

CHAPTER 10

Robert E. Scully (1921–)

ROBERT H. YOUNG

Dr. ROBERT E. SCULLY (figure 10.1) has been not only a giant of pathology in general but a luminous figure in the history of Massachusetts General Hospital (MGH) Pathology. He was a pathologist at the hospital for 55 years, and his professional career has changed the field and influenced innumerable colleagues, trainees, and patients. This chapter addresses the background, life, service to the hospital, and academic career of this remarkable physician-pathologist.

Most of Dr. Scully's ancestors emigrated from Ireland during or soon after the potato famine of the 1840s. His maternal grandfather, William Fleming, arrived in the United States in 1865, became a carpenter and built several houses in Pittsfield, Massachusetts, one of which Dr. Scully lived in during his childhood. His mother, Elizabeth Hopper Fleming, was a schoolteacher, and his father, Edward Thomas Scully, practiced law, amassed a large library of classical prose and poetry, and was a civic leader; President Woodrow Wilson appointed him Postmaster of Pittsfield. Robert Scully was born on August 31, 1921, three months after the death of his father of "pneumonia and rheumatic heart disease." He, with his older brother, George, and mother, moved to live with his grandmother, and his mother resumed her teaching career. When George later married, he and his wife had four children, two girls and two boys, and Dr. Scully has always been close to them and their families.

Dr. Scully's interest in medicine was prompted by Dr. Harry A. Durkin, a 1915 Harvard Medical School (HMS) graduate who had trained at MGH and become a prominent physician in Illinois. Dr. Durkin was married to one of Dr. Scully's aunts, and he brought his family each summer to Pittsfield, where he influenced Scully toward a medical career. His interest in medicine was cemented when he read Paul de Kruif's *Microbe Hunters* as well as A. J. Cronin's *The Citadel*.

Dr. Scully graduated magna cum laude from



Figure 10.1 Robert E. Scully

the College of the Holy Cross in Worcester, Massachusetts, in 1941 and from HMS in 1944. In his senior year he applied for a medical internship at the Harvard teaching hospitals but was unsuccessful. He also applied for internships in pathology at MGH and Peter Bent Brigham Hospital. His application for the MGH program was rejected by Dr. Benjamin Castleman, but he was accepted by Dr. S. Burt Wolbach in the program at the Brigham. The first year of his training was interrupted after three months when he contracted conjunctival tuberculosis doing an autopsy, which led to nine months in a sanatorium in Ray Brook, New York. Dr. Scully ended his sojourn there by signing himself out against medical advice after being told that tuberculosis was incurable and he should join the staff of the sanatorium. He resumed his three-year internship and residency (figure 10.2) in pathology at the Brigham, which included a rotation at Children's Hospital in Boston, where the Pathology Department was run by Dr. Sidney Farber. Dr. Scully fondly recalled the time spent with Dr. Wolbach, for whom he retained great admiration and affection (1, 2).

Dr. Scully's academic productivity was heralded during his Brigham training by a painstaking study of all the testicular tumors encountered in the institution until that time. An unusual case presented at a conference for the residents prompted him to undertake this project, in which he was joined by a trainee surgeon, Dr. Asa Parham. Two 1948 papers resulted, one on germ cell tumors and the other on sex cord-stromal and miscellaneous other neoplasms. Dr. Scully wrote the text longhand and paid to have it typed out of his "princely" salary of \$75 a month. From that early time Dr. Scully was aware that as interesting as pathologic findings might be, particularly where tumors were concerned, what was most relevant to the patient was the effect of pathology on prognosis, and his efforts to obtain follow-up for his first work on testicular tumors included visits to patients at their homes.

