ARMED FORCES INSTITUTE OF PATHOLOGY
ORAL HISTORY PROGRAM

SUBJECT: Dr. Frank Townsend
INTERVIEWER: Charles Stuart Kennedy
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Q: Dr. Townsend, I wonder if you could tell me about your background. First, when and where were you born, and then something about your education, please.

DR. TOWNSEND: Well, I was born in West Texas in the little town of Stamford, which is above Abilene. My father was with the Swift & Company at that time. He died two or three years later, but we had, meantime, moved back to my mother's home.

Q: You were born in what year?

DR. TOWNSEND: Nineteen fourteen. So I spent my childhood down in Gonzales County, it's a little rural area down there. Then I went to school in Gonzales, then went to what was then San Antonio Junior College, which we had two hundred students in at that time in the old German-English school there. It now has twenty thousand some students; they've moved out of the German-English school. But I went there one year, and then to the University of Texas for a couple of years, and then on to Tulane University Medical School and finished there in 1938.

Q: What attracted you towards medicine?

DR. TOWNSEND: Oh, I don't know, that's kind of a long story. I was living in a house with some kids that were taking pre-med. And I had taken some science courses, because I felt that you needed to know something about it. They got to talking about medicine, and so they were talking about you had to take an exam to get into medical school, and they were all going to take it. And it cost, in those days, fifteen or twenty dollars. And so I said, "Can I take it?"

They said, "Yes, go pay them when you go over there."

So I went over and paid them and took the exam. I was the only one got in medical school in that group. They still have those exams; they've got them a little more formal now. But that was about the...

Q: You moved into military medicine, what was the cause of that?

DR. TOWNSEND: Oh, no, that was after I'd finished my internship in New York. World War II was on, and it was obvious we were going to be in the war--to me it was, and so I had a reserve commission. So I just went on active duty and was promptly scheduled to go to the Philippines. But at the last minute they changed me and shipped

me to Panama.

Q: That probably saved you, because those who were sent to the Philippines ended up dead or imprisoned.

DR. TOWNSEND: Yes, that was a bad, bad time. Our director just before me, Dr. Siliphant, he had just arrived in the Philippines when that started.

Q: Could you just sort of briefly summarize your career before you came to the AFIP?

DR. TOWNSEND: Well, I had returned to the States from Panama in '44, and then I was being programmed to be shipped out to the Pacific in '45, when the war ended. But I'd gone back to New York and was in what they called the Second Service Command Laboratory, which is at 90 Church Street in New York, down in the Wall Street area. It was a big regional lab for that whole Northeast area up there.

So, after the war, I got out. I had met a Dr. Robert Moore from Washington University in St. Louis, and knew some other people who had been there with him. So I went out there and was there for two years. I needed some more training.

Q: Had you already begun to specialize in some field?

DR. TOWNSEND: Yes, I had been in lab. I had indicated I had some training in New Orleans and then had a clinical internship for two years in New York at Polyclinic, which is now closed, and then went into the service. Down in Panama, I ran a lab a brief time before the war at Ft. Amador. And then they sent a general hospital down there to do the hospitalling, and the rest of us were given tails and told to go out and hang by the trees in the jungle for the next few years. So that was where I spent my time, mostly in preventive medicine type of activities. I was on the Pacific side of the Canal. But then I came back to the lab in New York; they assigned me there. And then, from there on, I went to Washington University. Then I went to the University of Nebraska for a year as an instructor.

But then I had to leave there to go back home. My father had died when I was three or four years old. My mother, then, was ill; she had had a carcinoma removed. When I was at Washington University, they had operated on her there. She had returned to Texas and was by herself down there, so I had to return to Texas. And so I came back down to San Antonio.

And from there I went on to Scott and White Clinic in Temple. The chief surgeon there, Dr. Brinley, his brother was the chairman of the Department of Pathology at Galveston, and they were having a few problems down there, so they convinced me I ought to go down there and help him. So I went down and set up a surgical pathology department there at the University of Texas Medical School in Galveston.

Then came the Korean War.

Q: Nineteen fifty.

DR. TOWNSEND: Yes. So then I went back in. This time I just asked and got a regular commission. I decided I might as well do it right. So I was at Lackland Hospital until about '53.

Then I was ordered to Washington, to the surgeon general's office in a consultant's group to monitor the labs for the whole Air Force.

Q: You were in the Air Force? In 1947, the Air Force had become a separate entity.

DR. TOWNSEND: When I came to Washington, I was in the surgeon general's office for about a year, when the AFIP moved into this building. And there was a Colonel Thompson who was the deputy director, but he was going to retire, so I was appointed the deputy director to replace him. And then later on, after Dr. Siliphant left, well I became the director. That was in 1959, I think it was.

Q: So you came to the AFIP in, what year?

DR. TOWNSEND: Nineteen fifty-five, I believe it was.

Q: And then you became the director in 1959 until 1963. Obviously, we're going to be concentrating on your period with the AFIP. You'd been in the pathology field both in the armed services and out of the armed services. What was your impression of the Armed Forces Institute of Pathology, and what was sort of the general impression of the AFIP, say, while you were in the military service down in Panama?

DR. TOWNSEND: Well, down in Panama where I was, we had to refer everything to Gorgas, so we were kind of out of the loop. We were pretty remote. I was out at Howard Field when it was first being built. We were mainly concerned with public health problems.

But I, of course, became very familiar with the AFIP after I returned to the Second Service Command Lab in New York, because we had a lot of pathology sent in there from the whole Northeastern United States, and had a lot of dealings with the museum at that time, now the AFIP. And our commander there, Colonel Fukar, and Colonel Ash were very close friends and carried on conversations over the telephone, and in writing, which were treasures, but I don't know whether anybody ever saved them or not. But it was really something. And then, of course, I visited Washington, down in the old red brick building.

When I went out to Washington University, one of the pathologists there who had returned from the war was Dr. Elson Helwig. And Dr. Helwig was debating, after a year or so, what he was going to do; he was thinking of maybe going over and practicing across the river in Illinois. And they offered him a job at the museum, so he decided, well he'd take that, even though he wasn't going to make as much money. But the museum

had the highest reputation in those days out across the country as a reference source, because of their large amount of material and the quality of the people that had been in there over the years, and particularly during World War II, they had a lot of fine people in the museum.

So it had a reputation, and it performed a service then that just wasn't available. Nowadays, there are universities that are reference centers and so on that people use. They didn't use them as much in those days; they were quite sure what they were doing. But it was the last, final judgment place; it was the supreme court of pathology reference.

Q: Was there a system you were referring to when you were in New York where you were gathering together? Things were sent first there and then for the Northeast?

DR. TOWNSEND: All our things we had any doubt about we sent in. And most of the stuff we sent in anyway just for a repository; we had no place to keep it there.

