

Interview with Joseph M. Foley, MD
American Academy of Neurology
Oral History Project

December 8, 2011

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**Interview with Joseph M. Foley, MD
Former Chair, Division of Neurology,
Case Western University Medical School
Past President of the American Academy of Neurology
and the American Neurological Association
American Academy of Neurology Oral History Project**

**Dr. Foley's Home at 2869 Berkshire Road, Cleveland Heights Ohio
December 8, 2011**

**Douglas J. Lanska, MD, MS, MSPH, FAAN and
Barbara W. Sommer, Interviewers**

Joseph M. Foley: JMF
Steve Foley: SF
Douglas J. Lanska: DJL
Barbara W. Sommer: BWS

BWS: This is an interview for the American Academy of Neurology. It is December 8, 2011. We are speaking with Dr. Joseph Foley, former President of the ANA [American Neurological Association – 1974-1975] and the AAN [American Academy of Neurology – 1963-1965] and former Chairman of Neurology at Case Western University. He also trained at the Harvard Department of Neurology and Boston City Hospital. The co-interviewer is Dr. Douglas [J.] Lanska from the Tomah [Wisconsin] VA [Veterans Administration] Medical Center and I am Barbara W. Sommer.

JMF: What is that last part?

BWS: Douglas Lanska from the Tomah VA Medical Center and I am Barbara W. Sommer. We are at Dr. Foley's home in Cleveland Heights, Ohio. Would you like to ask the first question or should I?

DJL: Go ahead.

BWS: Dr. Foley, it is good to be here today and to interview you for the AAN. Doug Lanska and I have done a lot of emailing and discussion back and forth and we have a series of questions

for you. You let us know when we have worn you out with too many questions. What I would like to do is start by asking if you could tell us a little bit about your family and growing up in the Boston suburb of Dorchester, Massachusetts, and your education as a young man.

JMF: I was born in Boston in 1916 [March 9, 1916]. I was a child of immigrant Irish parents, uneducated people [Michael Foley and Hannah Theresa Sullivan]. But although they were uneducated, I recall even as a little kid, my mother saying to me, “You are going to get an education, no matter what.” She didn’t have one herself and she wanted it for me. I was an only child; I had a half-brother but he was from my father’s previous marriage and was fourteen years older than I, so I saw very little of him. He was being brought up by his aunts. I was born in Dorchester and I went to the parochial school, St. Margaret’s School. Then I went to the Boston Public Latin School, founded in 1635.

BWS: How did you end up at the Boston Latin? How did that happen?

JMF: My mother insisted on it. Some of the people who had done well in Boston had gone to the Boston Public Latin School. My mother saw that they had done well and she said that’s where I should go. Also there were a couple of priests in the neighborhood who had been to the Latin School and they sent me along. Which reminds me of a story. We were driving along one day. I was driving, age fourteen, two years younger than the limit. My father was too drunk to drive. A cop stopped us, pulled us over, and let us go when my father said, “Oh now, don’t you bother him at all. He is going for to be a priest, you know.” [laughter] That turned the cop off; he let us go. I drove home at age fourteen.

BWS: Did you have aspirations to be a priest?

JMF: I had none. I had aspirations to hang around ladies. I was addicted to girls. I loved girls and finally married one.

BWS: You ended up at [the College of the] Holy Cross. Graduated magna cum laude [1937].

JMF: At Latin School, I was class president. There is a picture over there somewhere. I got a full scholarship to Holy Cross on a competitive examination. I got a scholarship that gave me room, board, tuition, for four years. After Holy Cross, I went to Harvard Medical School. I was one of two people from Catholic colleges to be at Harvard Medical School that year. There was a fellow named Charlie Hufnagel from Notre Dame.¹

BWS: That was Harvard policy?

JMF: I just think it happened that way. Then when I graduated from Harvard in 1941, Harvard Medical School, I went to Bellevue Hospital in New York.

BWS: May I go back and ask, why medicine? Why did you decide to go into medicine to begin with?

JMF: I'm not entirely sure. I think, coming as I did from somewhat humble origins, I think I found that the title Doctor meant something. Early on, the term Doctor had a certain amount of prestige. I guess that was it. Who knows that far back why I did anything at all?

BWS: You ended up pointing yourself to a good school – Harvard Medical School.

JMF: Oh, I did indeed. I was one of, as I said, two Catholic college graduates to be at Harvard in those days.

BWS: Were you interested in internal medicine at Harvard?

JMF: I was heavily involved in neurology. I had always been interested in how people behave. Why we do the things we do. It seemed therefore that psychiatry was a very likely profession and could be a very likely specialty for me. But as I got through medical school in psychiatry, I realized that the psychiatry at that time was a sort of mish-mash of psychoanalytic jargon that didn't mean very much and didn't really explain human behavior very much. So I got dis-

¹ Surgeon Charles Hufnagel [1916-1989] invented the first artificial heart valve.

enchanted with that, with psychiatry, and decided to look around. I found that I was also interested in how the brain worked. I got a fellowship because I was going broke. I got a fellowship my second year of medical school and, with that fellowship, I did a – I was based in a laboratory of Dr. Leo Alexander [1905-1985] at Boston City Hospital. He was a neuropathologist, a very obese kind of guy. But I settled in at the Mallory Institute of Boston City Hospital and I did my work there for a couple of years, I guess. Forgive me, I'm sorry.²
[coughs]

BWS: You started to work with Leo Alexander?

