This month our cover features the Armed Forces Institute of Pathology, Washington, D. C., established as the Army Medical Museum in 1862 by Surgeon General William A. Hammond (1828-1900). He issued a circular stating, "Medical officers are directed diligently to collect, and to forward to the Office of the Surgeon General, all specimens of morbid anatomy, surgical or medical, which may be regarded as valuable; together with projectiles of foreign bodies removed, and other matters as may prove of interest in the study of military medicine or surgery. These objects should be accompanied by short explanatory notes."

The museum flourished and came to be regarded as a national medical museum. In 1864 medical officers were directed to ship to the museum all pathological specimens that occurred in hospitals under their charge. Many civilian surgeons contributed specimens for display.

With the entry of the United States into World War I, the surgeon general of the army succeeded in establishing mandatory autopsies on all deaths in the army, "It is essential from a military point of view that autopsies be performed until the causes of the prevailing diseases are well understood and until suitable therapeutic and prophylactic measures have been elaborated to cure and prevent the lesions found at autopsy." Copies of reports, slides, and tissues were again ordered to be sent to the museum.

In 1920 Major George R. Callender (1884-1973), a man of great vision and the first trained pathologist, became the curator of the museum. Although the museum had become a depository of the dental and oral collection of the American Dental Association in 1895 and served as a connecting link between military and civilian medicine, it was not until 1922 that a truly active form of cooperation was established. To develop a real institute of pathology, Callender felt that the collection had to be actively supplemented by material from civilian medicine.

In 1921 the American Academy of Ophthalmic and Otolaryngology entered into an agreement with the medical museum whereby the academy members would supply pathological material from operations on the eye which the museum did not have, while the museum would provide the professional and technical help needed for the study of the material. The Ophthalmic Pathology Registry was followed by the Lymphatic Tumor Registry (1924) and Bladder Tumor Registry (1926), established by the American Association of Pathologists and Bacteriologists and the American Urological Association, respectively. In 1930 these and other registries became a joint activity of the medical museum, the National Research Council, and the sponsoring civilian societies. Through the registries, the museum established a continuing precedent of providing free consultation to any pathologist.

In 1944 the museum became the Army Institute of Pathology and in 1948, the Armed Forces Institute of Pathology and the Central Laboratory of Pathology for the Veterans Administration. It has become the repository of the world's largest collection of pathological material and clinical data on neoplastic diseases and is one of the outstanding research and education centers of pathology in the world.

Callender's classic work on melanoma, published in 1931 (Trans. Am. Acad. Ophthalmol. Otolaryngol., 36: 131-142, 1931), has been followed through the years by more than 1,000 publications on cancer in man and domestic animals. Today the institute has over 1,400,000 accessions, most of which are in cancer: 17,000 brain tumors, 20,000 eye tumors, 15,000 lung tumors, 15,000 bladder tumors, 7,000 testicular tumors, and 30,000 soft tissue tumors. Its staff numbers more than 700 with over 100 pathologists. The institute's world famous fascicles of Atlas of Tumor Pathology have profoundly affected pathological criteria and nomenclature in neoplastic diseases.

The institute has also been active with the World Health Organization in its program of international histological classification of tumors. Currently, the institute houses the WHO International Reference Center for Soft Tissue Tumors, for Tumors of Urogenital Organs, for Comparative Oncology, and for Tumors of the Eye.


M. B. S.