Q: The system was that you would maybe resolve the more standard cases coming from the Northeast or the Eastern Seaboard, more or less there in New York, and things would be sent to the AFIP?

DR. TOWNSEND: Right.

Q: But the more difficult ones, or the more questionable ones would then go to...?

DR. TOWNSEND: We'd deposit them at the AFIP, I mean, the museum, we called it in those days. But certain cases that we weren't sure of we wanted them to look at, because nobody had that much expertise.

Q: In this period we're talking about, the early fifties, was there a difference in equipment with which to examine specimens and all there? Or was it that everybody had pretty much the same type of equipment, it was just really the mental knowledge of it?

DR. TOWNSEND: It was the specialization that the AFIP could offer, the museum could offer in that time that was not available everywhere. There were good neuropathologists, for example, around the country, but the AFIP was where you felt you could send without having to go through a lot of...at least it was easy to work with. But now everybody's in the consultation business, so that's a different thing.

Q: When you came to the museum, which was by that time becoming the AFIP, in 1955, what was the situation as you saw it then both in sort of the physical situation and where it stood in sort of the Washington bureaucracy?

DR. TOWNSEND: Well, we seemed to be in the best of all worlds about that time: we had a new building, we had a very good staff, an adequate budget, lots of material, and

everybody was busy and doing things. There was considerable contact between the pathologists on the staff and the various medical schools, Georgetown and George Washington. So it was the best of all worlds, I would think.

Q: Well, what was the feeling about the new building, which we're in today? I mean, it was built to withstand what we called in those days an atomic bomb and all, and it's sort of an awkward building to work in.

DR. TOWNSEND: Well, yes and no. I mean, at that time we were so glad to get some room, because, remember now, we were sharing the building down on Independence with the library, and it was very crowded. And this was a real blessing, to get in a place where there was some room. The museum part, of course, remained downtown. And so everybody was glad to get into a new building--water ran out of the faucets and all kinds of things worked and the toilets were in the building. You know, in the old red brick, the bathrooms were out in the back. They were modern, but they just replaced the ones that were out there earlier.

Q: It was equivalent to the old outhouse, except it was a sort of a shed outside, wasn't it?

DR. TOWNSEND: Well, they just took, I think, where the sheds were and built a sidewalk down to it.

Q: I think I used those when I visited the museum at that time.

DR. TOWNSEND: So, initially, there wasn't much concern about the building at all. As they began to spread out in it, they encountered some of the problems. We were under the impression, I know, when we first came here, that it would be easy to take down walls and create new rooms or put up walls, and that didn't work out too well, so we began to have some troubles. And then, of course, as humans are prone to do, we expanded to fill all of the existing space, and pretty soon didn't have any space, and haven't had any for a long time. And now it's become a chronic affair, about as bad as it was downtown before we moved out here.

Q: I'd like to dwell a bit on this early period. What were your prime responsibilities as deputy director?

DR. TOWNSEND: Well, it went along very much as it does today. We had four major functional areas: we had the Museum; we had the Department of Pathology; we had the Medical Illustration Service; and we had the Registry, those four activities.

Well, the Registry in those days was not as broadly active as it is today. The Registry activities were centered mostly in the sections or departments where the pathologists were. For example, if it was a neuropathology registry, well Dr. Haymaker, who was in charge of Neuropathology, he took care of that. And one of the deputies was

the deputy in charge of the registries, and had the Medical illustration or the Museum. It varied, but those four things, each one of us had two of the items to contend with. I think usually the Registry and the Pathology Department went together, and then the Medical Illustration and the Museum went together.

Q: What areas, as a deputy, did you concentrate on mainly?

DR. TOWNSEND: Well, mine changed, you see, as time went on, and so eventually you'd have a little bit of everything. Just like as at times they've got here, eight years. In that time, you know, with human nature reorganizing things, well naturally we shifted it around.

Q: Well, I'm speaking with a certain bias, and I may as well state it. I think one of the great bureaucratic tragedies was the movement of the Medical Museum out here to Walter Reed, where it's grossly underused, underseen, where it used to be a prime attraction on the Mall, where the Smithsonian museums are, and obviously would be today if it were there. Could we talk at some length about how this move came about? Who was involved? What was the rationale and this bureaucratic decision?

DR. TOWNSEND: Well, some of this is as I've heard it, and some is as I've actually seen it, but I have to mix the two together. There was always some little friction down there. I never understood why. It never to seemed to be a the top, between the Museum and the Smithsonian, but there seemed to always be some picking at one another. Mainly, the Smithsonian seemed to resent the military having a museum there.

And I remember GSA got into the...

Q: That's the General Services Administration.

DR. TOWNSEND: Yes, they got into it. If there were two leaky faucets, one in the Smithsonian and one in the museum, they would fix the museum first, and that would make the people in the Smithsonian real mad about the thing. A lot of those petty things. I never did and I don't to this day understand what that was all about, because it was totally unnecessary.

The Smithsonian didn't want to run the museum, they had no capability of running the Museum. So it was not necessarily from the standpoint of something they wanted to take, it was something they resented being there.

Now this certainly didn't reach up...most of my contacts were with the director of the Smithsonian at that time. I can't think of his name, but he was a very fine fellow, and he was most gracious and had no problem with me working with him.

But you'd go down, and the people at the Museum would say the Smithsonian people, somebody over there did this or did that, and on and on it went.

Well, at any rate, I finished my duty here, and in 1963 I went down to Brooks Air Force Base as the deputy commander of the Aerospace Medical Division, which was the

Air Force regional activity. And, two years later, I retired. Now we're up to '65, so it must have been around '66 or '67, a year or two after that.

Meantime, Joe Blumberg, who had been the deputy here under me, took over and he was the director. And he called me one day and told me that they were having a problem with the museum and they wanted to tear it down.

Apparently there was a gentleman that had some art work, and, the story I heard, he had tried to give it to Switzerland, and they didn't want it, and he wanted to give it to Israel, and they didn't want it. But this was right after the...

Q: This was probably the Hirshhorn Museum.

DR. TOWNSEND: Yes, Hirshhorn wanted to give it away. The story I heard, well, of course, he offered it to the Johnsons, and Mrs. Johnson, allegedly, and the president both thought that was a great idea and said let's do it, and asked the Smithsonian, I think, for their idea where to put it. And they said to tear down the Medical Museum and put it there. So that was decided that's what they were going to do.

And so then the problem that Joe Blumberg had, as director he was sort of muffled in this whole thing, he couldn't say much about what he really thought. Because the military, it seemed like there was no need for them to anger the administration or the Congress over this problem, because no one was really interested in it, seemingly, except us. So there we were.

Now there were some people in Boston, and I don't remember who all they were, but they put up a good bit of money, hired us a lobbyist to help. And the only person that had the most current knowledge of the whole activity here was me, and I was out of the service, so I could talk. So I was brought up a number of times to talk to the lobbyist, talk to members of Congress, and so on.