JMF: I started to work with Leo Alexander, who sort of ignored me but the talent at the Mallory Institute was such that I could expand to all of these other people around. It wasn't just Alexander, it was all these other people who were very helpful to me in my fellowship.

DJL: Dr. Alexander – your first published work was with him, was it not?

JMF: I think so. I think it was with Alexander and probably Tom Kinney.³ There were several people on the paper, but the first paper I did as a student was on the vascular supply of the hypothalamus.⁴

DJL: Exactly.

JMF: That would have been quite early on.

DJL: That was with Dr. Alexander?

JMF: That was with Dr. Alexander but I think also Tom Kinney was on it as well. Actually I did all the work; they just put their names on it as it went through.

² Dr. Foley was recovering from a viral gastroenteritis when this interview was done.

³ Pathologist Thomas DeArman Kinney [1909-1977]

⁴ Foley, M.J., Kinney, T.D., and Alexander, L. "The vascular supply of the hypothalamus in man." *J. Neuropathol. & Exper. Neurol.*, 1942, 1:265-296.

BWS: Your name is first.

JMF: It ought to be.

DJL: What else do you remember about Dr. Alexander?

JMF: He was hugely obese. He was out of Austria. He had married a well-to-do Bostonian lady. He was part genius, part fraud, but very good to me. He gave me all kinds of opportunities.

BWS: What do you mean part genius and part fraud?

JMF: He had knowledge and he was a scholar in many ways, but in many other ways, he cut corners and there was always some question as to his credibility.

DJL: He later went on to draft the Nuremberg Code.⁵ Were you aware of that?

JMF: I was, yes. I was. He was much interested, even when I was with him, he was still much interested in what was going on in Europe.

DJL: Is that something you discussed with him later, his involvement with it?

JMF: We discussed it all the time. He was an easy person to talk to and we had a good relationship. I spent much of my time in his laboratory doing my work on the vascularity of the brain.

⁵ The Nuremberg Code is a set of research ethics and principles for human experimentation resulting from the Nuremberg Trials at the end of World War II.

See:

1. Alexander L. Comments on Presidential Address. *Biol Psychiatry* 1973;7:193-196.
2. Alexander L. Ethics of human experimentation. *Psychiatric Journal of the University of Ottawa* 1977;1:40-46.
3. Shevell MI. Neurology's witness to history: The Combined Intelligence Operative Sub-committee Reports of Leo Alexander. *Neurology* 1996;47:1096-1103.
4. Shevell MI. Neurology's witness to history: Leo Alexander's contributions to the Nuremberg Code (1946-1947). *Neurology* 1998;50:274-278.

BWS: Was that an avenue you wanted to start exploring at that point?

JMF: I don't know whether I wanted to explore it or not, but it was one of the things that was there to be explored and so I did. How enthusiastic I was at the time, I have forgotten. I really don't know. It was a long time ago, dear.

BWS: Yes, 1942. The war was beginning, too.

JMF: I finished my – I went to Bellevue in New York City, on the Columbia service, for my internship. I did six months of pathology, six months of surgery, and during my year of medicine, they pulled me out and put me into the military. I went into the Navy. I went into the Navy largely because I knew I wouldn't like the Army. I wasn't sure I would like the Navy but at least it was different than the Army. So I got in the Navy and almost immediately they attached me to the Army. It just proves that they are going to get you, no matter what.

BWS: You were with the [U.S. Naval] Second Beach Battalion?

JMF: I was with the Second Beach Battalion overseas. This was a landing group. Our job was to go in first and sort of get the beach ready for other people to invade it. I was in four episodes – Licata, Palermo, Termini Imerese, and Normandy. I was first wave and getting the beach set up. We'd go in – I would go in as the lead physician. Most of these, I was the youngest and, I think, the least experienced. I went in first and would hold the beach until the others came in.⁶

BWS: What do you mean by lead physician?

JMF: I was the first physician to – my small boat had me and a couple of corpsmen. We were the first people to land on the beaches.

⁶ For additional information, see HyperWar Narrative = Comdr. John R. Curtin, USNR, CO, Beach Battalion in NEPTUNE Operation, <http://ibiblio.org/hyperwar/USN/rep/Normandy/BeachBN-Curtin.html>, recorded July 25, 1944, accessed January 23, 2012.

BWS: That took some doing.

JMF: It did. As I look back on it, I realize it was not a respectable way to earn a living.

BWS: It was, pardon?

JMF: It was not a respectable way to earn a living. There were better ways of earning a living than being in the front of an assault.

BWS: You won a number of awards because of your – Bronze Star.

JMF: I got the Bronze Star. There is as a lovely piece in the Bronze Star citation that says, “He exposed himself repeatedly.” [laughter]

BWS: That’s one way of putting it. You have to look for the humor where you can find it in the Army.

DJL: You also were awarded a French citation [the French Croix de Guerre (cross of war)].

JMF: I guess I was. Our unit had many citations. We were the ones who would go in first and we were the ones whose small boats hit the shore first. We would be running up the beach first. I still have – sometimes I still have memories crowding my mind of running up the beach while people are shooting at me. How they missed me, I don’t know.

BWS: You were a fast runner?

