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ARMED FORCES INSTITUTE OF PATHOLOGY
ORAL HISTORY PROGRAM

INTERVIEWER: Charles Stuart Kennedy

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Q: Dr. Hyams, to begin with, could you give me a bit about when you were born, where, and something about the background of your family.

DR. HYAMS: All right. Well, I was born in Jacksonville, Florida, March 30, 1924, and eventually we managed to get to Savannah, Georgia, where I was raised. And at my 18th birthday, that was 1941, I got in the service.

Q: Before we move to that, a little about your family background. Where did they come from?

DR. HYAMS: My mother was the only parent that I had. She was born in South Africa, and she was English, naturally. She was a nurse there, and that's what she did for a living.

Q: And in Savannah she was a nurse, too?

DR. HYAMS: Yes, she was a registered nurse.

Q: Well, then, you were prime meat for the draft, I guess.

DR. HYAMS: Oh, '41, I got right out of high school in 1941.

Q: And what happened then?

DR. HYAMS: Well, I got enlisted in the Navy, and eventually, after some sea duty as an enlisted man, I got into officers' training school. But I didn't finish it, because eventually the war finally was over. Then I finished up my premed and applied to a medical school in Charleston, South Carolina, at a medical college.

Q: You were in the Navy from '41 to...

DR. HYAMS: Forty-five.

Q: During this time, did you develop an interest in medicine at all?

DR. HYAMS: Not at all. In fact, one time when they tried to interest me in medicine, I

just sort of turned my back on it. I was a navigator in the Navy, an enlisted navigator, a... quartermaster, we called them.

Q: The war was over in 1945. Did you leave then?

DR. HYAMS: Well, I got out of the Navy. I stayed in the Reserve, by the way, and then went back to finish my college there. I'd started, in officers' training, to get my premed qualification.

Q: What attracted you towards medicine at that point?

DR. HYAMS: Actually, I wanted to get into forestry, and nobody would let me send them an application right after the war. You know, it was rather a bit tough to get into the schools. So, since my mother was a nurse, I sort of decided maybe I'd go ahead and try med school. So I tried it, and fortunately had pretty good grades, and so I was able to be accepted.

Q: Where did you get your undergraduate?

DR. HYAMS: Newbury College, a little pre-theological Lutheran seminary that was up in Newbury, South Carolina.

Q: Where did you get accepted for medical school?

DR. HYAMS: Medical College of South Carolina, there at Charleston.

Q: Looking at it today, what was your medical training like?

DR. HYAMS: Well, it was generally more geared for general practice than it was specialization, like it is now.

Q: Did you develop any interest in any specialization, pathology or anything else?

DR. HYAMS: I liked ear, nose, and throat. I always like that and it was what I intended to be, a clinician rather than a pathologist in ear, nose, and throat. So that was later on.

Q: What attracted you towards that particular specialty?

DR. HYAMS: Oh, I don't know, I just particularly liked it. You know, some things sort of appeal to you a little more than others, right?

Q: Absolutely. You finished medical school when?

DR. HYAMS: In 1950.

Q: And then that again was one of those years, like 1941. The Korean War started. Did that get you?

DR. HYAMS: Well, I did an internship in a place called Florence, South Carolina; McCloud Infirmary was the name of it. I was in the Reserve as an enlisted man; I never got commissioned there. Then, for some reason or other, I went on out to practice. They didn't pull me back in, because I'd just finished four years in WW II. So they didn't bother me, they let me go on.

Q: Where did you do your early internship?

DR. HYAMS: Well, a place called McCloud Infirmary, in Florence, South Carolina.

Q: Was this again fairly general practice?

DR. HYAMS: Everything, it was general.

Q: And then, after that, you...

DR. HYAMS: Well, after that, I spent about two or three years up in the country trying out general practice, which I wasn't too happy with, in the areas of ... South Carolina, a country practice. That got to me there a little bit. I didn't like it, so...

Q: Was it country practice or a general practice?

DR. HYAMS: Yeah, yeah.

Q: What didn't appeal to you?

DR. HYAMS: Well, you worked your tail off and then never felt anybody really appreciated what you did for them, you know, in that? So it was just a little bit too rough.