It was very clear that they were going to build this Hirshhorn Museum and they could care less what happened to the Medical Museum. There was no thought given to where it would go.

Finally, somebody said, "Well, we can put it out at the Naval Observatory, there's a building there." Well, that was a warehouse and it had water marks on the wall and a few other things, and that was not suitable at all.

Somebody at that time said, see, I think the Bureau of Standards had some buildings up on Connecticut, and they were going to move. But they were really not suitable.

There was just no place to go. But nobody cared.

I remember going up and testifying before the Senate. They listened very patiently, and glad to see us all, and so on. But that was the end of it.

Finally, there was a congressman from out in the Midwest, Indiana I think it was, who was on the House Appropriations Committee, as I recall, and he was the only one from Congress that ever came down to even look at the Museum and see what it was they were getting ready to eliminate. He arranged with General Blumberg to come down, and they met and Joe took him around the Museum, and he was quite impressed with the

whole thing.

So, through his good offices, well, he...to make a long story short, one day I was told to tell him how much money we needed and how many square feet we needed and where could we put it if we got it? Well, all of that was easy, except where to put it. We had no real estate. And the Defense Department wasn't seemingly interested in any real search for a place to locate the museum.

Originally, though, when they had built this building, they had some thought of putting the museum here, and so we turned to that plan because that's all we had. It was obvious that that was the worst thing you could do as far as where you could put the Museum and as far as the public was concerned. But you had your choice between (a) no museum at all, or (b) a museum where at least you could keep the thing alive while something else could happen which hadn't happened yet.

At any rate, they called me in one time. I was in San Antonio and out of the military; I was with the State Health Department there. I remember we met in a great big room in the Capitol up there, with about five or six members of the Appropriations Committee and me, that was all. And they wanted to know how many square feet were in the present museum and what it cost building labs per square foot. That's what they wanted, and I gave them that information. And, from there on, they took it, and we got the money to build the building here. And that was, briefly, what happened.

Q: Well, throughout this, were you given to understand that Lady Bird Johnson had set her heart on the Hirshhorn Museum and that this was a driving factor in everything?

DR. TOWNSEND: Yes, that was my understanding. I don't know if that's true or not, I've never talked to her about it. I wouldn't dare, I don't think I could contain myself. But that was what I was given to understand. See, they were wanting to, I guess, do something...like the Kennedy's were very interested in the arts and things, and so it...

Q: This became a "we're-more-artistic-than-you" type of thing.

DR. TOWNSEND: And then, of course, with whoever these people were in the museum that were so glad to get rid of the Medical Museum, well they had an ally there. And then the rest of the people--the Defense Department, the members of the Congress and everything--they could care less.

Q: Well, you know, I'm speaking as a man now in my sixties, and I remember as a young lad going through that Medical Museum and being fascinated--and there were millions of us. In fact, the Medical Museum was very close to playing the same role as, say, the Air and Space Museum does today.

DR. TOWNSEND: Yes, it was the most popular thing on the Mall.

Q: So I would have thought that somehow or another you could have enlisted all the

young kids in short pants, like myself, who had gone through that museum, to rise up in arms and say, "We want our kids to see it!"

DR. TOWNSEND: Well, we had some, but all this happened in a fairly short period of time. By the time I walked in on it, it was obvious that the thing was all set.

Q: But you the, you might say, the Smithsonian Museum people...part of this was to get the Hirshhorn, but also part of it was to get rid of you?

DR. TOWNSEND: Yes, they were delighted to get rid of us, for whatever reason that they wanted it.

Q: Well, I'm must wondering. I'm just throwing this out as a possibility. I mean, that was a red-brick museum...

DR. TOWNSEND: Well, we were the building down the street in red brick, a whole lot of red bricks.

Q: Well, that was it, they all looked red brick, and so maybe there was a certain amount of nose out of joint because people weren't going to differentiate between one museum and another. Do you think this...?

DR. TOWNSEND: I don't think that'd make any difference to the average guy walking down the...

Q: Well, of course, it doesn't.

DR. TOWNSEND: And he could care less. I'm sure that most of the people who went there thought the Medical Museum was some part of the Smithsonian. Which was fine, as long as they care and get to see the contents of the museum.

Q: But I suppose this probably put some noses out of joint over at the Smithsonian.

DR. TOWNSEND; I guess so. I never understood that. And I never could get anybody to explain to me what the problem was, that made any sense.

Q: Because one would have thought that somebody who was interested in museumship would want to have the branch of medicine strongly represented on the Mall. I mean, if you're having natural history, air and space, military history, and all, that this...

DR. TOWNSEND: At that time, I never heard any of those kind of comments mentioned, that people were only interested in, apparently, doing what the president

wanted to do.

Q: Well, Lyndon Johnson, if his wife wanted something, was a pretty strong man to go up against.

DR. TOWNSEND: And the Defense Department had enough troubles already. They didn't need to start a big row over that, so they just didn't help. They didn't hinder, but they didn't help.

Q: Well, then, moving away from the museum problem. As deputy and then director of the AFIP, what did you see as the main business of the AFIP?

DR. TOWNSEND: Well, mostly, to me--to me, now--the ability as a repository of material for future study seemed to be extremely important. And, of course, that gets us back facing the museum type of thing again. Also, it had a great potential for education in pathology, which you couldn't duplicate anywhere else. And we provided a service for pathologists across the country who could send their difficult cases to somebody to get them looked at. We didn't charge for it, it was a service that we provided for people. That was in the days when, you know, we practiced medicine for people rather than for our pocketbooks.

Q: Yes. Well, was there a concern, for example, that too many doctors would be sending in specimens just sort of as a protective insurance, that really didn't need to come in?

DR. TOWNSEND: Well, we always had some of that. It was relatively minor, but we had it, yes. You'd try to deal with it. That was the individual's...

Q: You weren't up against the malpractice...covering...to use a diplomatic term, covering your ass in malpractice? That wasn't being done.

DR. TOWNSEND: No. No, nobody did that. That never was heard of in those days. I remember when my malpractice insurance, in Texas when I first went there, was twenty-five dollars a year. Malpractice hadn't been invented.

Q: What about the research side? What did you think and push would be the focus of research?

DR. TOWNSEND: Well, that was broad. The major efforts in those years, of course, were strictly within the various component anatomical-oriented areas, say, neuropathology or lymph node and hematology and so on, soft-tissue tumors, most of that morphological. We had activities in other areas, but they weren't concentrated and we didn't have a great deal of money.

Our first scientific director, of course, was Dr. Earnest Goodpasture, who had

been the professor of pathology and the dean down at Vanderbilt. He was here a couple of years and he was getting a lot of this stuff off the ground, but we had not identified any particular area that we would focus in; it would depend on who was available to do what. Dr. Goodpasture came with the idea he'd be here just a couple of years; he didn't want to spend the rest of his retired life here, he wanted to go back to Nashville.