After finishing at the Brigham and Children's

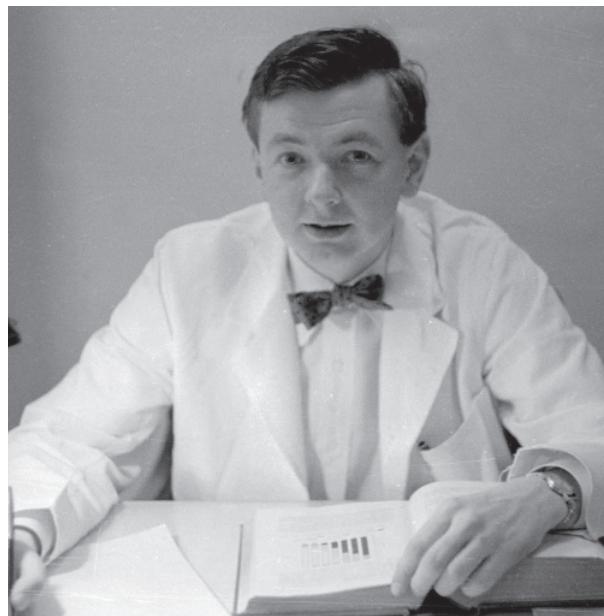


Figure 10.2 Robert E. Scully, the studious young resident

Hospital, Dr. Scully spent a year as a resident at the Free Hospital for Women in Brookline, Massachusetts, and Boston Lying-In Hospital under Dr. Arthur T. Hertig, an experience that initiated his lifelong interest in gynecologic pathology. The next year was spent as a resident at the Pondville Cancer Hospital in Norfolk, Massachusetts, where he was Director of Cytology as well as Anatomic Pathology. Dr. Olive Gates of the Tumor Diagnostic Services, a free state cancer unit at HMS, visited once a week to review problem cases. Dr. Scully then spent a year as an Instructor in Pathology at HMS, where he had a major role in organizing the teaching of anatomic pathology to second-year students. Dr. Tracy B. Mallory was then the Acting Chairman of the HMS Department of Pathology, and toward the end of that year Mallory asked Dr. Scully to join the staff at the MGH to replace Dr. David Freeman, who had left for the University of Cincinnati to join Dr. Edward Gall (chapter 5).

Dr. Scully's early tenure at the MGH was interrupted after two years by service in the U.S. Army, from the fall of 1952 to the summer of 1954. His cross-country drive to the West Coast

to begin military service in September 1952 was notable for a remarkable chance event: his good friend Dr. Austin Vickery (chapter 9) had traveled separately, but when Dr. Scully (who worked some sight-seeing into the trip) arrived at the top of Mount Rainier Dr. Vickery was also there! During his 20 months in the U.S. Army during the Korean conflict, 1st Lieutenant-Captain R. E. Scully was stationed at the 406th Medical General Laboratory in Tokyo, visited Hiroshima and Nagasaki as an interim pathologist for six months under the auspices of the Atomic Bomb Casualty Commission, and visited the 46th ASH (later called MASH) unit in South Korea.

Dr. Scully rejoined the MGH faculty in 1954, and he quickly became one of the mainstays of the diagnostic service, frequently signing out both general surgical pathology cases and frozen sections. For most of his career at the hospital, he lived nearby (first at Charles River Park and for the last quarter century on Beacon Street overlooking Boston Common), and was therefore readily available “after hours”; many a stressed senior resident confronting a difficult frozen section found that a relief. In his early years Dr. Scully also taught physicians and HMS students cardiovascular pathology. Although he had established a special interest in gynecologic and testicular pathology, he took an interest in all areas throughout his career, and he and Dr. Castleman were considered by most the two go-to people for difficult cases. Even toward the end of his career, when specialized units existed in every area, he would be shown particularly challenging cases from diverse areas. In his later years he was even the pathologist for the Cooperative Ocular Melanoma Study, in collaboration with Dr. Daniel Albert and others; he once semi-jokingly commented to this writer that he had probably seen more cases of metastatic melanoma than most of the skin authorities.