So I took a year to look around, and I ran a blood bank for Red Cross in Nashville, Tennessee.

From there, I decided I'd go back on active duty in the Navy, so I got my commission as a medical officer. The only thing I could get as a residency in post-graduate training was in pathology. I wanted to get ear, nose, and throat, but they didn't have any spots available. So I went up to St. Albans, New York. There was a Navy hospital there at that time, out in Queens, outside the city, and that's where I did my post-graduate training.

Q: Which was in pathology.

DR. HYAMS: In pathology, yes.

Q: Had you had any brush with pathology before?

DR. HYAMS: Well, nothing more than what you had in med school, you know.

Q: How long did the training last at St. Albans?

DR. HYAMS: They were five years. And then I was sent to Japan as a pathologist.

Q: Just to get the timing right, you finished St. Albans' training when?

DR. HYAMS: Let's see, it was 1960.

Q: While you were taking this pathology, had you run into anything dealing with the AFIP at that time?

DR. HYAMS: Oh, yes, yes, we knew all about it. We'd been down here to get some courses and so on.

Q: What was your impression of it then?

DR. HYAMS: Oh, well, it was *the* place. It was the Big Daddy, so to speak.

Q: It was at Walter Reed by the time that you...or was it?

DR. HYAMS: No, it was still Armed Forces Institute of Pathology.

Q: You were in the Navy dealing with pathology, was there sort of the feeling that, well, Bethesda is your home base more than the AFIP?

DR. HYAMS: We didn't look at it that way, no. No, we knew that this was a tri-service thing and that they didn't really care too much about whether you were Navy, Army, Air Force, or what have you.

Q: Where did you go in Japan?

DR. HYAMS: Yokosuka, in 1960.

Q: The Naval base there. What were you doing there?

DR. HYAMS: Pathology. I was the chief of pathology.

Q: What was the thrust of most of your work?

DR. HYAMS: Oh, general pathology. They didn't try to do any big, fancy brain surgery or transplant operations over there. All those people came back to the States.

Q: How long were you at Yokosuka?

DR. HYAMS: Three years.

Q: Until 1963. Then where did you go?

DR. HYAMS: Well, I went from there back down to Charleston, South Carolina, as the chief of pathology at the Naval hospital in Charleston, South Carolina; Charleston Navy Yard, we used to call it.

Q: Were you able to do anything in your ear, nose, and throat specialty?

DR. HYAMS: Not particularly, other than what you'd see in general surgical pathology.

Q: So you were again doing more or less the same work in Charleston as you were doing in Japan. You were there what, about three years?

DR. HYAMS: Three years.

Q: And then you came to the AFIP.

DR. HYAMS: Yes. If you like little stories, I put on this little preference card they used to give you, where you wanted to go, I said I really wasn't too particular where I went, but for God's sake, never send me to Washington. I didn't want to come up to the big city here or to Bethesda, which I was thinking. So what did I do but, after I sent that in, I got orders here to Washington, D.C.

Q: To the Institute?

DR. HYAMS: Yes, right here to the Institute. I was sent here and assigned to cardiovascular pathology.

Q: Did you have any idea why you were picked out to come here? I thought that, for the most part, the AFIP was kind of picking its people to fill...

DR. HYAMS: Well, apparently people had heard about me and thought that maybe I

could do the job or something like that. There was a Navy fellow up here that wasn't doing too well at the job, so they got rid of him. I guess you might say I was available. Somebody grabbed hold of me, and that's the reason I got up here, I guess.

Q: So you came here in 1966.

DR. HYAMS: Right.

Q: What was your impression? You hadn't really wanted to come to Washington, and here you were at the AFIP.

DR. HYAMS: Well, all the biggies were here, you know, people that I'd heard about and so on.

Q: What was the atmosphere when you came in? Was it collegial? Was it rather different than where you'd been in a general...

DR. HYAMS: Oh, well, of course. It was a lot more scientific, I thought. I was very happy with the treatment and the relationship with people. I worked for the chief of cardiovascular at the time, Dr. William Manyon.

Q: What areas were you concentrating on in cardiovascular?

DR. HYAMS: Generally, cardiovascular pathology.

Q: How did it work then? Maybe it works the same way now. How did the work come to you and how did you deal with it?

