionable whether I could come back to Hopkins. We never settled that for sure.

But in the meantime, the Rockefeller Foundation wanted me to stay at the Rockefeller Institute and to do research there on various diseases, and so that’s what I did. I came back to live, and lived in New York, my wife and I. We had no children at that point. The mother of my children. So we lived in New York for two or three years at the Rockefeller Institute. I’ve written about that. I became a friend, along with many others there, of [Charles] Lindbergh, who flew the ocean the first time, got to know him then. I wrote his daughter not long ago, telling her—and she was born long after that period. At any rate, that’s beside the point.
So I did research there on virus diseases and spirochetal diseases of various sorts, and published papers and so forth. I was the first—I don’t want to bore you with this, but I was the first one to find that freezing spirochetes and bacteria could preserve them, freeze them at very low temperatures, and you could maintain them for years, as I did, for twenty or thirty years. That was not known. They used to freeze and grind them up and so forth, which was quite different. That’s beside the point.

But at any rate, and so in the middle '30s, Hopkins, the School of Hygiene, there was always a pretty close relationship between the School of Hygiene and the School of Medicine. And one of my friends I made at that time, two or three of my students—I’ll come to that in a moment—later became dean of the school, Dr. Hume [phonetic] and David Price, who’s still living. I still keep up with him.

But the point is that they decided to have a special educational thing for people, for syphilis, to try to lower the syphilis rates that were zooming around at that point. So Dr. Earle Moore, who was a practicing physician and who I knew at Hopkins in the old days, sort of headed this, but he was too busy to really do it. So he suggested that I be brought down from New York to head this activity to try to teach, train experts in controlling syphilis and related diseases. So this was a mission in which the students worked in the clinics of the hospital and the medical school, run by the medical school, run by the Department of Medicine and the School of Hygiene.

So my quarters were centered in the School of Hygiene at that point. They moved into that building, I think, about 1925. The School of Hygiene began down in Central Baltimore somewhere, but they moved out. So I quickly got to know the people running that, and I’m trying
to think of who the dean was at that time. I’ve forgotten whether it was Dr. Welch or—I can’t remember. But one of the important people was Dr. Freeman, who headed a department in the School of Hygiene, and Dr. Maxcy, who was head of microbiology and related things. It was his department in which I had my offices in the School of Hygiene and a joint appointment in the medical school.

Then Dr. Maxcy was—oh, yes, the head of epidemiology, which was a top department in the School of Hygiene, died, and I talk about it in this book. Dr. Maxcy succeeded him as head of epidemiology, and I was made head of microbiology and biology there. Then I had quite a department there for quite a while. The medical school had no such department, so, in a way, we acted as a source of the teaching for microbiology and bacterial and virus infections, things of that sort. So I would teach medical students as well as School of Hygiene, or try to teach them.

All that went on. Then, of course, I was called into the Army for four years, World War II, and then I came back in the School of Hygiene. I was on its board. I knew a lot about it.

Warren: What exactly is its mission?

Turner: Its mission is to, instead of training physicians to look after individual patients, it was to train physicians to look after communities.

Warren: I see.

Turner: Public health. Most of the public health directors of states and cities were our graduates, the School of Hygiene. After the war, General Simmons became the head of the Harvard School of Public Health, and I was one of the main people in the School of Hygiene in that area of infectious diseases. Dr. Lowell Reed, who was a mathematician, not an MD, became dean of the school, and a very good one. Curiously, I can’t quite remember who he succeeded, but it’s all in
the record somewhere.

Warren: But he’s a mathematician.

Turner: He was a mathematician, but in relation to—he tried to determine whether we really were right or not about something. He did the statistics.

Warren: So the School of Public Health involves more than just medicine.

Turner: Well, it was public health in a large sense, yes, but statistics are vitally important to public health, and we, I think, made the world realize that they were pretty important for public health at Hopkins. So the School of Hygiene, there were only two or three real schools. There were several that had been named, but the Harvard School and Hopkins and one other—and I can’t remember whether it was Minnesota or Wisconsin. I think it was—I’m not sure. But at any rate, that was our mission to train people that would run public health fields, and I think it did a very good job at that.

Warren: So were there other kinds of professionals? You’re telling me there were mathematicians, medical doctors. What other kind of people would have been involved?

Turner: Well, of course, most of them were MDs, but they were not people that looked after patients, basically; they looked after communities. I was very close to Dr. Huntington Williams, who was one of our medical school graduates and headed the city health department of Baltimore for many years, Huntington Williams. His son is still living; I think he’s a minister.

So we tried to fashion what public health people should know. They should know some clinical medicine, of course, know how infectious diseases were transmitted, how genetic disease was transmitted. But, of course, genetics is a whole new story that came into being in the ’60s, ’70s, mainly by Victor McKusick, who is one of our very top people at Hopkins. But that’s
another story. So the Public Health School had biostatistics, it had a microbiology department whose job it was to show the relationship of viruses and bacteria to community diseases, and we all did research at the same time.

