

Austin L. Vickery Jr. (1919–2005)

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AUSTIN LORENZO VICKERY JR. (Vic to his MGH colleagues; Bud to his family and early friends) (figures 9.1 and 9.2) was of Norse-Icelandic-English ancestry. Review of his family history dating back to 1800 reveals an impressive list of achievements by his paternal forebears as government officials, newspaper editors, Ph.D.'s and M.D.'s (of whom there were nine).

Two of the medical doctors had been affiliated with the MGH. The first, Dr. Herman Frank Vickery, an HMS graduate, was a house officer in medicine at the MGH in 1882; during 1882 and 1883 he trained in Leipzig and Vienna. In 1887 he became Physician to the Outpatient Department, in 1898 a distinguished Visiting Physician, and in 1914 a member of the Board of Consultation. The second doctor was Eugene Augustus Vickery, a 1903 graduate of HMS; he became a house officer in surgery at MGH in 1904; later that year he transferred to the U.S. Naval Medical College. He was a surgeon in the Medical Corps of the U.S. Navy from 1904 to 1930, when he retired to practice medicine in Portsmouth, New Hampshire.

Austin L. Vickery Jr. was born in Omaha, Nebraska, on August 18, 1919, the second of five children (three male and two female). Their father was Austin L. Vickery, a banker with a great sense of humor; their mother was an intelligent woman whose avocation was collecting antiques. Austin Jr.'s intellectual prowess became

evident in his early years. He graduated with honors from North High School in Omaha; in 1933 it gave him a rarely bestowed honor, the Viking of Distinction Award. He graduated from the University of Nebraska Medical School with honors (AOA) in 1943; it gave him an Honorary Doctorate of Science in 1987 and a Distinguished Alumnus Award in 1993.

Dr. Vickery's postdoctoral career began with a rotating internship at the University of Nebraska Hospital, after which he decided to pursue training in surgery. He applied to Peter Bent Brigham Hospital in Boston to achieve his goal. There was no opening in surgery at that time, however, and he accepted an internship in pathology instead, hoping that it would be a gateway to a surgical appointment. This turned out to be the case: there was an opening the next year, 1946–1947, and he served for that year as assistant resident in surgery and a Harvey Cushing Fellow. From 1947 to 1948 he trained at the Cleveland Clinic, where he was a Fellow in Surgery under Dr. George W. Crile Jr., a renowned surgeon, and he then served as an Assistant Pathologist under the distinguished pathologist Dr. John Beech Hazard. While at the Cleveland Clinic, Dr. Vickery abandoned his preference for a career in surgery and decided to become a pathologist, mainly because his left wrist had been badly damaged earlier in life in an automobile accident, which limited his manual agility.

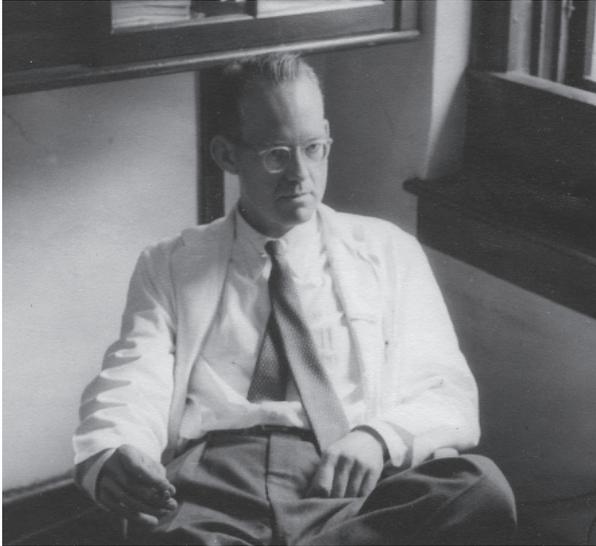


Figure 9.1 Austin L. Vickery Jr. as a young man in a reflective mood

Having heard from his Brigham friends of an opening in the Department of Pathology at the MGH, Vic applied to Dr. Tracy B. Mallory and was accepted there as an Assistant Pathologist in January 1949. That month marked the beginning of a half century of service to the MGH that was interrupted only by a two-year leave of absence (1952–1954) to serve in Tokyo, Japan, as a first lieutenant-captain in the U.S. Army during the Korean conflict, along with his close friend and colleague, Dr. Robert E. Scully.