DR. HYAMS: In those days, most of it was sent in as consultations for cardiopathology to Dr. Manyon there. That's about the old way it used to work. There wasn't too much research going on. Dr. Manyon had his little things that he did, but...

Q: Basically, then, work would be on your desk in the morning, you'd finish it...

DR. HYAMS: Yes, the other cases would come in, and then you would go over them with Dr. Manyon there. That's basically what you did. And besides that, you would try to get some papers together so you could work on something, you know.

Q: The director of the AFIP was General Joe M. Blumberg.

DR. HYAMS: Oh, Uncle Joe.

Q: I've done a number of these interviews, and he's one of the names that comes out as...

DR. HYAMS: Oh, he'd have to. He was Mr. AFIP. He had stars on his shoulders. I thought he was a very excellent director, you know, no problems. He was all business.

Q: Did he come around?

DR. HYAMS: Oh, but sure he did that. You knew him.

Q: How did people feel about him?

DR. HYAMS: Well, most people liked him. You didn't fool around with him, you know. I mean, you didn't try to pull anything on him and so on. But I was very satisfied with him myself. I always thought he was an excellent director; one of the best I've run into here.

Q: Good manager, then?

DR. HYAMS: Oh, yes. Oh, yes. And he had clout because of those stars on his shoulders. That helped.

Q: How long did you stay with the cardiovascular?

DR. HYAMS: I think it was around two years. And what happened was, the fellow that was running otolaryngology pathology, a fellow named Jack Gallagher, decided all of a sudden that he wanted to retire and then go elsewhere. So here's my chance now to try to get into a field that I liked. I always was sort of partial to ear, nose, and throat, and now was my time to do that and get into pathology.

Q: Did you have any problem getting in?

DR. HYAMS: Oh, well, they couldn't find anybody, so that was really ripe for me. They were looking around for people. In those days, it was kind of difficult to get people to come here; I think mostly probably the money that they paid.

Q: What was the problem with the money? Was it the salary or the living expenses in Washington?

DR. HYAMS: Well, two things. Your salary, I don't think, was up to what someone would get outside, effectively. The living was tough here, you know that.

Q: When you made the move, Captain Bruce Smith was director. How was he as a director?

DR. HYAMS: Well, I liked him all right. He wasn't the man that old Joe was. Was Blumberg...?

Q: He was there from '63 to '67.

DR. HYAMS: Yeah, that's right. Actually, that's right, Smith was the director then. Yeah, I got along with him very well. He was Navy, you know, and he was probably responsible for getting me transferred up here.

Q: How did the ear, nose, and throat branch operate? We're talking about '68 or so.

DR. HYAMS: Well, I was the only...

Q: You were it.

DR. HYAMS: Yes, and had several technicians that were doing things like processing temporal bones and so on. But I was it. We had a teaching program and fellowships going on, so we were pretty busy. But I was the only man in the department...

Q: Were there any particular areas where you were concentrating?

DR. HYAMS: Mostly on the temporal bone. Most pathologists don't particularly care for that.

Q: What's the...?

DR. HYAMS: The temporal bone is the actual ear, the bone around the ear.

Q: And what were you looking at? What were the problems?

DR. HYAMS: Well, mainly you were trying to figure out all the diseases that caused deafness, that people liked to get fixed up and so on. So basically your pathology of deafness was what you were working on.

Q: Being the Armed Forces Institute of Pathology and dealing with the problem of deafness, did you get involved in trying to figure out what to do about all the big bangs that go on in the military?

DR. HYAMS: Oh, yeah, well, that's always been a problem, and we're very well aware of it. And so many other people have worked on that, you know.

Q: Did you get involved at all in any research on how to keep artillerymen able to...

DR. HYAMS: Oh, yes, looking at some of these bones from these people, yes. When they passed away and I'd get the bones, yes, I'd see an opportunity to do what I could on that.

Q: How did your...would it be called a bureau? Your area of operation, was it an office? What was the title for it?

DR. HYAMS: What do you mean, what was it called?

Q: Yes.

DR. HYAMS: Oh, well, let's see, it was always called a department, the Department of Otolaryngic Pathology there.