Dr. Stowell was another one of the fellows at Washington University when I was there, and he was chairman at the University of Kansas at the time, so I inveigled him to come back here to be our second scientific director. And he set about doing some things to try to finally get some focus on the research effort and get it organized. Well, trying to do this could sometimes be compared with wrestling with a grizzly bear, you know, you're liable to loose, the bear's pretty big. But Bob did a lot of good things. He was instrumental in getting this Universities Associates organized, which is still in existence, which was going to be another source of money.

Now the money we could get from the outside, in those days the Registry came under the National Research Council. It had been set up in 1922 by Dr. Callendar. He and Ash were both instrumental, Callendar particularly. And in order to get where the people in civilian institutions, or civilians, could contribute money to the institute, this was through the Registry and through the National Research Council.

So about the time I was finishing my term as director, the National Research Council was making noises about they didn't want to do this any more. They'd been doing it since 1922, and here it was 1963, and they felt their role was to get things going and then sort of move on, that they couldn't be forever a fiscal agent for this place and that. And all I did was ask them, well why not, and try to put it off. But after Dr. Blumberg became the director, well then they moved in on him. And, fortunately, Bob Stowell had got this Universities Associated set up, so we could move the money there and money could come through there and reach the AFIP. See, if money would come to us in the military, we'd just have to turn it back in to the Treasury.

Q: This was General Treasury, so you...

DR. TOWNSEND: So we had no place where we could have a bank account with which to do things. So in the early years a surprising amount of effort was spent in trying to get a workable system going where you could get a sizeable grant and then have some place and use it to work with.

But that was hard to do, because in those days the main focus of grants, much as it is today, was at the NIH. Well, then there was more of a concern there of the government giving money from the government to the government. And so that always posed a problem. You might have the best project in the world, but there was a little uneasiness about transferring money from one government agency to another in those days. You have to think of it in terms of the time, not of today.

And so it's been a long haul to get all this focused. Now, as I perceive it, in the last few years, through the Registry, there has been a beginning to focus on an area that needs investigation, and that is, the environment particularly. But, back in the fifties and

sixties, we didn't have an "environment" then.

Q: Ecology wasn't even a word.

DR. TOWNSEND: Hadn't invented it yet. We had an environmental or pathology section or something of that nature, but it was a small affair and not greatly endowed.

Q: Did you feel that the research should be focused on what comes in to you and do research looking at this, as opposed to having somebody off in a lab and getting...?

DR. TOWNSEND: Well, you had to do both, but there was going to come a time when you could, forever and ever, study a thousand cases of this, that, and the other, and, finally, if you're going to ever contribute something, you're going to have to get down and find how things work rather than just guess. Comparison pathology has a great role, and played a great role in this place, and always will, because in some unusual things, there are very few places where you can find a hundred cases or a thousand cases and get some idea of the perspective. That's always going to be important. But I know and my feeling was, and I know that Joe Blumberg shared it, that we needed to be looking at attracting the kind of people that could look at something and see what else you could find. This morphology could lead you to other things, and there was coming an area of cellular study that was going to be with us and we ought to be involved in it. But thinking that and saying that and doing that were all different things.

Q: Well, were you able to make an arrangement, say, you have a young research scientist at the University of Oregon, or someplace, who wants to look at something, obviously you've got the largest collection if it happens to be in his field or her field, could you get that person to come here and work?

DR. TOWNSEND: Oh, yes. Now we'd have to first try to find some money if he didn't have his own. Or we might have a position we could put him in under the Registry, or a temporary Civil Service job, or something like that. We'd have to scrounge around for how to support him, that was the main thing. But, oh, you'd want to. We had those kind of people come. And then of course the Korean War and then later the continued draft contributed to that, because we got a lot of good people coming here for their two years of duty, and that was the big, big thing.

Q: From your perspective, a continuing draft was a very good thing.

DR. TOWNSEND: Yes, because there were a lot of good scientists out there that were going to serve in the military, and if we could find them and get them in here, well, that was a sort of self-centered...

Q: Well, of course. Well, now, did you have a spy network out there?

DR. TOWNSEND: Oh, yes. Oh, yes. We always had a scientific advisory board, which always furnished a lot of people. One of the members of the scientific advisory board had won the Nobel Prize, and we had some very fine people on the board, as they do today. And we had a lot of contacts out in academia. For example, I went back to my University of Texas Medical Branch at Galveston and recruited the chairman of the department and got him up here. And I got Dr. Ken Earl, a neuropathologist down there who was the assistant dean, and I convinced him that deans went nowhere, and he came up to be the AFIP to head neuropathology.

Q: I interviewed him two days ago.

DR. TOWNSEND: And everyone in the department worked on this, so we had quite a network. It wasn't a deliberate network, but it was a network.

Q: Well, it was important. As a deputy and then as the director in charge of the AFIP, did you have problems with the different branch chiefs each going off in their own way? Because I know, later, one director, Colonel Morrissey, made a complaint in his end-of-tour statement, which is typical in many organizations, that each branch not only did its own thing, but really didn't accept much direction, particularly in regards to backlogs and all this. Did you have a problem?

DR. TOWNSEND: They had some backlogs, yes, we always had backlogs. We wouldn't know what to do without a backlog. That was sort of like the backlog on a fire, you can't have a good fire without one. The three people I served with that were directors, and the fourth person that I have known very well, didn't actually serve with him, was Dr. DeCoursey, Siliphant, and Blumberg, of course, and myself. Oh, we always had the usual little administrative problems, but I don't remember any real problems with the sections or anything. If you had something, you knew them well, you could go and...

Q: Did you sometimes have to go in and say politely, "I notice that you haven't been answering your mail as rapidly as your fellow branch chief."?

DR. TOWNSEND: Well, we had one, the orthopedic pathology branch had been a problem for a long time, but it was well known throughout the whole world that..., so it was not something that would... They did good work, but it took a long time, and lots of times the patient was long since interred before the report came out. But I never felt we had any kind of a hostility about it; it was just there and it was something you had to live with because there wasn't much you could do about it.

Q: Well, did you ever try, as a director, doing little things like inserting a bright young person underneath somebody do things on the side? I'm just thinking of normal bureaucratic practice.

DR. TOWNSEND: I don't recall. I'm trying to think, I don't recall any. No, usually I just... I think Joe Blumberg, and we were all about the same, I think, if there was a problem, we'd just go sit down and talk with the individual, and that was it.

Q: Did you ever find that, being a military institute, sometimes people higher up in the Department of Defense would start looking around to cut money and they would say, "Well, you're doing too much on the civilian side and this really isn't military-related," and having to defend what you were doing? Because a lot of your work was civilian, was this a problem?