Except for missing one's family, friends, and colleagues, as well as the ambiance of American life, Drs. Vickery and Scully spent an idyllic 20 months in the military, mostly in Tokyo. The Japanese people were unexpectedly friendly and generous. The two were assigned to the 406th Medical General Laboratory, the leading laboratory in the Far East Command. The anatomic pathologists received slides from injured or dead armed services personnel, both friendly and enemy, as well as from people in the Far East, both military and civilian, who had endemic diseases, some of which were common in that part of the world. The laboratory hours were 8:00 A.M. to 4:30 P.M. with an hour for lunch. Occasional trips to South

Korea, Okinawa, Hiroshima, Nagasaki, and other Japanese cities were made. Prominent American pathologists were continually leaving the United States for a week or two of consultation with the pathologists at the 406th. There was ample time for medical research, especially in the field of modern military pathology. The evenings were reserved mostly for fun, and the excellent meals were greatly improved by 25-cent dry martinis or alternative libations.

During the 20 months in the Far East, Dr. Vickery single-authored one well-written paper, "The Fate of Dextran in Tissues of the Acutely Wounded. A Study of the Histological Localization of Dextran in Tissues of Korean Battle Casualties." (Dextran is a polysaccharide plasma expander.) This paper was the first such study of dextran distribution in humans. The second paper, by Drs. J. G. Strawitz (a surgeon), Scully, and Vickery, "Review of Postmortem

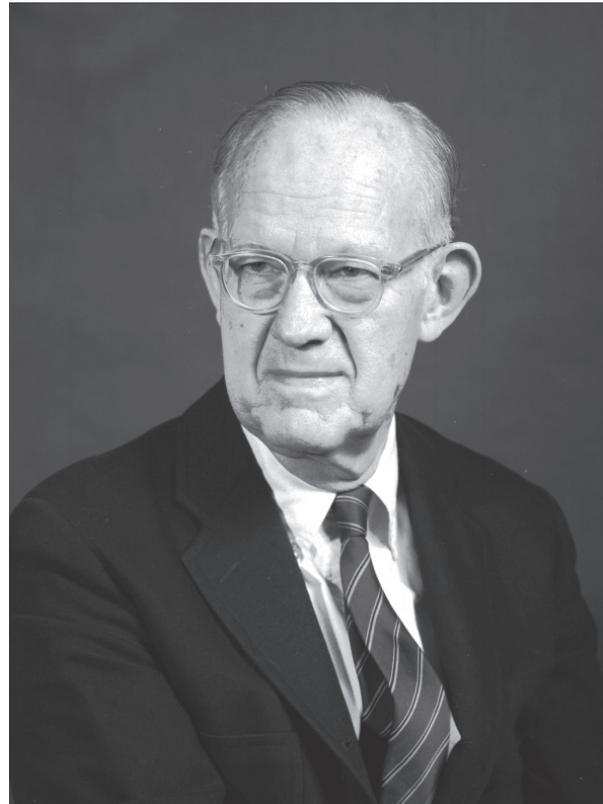


Figure 9.2 Austin L. Vickery Jr. in later years

Examinations in Combat Casualties,” showed the leading causes of death to be irreversible shock (31 percent), vital organ damage (26 percent), and uncontrolled hemorrhage (17 percent); fat embolism (with cerebral involvement) accounted for only 1 of the 35 deaths.

During his tenure at the MGH, Vic ascended the academic ladder at HMS, becoming a professor in 1972. From 1974 to 1978 he was Codirector, with Dr. Scully, of an annual postgraduate course on endocrine pathology, and in 1978 he was the founding Codirector, with Drs. Robert McCluskey and Scully, of the now long-running course “Current Concepts in Surgical Pathology.” Vic was also Codirector of Surgical Pathology at MGH with Scully; Dr. Vickery’s enjoyment of leadership and his exceptional skills in organization made codirecting with him an effortless task.