JMF: I was a fast runner and I knew how to duck.

DJL: Is there anything else you remember about that experience, Dr. Foley?

JMF: All kinds of things. I remember the guys who were with me, some of whom made it and some of whom didn't. I remember getting on to the beach, getting up – in Normandy particularly, I got off my small boat and you had wade through the water to get up onto the sand, so you came out dripping wet. And I remember running across the beach and I saw one guy in front of me who was lying down. I thought I'd huddle behind him to see what I could make out. So I did. I huddled behind him - turned out he was dead. And then I dashed ahead and got behind another guy. He had a big gash in his leg so I took him along with me by the coattails or, I guess, the scruff of his neck and pulled him up to the seawall and took care of him and then started taking care of all the people who kept coming in, dead and alive. Many of them would come in dead. I never saw a dead one without asking what mother or wife or daughter or son is going to suffer as a result of this. There were many, many of them. Am I getting over-emotional?

DJL: You are fine, Dr. Foley.

BWS: You were asked to [do] a great deal as a young man.

JMF: I think so. I was asked – let's say that I came out of an Irish immigrant family. My parents were uneducated people. As I said, my mother insisted that, even though they were uneducated, by God, I was going to get an education. She kept drilling it into me all my life. She and my father never did get an education beyond their immigrant origins. My father was a garbage collector in the south end of Boston. I have a feeling I am not being very fluent; I am sorry.

DJL: You are OK. Can you tell us about what happened after Europe?

JMF: After what?

DJL: After Europe, when you came back.

JMF: I came back in – I remember my ship pulling in to 44th Street in New York City. I knew there was a gal there that I wanted to catch up with [Alice Marie Corcoran]. I knew she was in

the City somewhere. I called a woman who I thought would know and she told me where she was. I went there and banged on her door. She opened it and she hadn't seen me in two years. As she opened the door, I said, "Hi kid. Let's get married." So we did, three weeks later.⁷

BWS: You'd kept in touch, written to her.

JMF: Yes. But there were times when my military service was such that we couldn't get mail out. But she was ready and she put up with me for fifty-nine years.

DJL: You met her when she was still a student in high school. Isn't that right, Dr. Foley?

JMF: I met her when she was a student in high school. I was a freshman at Holy Cross. She was probably a junior in high school. She put up with a lot.

DJL: How did you meet her?

JMF: Through a cousin of hers named Walter Foley, no relation to me. But he was her first cousin. He and I were very close friends, so I met her during one very happy Christmas vacation.

DJL: I understand it was pretty cold that day, wasn't it?⁸

JMF: Say it again?

⁷ Benjamin Rose Institute on Aging. Dr. Joseph Foley. Date of interview: February 2008.

http://www.benrose.org/mythbusters/mb_foley.cfm [Accessed 10-18-11]: "When I arrived back in New York City, August 2nd, 1944, I'd been traveling – on trains and a troop ship – for about three weeks. The first thing I did was get a suite at the Westbury Hotel – with the other doctors I'd traveled with – and order drinks and take a shower. I knew Allie was in New York City, so the second thing I did was track her down. She was living with her roommate from college. I told her roommate to tell Allie that I'd come over that night if she was free. Her roommate didn't tell Allie it was me; she just told her that some guy was coming over. When I banged on the door and she opened it I said "Let's get married, babe," and three weeks later we did. We were married for 59 years when she died in 2003. She'd trained as an industrial psychologist, but never worked at it. [laughs] That's not to say she didn't work; she raised our six kids."

⁸ Benjamin Rose Institute on Aging. Dr. Joseph Foley. Date of interview: February 2008.

http://www.benrose.org/mythbusters/mb_foley.cfm [Accessed 10-18-11]: "We met on one of the coldest nights Boston has ever recorded – 27 degrees below zero – and her attitude the night we met was comparable. Over the next 11 years we were in and out of a relationship."

DJL: I understand it was very cold the day you met her.

JMF: I think it was. I think you're right. Yes. But my warm heart cheered everything up.
[laughter]

BWS: When you said, "Let's get married," she thought that was a good idea.

JMF: She thought that was a good idea.

BWS: Three weeks is not much time to get things ready.

JMF: She hadn't seen me in two years.

BWS: Did she go with you as you were –

JMF: She went with me to the West Coast. We were assigned to Vista – the Naval Base in San Diego. We lived in Vista, California. We were there several months, I think, before I got transferred to Philadelphia.

DJL: What were your duties when you were on the West Coast, Dr. Foley?

JMF: Mostly routine medical care. Taking care of people who were coming to the aid station. Nothing more formal than that.

DJL: I thought you had some responsibilities that were suggested you weren't too interested in.

JMF: I have forgotten. Remind me.

DJL: Well, I believe your commander wanted you to do some venereal disease work that didn't interest you.⁹

JMF: That's right. Yes. I told him I had no intention of chasing the clap up and down the coast of California. We came to a happy agreement on this.

DJL: What was that agreement?

JMF: That I would do it my way. [laughter]

BWS: You were asked to do some psychiatric work as well?

JMF: Yes, officially I was a psychiatrist. I had had some psychiatric training in medical school and in my residency and my internship. But as I look back, my competence was not very great.

BWS: You ended up going to Philadelphia after a short time?

JMF: That's right. And in Philadelphia I had all kinds of good experiences there.