Dr. Scully was such a good diagnostician that most diagnoses came to him quickly, sometimes almost as the slide was going under the

microscope, which led to his being referred to in somewhat jocular fashion by the residents as “the bullet.” The ease with which many diagnoses came to him, however, was balanced by an equally remarkable careful study of cases when they presented significant difficulty to even someone of his expertise. When shown such a case late in the day, he would sometimes review it in the quiet of the next morning and have reached a diagnosis by the time the person who had sought his opinion had arrived for the day. His work habits were prodigious, and one could almost guarantee that if one passed by his office, he would be sitting at the microscope studying a case (figure 10.3). Despite frequent interruptions, and a line of people often at his door waiting to show him cases, he never exhibited any degree of irritation and gracefully would look at whatever was brought to him, no matter how busy he was with other matters. His kind and gentle manner both in and outside the workplace made him much beloved by all his trainees and fellow staff members.

Dr. Scully’s reputation as an expert in gynecologic pathology grew during the mid-1950s. He had been asked by a senior gynecologist, Dr. John McLean Morris, to coauthor a textbook, which became *Endocrine Pathology of the Ovary*, published in 1958. This publication and numerous peer-reviewed articles led to an accelerated pace of referrals over the years. His consultation series ultimately became a treasure trove of material for teaching and publication. The cases were all labeled sequentially with a prefix that became well known: “SCS,” standing for Scully Consultation Series (the last one is SCS26781). To this day, reading his careful, sometimes lengthy letters, often embellished with appropriate references and comments on therapy, is a teaching exercise unto itself. From about the mid-1970s, Dr. Scully presented the most interesting cases he had seen in consultation the previous week in an hour-long session at the daily Surgical Pathology “Outs” conference on Mondays, which was a treat for those who attended, since these exercises

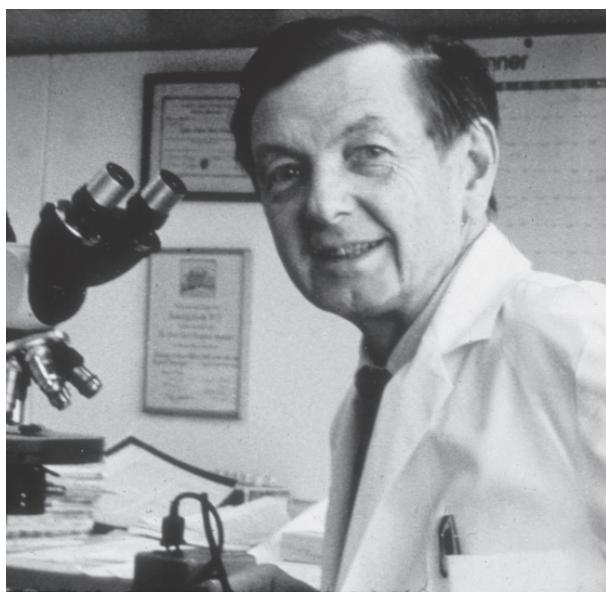


Figure 10.3 Robert E. Scully, turning away from the microscope, but only briefly

featured a large number of rare entities. Throughout his career, Dr. Scully had many visitors from the United States and the rest of the world, and they were often stunned by the experience they could get within a short period because of the great array of unusual cases available for study.

Dr. Scully's work on the Case Records of the MGH (chapter 24) was remarkable, initially as Associate Editor and for a record 27 years as the Editor, beginning with Case 26 in 1974. For most of his time as Editor, he had rather limited editorial assistance and did the vast majority of the editing and overall organization himself. The author vividly remembers one trip to California with him, during which he spent most of the flight editing one of these exercises and continued to do so while waiting for his luggage. Each CPC went through several editions, each subject to his meticulous editing, improving not only content but grammar.