In 1996 Vic organized an MGH alumni centennial celebration of the founding of the MGH department of Pathology. It attracted an audience of several hundred, who greatly enjoyed a scientific symposium and social events, including a harbor cruise. Dr. Vickery was also active in committee work both nationally and internationally. He was a member of the Council on Anatomic Pathology of the American Society of Clinical Pathologists, served on the Editorial Board of its journal, the *American Journal of Clinical Pathology* (both 1981–1986), and was Director of the Society’s Annual Workshop on Surgical Pathology of the Thyroid (1975–1990). These contributions led the society to present him its Distinguished Service Award in 1992.

Vic was also a Visiting Professor or an invited lecturer at many medical schools and pathology societies in the United States and abroad. His lectures were well delivered and sprinkled with witticisms and received high ratings from his auditors. He also served on the boards of a number of institutions dealing with thyroid gland pathology or with radiation effects on human and animal tissues. The most important of his memberships from the viewpoint of pathologists were in the

World Health Organization Groups for Histological Typing of Thyroid Tumours (1974, 1988) and of Endocrine Tumours (1980).

About two-thirds of Dr. Vickery’s publications were related directly to the thyroid gland. Nearly all the papers emanating from the Thyroid Clinic, of which Vic was the sole pathologist, had multiple authors, making it difficult to determine the scientific contribution of each of them. Those whose names appeared most often during Vic’s tenure were Drs. J. B. Stanbury, F. Maloof, M. Wasserman, and L. J. DeGroot, all recognized for their excellence in thyroid gland research.

Two other illustrious pathologists also coauthored publications with Dr. Vickery. The first was Dr. Vulimiri Ramalingaswami, Director of the All-India Institute of Medical Sciences in New Delhi and Visiting Professor at the MGH in 1964 (the same year he was awarded the prestigious Maude Abbott Lectureship of the International Academy of Pathology). The other was E. Dillwyn Williams, from the Welsh National School of Medicine in Cardiff, Wales, who visited the MGH Pathology Department as a Research Fellow on several occasions. He coauthored papers with Dr. Vickery as well as with members of the Endocrinology Division. Williams later became President of the Royal College of Pathologists when he was Visiting Professor at Cambridge University, and he was knighted by the queen. Subsequently, as a member of an international board of pathologists investigating the effects on humans of the 1986 Chernobyl disaster, he gained new insights into the pathogenesis of radiation-induced thyroid cancer.

Dr. Vickery’s most memorable papers regarding the thyroid gland were in three categories: (1) those addressing the pathology and treatment of well-differentiated thyroid papillary carcinoma confined to a single lobe, with or without ipsilateral lymph node involvement; (2) those describing the effects of radioactive iodine both on the normal gland and on its well-differentiated

tumors; and (3) those based on usage of the Vim-Silverman needle core biopsy for diagnostic purposes and for follow-up studies of thyroid disorders.

1. The classic paper "Treatment of Intrathyroidal Papillary Carcinoma of the Thyroid," written with Dr. C. A. Wang, a masterful endocrine gland surgeon, and Dr. A. M. Walker, an epidemiologist from the Harvard School of Public Health, reported the outcome of 237 patients with noninvasive intrathyroid papillary carcinoma for a median of 14 years. The results supported a conservative approach. The paper was not the first advocating such an approach for localized thyroid carcinoma, but it was an outstanding contribution, confirming the findings of several other groups. Dr. Vickery wrote additional lucid articles on papillary carcinoma as new issues regarding this enigmatic tumor continued to arise; he has been credited in the recent AFIP thyroid fascicle for describing the diffuse sclerosing variant of the disease.
2. Dr. Vickery reported on thyroid alterations caused by irradiation and by radioactive iodine administration in both normal humans and lower animals; use of these methods to treat hyperthyroidism; and use of radioactive iodine to treat or to prevent the development of metastatic well-differentiated thyroid carcinoma. He described clearly an excellent technique for performing gross and microscopic autoradiography. Although a study of a small number of MGH cases of radiation exposure of children in the area of the thyroid gland did not show the later development of thyroid cancer, he cited cases of that sequence in the literature and postulated that developing thyroid tissue was more susceptible to carcinogenesis than the mature thyroid gland.