BWS: Is that where neurology began to really formally enter the picture for you?

JMF: No, it entered in medical school. In medical school I had a fellowship that allowed me to study – first of all, I needed money. So I got a fellowship for the money.

BWS: By the time you got to Philadelphia, you were working in neurology?

⁹ Benjamin Rose Institute on Aging. Dr. Joseph Foley. Date of interview: February 2008. http://www.benrose.org/mythbusters/mb_foley.cfm [Accessed 10-18-11]: When I came back from Europe I was sent to a base on the West Coast from which people were being sent to the Pacific. They told me I was the Venereal Disease Control Officer, an honor I rejected out of hand. I reasoned that there had to be a lot of very nervous people at the base and that I could do their psychiatric work for them. The commanding officer was a reasonable guy. He said "OK, you can do the psychiatry, but you are in charge of the infectious diseases, too."

JMF: I had already committed to neurology. In the United States, you see, neurology had not developed at all. In Boston, in my day, neurology was a – there was a group at Boston City Hospital and a group at the Mass [Massachusetts] General – a smaller group. But in the other hospitals, there weren't any neurologists. There were no neurologists in practice. There were a lot of people who called themselves neuropsychiatrists, but they were in fact psychiatrists rather than neurologists. They didn't know beans about the nervous system.

BWS: They were trained more in behavioral - ?

JMF: They were trained more in psychiatry, although it was so-called neuropsychiatry.

BWS: Which meant what?

JMF: Theoretically, it meant training in the nervous system as far as behavior was concerned. But for the most part, it didn't mean that.

BWS: Didn't mean that at all?

JMF: No.

DJL: Your role from before with Dr. Alexander with the neuropathology proved to be helpful to you in Philadelphia, did it not?¹⁰

JMF: Let me sort it out in my mind. I was with Alexander as a student so when I got to – everything else after that, I think, was a great help.

BWS: Working in Philadelphia.

¹⁰ Benjamin Rose Institute on Aging. Dr. Joseph Foley. Date of interview: February 2008. http://www.benrose.org/mythbusters/mb_foley.cfm [Accessed 10-18-11]: "I knew Dr. Leo Alexander, a neuropathologist, because he was doing work that I found interesting and important. I latched on to him and wound up in his laboratory at the Mallory Institute of Pathology studying the hypothalamus for 2½ years. I published some things out of that research."

JMF: Yes.

DJL: Who did you work with there?

JMF: I'm trying to think of his name. He was one of the nicest guys ever.

BWS: [Francis M.] Forster? Is that one of them?

JMF: No, Forster was there. When I was a student, let me put this together. When I was a student at Harvard Medical School and the Boston City Hospital, there was a very famous group of neurologists – Houston Merritt [1902-1979], Tracy [Jackson] Putnam [1894-1975], and so forth.¹¹ I had this laboratory in the pathology building where I was doing my work on the vascular diseases of the brain.

BWS: Was Pearce Bailey with you in Philadelphia?

JMF: Pearce Bailey, no. Again, let me think. Pearce Bailey [1865-1922] was also at Bellevue in New York. It was Pearce Bailey. Forgive me, I'm not fluent. I'm not thinking clearly. There was Pearce Bailey, Frank [Francis] Forster [1912-2006], Russell DeJong [1907-1990], and the guy at Iowa whose name escapes me at the moment.

DJL: [Adolph L.] Sahs. [1906-1986]

JMF: Adolph Sahs. Adie Sahs.

BWS: What are your memories of working with them?

JMF: All good. I was the youngest of the group. They were very generous to me and very helpful in every way. Most of them became good friends of mine. I didn't know [Abe B.] Baker

¹¹ Merritt and Putnam were the co-discoverers of the effectiveness of phenytoin [Dilantin] in controlling epilepsy.

[1908-1988] until much later. I met Baker when we got involved with the Academy of Neurology [AAN]. You'll forgive my lack of fluency.

DJL: You are doing fine. What do you remember about Abe Baker?

JMF: Abe and I used to have the most awful differences of opinion. He was a little guy, aggressive as could be. He wanted to own everything he came in touch with. In the organizational structures that I found myself in, in the American Academy of Neurology, the American Neurological Association, Abe and I would have some terrible differences of opinion on which direction to go in.

DJL: You worked it out, didn't you?

JMF: We were good friends. We were good friends but had great differences of opinion.

BWS: What were some of the differences of opinion that you thought were –

JMF: I thought he was unnecessarily aggressive about the state of neurology. I found him intruding into individual neurology departments and so on.

BWS: Was he trying to move the state of neurology forward, do you think?

JMF: Oh yes, indeed. He was much interested in that and he was successful in many ways. He had come out of Minnesota and he was always skeptical of the eastern neurology group – the Boston/New York [group].

BWS: Did that include you?

JMF: I think so.

BWS: Coming out of the Boston?

JMF: Right.

BWS: Why was he skeptical, do you think?

JMF: It wasn't his. He wanted to own everything he was in touch with.

BWS: And the eastern – was the eastern [organization] controlled out of Boston and New York?

JMF: Right.

BWS: That wasn't the way he wanted things to be done?

JMF: No. He was very good. Actually he had good ideas, but they were aggressive. Oftentimes I thought destructive in intent.

BWS: His approach – the way he went about things?