DR. TOWNSEND: I didn't encounter that as a problem. No, we had an adequate budget. Sometimes we had a better budget than other years, and sometimes we'd have to wait two or three years to get something we wanted, but I didn't encounter... Since the surgeons general were the board of governors, we knew them and knew their staffs, and, in the case of both the Air Force and the Army, deputies here, or directors, were generally very much concerned with the activities in the surgeon general's office. So I didn't perceive anything... Sometimes they said they didn't have any money, and I thought they did, but if they didn't give it to me, well then I'll be back next year. So I don't recall any kind of real hard feelings about anything like that.

Q: What about the Navy? Although this is an armed forces institute, the Navy has Bethesda sitting out there. And did you find that the Navy was a full partner, or was Bethesda sort of going its own way?

DR. TOWNSEND: Well, at first the Navy had very few people assigned in here, but we worked on that bit by bit over the years. It took a number of years, perhaps a decade or two, to get it kind of equalized. But it was not a problem, that is, nobody was angry or upset or anything about it, it was just one of those things you worked on.

Q: It just took a little longer to get them onboard, because, well, it had a major institution within commuting distance of it.

DR. TOWNSEND: Well, the people in the Navy would always send the surgeon general or an able representative to the board of governors. It took them a good while to get a number of people onboard, and it was long after I had left they really began to get a full quota, but they did.

But these were just kind of chronic things, you know. I don't know whether you've ever lived down in the part of the country I come from, where we either have no rain or too much rain. You just have to wait. It finally will rain, or it wont rain, or whatever.

You never pass up an opportunity to suggest that maybe they could do something, but you try to do it in a friendly sort of way. There's no need to get mad about it.

Q: Well, what about the development of the National Institutes of Health, NIH? That was moving up about the time you were here. Did you find that this was a counterforce attracting either money or people or work away, or anything like that?

DR. TOWNSEND: No. No, I found it to be a very stimulating thing, because I sat on some of the study sections out there for a number of years, and for four years I was on the Cancer Council. And, as I say, there was no hesitancy at the working level about even supporting some research here. The problem came, at that time, with the feeling about transferring money between government departments. In my day, now, I don't know what's happened since then, but in my day it was a welcome place. And the pathologists there were very active here, and we all knew each other, and there was no problem.

Q: What about the medical library? Because at one time the museum and the library were really together, weren't they?

DR. TOWNSEND: Yes, they were together.

Q: And then the library went over to NIH, didn't it?

DR. TOWNSEND: Yes, see, they were in the old red brick, and then an Act of Congress made them a separate thing, and they built the present building at the NIH and moved out there. But originally the library and the museum were all part of the same thing.

Q: Well, did the proximity of the library, when the library and the museum were together, did it hurt when it moved out to Bethesda?

DR. TOWNSEND: No, everybody was glad to get some room; they were crowded and we were crowded. It was like a whole bunch of guys with an inner tube around them that's pressing them and keeping them from breathing. The first thing, you want to breathe, you don't worry about other things. No, I didn't see any problem.

Q: And, as far as research went, the library could still be used?

DR. TOWNSEND: Oh, yeah, the library was available; there was no problem with that, that I perceived.

Q: Well, talking about some of the developments that were going on. You were involved in directing the institute when we were just getting into the space program. Did space medicine get rather exciting? Did the institute get involved in space medicine?

DR. TOWNSEND: Well, to some extent. Before that, after I had come here as a deputy from the Air Force, and having been out in the field and knowing that side of it, one thing that concerned me about the AFIP was that it could eventually wander off to where it had

no relation to the military at all, at which time the military would wonder what that thing was, and that'd be the end of it. So I was very much concerned about that and wanted to try to turn it to seeing what could it do for the military, so the military would know what we were about. And this could cover a broad scope of things. Generally, there are all kinds of accidents and injuries and autopsy problems, medical-legal problems and things that arise in the military, and I felt they were certainly not very adequately handled. It's taken a long time now; it's only in the last few years they've even got a medical examiner system, and that was something we wanted way back in the fifties.

Q: Could you describe what a medical examiner system would be?

DR. TOWNSEND: Well, a medical examiner system, of course patterned after some of the existing medical examiner systems, one I had worked with when I was in New York at the Second Service Command Lab during the war. One of my jobs was with the medical examiner there in New York, at Bellevue, and when there was a military case I would go over there and work on that. So I got to know all the people over there. Dr. Weiner was there at the time; he was discovering the Rh and all that sort of stuff. And Drs. Gonzales and Vance and Helburn; it was quite a place. That was my real introduction into medical examiner work and what it could do.

So when I came here, it seemed to me that this was the thing that was lacking out in the military community as such, that it really had nothing organized, to study or to really properly take care of a lot of the stuff that came along. It depended upon the base commander or the whatever. So I felt that was the area where we could do something for the military. But it's taken a long time to do it.

The first thing we got into was the aircraft accident investigation thing, and were helped a great deal by the British. They had some planes go down over there, some of their transport planes, in which they showed that by examining the bodies that were recovered they were able to help decide what caused the accident. And that was a great stimulus. Then we of course were able to sell that to the Air Force and the Navy. We sent teams out from here to nearly all the aircraft accidents for many, many years, and that began to bring us back into the military.

Now it's only been in recent years that they've set up this overall medical examiner system. There were probably things out there that we'd like to get into, but you just can't do these things all at once. Certainly environmental things. People were dumping things here and dumping things there at the airbases. You know, if you had a big truckful of oil, take it down there and dump it down the hill there. Those kinds of things needed to be looked into, environmental things, but we had to wait on that, we couldn't go out and do that. But you tried to work with the people who had the responsibility, in the Air Force at Wright-Patterson Air Force Base at that time, to help them if we could. But it takes a long time for all these things to kind of enmesh. And it didn't in my day. Some of it did. But as the years have gone on, now it looks very, very good, like they're doing that. And then this environmental thrust, which Dr. King has set up in the Registry, I think has finally reached the point that we had in mind a long time ago as the way to go.

Q: Well, I think it's very interesting, your pointing out the need to make sure that the AFIP didn't drift too far away from the military side, particularly in an inter-war period.

DR. TOWNSEND: Oh, I finally reached a peak when they shot the U-2 down over Cuba. I did the autopsy on that fellow, and I had the pleasure of going over and actually briefing General LeMay on what we found and what we thought about what happened. We finally got to the top office.

Q: Were we looking at changes in armaments, so you would be treating different types of wounds? In the time you were there, did you see a difference?

DR. TOWNSEND: This is what we visualized, but we never really got into that. My thoughts were if you had a...well, like you build an automobile, well maybe you do want to put an airbag in it, you know, something like that, because people kill themselves by hitting things in front of them. But we never were able to quite get into that. And I had the experience of when they...one of the later vehicles they've had a year or two or three ago, see, I was on the...up until this past year...