Dr. Vickery's knowledge in these areas resulted in his being Consulting Pathologist on the National Thyroid Cancer Cooperative

Treatment Study and the National Cancer Workshop on the Late Effects of Radiation to the Head and Neck in Infancy and Childhood. He participated in a conference on radiation-associated thyroid cancer in 1970. He was invited to an international meeting on thyroid pathology in Florence, Italy, in 1984. Finally, as a Consulting Pathologist for the Brookhaven National Cancer Cooperative Treatment Study Group, he participated in a study and review of medical findings in a Marshall Islands population 26 years after exposure to radioactive fallout.

3. Vic had extensive experience with interpretation of the Vim-Silverman needle core biopsy of the thyroid gland, having learned about interpretation of the specimens obtained during his period of training at the Cleveland Clinic. At the MGH he studied specimens procured mostly by Drs. E. Hamlin Jr. and C. A. Wang, both skilled surgeons. Serial biopsies provided important information about the life history of diseases such as Hashimoto's thyroiditis, helping clarify the distinction between its fibrotic stage and Riedel's struma.

A danger in the use of core biopsies by inexperienced surgeons had been the occurrence of complications such as laryngeal nerve paralysis, hemorrhage, thyroid hypofunction, and implantation of tumor tissue. In a series of 906 core biopsies done at MGH, however, a hematoma occurred in only four patients, tracheal puncture in two, laryngeal nerve paralysis in two, and local cancer cell implantation in one (a tumor metastatic to the thyroid). Moreover, all these complications were self-limited and were encountered in the early phase of the series; none occurred in the last 486 cases. In view of the large core of tissue obtained for examination and the absence of serious complications, Dr. Vickery preferred the core biopsy specimen to that obtained by the later fine-needle technique, with which the diagnosis is based on cellular features alone.

Dr. Vickery coauthored six papers on the pathology of other endocrine glands (the adrenal and the parathyroid). The most important of these papers described the pathological features of prognostic significance in cases of adrenocortical carcinoma. Only a mitotic rate over 20 per 50 high-power fields had a strong statistical association with patient outcome in a study of 42 cases.

Dr. Vickery was drawn into the field of gastrointestinal pathology by the Radiology Department during the tenure of Dr. Lawrence L. Robbins, who, along with his associates Drs. Jack R. Dreyfuss and Murray L. Janower, asked Dr. Vickery to write a chapter on the pathology of ulcerative colitis and Crohn's colitis with emphasis on gross pathology for a series of books on diagnostic radiology. The result was a comprehensive review of the pathology of those diseases embellished by superb gross photographs. The most interesting of later papers in gastrointestinal radiopathology was on "double tracking in the sigmoid colon." (A double track is a longitudinal track of barium 10 cm or more in length, extending parallel to the lumen of the sigmoid colon.) The findings were peridiverticulitis in 29 of 35 cases and granulomatous colitis in one case; most important, in five cases in which there were short segments of "double tracking" because of peridiverticulitis, carcinoma was found pathologically. Therefore, such a radiologic finding requires consideration of a sigmoid resection to exclude cancer.