For example—and I have written all about this—we found that a tetanus shot raised your tetanus antibodies very high. And everybody had a tetanus shot if they went into the Army, to protect against tetanus, and then it faded, and frequently there was no sign of [unclear]. I discovered, first by work on rabbits and other animals, that if you gave a very tiny shot, a booster shot, the antibodies would bounce up and be entirely effective. So that was one of my—all these people that had—and I did the research on our faculty at Hopkins, basically. Some we’d give a tetanus shot and some we gave a shot without tetanus in it, and those we gave it to, the antibodies flew up like that and so forth. So instead of getting a long immunization thing, today they just give booster doses.

Warren: So I have you to thank for my sore arms. [Laughter]

Turner: Perhaps.

Warren: And my good health, too.

Turner: So the School of Hygiene has had various directors. Dr. Hume was one of my students, and he died a year or so ago. I think it does a fine job. The current dean, director, is Dr. Sommer, who is an ophthalmologist, but has done a fine job in public health, despite his specialty of ophthalmology.

Warren: That’s an interesting—

Turner: Because the whole business is preventive medicine, and, of course, eye people can do preventive medicine as well as anyone else, ophthalmology.
Warren: How did you make the transfer from public health back to the medical faculty?

Turner: Well, I was jointly—I had appointments in the Department of Medicine, and then I don’t know, I was on various joint committees and all that. Then when the deanship became available, they selected me—I don’t quite know why—to be the dean of the medical school.

Warren: So what were your responsibilities there?

Turner: Well, to theoretically preside over the School of Medicine. The way I presided, being basically a rather lazy fellow, I guess, I picked the smartest, most active people to be my associates. They did all the work. Dr. Asper, Dr. Dick Johns, Dr.—oh, god. All of them went on to very fine positions. Dr. Frank—I can’t quite call his name. It isn’t Frank. But he’s at Stanford, the dean of Stanford. And Sam Asper went to dean of American University in Beirut. Dick Johns has been top professor at Hopkins and all that. So I survived eleven years of that, overlapped almost entirely with Dr. Milton Eisenhower.

Warren: That was my next question. I want to learn about him.

Turner: He and I came in almost at the same time, he as president and I as dean. We remained very close friends. And not only that, and much more important, was the fact that Dr. Russell Nelson, head of the hospital, and Dr. [Ernest] Stebbins, head of the School of Hygiene, and I were four of us that were very close. We had no secrets from each other; everything was on the top of the table.

We had a formal meeting every month, and Dr. Price was sort of the secretary of this group. It had a name that didn’t mean much, but we really ran the medical institutions. Now, of course, they have a group, Ed Miller’s. He has a title of CEO, chief executive officer. I never had that title, but we were all, the four of us, ran it together. We had eleven or twelve years of very
good period. Then others came in, and I don’t think they were as close, for whatever reason, but at any rate, we’re back where we were in the 1960s, ’57, ’60.

**Warren:** Tell me about Milton Eisenhower. Who was he? What was he like?

**Turner:** He was a delightful person, rather quiet, good listener, very well educated. Of course, through him I got to know Ike quite well. There were, I think, four or five brothers, but the ones I knew were Milton and Ike. I would sort of say Milton was probably the most intelligent of all of them. Ike had more force and, you might say, leadership ability, but they were very close, those two. Milton was married but had no children [sic], and his wife—I think I’m correct—his wife died, I believe. But he was a highly intelligent man.

**Warren:** What was he like as an administrator?

**Turner:** Well, I don’t quite know what you mean by that. What are you—you have to define what an administrator is like.

**Warren:** Well, my understanding is that he, as president of the university, was the overarching person over everything.

**Turner:** Yes.

**Warren:** And I wondered what it was like to work with him in that capacity.

**Turner:** Well, I can tell you from personal experience that I think you are correct, I think he made the major basic decisions. He worked exceedingly well with his board of trustees. I, too, would sit with that group. He had a small group of his trustees he was very close to. Bob—Robert Harvey was one of the top people, was head of the board when I was there, and we all became very close friends. I think he would discuss things with them that affected the university.

The School of Medicine and the School of Hygiene were well structured with
departments, and so the dean of those schools could go to their department heads and get what they wanted. Homewood schools were not as well departmentalized. They had professors, but it wasn’t too clear always just who ran things and who didn’t out there. And I think he spent a good deal of his time devoted to the Homewood campus, because he didn’t have to worry much about East Baltimore; it was going along all right with Stebbins and Russ Nelson and myself and so forth. But he lived in the home there alone, next to the club, you know. You know where his home is?

Warren: No.

Turner: As you go into Hopkins Club, there’s a house off at the end of the road there, and that was his home. That was the president’s home. I think it has another name. I’ve forgotten quite what it is, the name of the house. The next presidents didn’t live there, but now Bill Brody does. Dr. Brody and Mrs. Brody live there.

But Milton Eisenhower was a fine president that communicated well with people outside the university and, I think, was well regarded and well liked by most people in Maryland and other states.

Warren: So your relationship with him was pretty much that he left you all alone because he thought things were well run in East Baltimore? Am I interpreting what you’re saying?