Q: The humvee?

DR. TOWNSEND: No, it wasn't a car, it was a tank.

Q: The Bradley fighting vehicle.

DR. TOWNSEND: The Bradley. Well, of all places, I was on the Armed Forces Epidemiology Board, so they gave us the job of working on the Bradley. I didn't have anything to do with it, nobody asked me to look at it, but they had people that did. But I would think that since they've got all these talents here, that those are the areas where they're still not using the place as much as they should, that's what I'm trying to say.

Q: As far as both designing of preventive accidents...

DR. TOWNSEND: If I wanted to design a vehicle, whether it be an airplane or a tank or a motor scooter or whatever it was, I'd want to go and ask a forensic pathologist or somebody who does autopsies and sees these people after they've been injured and looks at them in detail, ask them, in view of the knowledge that they've gained from these years of studying this, to go and look at this machine, and say, "What do you think? What happens if we run it into a wall, or if it takes off and flies, or whatever?" And I think this is where the people, they could expand the use of pathologists in the military in that respect.

Q: Were you getting anything in the field of, say, body armor, helmets and things like

this?

DR. TOWNSEND: Very little. Very little. Nothing to amount to anything. They never seemed to ever think about that. Easier to go get a contract, you know.

Q: Yes. Well, would contractors or somebody come to you?

DR. TOWNSEND: Oh, no. No. No. No. They'd just go on and just decide something, and it would... We tried a long time. We did, during the time that the Air Force had come closer to all of that than anybody. Because one of the things they had early on out at Holloman, they had the sled stuff with Dr. Stapp. Well, I had...

Q: These are high-speed tests with people on a jet sled.

DR. TOWNSEND: Yes. And I'd known Dr. Stapp's younger brother, we had been together in New Orleans, and so we had a very close relationship with Holloman. And they were doing a lot of this kind of stuff for the Air Force. The Air Force was doing it. It was to a considerable extent the same kind of work being done down at Pensacola, things relating to the Navy, but we didn't get into that as much as we got into the Holloman part of it. And we would go out there for these sled rides and autopsy the bears and other animals. The fact is, one of the vets here suggested that rather than putting people on every one of these sleds, the nearest thing to a man would be a bear. A bear can stand up and walk on his hind legs, and he can sit down, and there's a lap and all these kind of things, so why not use him as an experimental animal? So we used bears out there for some of the work on the short sled runs.

But those are the kind of things that I pushed, because my feeling was that if we didn't get back and convince the military that we were a part of them, we might be gone someday.

Q: Yes, I think there's almost a centrifugal force moving you away from the military into just pure medicine.

DR. TOWNSEND: Yes, you're well known amongst the practitioners around the country, but the military, I mean, you're feeding at their trough, so you better do something for the guy that...

Q: What about nuclear medicine? Did you...?

DR. TOWNSEND: Well, yes, there was a lot of that done. Now Dr. DeCoursi (who was the first director here in this building; he stayed on an extra year so he could move out here) played a big role with the Atomic Bomb Casualty Commission (ABCC). And so did the people in neuropathology. We had a radiation branch here at that time; I remember Dr. Tessmer was running it. But we were quite deeply involved in it during the

post-Hiroshima/Nagasaki era, all during my stay here. And we would go over to Hiroshima to the ABCC and visit with them, and it was quite a lot of contact. And we also, in those days, tested out here the value of radiation in food preservation.

Q: You were here during a period of some nuclear testing both on the islands and in Nevada.

DR. TOWNSEND: Now we've got to the space thing, we better go back to it.

Q: Why don't we go back to space.

DR. TOWNSEND: We of course got involved in that to some considerable extent. But then the only input we really had in it, now for every flight they would launch of a manned space vehicle during the Mercury program, well we would send a representative down (I usually went myself) to Patrick. In case they had an accident, well then we were going to be in charge of that investigation. Thank goodness we never had to function. We didn't get known through that, thank goodness.

Q: Were you involved in any tests or keeping specimens of animals that went up into space?

DR. TOWNSEND: With Holloman, yes, with some of the monkeys and things. And to some extent with Randolph, and later Brooks, where the Air Force is. But not heavily. We had people that were working with them and knew them, with the Navy and the Air Force in particular.

Q: How about back to the nuclear side. Did you get involved...I can't remember the exact date, but do you remember the Lucky Dragon, this Japanese fishing vessel that was caught in one of our tests?

DR. TOWNSEND: I remember it, but I don't remember our role in it. If it came anywhere, it probably came here and Dr. Tasber probably had it at that time. I don't recall any big thing about it.

Q: Speaking about big things, then we'll move on to some other subjects, you left in '63, but were you here at the time of the assassination of President Kennedy?

DR. TOWNSEND: No, I was at Brooks, where he was the day before he was shot. I was down there.

Q: But you didn't get involved in the politics about that?

DR. TOWNSEND: No, none of that.

Q: As a director, one gets involved in the bureaucratic struggle for money and all, where was your source of support and strength in the Department of Defense? Where could you turn to if you really needed a friend?

DR. TOWNSEND: Well, there was no... I'm trying to recall now. Of course, the individual who was at the level of the Defense Department in those days had very little influence one way or another. There were always these people. I remember one of the early ones was Dr. Frank Berry. He was very active, he'd come out here and visit with us and we knew him, but I don't think he could help us a great deal. The set-up was different than what it is now. He didn't do us any harm, but I don't know that he could help much. No, we were more or less dependent upon being sure that our people--the Navy people and the Air Force people--kept their surgeon general's offices apprised of what we were doing, so whatever contact they might have with the Army surgeon general, that was a... We had no secret way of going around anything and just had to work within the framework of the organization. I did not encounter any hostility in any of that.

Q: How about the Public Health Service, the surgeon general and all, did they turn to you as their sort of resident pathologist?

DR. TOWNSEND: No. They never had much to do with us.

Q: Well, do they run the Atlanta Center for Disease Control?

DR. TOWNSEND: The CDC? Yes.

Q: The CDC, contagious...?

DR. TOWNSEND: Communicable disease center.

Q: I would think there would be a close relationship. I mean, they would be picking up these diseases, and specimens would come through and all. Did you get involved?

DR. TOWNSEND: No, that's never had any involvement. I don't know whether even they have any today, because I know the people at Emory and those places...

QQ: Well, do you think it makes any sense? Is this a bureaucratic thing? Should there be a better relationship?

DR. TOWNSEND: Well, I don't know. I guess, if it were me, I'd be down there finding out more about why. I'd be down there finding out how to answer that question. But I don't know. It wasn't there, and I...

Q: It just wasn't something that came up. I mean, they were doing their thing, and you were doing yours.