Dr. Vickery was also a pathology consultant for urologists and a coauthor of some of their research publications. His first three papers in this area concerned prostate carcinoma. The first was a survey of 187 cases with 5-year follow-up data, and 148 cases with 10-year follow-up data. The survival figures after radical prostatectomy were 45.5 and 22.8 percent, respectively. Metastases were found to be almost three times higher in patients with high-grade than low-grade tumors. Perineural lymphatic invasion was found in 91.6 percent of all cases, but it was of no prognostic value. According to the second paper, which

was on the location of prostate cancers, multiple origin of the tumor was found in 6 of 25 cases. The peripheral or subcapsular region of the gland was the common site of origin, and there was no predilection for the anatomical posterior lobe. The third paper, on the histochemistry of prostate carcinoma, dealt with usage of various dehydrogenases to study their activity in normal, hyperplastic, and malignant epithelium, and the effects on these enzymes in all three epithelia in patients on estrogen therapy. Another urological paper was a review of 15 cases of idiopathic retroperitoneal fibrosis from the MGH files.

Besides his 91 publications in peer-reviewed journals, Dr. Vickery presented the pathological findings with authority and wit in 169 MGH clinicopathological conferences published in the *New England Journal of Medicine*.

Dr. Vickery also had time-consuming administrative and teaching duties at MGH, approximating those of Dr. Benjamin Castleman. Vic was the pathologist assigned to Surgical Grand Rounds, which were held every Thursday. He also presented the pathological findings at the weekly Radiology and Genitourinary Grand Rounds. He taught pathology to second-year medical students at HMS during their gastrointestinal as well as their endocrine clinicopathological sessions. The surgeons, urologists, and gastrointestinal radiologists were deeply grateful to Dr. Vickery for his great contributions to their conferences.

Vic was an imposing figure, tall and athletic-appearing, towering above most of the laboratory personnel. He was almost always cautious and deliberate in making important decisions in his personal life and while at work in the laboratory. When he was training at Peter Bent Brigham Hospital in the mid-1940s he dated several attractive young women, most often Frances Wheelwright, a highly intelligent hematology technician who had descended from 17th-century immigrants. There was no proposal of marriage, however. Shortly after he arrived in Tokyo

in 1952 he met a charming young woman who worked for the U.S. State Department. Marriage appeared to be a possibility after 18 months of companionship, but it did not eventuate. Soon after his return to MGH, Vic began to recourt Fran. They were married in September 1956. Fran proved to be a wise choice. She was kind, cheerful, and brave despite numerous serious illnesses, a lover of nature and an ardent conservationist; she and her large, talented extended family and friends merged seamlessly with Vic's to create a stimulating environment for both of them in their leisure time.

At the Pathology Laboratory Vic would sometimes rise from his chair at the microscope and pace in his office before giving an answer to a controversial proposal. He was accused by some of being occasionally hypercritical of those with whom he disagreed. Some young residents were terrified when entering his office for fear of receiving a scolding, but he almost always restricted his reprimands to those who had made egregious errors in judgment or were ill-prepared for his case review. With those infrequent exceptions, however, Vic was greatly admired and respected by the laboratory personnel.

A particular characteristic of Dr. Vickery's was his ability to make close friends using his homespun Nebraskan charm and nimble wit. He divided those with whom he came in contact into cherished friends, pleasant acquaintances, and a small group he abhorred, having judged them to be intrusive, pretentious, or overbearing. Such persons sometimes distressed him merely by being in his presence. His friends ranged from the highest to the lowest members of the hospital hierarchy. For example, when he was a resident in Pathology at Peter Bent Brigham Hospital, he was a close friend of two or three of its senior surgeons, and at the same time, of the autopsy room diener, a likable ex-featherweight boxer who frequented the neighborhood bars. Vic searched for him successfully on several occasions to keep him on the payroll when he was AWOL from an evening autopsy.

Dr. Vickery's "leisure" time was devoted mostly to helping and bringing comfort to his and Fran's families and friends. Every Christmas season Vic, Fran, her sister Liz, and many members of Vic's extended family (four siblings and their spouses and 10 nieces and nephews) spent a week or so celebrating in Omaha. Throughout most of his life Vic gave moral as well as financial support to his large, predominantly midwestern family. In his younger years he frequently visited them. The women were not surprised when they received a bouquet of roses on their birthdays or a catered meal on a holiday. Vic was especially devoted to those family members who were ill. His nephew Bob, who had Hodgkin's disease, was brought to Boston when he was nine for seven weeks of treatment. Vic gave Bob strong, tender support; he provided Bob's mother, who stayed in Dover, Massachusetts, with Fran and Vic during the ordeal, with complete payment for the therapy.