Turner: Well, we kept him well informed and got his opinions and all that, so he wasn’t without knowledge of what was going on. He kept a budget. But, of course, our total budgets in those days were about a third or a fourth of what they are today, maybe less.

Warren: I have a couple more things I want to ask you about. There’s something I found reference to, and I don’t know what it is. I’m just at the beginning of my research.
Turner: I understand.

Warren: Pithotomy Club.

Turner: Yes.

Warren: What is or was Pithotomy Club?

Turner: Pithotomy Club was simply a—there were several in medical schools, several clubs by the Latin names—Nu Sigma Nu and so forth. But the Pithotomy Club is unique to Hopkins. It was, in a way, the top students. When I say top students, I don’t necessarily mean academic-wise, but the most attractive group were in the Pithotomy Club. They simply had a—you see, we had no dormitories at Hopkins, and a lot of the students lived around in separate houses. A few were married; not many in those days. But the Pithotomy Club, of all the individual clubs of students, medical students, I think was the top one at Hopkins that had the top group.

Warren: So it was a club for students.

Turner: Yes.

Warren: Doctors did not belong.

Turner: No.

Warren: I see. Okay.

Turner: Of course, some of them eventually went on to the faculty, but they were no longer—I guess they were members. I’ve been to many. I was not a member of the Pithotomy Club, but I’ve been to many, many parties that they’ve given there.

Warren: And it still exists?

Turner: Yes, it still exists, I’m pretty sure. I rather think that probably women belong to it now, which they did not.
Warren: So what were Pithotomy Club parties like?

Turner: Well, they were just like all parties. We drank a hell of a lot and ate a little. They were cocktail parties, basically, and we had women there, of course, and all that at the parties.

Warren: Were they casual or elegant?

Turner: Well, neither one. I don’t know. They were just like private cocktail parties, basically, nothing unique about them. We probably drank more than at most parties, and ended up—and they were weekend things entirely. We worked very hard and didn’t drink during the week, but weekends we frequently did.

Warren: One of the things I’ve been very struck by and touched by in reading the things you’ve written is this sense that comes through so clearly of the friendships that you formed and the camaraderie among the Hopkins family. Can you talk a little bit about that?

Turner: Well, I don’t know what to say. I don’t think there was anything unique about that. But for a great many years I have made pretty quick judgments about people, and I like most people, but some I admire and like very much. I tend to make a pretty quick judgment, both men and women.

Incidentally, the man’s name I tried to think of was Previns [phonetic], now at Stanford, top man at Stanford that was one of my associates when I was dean.

No, I think communication is the main thing. I don’t know. I don’t think there’s anything unique about it, but I do have a lot of friends and they last for a long time, even if I forget their names. [Laughter]

Warren: Well, I can understand why.

Turner: I think, just looking at my own family, I have more tendency to communicate than they
do. I communicate to them a lot, initiate more than they communicate with me. There’s nothing bad about that. And I suppose it’s because maybe I don’t have much else to do.

Warren: One last thing that I want to ask you about. I found out yesterday that Hopkins honored you by naming an auditorium for you.

Turner: Oh, yes. Yes.

Warren: What was that like for you?

Turner: Well, it was very fine. I appreciate it very much. I don’t know why they did it. I was certainly instrumental in having it planned and built and all that, but I was dean. They had to name it for somebody, I suppose. [Laughter]

Warren: So you were part of the planning of it, but you didn’t know that it was going to be named for you?

Turner: Oh, no. No, that decision was—I can’t remember who it was made by, but it was made sometime after it was completed, I think. I don’t know who pushed that. Some of my associates, I’m sure. I’m not sure about that. But, of course, Eisenhower had to agree to it and all that, but I don’t know how that worked.

Warren: Sounds to me like it’s an honor that was richly deserved.

Turner: Yes. Well, it is a great honor and I appreciate it very much. I have photographs of it. I’ll take you up to the second floor, if you can stand it.

Warren: I would love to do that. But as we finish up, I just want to ask is there anything more that you would like to say to summarize or to make sure we get it all?

Turner: I think I’ve talked too much already. I’ve written most of this down, you know. I’ve said very little that has not been written either in this, and I have a Hopkins history, *A Heritage of*
Excellence, that I’ve written stuff in. But this is more personal. I have another document probably upstairs of my deanship years that I wrote about and have a lot of copies of that to throw away.

Warren: I’d love to have you throw one my way.

Turner: Yes. As I say, I had a dozen of them over in the office. I’ll give you one upstairs.

Warren: Thank you.

Turner: I’m pretty sure I have it. And you have a copy of this.

Warren: Yes, I read that last night.

Turner: And you have a copy of this, don’t you?

Warren: I saw that at the archives yesterday, but I don’t have a copy.

Turner: I don’t have many of these left, so I won’t give you this, but–

Warren: I had some copies made of pertinent chapters. I want to thank you so very much.

Turner: Well, it’s a pleasure.

Warren: It’s a real honor to spend the morning with you.

Turner: It’s a pleasure. I’m glad you met my daughters.

Warren: Me, too.

Turner: And son-in-law.

[End of interview]