DR. TOWNSEND: I don't know whether they even existed as much in those days.

Q: Well, some of these things, of course, have grown.

DR. TOWNSEND: They've grown, from small operations. CDC was down there, but it was not what it was today. I went down there and visited with them and all that sort of thing; they knew about us.

Q: We were just beginning to get involved in Vietnam when you left in '63. Was Vietnam playing any particular role at all, as far as looking at what was happening there and how to deal with it?

DR. TOWNSEND: Not much, no.

Q: Based on your experience, Dr., looking at a young person, what makes a good pathologist?

DR. TOWNSEND: Well, it requires a more or less obsessive/compulsive type of individual who wants to be absolutely sure he's looked at everything he's supposed to look at. And he's got to be a person who questions things and wants to know. I mean, what attracted me to pathology, it gave you a broader spectrum of medicine, where you were at the base of the whole medical structure and you would be conversant with all parts of it. And it was a lot more fun than being off in some isolated specialty, where you just only knew the right eye or the left eye or something like that. Some people claim, well, people go into pathology because they're recluses or something of that nature. Some are. But there are recluses in other parts of the profession, too. It's a challenge. It's harder, I think, than some, because you're right there on the firing line in the hospital. You're the guy calling the thing. If you call it wrong, you've done something bad. And you've got to be right.

Q: What about training pathologists? Here you are, you have the repository of basically the sum of all pathological knowledge. Were you concerned with trying to get as many doctors as possible, both military and non-military, through here, so that they could have the advantage of this accumulation of knowledge?

DR. TOWNSEND: Well, you wanted to get your pathologists through, at least to know what the place was and to have some knowledge of it and some knowledge of the people, so they could use it, and use it without feeling that it was something that wasn't there for them. As far as bringing people that want to come and study here, that always, since the very organization of the place, dictates specialization. Because, out in a hospital, if you

get an eye...well, you don't really try to look at them there, but if you get a breast biopsy, you do it. If you get a uterine scraping, you do it. If you get a tumor from the skin, you do it. Well, here those are three different sections that devote themselves just to that. So an individual can only come here after he is a pretty good general pathologist and has studied in one or more areas where he can specialize. If you rotate somebody through for a year or two, you know he's going to be highly specialized in that area. And you have to look at your service and decide do I need that or don't I? If you have a hospital that's doing a lot of neuropathology and neurological surgery, well, maybe you need a neuropathologist there, so you'd want to bring one in and train him. That would be the advantage here, but it would be a kind of an ad hoc thing as you go along.

Q: Well, did you ever feel that the AFIP could serve as sort of a holding ground, so if all of a sudden there were a case that would appear out at, oh, Brooke Hospital or some other place, you could send somebody there? In other words, sort of almost a fire brigade type of situation.

DR. TOWNSEND: You could, but that rarely came up. You could do that. Or if you really had nobody to cover the thing, you'd have to get somebody from somewhere. Now where we sent people mostly were these accidents in this forensic... not put accident investigation under the forensic, because that's what it is. But we didn't try to develop that too much in those days out in the bases. We brought it all out of here, because it took some considerable expertise to know what you were looking at. You couldn't depend on just any pathologist having that, unless he had had some experience and training. Plus you had to know something about aircraft, and you had to know something about forensic pathology. You would have a difficult time if you suddenly needed a general pathologist at a hospital in Hawaii and you had to send him out of here. Where would you find him? There's an eye pathologist over here and a civilian here, ...there. Nobody could come and do the general thing, you know, it's not set up that way.

Q: During the time you were here, were there any major changes in equipment or way of looking at things? You know, I'm thinking about electron microscopes, CAT scans, or other things.

DR. TOWNSEND: Well, we got the first electron microscopes in here, and we had several in the very early days. We brought a fellow over from Sweden to help us get all that set up. He was here many years. Dr. Stowell had known him. Dr. Stowell, while he was at Washington University, had gone to Sweden and knew a lot of those people there. The electron microscopes in those days were more or less centrally located where people could go use them and there'd be somebody there that could help them.

As new instruments would come in (now there have been a lot of instruments come in in the last twenty years that we had never even heard of in those days), we would try to see that somebody set it up. We finally got us an altitude chamber, we needed one of those. Now they've got both, they can go up or down. And that's what we needed; we

wanted that all along, but only in recent years did they get the compression chamber. So we tried very much and did keep up. Well, you couldn't help it--if something had been invented, the director would have somebody on his doorstep the next morning saying let's buy one. So you had no problems over that, knowing what was going on with all this network working in all directions.

Q: Well, I assume that you found that Washington was a very good place to be located, wasn't it? Or, medicalwise, would New York maybe have been better?

DR. TOWNSEND: I don't know, that question is not easy to answer. We've always felt we were sort of hemmed-in here in Washington by the constraints of space and so on, and perhaps the whole thing might be better if we were more centrally located. Except that the one thing, though, here in Washington that you could not duplicate anywhere else, it's easy for people from foreign countries to come here and come out here and visit, or stay here, because the embassies are here and everything, and it just works out better. So, for that reason alone, I think it's well worthwhile to keep it, if at all possible, within the Washington area, because that's a very important...

Q: This raises the question of the international influence of the AFIP. Could you talk a little about how you think it was perceived, used with other countries, and your experiences?

DR. TOWNSEND: Well, it was sort of just one of these things that just happened, you know. Of course, most of the people here in charge of the different sections were known worldwide for their publications and so on in pathology, so pathologists everywhere knew them. And then they'd come to Washington for some reason or another, or come specifically. Some would come, like they do today, and spend a year or two or more with us. You know, they always did. But we'd get to be known and then we would go out, and when you'd visit some of these places, you'd try to visit some of the... I tried to visit some of the out-of-the-way places, like Makerere Medical School in Uganda, and things like that, because I felt that they were on the track of some kind of diseases there I hadn't heard of before. Well, now we know what they are. But of course that all went down the tubes when they all became independent. So there were limited things you could do there. We did send people to South Africa to be stationed there, and some of the veterinarians went to that veterinary institute there that's near Johannesburg. And I know both Gen. Blumberg and I were very concerned about our lack of knowledge geographically.

And, speaking of geography, that's another thing you thought a lot about. Lord knows, you don't know where you're going to be asked to operate next in the military, and if you don't know something about the diseases, you're going to be in trouble. So we were trying to get people interested in looking at the Upper Amazon Basin, because nobody knew anything about the Upper Amazon Basin and there's not much literature on it. But now the Navy has a lab down there in Peru in the Upper Amazon Basin, and

they're getting some information coming back from there. But that took many years to finally get around to that. Some of these things, you can conceptualize them, but then trying to get people to pay any attention to you is another thing. They even wondered what in the world we'd want to send anybody to Peru for. Well, who knows, Peru could explode any time.