JMF: Yes, it was. His methods, rather than his substance. But he was an aggressive little guy and he didn't tolerate fools gladly.

DJL: You came to respect him, I understand.

JMF: Yes, indeed. I have great respect for Abe Baker.

DJL: You have spoken about him before in your Presidential address for the Academy.¹²

JMF: Did I? What did I say?

¹² Foley JM: The beginning of it all. *Neurology* 1985; 35:385-388

DJL: You said the two of you had had some differences but that you valued the leadership and the vision that he had at the time.

JMF: Yes.

DJL: Is that how you still feel about him?

JMF: Yes. That was quite fair.

BWS: At Boston, you were with Houston Merritt. You were put right in the middle of – the center of – post-war neurology.

JMF: That's right.

BWS: You landed in an interesting spot.

JMF: I did. My chief, [Derek] Denny-Brown [1901-1981], was not interested in public relations of any sort.

BWS: What was Denny-Brown like? What was it like to work with him?

JMF: He was a New Zealander, actually, but he – [coughs]. He and I arrived from World War II at the [Boston] City hospital on the same day. He had been in the Middle East and I had been in California. He was given to tirades. He would, every so often, go into a blast and blast the hell out of this, that, or the other thing. I remember one day it was me he was blasting on. I used to smoke at the time, but I smoked a dry pipe. [coughs] I had a dry pipe.

BWS: A what?

JMF: A dry pipe. I didn't smoke, I just had this dry pipe. I remember one time his exploding tirade and concluding by screaming at me. "And light the goddamn thing, will you?"

DJL: What was your response?

JMF: I lit it.

BWS: Was that typical of him?

JMF: He was given to terrible tirades. He was not always gentlemanly about it. [coughs]

BWS: He was very well respected.

JMF: He was very well respected, but he was also in that category of person that you had great respect for but whose ass you would like to kick periodically.

DJL: How did the two of you become friends?¹³

JMF: I think getting back to the City Hospital on the same day and having families that were unsettled and trying to help each other get settled in town. I was, of course, a Bostonian and I was able to introduce him around to various and sundry people he didn't know, which I think helped him. And he was, of course, highly respected in the University, so my proximity to him gave me some cachet.

DJL: What kind of work did you do with Dr. Denny-Brown?

JMF: Mostly in the neuropathology lab. But with Denny-Brown, also in the clinic, I would see patients [and] I would teach students. And we were doing research at the time on various and sundry things, some of which turned out well and some of which didn't.

¹³ DJ Lanska pre-interview telephone conversation with JM Foley 10-19-11: "Doug, Let me tell you have Denny-Brown & I became friends. Denny-Brown was given to tirades. At that time in the 50s I was giving up smoking. I was going around with a dry pipe. He got into a tirade with me over some small thing and then yelled :... and light the goddam thing will you! And stop calling me sir." I had been in the Navy and was used to calling people with authority, "Sir." Well, as he always did, he settled down after a while and asked me, "Am I being a bit of a bastard?" And I answered, "Yes, Sir!" He smiled, and it was at that point that we started becoming friends."

DJL: What turned out well?

JMF: I think some of the studies that we did on vascular diseases of the brain. Some of the studies that – I've lost it. I'm sorry.

DJL: At one point, benign fasciculations were called the Denny-Brown and Foley syndrome.

JMF: That's right.

DJL: How did that come about?

JMF: God knows. Well, we described them. It's funny. I hadn't thought of that paper in years.¹⁴ But it was something that we were both interested in. We observed them together and drew conclusions about them.

DJL: When Denny-Brown died in 1981, you were the one who wrote his obituary for the *Annals of Neurology*. And you also wrote the biography of him for the centennial volume of the ANA.¹⁵

JMF: Remind me of what I said.

DJL: You gave a nice summary. I was just wondering if there was anything you particularly recalled now about how you came to write those articles.

JMF: I think it was well known that I was the closest to him of anybody. He could be extremely difficult. He could be at times quite offensive to other people. It was well-known that I could

¹⁴ Denny-Brown, D, Foley, JM. Myokymia and the benign fasciculation of muscular cramps. *Trans. Assoc. Am. Physicians*. 1948; 61:88-96. (Origin of the eponym, the Denny-Brown-Foley syndrome)

¹⁵ (1) Foley JM: Derek Ernest Denny-Brown. In: Denny-Brown D, Rose AS, Sahs AL (eds.) . Centennial Volume of the American Neurological Association.. Springer, New York, 1975: 301-308. (2) Foley JM: Obituary: Derek Ernest Denny-Brown. 1901-1981 *Ann. Neurol.* 1981 11:413-419.

handle him, that I didn't take any crap from him. So when people wanted an evaluation of him, they would often call on me. I think I knew him better than most people.

DJL: What did you take away from your time with him?

JMF: A knowledge of neurology. A knowledge of the nervous system and how it works. A willingness to think in physiological terms about critical matters.

DJL: Overall you had a positive experience?

JMF: Oh, very much so. Yes. I think my association with Denny-Brown allowed me to meet with great people, to deal with great people, and I was greatly honored to participate to a degree.

DJL: How did you get involved with Dr. Ray [Raymond] Adams [1911-2008]?