The careful editing that was so important in making the Case Records such valuable publications was also brought to bear on Dr. Scully's numerous original papers. Writing a paper with him was educational from the perspective not

just of what was learned about pathology, but also of what was learned pertaining to proper construction of a medical paper and the basics of English grammar. His editorial pen was legendary, and all his coauthors became accustomed to vast quantities of red ink inscribed on the pages by the time their articles were returned to them. Initial despair at the work involved in redoing the paper was offset by an awareness of the benefit of Dr. Scully's suggestions, both in medical content and in style. The same care was taken with his lectures. Throughout his career Dr. Scully gave countless talks and slide seminars; he always prepared his lectures with remarkable detail and would make a list of all the slides to be shown, accompanied by notes on the points to be emphasized, even though he had given the talk on many occasions before. As fastidious as he was in his careful study of cases, lecture preparation, and attention to grammar and other aspects of proper writing, his office was often a repository for many piles of material. Nonetheless, he always seemed to be able to find whatever was needed from the journals, correspondence, and miscellaneous other paperwork stacked high in his office (figure 10.4). It was interesting for this writer when preparing this essay to stumble on a review of a book on Dr. William Henry Welch in Dr. Scully's files and to find that the only section of the review Dr. Scully had underlined read, "His filing system was unique: papers were scattered on chairs, desks, and the floor."

Dr. Scully's contributions to the literature are characterized by both their novelty and their number. The eminent British pathologist Professor Harold Fox remarked that Dr. Scully's "prodigious literary output has been characterized by conceptual originality, clarity of thought and scientific rigor" (3). His major contributions began with those written while he was a resident, continued with those undertaken while he was on Army duty, and went on to include many other works focusing largely on three subjects: ovary, other areas of gynecologic pathology, including



Figure 10.4 Robert E. Scully in a not-so-tidy office

disorders of intersex, and testis. His Army papers include a study of fat embolism in 110 Korean battle casualties, which largely confirmed the findings of Dr. Tracy B. Mallory, who had done a smaller study of 51 World War II battle casualties. Two studies involved skeletal muscle ischemia in battle casualties and were followed by later investigations in dogs that were supported by a U.S. Army Research and Development Grant. With the exception of one case, no study of necrotic human skeletal muscle had been uncovered in the literature, a surprising finding in view of the close microscopic resemblance of cardiac to skeletal muscle during ischemia and recovery. The most important of the papers on skeletal muscle dealt with criteria for debridement of muscle wounds. About 10 years after publication of that article, Dr. Scully was told by a senior MGH orthopedic surgeon that the American Society of Trauma Surgeons had adopted his criteria.

Dr. Scully authored over 100 original papers on ovarian pathology, mostly on neoplasms, and only the most important are highlighted here. In

1957 Drs. Scully and Jack Morris had coined the term "ovarian tumors with functioning stroma" to denote the phenomenon whereby various ovarian tumors, not typically endocrinologically active, have a luteinized stroma, which results in hormone production. In 1961 he wrote the first of his many papers on metastatic tumors to the ovary with Dr. George S. Richardson (the younger brother of the neuropathologist Dr. E. P. Richardson Jr.; chapter 11), and that paper focused to a significant degree on stromal luteinization. A 1960 paper with Dr. William Thurlbeck on solid teratoma of the ovary introduced the grading system for those neoplasms that still pertains. A 1970 paper on teratomatous neoplasms with Dr. Stanley J. Robboy was the first to describe in detail mature glial implants associated with teratomas and their lack of adverse effect on prognosis. One of Dr. Scully's most significant early papers was written with Dr. John F. Barlow on what at the time was referred to as mesonephroma of the ovary but is now known as clear-cell carcinoma. That 1967 paper demonstrated that that neoplasm was of Müllerian rather than mesonephric origin. In 1970 Dr. Scully pointed out a peculiar morphology of a subset of sex cord tumors that, particularly when they occur in patients with Peutz-Jeghers syndrome, have distinctive features: the sex cord tumor with annular tubules. He described a series of ovarian tumors with a tendency to occur in the young: sclerosing stromal tumors of the ovary (16); small-cell carcinoma of the ovary of hypercalcemic type (22); juvenile granulosa cell tumor of the ovary (29); and retiform Sertoli-Leydig cell tumor of the ovary (33). Other original descriptions and contributions of particular note in the field of ovarian pathology include the strumal carcinoid (21), previously often called carcinoma but almost always benign; the often confusing sex cord-like patterns that may be seen in endometrioid carcinomas of the ovary (24); a series of papers on steroid cell tumors of the ovary beginning with one on stromal luteoma in 1964; many additional