Q: When you would have problems coming to you, did you have colleagues with whom you could share, or were you pretty much on your own?

DR. HYAMS: No, there were people that had a knowledge around it in the building. There was a fellow named Dr. Sam Rosen; he ran the pulmonary branch, but actually, before they established an ear, nose, and throat bunch, he would take care of it. So anyway, we had help. Yeah, I had help; I didn't jump right in. In fact, Gallagher stayed with me about three months and tried to help me out, too.

Q: Was there a relationship there with, say, other university hospitals or research institutes?

DR. HYAMS: Oh, yes, yes, we worked with some of the better ones all along. Worked with Boston Eye and Ear, which is quite famous in the area. New York hospitals. Anybody that was doing much in ear pathology, we were certainly in contact with them. We weren't bashful.

Q: And were you running training courses, too, for pathologists?

DR. HYAMS: Yes, we trained pathologists and clinicians. Actually, we had a rather big NIH grant which was designed to actually train ENT clinicians in pathology so that they could teach pathology in their place of... So it was really a money thing.

Q: I notice, from walking our way through some of the directors here, that Colonel Morrissey, in the Air Force, came in '71 and left sort of abruptly in '73, and fired off a memo saying that each department was sort of like a little dukedom and that it didn't respond well.

DR. HYAMS: Yeah, I remember that.

Q: Was there a problem there?

DR. HYAMS: Not with me, because there was really nobody else who wanted that job except me.

Q: Did you find there was a problem of too many routine things coming in to you?

DR. HYAMS: No, I never was really worried about that. I didn't mind. I felt that if a fellow felt enough to send a case in to me, even though it might be routine to me, I figured that he needed help or he wouldn't have wrapped the thing up, you know.

Q: Again, we might walk through some of the other people. How about Colonel Hansen?

DR. HYAMS: Yes, I liked him very much.

Q: How was he as a director?

DR. HYAMS: I thought he was a very good director.

Q: I think, at the time, he was involved in developing the American Registry of Pathology.

DR. HYAMS: That registry was here well before him.

Q: How did these registries work? Did you get involved in them?

DR. HYAMS: Oh, yes, we were probably one of the first registries. In the old days, we used to be eye, ear, nose, and throat. Then it broke up eventually. But we stayed together a long time as eye, ear, nose, and throat, and they were probably one of the first registries.

Q: Were you putting out publications, too?

DR. HYAMS: Oh, yes, and we were responsible for training courses and so on.

Q: And then there was Captain Cowart, another Navy man.

DR. HYAMS: Elgin, yes.

Q: How was he as a director?

DR. HYAMS: Oh, he was a good fellow to get along with; didn't have any trouble.

Q: I tell you, you sound like a man who really doesn't have problems.

DR. HYAMS: Not with the directors I didn't have them. Some of the ones after my time, I'd probably have trouble with them. But not then.

Q: Were there any major developments that the AFIP was working with on, say, equipment? Electron microscopes or various ways of approaching medicine, was it changing? You were here from '66 until when?

DR. HYAMS: Well, I still come in, of course. Let's see, '84 I think I retired.

Q: Did you see any great changes in the approach to your particular specialty, either by the use of equipment or just in the way the...

DR. HYAMS: No, when the electron microscope got more popular, you sort of used that more, but it was still the old eyeballs, you know. And then immunoporoscopy came in. It's changed now as far as your diagnostic modalities are concerned.

Q: You started here just about the time the Vietnam War was really beginning to crank up. Did this cause any particular impact on your work? We had a full-scale war; we had people in helicopters and all sorts of things.

DR. HYAMS: Oh, well, of course, anything that dealt with that had priority. We were pretty well in all that. But really I don't think it changed in ear, nose, and throat much.

Q: No particular problems that were coming from either the area or...

DR. HYAMS: Yeah, I know what you mean. No, I wouldn't say it added too much of an undue load on there, you know.

Q: Did you have anything with Agent Orange or anything like this?

DR. HYAMS: Well, after the war, they had that thing come up. We didn't have any more involvement with that than other people did in different branches. But we saw cases that had diseases in the ear, nose, and throat, and they were interested in whether Agent Orange had anything to do with it. No, I wouldn't say we had anything in particular.