Q: Well, how about with the Soviet Union? (This is March 1992, so we have to talk about the former *Soviet Union.) They were touting their medical achievements and all. Were you getting any reflections of what was going on, because these were obviously considered to be our main potential adversary?*

DR. TOWNSEND: Not a great deal. Once in a while somebody would come by from the Soviet Union, but we didn't have much contact with them.

Q: This was, of course, still the height of the Cold War. Were you looking hard at Southeast Asia?

DR. TOWNSEND: Oh, yes, we were concerned about that. Of course, then the Army had some labs in there. So we were in that area, we could get information back from there, but South America was something else.

Q: Were you sort of putting a priority on cataloging Southeast Asian diseases?

DR. TOWNSEND: No. No, we didn't have anybody specifically concerned about that. That more or less was rare. Our neighbor across the street, they were doing that.

Q: That was who?

DR. TOWNSEND: Walter Reed Army Institute of Research. They were involved in that. Now, of course, when working with rare, we always, both sides, we joked about it: if they were in San Francisco and we were here, we would see each other more often than we do just across the street.

Q: Did you find there was any problem being located on an active duty Army hospital base for Walter Reed or not?

DR. TOWNSEND: No, we didn't see any problem.

Q: There was no clash of the administration or parking problems? Sometimes parking problems are the greatest course of discontent in any institution.

DR. TOWNSEND: No, when I was here, the people at Walter Reed would have periodically scheduled meetings where we'd discuss some of these problems, and we'd all

talk about them, and that was it. In other words, we'd ask why can't we cut out a tree and build a parking space, and they'd explain why, so that was it. It took us only, oh, I don't know whether it occurred while I was here or not, to get...

Q: Well, Dr. Townsend, I wonder if you could talk about something that happened on your watch, which I think was an excellent thing, and this is a history of the first hundred years of the Armed Forces Institute of Pathology done by Ralph Self Henry. I wonder, could you talk about how that project got going?

DR. TOWNSEND: Well, when I came here as deputy, Capt. Siliphant was the director, and one of the little pieces of pie I got as deputy director was the history.

We had a young fellow here, I can't remember his name, he was a very pleasant man and I enjoyed talking to him; we sometimes sat by the hours and talked, and he was supposed to be getting all this ready to go. Well, we're talking about 1955, or that time period, and it was going to be in '62, and that seemed a long ways off to people our age at that time. So we kind of went along. But, as a year or two passed, I kept asking him, "Well, when are you going to actually start writing this history?" Well, he was going to get started. Well, to make a long story short, he never did get started. And unfortunately I finally had to just...we found him someplace out at NIH where he could work. I liked the guy, he just wasn't going to get the job done.

So now we had a real hairy deadline and I didn't know what to do. I had just finished reading a couple of Dr. Henry's books, *The Story of the Mexican War* and *The Story of the Confederacy*, and I thought they were great. I knew he lived in Alexandria, and at that time I lived in Alexandria, or had lived there. The last four years we were here, we finally bought a house after ten years up here. We always felt we were going to transferred. I've lived everywhere. So I thought, "Well, gee, that guy, he writes the kind of history you can understand, why not ask him?" I didn't know him, so I went over and introduced myself and asked him would he consider writing a history. I had learned, through some circuitous way, I don't know how it was, that, as secretary of the American Association of Railroads, he was ready to retire from that and so would have some time. And he very happily decided, yeah, that he'd like to do that. I gave him some background and stuff of what we had, so he set about. I forget when he started, it must have been right about 1960, and May of '62, I think, was the time we had to have it. We had a very short fuse by that time, and so Dr. Henry set up an office down in the museum, down in the old red brick. And there he sat down and he wrote the history, as you see it. He took it over from there, and all I did was, if he needed help, I helped him. Of course, the criticisms I've heard of the history, of course it gets a little fast and vague as we approach the current time, but there, you know, as you know in history, your perspective of two or three or four years is not very deep, as it is in fifteen or twenty years.

Q: Well, no. Of course, this is part of what we're doing now, we're working for the next hundred years with this series of interviews. Well, Doctor, I'd like to ask two questions of you. The first one is: What would you tell a young doctor today if he or she is interested

in the field of pathology? If the doctor would say, "You know, I'm wondering whether I ought to go into pathology or not," what advice would you give?

DR. TOWNSEND: Well, I have occasion from time to time to do that, you know, because I'm still hanging around the university as an emeritus type of... I have the three greatest things you can have: a parking place, an office, and a secretary. No work, though.

No, I think, first of all, if somebody asks you that, you can't answer their question unless you know a little bit about them. Because a pathologist, in my opinion, has got to be a person who can dedicate himself rather intensely and at the same time have good judgment and be willing also to play in a background role. Because still people wonder what a pathologist is. It's like the men with the elephant, you know, to one that had him, he was a wall; to another, his trunk was a rope; and another one described him as a tree, whichever he had, his leg or his stomach or his... So they've got to be good students and willing to study and willing to work. We've had pretty good luck with our residency. I've been there at the University of Texas now for...it'll soon be twenty years, and we've had very good luck with our residents. Now some people just can't make it, and if you see they're really not interested or don't have the ability to concentrate and so on, well, you just... The other thing you have to look at when you're training them, you're trying to make up...the individual decides this, is he going to fundamentally do research in that area, or is he going to be in the diagnostic area, or one of these people that can ride both horses, and those are few and far between.

Q: Now looking back, you've had a long career, but focusing on the time that you were with the Armed Forces Institute of Pathology, what did you do or was done during your time that gives you, in retrospect, your greatest satisfaction?

DR. TOWNSEND: That's a difficult question, because I thought we had a lot of nice things happen. Well, first of all, the thing that we set about to do, which has finally resulted in this armed forces medical examiner system they have, we wanted to get something of that nature off the ground. It got started there and it's grown apace since then. That was one of the main goals I had when I came here, to get the AFIP more involved with the military, because it was a military organization, it belonged to the military, the military was funding it, we should do something for them. And also that we do the other things that we were capable of doing and use all those resources that were so precious here, human resources, make them available to the military.

And then the other thing, of course, was the museum. The museum was very close to me and I felt that it was our real window to the world. The great disappointment, of course, came after I left, with this sudden demise of the museum and what happened. And I was lucky or unlucky enough to play some role in trying to salvage it. All we had was people wondering, Well, why put a museum out here? You've got to either put it here or you're not going to have a museum at all, you're not even going to have a place to store it. Well, then they put it here, you know, in the first two years they closed it and put

the medical school in here. So it just took a beating from everywhere you turned. So the museum's had a terrible time. And I still think it's our window to the world. That was my greatest disappointment. And I guess being sure the institute was integrated and part of the military was the second thing.

Q: Well, thank you very much, I really appreciated this.

DR. TOWNSEND: Well, it was fun.

Q: This was fascinating.