papers on metastatic tumors to the ovary; a triad of papers describing various differing morphologic appearances encountered in so-called mural nodules in mucinous tumors of the ovary; recognition of the distinctive features of Müllerian mucinous and mixed epithelial Müllerian tumors of borderline malignancy (40); a seminal paper on the nature of implants of serous borderline tumors (37); the peculiar association of a distinctive luteinized thecoma with sclerosing peritonitis (53); and a classic paper on intestinal-type mucinous tumors (68). Although Dr. Scully's interests in pathology were largely morphologic, he was always quick to utilize new information if it would help patient care and shed light on the biology of neoplastic and nonneoplastic proliferations. In this regard, he wrote the first review of the utility of immunohistochemistry in evaluating ovarian tumors (1985) and always encouraged a balanced approach to the evaluation of cases, including awareness of the clinical background, gross features, and of course the wide microscopic morphology that neoplasia potentially presented.

Significant contributions to other areas of gynecologic pathology have also been frequent. These include a 1973 paper that, following as it did six years after his paper clarifying the Müllerian nature of clear-cell carcinoma (formerly "mesonephroma ovarii"), highlighted the fact that true mesonephric tumors occur in females and have distinctive features. In the early 1970s, with Dr. Philip B. Clement, Dr. Scully described the Müllerian adenocarcinoma of the uterus; the same authors' magnum opus on 100 cases published in 1990 will probably remain the definitive study of this neoplasm for many years (46). Other reports of note on uterine pathology include a paper by the same two authors describing the so-called uterine tumors resembling ovarian sex cord tumors, a paper delineating the features for the first time of myxoid leiomyosarcoma of the uterus, a neoplasm previously often misinterpreted as benign, and several additional major papers on mesenchymal tumors. A 1984 paper

with Dr. Nancy L. Harris, later to succeed him as Editor of the CPCs (chapter 24), is a definitive study of lymphoma and leukemia of the uterus and vagina (27). Dr. Scully had written an early paper on tubal pathology but many years elapsed before he again contributed to the literature in this area, but toward the end of his career he was the guiding light behind a series of papers on fallopian tube tumors, focusing for the first time on, among other things, fimbrial neoplasms and endometrioid carcinomas; for the largest of the papers he conducted a large clinicopathological study in which he proposed a revised staging system for tubal cancer.

Although Dr. Scully's expertise in, and contributions to, testicular pathology tend to be overshadowed by his work in ovarian and other areas of gynecologic pathology, his interest in the former actually preceded that in the latter, dating back to his residency training (2). His subsequent contributions to testicular pathology are noteworthy; throughout his career he often consulted on unusual examples of both neoplastic and nonneoplastic testicular pathology. Indeed, his expertise was such that when subspecialization of gynecologic pathology was instituted at the MGH in the mid-1970s, testicular pathology was incorporated with the gynecologic material.

His major paper in 1961 on spermatocytic seminoma (8) was prompted by an MGH case he encountered in 1959 and an awareness that many pathologists did not know of this tumor, which had been described in only one paper, and that in French. Dr. Scully's paper was the first in the English-language literature and played a major role in placing the issues associated with the pathologic interpretation of that neoplasm more firmly in the mind of those studying testicular tumors. He coauthored in 1988 one of the earliest papers drawing attention to the strange circumstance whereby occasional cases of spermatocytic seminoma are accompanied by sarcomatous transformation (43). Dr. Scully was also responsible for the 1980 recognition of one distinctive

variant of sex cord tumor of the testis, the large-cell calcifying Sertoli cell tumor (20). He had first recognized the unusual nature of the neoplasm when one was included in a slide seminar he gave for the Michigan Society of Pathologists in 1966, a case of an 11-year-old boy with sexual precocity and a pituitary adenoma. One testis contained two tumors, one of which was calcified. Both had been called Leydig cell tumors initially, but the calcified tumor looked unique and had a definite tubular architecture, indicating a Sertoli nature. As happened with other unusual cases he encountered, Dr. Scully vividly remembered the particulars of the case, so that when he later encountered similar cases (some associated with endocrine abnormalities and two occurring in brothers with cardiac myxoma), he became progressively aware of this distinctive phenomenon.