Vic's younger brother Bob was similarly brought to Boston, along with his wife, for treatment of a carcinoma, which was unfortunately unsuccessful. Vic's youngest brother, Jim, a pharmacy representative, had multiple sclerosis. Vic donated funds for a trip to Europe for Jim and his wife while he was still able to move around; Jim died shortly after their return home.

Vic communicated throughout most of his life with friends from his university days, especially three medical school friends who had also become academic pathologists.

In December 1969 Vic drove for five hours on snow-hardened roads to Pittsfield, Massachusetts, to attend the funeral of Dr. Scully's mother, who had died suddenly the day after Christmas.

Vic's *true* leisure time was centered in the winter in a large eighteenth-century colonial home in Dover, and in the summer during vacation and on weekends in one of the homes owned by Fran and her siblings on Nantucket. During these times Vic enjoyed swimming, fishing, and cooking with Fran and Liz and friends, some of whom he had been unable to see during his busy work months. Vic found time to attend theater, symphony, and

opera and to read (biographies of great men were his favorite). He also followed a number of sports, being a particularly enthusiastic fan of the Boston Red Sox and New England Patriots.

Vic's most spirited and amusing hours took place in the living room of his Dover home when he invited close friends as well as residents and fellows from foreign countries for dinner on Thanksgiving or some other occasion. As maestro of the "happy hour," Vic would begin by welcoming his guests with a recording of classical music in the background. When the number of attendees reached a quorum, the music quickly changed to blaring New Orleans jazz, which Vic was both a lover of and an authority on. An extra-dry martini was the recommended beverage. Poor Fran, who was deaf in one ear and was not a devotee of jazz, fled to the kitchen to avert damage to her other ear.

Vic retired from the MGH in 1998. He and Fran moved from their Dover home to an elite retirement home, Fox Hill Village, in Westwood, 25 miles southwest of Boston. It was operated by MGH and already was home to a number of MGH retired doctors. For several years Vic and Fran were able to entertain guests and travel to Boston and Nantucket for their usual activities. In June 2000 both of them endowed an Austin L. Vickery, Jr. HMS Professorship in Pathology at MGH as well as a similar Professorship in Pathology at Vic's alma mater, the University of Nebraska Medical School.

The first professorship was awarded to Dr. Nancy L. Harris, a world-renowned hematopathologist who later became the fifth Editor of the Case Records of the MGH. The second professorship was awarded to Sonny L. Johanson, M.D., Ph.D., Professor of Pathology and Microbiology at the Nebraska Medical Center. Vic and Fran later left a substantial amount of money to the MGH to be used at the discretion of Dr. Robert Colvin, then the chief of the department. Vic said that the money was what his Danish grandmother called "cash money." Among other things, the money is currently used

for "Vickery grants" to help defray costs associated with research projects.

Soon after the bequests were made, Vic began to have difficulty walking and then required a wheelchair, and his memory began to fail. Fran took loving care of him until 2002, when an evaluation of her increasing gastric distress led to a diagnosis of high-grade carcinoma of the pancreas with liver metastasis. During her short remaining life she bravely ignored her pain; she hosted an already scheduled party for Vic without revealing to the guests that she was severely ill. Her death, a little more than a year short of their fiftieth wedding anniversary, had a great effect on Vic, but he continued to entertain guests despite his obvious embarrassment at being confined to a wheelchair.

Dr. Scully communicated with Dr. Vickery through occasional visits and telephone calls during the last year and a half of Vic's life. Although his memory was slowly failing, and he was severely depressed, according to those who lived near him and saw him often, he continued to downplay his own problems during phone conversations with Dr. Scully and to show concern for the latter's much less serious health problems. When his longtime friend gave Vic advice, his reply was one of his favorite one-liners: "I need that like a moose needs a hat rack."