JMF: I had known Ray Adams when I was a medical student. He was an extraordinary guy in Boston who was a huge influence on many of us. And Paul Yakovlev [1894-1983]. Paul Yakovlev was a Russian immigrant who had a – who was based at the [Walter E.] Fernald State School in Waverly, Massachusetts, just outside of Boston.

[break while JMF gets a cup of coffee; discussion about the coffee]

BWS: What about the Fernald School?

JMF: When I was a medical student, I would go out one night a week to the Fernald School and we would examine brains, both uncut and in sections, sometimes until one or two o'clock in the morning, with a couple of other guys who were passing through at the time. It was a great experience for me.

DJL: I remember, Dr. Foley, you actually showing some of the brain sections from the Yakovlev collection.

JMF: Did I? Yakovlev was so marvelous. He was a kind and lovely man who took a lot of abuse from Denny-Brown. Denny-Brown was accustomed to hand out abuse. I never – I put up with it for a little bit and then one day, I recall, he and I had a sort of confrontation. I made it clear that I didn't like some of his attitudes.

[asks Steve Foley for something]

BWS: That was a step for someone to take.

JMF: It was indeed.

[comment about coffee]

BWS: That was quite a stand for someone to take.

JMF: It was indeed. I recall also, every so often, calling him out after rounds and saying, "You behaved very badly today." I could get away with it and he would let me do it. He put up with me. I think he was aware of his own failings and realized that he was not above criticism.

BWS: What was it like going on rounds with him in general?

JMF: Marvelous. He had all kinds of knowledge, all kinds of insights. [coughs] There were things he knew nothing about, but it never stopped him from talking about them. [laughter] – a trait that I am alleged to have acquired. [laughter]

BWS: One of the things you learned from him?

JMF: I think so.

DJL: What else can you tell us about Dr. Adams?

JMF: Ray Adams was one of the most brilliant people I've ever known. Hard working, very intense, very personable once you got to know him, and one of the best neurologists ever – [best] neurologists and neuropathologists [ever]. He was absolutely outstanding.

DJL: You came to work with him on some problems in liver disease.¹⁶

JMF: I did.

DJL: How did that come about?

JM: I was interested in liver disease for many reasons. I think not the least being that so many of my Irish colleagues had developed it. It sort of became a natural for me.

BWS: You were following a line of inquiry that came from your own background and interests?

JMF: I think so. Yes.

BWS: Dr. Adams was working on this. How did it come that you worked with him on it?

BWS: He was not in the military. Raymond Adams wasn't. He had taken over the neuropathology laboratory while many of us were in the military. So when we came back, he was a major source of education for us.

DJL: The two of you ultimately came to describe asterixis.

JMF: We did. I used to – I would see all the liver disease patients and study them neurologically. And then later I would show them to him. We would discuss them.

¹⁶ (1) Adams RD, Foley JM : Neurological changes in more common types of severe liver disease. *Trans. Am. Neurol. Assn.* 1949; 74:217-219; (2) Foley JN, Watson CW, Adams RD: Significance of the electroencephalographic changes in hepatic coma. *Trans. Am. Neurol. Assoc.* 1950; 1651-1655; (3) Adams RD, Foley JM: The neurological disorder associated with liver disease. *Proc. Assoc. Res. Nerv.Ment. Dis* 1953; 198-237

DJL: Which of you first observed this?

JMF: I think I did. I think I had the – Denny-Brown was, of course, much interested in Wilson's disease. Wilson's disease had a movement disorder. It struck me that the movement disorder of Wilson's disease was much like what we were seeing in ordinary liver disease. It turned out to be such.¹⁷

DJL: You ended up doing some further studies of these patients with EEG and EMG.

JMF: We did indeed. Yes. I think they could have done without.

BWS: Really?

JMF: I don't think they were that important.

BWS: The technology of the time?

JMF: Say it again.

BWS: You were using the tools and technology available to you to test?

JMF: Yes.

DJL: Which of you did those studies? You or Ray Adams?

JMF: I did most of them. But he was in the lab and he was monitoring what was happening, putting brakes on my excesses. [laughs]

¹⁷ Adams, R.D., Foley, J. M. Neurological changes in more common types of severe liver disease. *Trans. Am. Neurol. Assn.* 1949, 74:217-219.

DJL: What do you mean?

JMF: When I would overreach in my conclusions about something, he would calm me down.

DJL: Who came up with the term?

JMF: I did. God knows how. If you ask me now, originally it was anisosterixis: *sterixis* meaning maintenance of posture of some sort, *an* meaning not, and *iso* meaning equal.

DJL: Did he shorten it or did you?

JMF: I'm not sure how that happened. I think probably I did.

SF: I think you've said in the past, Dad, that you took a Greek scholar to lunch.

JMF: That's right, I did. Right. I remember going to Jacob Wirth's on Stuart Street in Boston with this Greek scholar and we discussed the phenomenon and then put a name to it. You're right, Steve. I'm trying to think who that was. In those days, I knew a lot of Greek scholars. They've been fading.

DJL: You ended up studying the effects of steroids on brain wounds in experimental animals with Ray Adams as well, did you not?¹⁸

JMF: I don't remember that.

DJL: With some guinea pigs.

JMF: I don't remember.

¹⁸ Foley JM, Chambers RA, Adams RD. The effect of cortisone on the early repair of brain wounds in guinea pigs. The effect of cortisone on the early repair of brain wounds in guinea pigs. J Neuropathol Exp Neurol. 1953;12:101-104.