Another important paper concerned a lesion that spans gynecologic and urologic pathology, the entity known as postoperative spindle cell nodule. Dr. Scully had first appreciated the entity in 1972, when an anxious woman called him because a nodule she developed in her vagina five weeks after a hysterectomy had been interpreted by others as a sarcoma. Dr. Scully thought the clinical sequence unusual for sarcoma and suggested careful follow-up, which did not reveal any further problems. Three years later, he saw another example in the prostatic urethra; unfortunately, in that case others felt that the process was sarcoma, and a major procedure was undertaken, which disclosed no neoplasm. Subsequently, Dr. Scully became aware that Dr. Juan Rosai had seen similar cases and they were combined for a 1984 paper with Dr. Karl H. Proppe (28).

Dr. Scully's original contributions also include those on the complicated topic of intersex, of which he had a mastery equaled by few, if any. His interests in the topic dated back to his early years, to his original 1953 description of a remarkable tumor, the gonadoblastoma. He first appreciated the distinctive features of the gonadoblastoma when reviewing slides of a CPC in which

a neoplasm diagnosed as "dysgerminoma" had virilized a young phenotypic female. Just before the case was to be presented, Scully noted that in addition to germinoma cells, there were small sex cord-type cells and foci of steroid-type cells, arranged in a particular manner. That experience led to a review of dysgerminomas in the hospital files, and another similar example was found. After the description of the entity, consultation cases of the lesion began to arrive, and by the late 1960s, 74 cases were available for study; they were reported in the literature in 1970. Given the complicated clinical background of many of the cases, and equally complicated pathology, it was a painstaking study and represents a classic example of close morphologic observation and clinical-pathologic correlation on a background of a knowledge of embryology and genetics. His interests in intersex extended far beyond the gonadoblastoma to all pathologic entities, some relatively common, such as so-called testicular feminization (Dr. Scully was the pathologist involved with the original paper on testicular



Figure 10.5 Robert Scully with the World Health Organization Committee that worked on the classification of ovarian tumors in the 1960s and 1970s. Sitting, left to right: S. F. Serov, R. E. Scully, A. Luisi. Standing: L. Przybora, G. Gricouloff, F. A. Langley, L. Santesson, G. Teilum, O. F. Chepik.

feminization reported by Dr. Jack Morris in 1953 but was not an author), and some quite exotic.

Dr. Scully played a major role in the World Health Organization (WHO) classifications of gonadal tumors, after being proposed to the WHO by Dr. Lauren V. Ackerman. He was the cochairman of the Ovarian Committee and worked with a group of eight other senior pathologists from many countries for a series of years (figure 10.5). In 1973 the committee developed a classification of ovarian tumors that was immeasurably better than any that preceded it and that is still fundamentally used today. Given the overlap between ovarian and testicular tumors, Dr. Scully was also one of the members of the Testis Committee.