Fortunately, he retained the ability to carry on a fairly lucid conversation up to the time when urinary tract sepsis developed and he died on March 2, 2005, of "sepsis and cardiac failure."

Numerous encomia and expressions of sadness came not only from family and friends who attended his funeral services, but also from many who could not. His wit, wisdom, and philanthropy remain as his legacy, in addition to his solid contributions to pathology and medicine.

SELECTED PAPERS OF AUSTIN L. VICKERY JR., M.D.

1. Statland H, Wasserman M, Vickery AL Jr. Struma lymphomatosa (Hashimoto's struma). A review of 51 cases with a discussion of the endocrinologic aspects. *Arch Int Med* 88:659–678, 1951.

2. Crile G Jr., Vickery AL Jr. Special use of the Silverman biopsy needle in office practice and at operation. *Am J Surg* 83:83–85, 1952.
3. Dobyns BM, Vickery AL Jr., Maloof F, Chapman EM. Functional and histological effects of therapeutic doses of radioactive iodine on the thyroid of man. *J Clin Endocr* 13:548–567, 1953.
4. Strawitz JG, Scully RE, Vickery AL Jr., Howard JM. A review of postmortem examinations in combat casualties. *Arch Surg* 70:260–264, 1955.
5. Hamlin E Jr., Vickery AL Jr. Needle biopsy of the thyroid gland. *N Engl J Med* 254:742–746, 1956.
6. Maloof F, Vickery AL Jr., Rapp B. An evaluation of various factors influencing the treatment of metastatic thyroid carcinoma with I^{131} . *J Clin Endocr* 16:1–27, 1956.
7. Vickery AL Jr. The fate of Dextran in tissues of the acutely wounded. A study of the histological localization of Dextran in tissues of Korean battle casualties. *Am J Pathol* 32:161–183, 1956.
8. Vickery AL Jr., Hamlin E Jr. Struma lymphomatosa (Hashimoto's thyroiditis). Observations on repeated biopsies in sixteen patients. *N Engl J Med* 264:226–229, 1961.
9. Stanbury JB, Vickery AL Jr. Physiological and pathological correlations in familial goitrous cretins. *Indian J Pathol Bact* 5:1–9, 1962.
10. Vickery AL Jr. Pathology sections. In *The Thyroid and Its Disease*. Means JH, DeGroot LJ, Stanbury JB, eds. New York: McGraw-Hill, 1963, chaps. 13, 14, 16.
11. Vickery AL Jr., Kerr WS Jr. Carcinoma of the prostate treated by radical prostatectomy. A clinicopathological survey of 187 cases followed for 5 years and 148 cases followed for 10 years. *Cancer* 16:1598–1608, 1963.
12. Vickery AL Jr. Thyroid alterations due to irradiation. In *The Thyroid*. Hazard JB, Smith DE, eds. International Academy of Pathology Monograph. Baltimore: Williams and Wilkins, 1964.
13. Ramalingaswami V, Vickery AL Jr., Stanbury JB, Hegsted DM. Some effects of protein deficiency on the rat thyroid. *Endocrinology* 77:87–95, 1965.
14. Williams ED, Vickery AL Jr. Studies on the early stages of thyroidal iodide concentration and binding in the adult rat thyroid. *Lab Invest* 14:1939–1945, 1965.
15. Blennerhassett JB, Vickery AL Jr. Carcinoma of the prostate. An anatomical study of tumor location. *Cancer* 19:980–984, 1966.
16. Vickery AL Jr., Fierro-Benitez R, Kakulas BA. Skeletal muscle morphology and endemic cretinism. *Am J Pathol* 19:193–201, 1966.
17. Blennerhassett JB, Cohen RB, Vickery AL Jr. Carcinoma of the prostate. Enzyme histochemistry. *Cancer* 20:2133–2138, 1967.
18. Kerr WS Jr., Suby HI, Vickery AL Jr., Fraley E. Idiopathic retroperitoneal fibrosis. Clinical experiences with 15 cases, 1956–1967. *Trans Amer Assn Genito-Urinary Surg* 59:166–175, 1967.
19. Vickery AL Jr., Williams ED. Comparative biologic effects of I^{125} and I^{131} on the rat thyroid. *Acta Endocr* 66:201–212, 1971.
20. Wang CC, Vickery AL Jr., Maloof F. Large parathyroid cysts mimicking thyroid nodules. *Ann Surg* 175:448–453, 1972.
21. Valenta LJ, Bode H, Vickery AL Jr., Caulfield JB, Maloof F. Lack of thyroid peroxidase activity as the cause of congenital goitrous hypothyroidism. *J Clin Endocr & Metab* 366:830–844, 1973.
22. Katz SM, Vickery AL Jr. The fibrous variant of Hashimoto's thyroiditis. *Human Pathol* 5:161–170, 1974.
23. Maloof F, Wang CA, Vickery AL Jr. Nontoxic goiter—diffuse or nodular. *Med Clin North Am* 59:1221–1232, 1975.
24. Ferrucci JT Jr., Ragsdale BD, Barrett PJ, Vickery AL Jr. Double tracking in the sigmoid colon. *Radiology* 120:307–312, 1976.
25. Symonds DA, Vickery AL Jr. Mucinous carcinoma of the rectum. *Cancer* 37:1891–1900, 1976.
26. Dickersin GR, Vickery AL Jr., Smith SB. Papillary carcinoma of the thyroid, oxyphil cell type, "clear cell" variant. A light- and electron-microscopic study. *Am J Surg Pathol* 4:501–509, 1980.
27. Vickery AL Jr. Pathology of ulcerative colitis and Crohn's colitis. In *Radiology of the Colon*. Dreyfuss JR, Janower ML, eds. Baltimore: Williams and Wilkins, 1980.
28. Vickery AL Jr. The diagnosis of malignancy in dys-hormonogenetic goitre. *Clinics in Endocrinology and Metabolism* 10:317–335, 1981.
29. Vickery AL Jr. Thyroid papillary carcinoma. Pathological and philosophical controversies. *Am J Surg Pathol* 7:797–807, 1983.
30. Wang CA, Vickery AL Jr. Further notes on the