DJL: OK.

BWS: Tell us a little bit about Ray Adams and Denny-Brown. They each were in a – one at Mass General and one at Boston City. Was there a good working relationship?

JMF: Well, there was a time when they were both at Boston City, when Ray Adams had the neuropathology laboratory and Denny-Brown had the clinical side, and there were often arguments between the two of them on the meaning of such things as – oh, how shall I say it – on the interpretation of what was happening. They would frequently have arguments but they were arguments in the proper intellectual sphere. They were cordial and designed to arrive at some modicum of truth.

BWS: Was there any examples that you think of now that stood out in your mind?

JMF: Ray Adams was always cynical about Denny-Brown's view of pathology. And Denny-Brown had almost unmitigated respect for Ray Adams.

DJL: They had different philosophies on how to structure a neurology unit, did they not?

JMF: Say that again.

DJL: As I understood it, there were two neurology units at Harvard.

BWS: Is that correct?

JMF: One at the Mass General, one at Boston City.

DJL: The philosophies were a bit different, weren't they?

JMF: I don't how to answer that.

BWS: They each had an idea about how to organize the unit? Houston Merritt was not there at this time, was he?

JMF: He had left.

BWS: He had gone to New York.

JMF: I knew Houston Merritt as a medical student. He was very good to me.

DJL: How so?

JMF: He would give me all kinds of breaks, would even buy me lunch periodically. Back in those days, I had neither a pot to pee in nor a window to throw it out of. I was grateful for all the help I could get.

BWS: People remember his diagnostic accuracy. Not that he could always teach it, but that he was very, very good at it.

JMF: Who was this?

BWS: Houston Merritt.

JMF: Yes indeed. He was – he wouldn't take long with a patient. He wouldn't take long but he would inevitably come up with the right answer.

DJL: He did brain cutting sessions too, didn't he?

JMF: Right.

DJL: He would come up with an answer that nobody else came up with.

JMF: Right. Denny-Brown, of course, was given to a better educational method, I think. He would explain in detail what was going on. But Houston Merritt so often would come up with a snap answer. He would be right but it wouldn't be very explanatory for those who were there.

BWS: How do you think he did that?

JMF: I think he was that kind of guy. He was accustomed to knowing things, saying things that he knew, and not feeling the necessity to explain it.

BWS: Observant of the patient?

JMF: Say that again.

BWS: Observing of the patient? The patient exam.

JMF: Yes. Both he and Raymond Adams could make, in a very short time, could come to the right conclusions.

BWS: We should take a break.

DJL: Dr. Foley, do you want to take a break?

JMF: I do.

[pause in interview]

BWS: We are ready to go.

DJL: Let's go back to Boston City. Can you tell us about the brain cutting sessions with Ray Adams.

JMF: Ray was there when I first came back from the military in '45/'46. He was there for a few years before he moved to the Mass General. The brain cuttings were always a source of great interest and enthusiasm for the house staff and for the visiting staff. Ray Adams did them like he did everything else – very brilliantly. He would get a whole brain and then cut it while we were there and examine it in detail and recount what he was examining -- very often with the help of Paul Yakovlev, my Russian friend whom I mentioned earlier.

DJL: You overlapped as well with a number of other people who made some significant contributions. How about Stanley Cobb [1887-1968]?

JMF: Stanley Cobb was in charge of the neurology teaching, of the nervous system teaching, for medical students. He was trained in neurology, but was head of psychiatry at the Massachusetts General Hospital. He was a very, very nice man and extremely well liked by everybody.

DJL: How about William Lennox [1884-1960]?

JMF: William Lennox and his wife whose name I've forgotten [Margaret] were both neurologists and both interested in the EEG principally, which was just beginning to get its foothold during World War II. He and his wife were in charge of the EEG lab at Boston City before, I think, they moved to Children's Hospital.

DJL: What do you remember about him?

JMF: Not much. I didn't know him well at all.

DJL: How about the Gibbs [Erna (1904-1987) and Frederic (1903-1992)]?

JMF: Nor them. They left again for Children's shortly after I came back.

DJL: Were you aware of William Lennox's views on eugenics?

JMF: No, I don't think I was.

DJL: How about Maurice Victor [1920-2001]?

JMF: Victor and I were very close. [phone rings]

[pause in interview]

BWS: Go ahead

DJL: Dr. Foley, we were talking about Maurice Victor.

JMF: Oh, yes. I first knew Victor at the Boston City Hospital. He came on as – he had come down from Edmonton in Alberta. He was a Canadian and had done some of his training in Montreal. He arrived with us at Boston City to finish his residency. I got to know him there. I had watched his progress to be chief at the Mass General. We were good friends. His wife Betty Banker [1921-2010] was also a great friend.

DJL: She was a neuropathologist?

JMF: She was a neuropathologist and a clinical neurologist. She did both.

DJL: They came to Cleveland as well, did they not?

JMF: They came to Cleveland and took over Metro [Cleveland Metropolitan General Hospital] in 1961, the same year I came. I brought them along.

DJL: You brought them?

JMF: Yes. I brought them and I brought Stanley van den Noort [1930-2009], since deceased, Joe [Joseph P.] Van Der Meulen, who is the retired chairman of neurological diseases at USC [University of Southern California], and Bill [William] Sibley who is head of neurology at the University of Arizona.