Besides *Endocrine Pathology of the Ovary*, with Jack Morris, Dr. Scully wrote a number of highly influential books during his career. His next book was the 1973 work *Histologic Typing of Ovarian Tumors*, from the WHO group's deliberations mentioned in the previous paragraph. His 1979 Armed Forces Institute of Pathology (AFIP) fascicle, *Tumors of the Ovary and Maldeveloped Gonads*, distilled Dr. Scully's great knowledge of the pathology of ovarian tumors and their differential diagnosis, and it quickly became an indispensable part of most pathologists' libraries. He was also the senior author of the AFIP fascicle on the ovary in the next series, the third, which was expanded to include consideration of the fallopian tube and broad ligament and published in 1998. That work was coauthored by two of Dr. Scully's trainees, Robert H. Young and Philip B. Clement. The former also collaborated with Dr. Scully on a book on testicular tumors published in 1990. Dr. Scully was also the chairman of the committee on classification and nomenclature of the International Society of Gynecological Pathologists that was responsible for the WHO classification of female genital tract tumors published in 1994.

In addition to his innumerable contributions to the literature on diagnostic pathology, Dr.

Scully had a key role in the discovery that young females exposed in utero to diethylstilbestrol (DES) suffer a variety of genital tract abnormalities, including adenosis and clear-cell carcinoma of the vagina. In 1970 Dr. Scully, along with Dr. Arthur L. Herbst, Associate Professor of Obstetrics and Gynecology at HMS, observed a markedly increased occurrence of clear-cell carcinoma of the vagina in young women. Dr. Howard Ulfelder, Chief of Gynecology, was asked by the mother of one of his patients with that tumor, "Could the cancer have anything to do with the DES I was taking when I was carrying my daughter?" This led to a careful, case-controlled study, conducted by Dr. Herbst with Dr. Ulfelder and Dr. David C. Poskanzer, an MGH neurologist with expertise in epidemiological studies (figure 10.6). The findings demonstrated the relationship between in utero DES exposure and vaginal carcinoma. Dr. Scully coauthored a large number of papers on various neoplastic and nonneoplastic abnormalities that occurred in these patients.

Dr. Scully also played a crucial role in the 1976 founding of the International Society of Gynecological Pathologists (4). With characteristic modesty, he gave credit to others for initiating the idea, but he was the founding President and served in that role for the first six years of the life of the society, subsequent Presidents holding only two-year terms. He was also a founding member of the Editorial Board of the society's journal, the *International Journal of Gynecological Pathology*, and he contributed many articles to it over the years.

Dr. Scully was promoted to the rank of Pathologist at the MGH and Professor of Pathology at HMS in 1971. During his career at MGH, he largely avoided having significant administrative responsibility, being reluctant to have time taken away from his first loves, diagnostic pathology and making original contributions to the literature. When Benjamin Castleman retired as Chief of MGH Pathology, Dr. Scully was asked if he wished to be a candidate for the position, but

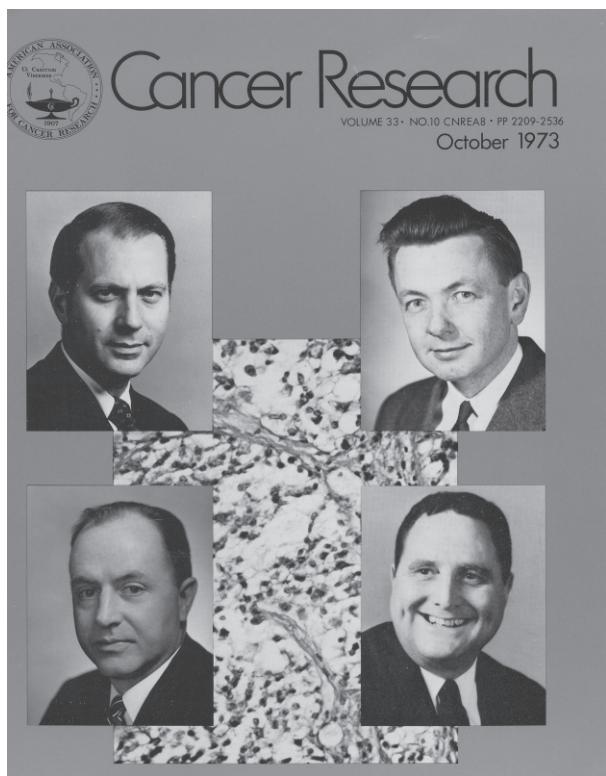


Figure 10.6 Robert Scully and other MGH researchers who worked on the DES investigation. Clockwise from top right: Scully, David C. Poskanzer, Howard Ulfelder, Arthur L. Herbst. The background shows vaginal clear cell adenocarcinoma.

he declined. He did agree to become Codirector of Surgical Pathology with his good friend Dr. Vickery, but with the understanding that the latter would take care of most day-to-day obligations and that Dr. Scully would give his opinion on major matters when Dr. Vickery required it.