- large needle biopsy of the thyroid. *Surg Gynecol Obstet* 156:508–510, 1983.
31. Vickery AL Jr., Carcangiu ML, Johannessen JV, Sobrinho-Simoes M. Papillary carcinoma. *Semin Diagn Pathol* 2:90–100, 1985.
 32. Vickery AL Jr., Wang CA, Walker AM. Treatment of intrathyroidal papillary carcinoma of the thyroid. *Cancer* 60:2587–2595, 1987.
 33. Louis DN, Vickery AL Jr., Rosai J, Wang CA. Multiple branchial cleft-like cysts in Hashimoto's thyroiditis. *Am J Surg Pathol* 13:45–49, 1989.
 34. Medeiros LJ, Lewandrowski KB, Vickery AL Jr. Adrenal pseudocyst. A clinical and pathologic study of eight cases. *Human Pathol* 20:660–665, 1989.
 35. Weiss LM, Medeiros LJ, Vickery AL Jr. Pathologic features of prognostic significance in adrenal cortical carcinoma. *Am J Surg Pathol* 13:202–206, 1989.
 36. Wolpert HR, Vickery AL Jr., Wang CA. Functioning oxyphil cell adenomas of the parathyroid gland. A study of 15 cases. *Am J Surg Pathol* 13:500–504, 1989.
 37. Oyama T, Vickery AL Jr., Preffer FI, Colvin RB. A comparative study of flow cytometry and histopathologic findings in thyroid follicular carcinomas and adenomas. *Human Pathol* 25:271–275, 1994.
 38. Centeno BA, Szyfelbein WM, Daniels GH, Vickery AL Jr. Fine needle aspiration biopsy of the thyroid gland in patients with prior Graves' disease treated with radioactive iodine. Morphologic findings and potential pitfalls. *Acta Cytol* 40:1189–1197, 1996.