Q: You were also here during the time when it started going in two directions: one was deep water and the other was space. And I would think that these things would have an impact.

DR. HYAMS: No, they had their own departments, and unless you went to a lecture they were giving, you really didn't have too much to do with it, you know. Space, that was another, they had their pathologists. And underwater, they had their pathologists. And we really didn't have too much to do with that.

Q: Was there any sort of spillover, the underwater people would talk to you, because I assume that it would have quite an effect on...

DR. HYAMS: On the ear. Yes, we had some deals where we worked on people who drowned, for instance, and they had changes in their temporal lobes. So we worked with them, of course, but they had their own job. I didn't really specialize in that.

Q: How about during, say, the Vietnam War and the period shortly thereafter, were you getting doctors who were coming in on the Berry Plan, who would work with you for a while and all that?

DR. HYAMS: Yes, we had a lot of those. Particularly if they did one year over in Vietnam, a lot of them would want to come back and spend a year here. So several of them did.

Q: I've heard other people who've said that the Berry Plan really worked very well as far as bringing in good people.

DR. HYAMS: We had some good fellows. I think the services, when you had done a year over there in Vietnam, you know, they wanted to get you back, and if you wanted to come here, you thought that was a good deal, why, they would send you here.

Q: As these doctors went out on their own, you must have been developing a network of them.

DR. HYAMS: Oh, well, yeah. Well, of course, we keep in touch with them there, you know.

Q: Did you find any changes in your work, say, on the civilian side, with environmental concerns or different styles of living or anything like this? Did this seem to have any particular effect on what you were seeing, or was it pretty much a constant?

DR. HYAMS: Well, you know, most of our stuff there--about 95 percent of it, in fact--is generally civilian. And, of course, those kinds of problems would come up every now and then, about environment and so on, something that you'd see.

Q: How about on the nose side, any particular...

DR. HYAMS: Oh, of course, yeah, you would have problems in that, particularly in

cocaine sniffing, you know.

Q: About the drug problem, was there much you could do about it outside of just report on what was happening?

DR. HYAMS: Well, of course, they had people that were working on the drug problem here as far as diagnosing the drug stuff. But we could help them out occasionally with making a diagnosis that was related to some drug ingestion.

Q: You're publishing, you're obviously dealing with the work that's coming in, and you're also training. Did you find that one was more of a drag than the other?

DR. HYAMS: No, I liked it all. I liked particularly the lecturing, the training. I liked the challenge in looking at the cases. And when I had the time, I tried to write an article, maybe.

Q: Well, looking at your work at the AFIP over a period of time, what gave you your greatest satisfaction?

DR. HYAMS: Teaching, I guess. The fellows liked it, you know.

Q: Did you see a change over the period of time--you've had almost 20 years here of this--a change in the doctors coming in?

DR. HYAMS: No, they didn't change very much. Do you mean did they have less interest or more or something?

Q: More interest or more specializing.

DR. HYAMS: No, I can't really say that I did.

Q: Looking back on it, what makes for a good pathologist, do you think?

DR. HYAMS: Just common sense, that's all. There are some people that have got common sense, but somehow or other never make good pathologists. There's a sort of a knack to it, and you either got it or you ain't. You know, we've had some smart fellows that just never could make the diagnosis. They just somehow or other couldn't interpret those things.

Q: I suppose that maybe it's the brain connections or something like that.

DR. HYAMS: Well, it's just a knack. We call these people good bench pathologists; that means a fellow who can recognize a slide's histology and be able to give you a good

diagnosis, a right diagnosis. Other people just don't ever get the knack.

Q: How about with technicians? These were not doctors, were they?

DR. HYAMS: No, they were specially trained.

Q: How'd you find the technicians here?

DR. HYAMS: Oh, excellent. They always seemed to get topnotch people.

Q: They do a lot of the work?

DR. HYAMS: Oh, yes, we couldn't do without them. They're the ones, you know.

Q: Well, I realize you're getting a little bit dry here, so why don't we call this off now.

DR. HYAMS: Have you had enough?

Q: I think, unless we've missed anything.

DR. HYAMS: No, well, that's fine. I hope you got a little bit out of it.

Q: Okay, well, I thank you very much. I guess that's it.