Dr. Scully received many honors throughout his career. He treasures honorary degrees from Holy Cross College (his alma mater), the University of Leiden, and a Doctor *honoris causa* from the Universitat Autònoma de Barcelona (5). Other noteworthy honors are the Fred W. Stewart Award of the Memorial Sloan-Kettering Cancer Center (1980); the Arthur Purdy Stout Award and Lectureship of the American Society of Clinical Pathologists (1983); the Distinguished Pathology Educator Award honoring H. P. Smith, of the

same society (1991); the Maude Abbott Lecture-ship of the U.S.-Canadian Academy of Pathology (1992); the Distinguished Pathologist Award of the same society (1998); the Joseph Bolivar Delee Humanitarian Award of the Chicago Lying-In Hospital (1987); and an Honorary Fellowship of the Royal College of Pathologists (1997). In 1991 a symposium on gynecological pathology in his honor, on the occasion of his seventieth birthday, was published in *Human Pathology*, featuring review articles and tributes by his trainees and other associates (6). A decade later his eightieth birthday was celebrated by a special issue of another journal and was introduced by an original and touching tribute to Dr. Scully by Dr. Juan Rosai (7). Finally, the endowment of the Robert E. Scully Professorship in Pathology at HMS was a major honor; it was funded by donations from his many friends, admirers, and trainees, and was celebrated on April 18, 2006.

In the mid-1990s, following the death of his brother, Dr. Scully decided to curtail his work at the hospital to a significant degree, to have a little more time to relax but also to work on his second AFIP fascicle on ovarian tumors, which was published in 1998. He would go to work at the hospital in the morning, but then go home in the early afternoon. He retired from the hospital on June 30, 2004. His retirement, happily, did not mean that his experience and expertise were completely unavailable: he retained a microscope in his living room and this writer on occasion has brought him cases for review. In these later years, Dr. Scully's great interest in history has made him an ideal person to contribute significantly to a number of projects, including this book. He worked in the mid-1990s with Austin Vickery to write an authoritative essay entitled "Surgical Pathology of the Hospitals of Harvard University Medical School," which appeared in *Guiding the Surgeon's Hand*, a history of American surgical pathology edited by Dr. Juan Rosai (63). Another historical contribution, in the mid-2000s, concerned his old friend

Dr. William B. Ober, himself a master of medical history; the essay was published in the Silver Anniversary Issue of *Seminars in Diagnostic Pathology*. When Dr. Scully was working on that paper, this writer became aware of the breadth of his knowledge of the world beyond medicine, particularly in the areas of literature and music.

Dr. Robert E. Scully was and is a remarkable pathologist, colleague, mentor, and friend to many. His sense of humor, quiet but often pointed, has been enjoyed by many at MGH and abroad. Those who have worked with him would agree with Professor Harold Fox, who noted that Dr. Scully "remains modest, welcoming and friendly, treating all, from the most eminent to the most junior, with the same warmth and amiability" (3). In the tribute written to celebrate his eightieth birthday, Dr. Rosai highlighted, among other things, Dr. Scully's ability to see what others had not noted previously, his independence of judgment, his devotion both to his profession and to the institution, and finally his personal qualities, generosity, bonhomie, self-deprecation, and delightful sense of humor (7). In conclusion, Robert Scully's personal attributes as well as his body of original work and diagnostic skills place him in the top echelon of all who have brought honor to MGH Pathology, MGH, and HMS over the past two hundred years.

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