DJL: You brought Marcus Singer [1914-1994] as well, didn't you?¹⁹

JMF: No, Marcus Singer came independently. He was a neuroanatomist. I had known Marcus Singer in Boston. It was a joy to come here with him. He lived right down on the corner here and we were great, good friends.

DJL: We will finish up with some of the Boston people. How about Simon Horenstein?

JMF: Simon and I were very close. He came here with me in, I think, it was '61. I think he came before I did, a couple of months before I did. Very effective teacher, very abrasive, in many ways very difficult – some people couldn't stand him. I found him a great friend and most worthy colleague.

DJL: And C. Miller Fisher [1913-]?²⁰

JMF: Miller Fisher was here with – was in Boston – with the Victors. He did not come here.

DJL: Correct. What can you tell us about him?

¹⁹ Singer retired in 1985 after 24 years at Case Western Reserve University in Cleveland. In 1953, during the McCarthy era, when Singer was at Cornell University, Singer was called before the House Un-American Activities Committee and questioned concerning his political affiliations. He acknowledged having been a Communist until 1948 and refused due to "honor and conscience" to name Communists he had known while teaching at Harvard, invoking the Fifth Amendment. His obituary in the New York Times (October 11, 1994) noted: In 1956, he was convicted of contempt of Congress, fined \$100 and given a three-month suspended sentence in Federal District Court in Washington, which ruled that he had waived the Fifth Amendment's protection. In 1957 the United States Court of Appeals for the District of Columbia Circuit set aside the conviction, saying its ruling was required by a Supreme Court decision in a similar case. The court sent the case back to Federal District Court with instructions to enter a judgment of not guilty."

²⁰ Fisher's methods of organizing clinical operations are known as "Fisher's Rules." See: Caplan LR. Fisher's rules. Arch Neurol 1982;39:389-390.

JMF: He was a Canadian, I have forgotten from where. He was very close to Raymond Adams. He and Raymond Adams did a lot of work together.

DJL: Did you interact with him at all?

JMF: Not that much. I knew him and thought well of him but then we didn't have much interaction. I think I wasn't in Boston very long after he arrived.

DJL: What brought you to Case Western?

JMF: I think two things. It was clear in the '50s that the Boston City Hospital was disintegrating as a place for scholars and a group of us from Harvard moved to New Jersey to the so-called Seton Hall College of Medicine which later became New Jersey College of Medicine. It turned out that the people there didn't know how to run a medical school. Soon after I arrived in New Jersey they invited me here [to Cleveland]. Of course, this was a very distinguished place to be so I came here in '61.

BWS: Who invited you?

JMF: Douglas Bond was the Dean at the time but there were a whole flock of Bostonians who were here already who, I think, collaborated to get me to come.²¹

DJL: What opportunity did you see here?

JMF: A first-class medical school with a great reputation. An opportunity to build a service where one really didn't exist at all. And a willingness on the part of my family to move. We weren't terribly happy in New Jersey.

DJL: You found Cleveland better?

²¹ Psychiatrist Douglas Danford Bond [1911-1976] was Dean of Case Western Reserve University School of Medicine from 1959-1966. Encyclopedia of Cleveland History: Bond, Douglas Danford. <http://ech.case.edu/ech-cgi/article.pl?id=BDD> [Accessed 1-10-2011]

JMF: Yes. And continue to.

BWS: How did you find things when you got here in terms of the medical school?

JMF: There was no neurology, really, anywhere. At University Hospitals, neuropsychiatrists were doing the neurology. They were much more psychiatrists than neurologists. In fact, they weren't neurologists worth a damn. Metro had nothing until I put Victor and Banker at Metro. They developed a great reputation there on their own. It became a very productive training center.

DJL: How about University Hospitals, Case?

JMF: Say that again.

DJL: How did you develop things over here?

JMF: It was fairly easy. The Dean, and the Chairman of medicine was a wonderful guy named Robert Ebert [1914-1996], who was out of Chicago. He later became Dean of Harvard Medical School. He was chairman of medicine when I arrived. He was an enormous help in getting things going. And Douglas Bond, as I said, the Dean was extremely helpful.

BWS: Did they say – Dr. Foley, develop your program?

JMF: Say that again.

BWS: Did they give you an open-ended opportunity – develop your program?

JMF: Pretty much so. I came in and brought good people with me. I put Victor and Banker at Metro, Simon Horenstein at Highland View Hospital. Myself and van den Noort and Van Der

Meulen at the UH [University Hospitals]. I think I brought seven people with me. They all turned out to have first-class subsequent reputations.

DJL: What steps did you take further to develop the department?

JMF: Just the usual, I think. Develop high-quality teaching. Develop some research programs. And we found that the students and the faculty were very receptive.

BWS: Sometimes, people, as they developed departments, talk about how neurology fit into the medical school. Is that something that came up with you at all?

JMF: There was – you have to understand how little neurology there was. In Boston, I have told you this before, there was neurology at Boston City with Denny-Brown and his group. And there was neurology at the Mass General with a man named James Bourne Ayer [1882-1963]²² and eventually Raymond Adams. There was very little neurology in any of the smaller hospitals. There were no, to my knowledge, there were no people practicing neurology in Boston as such at the time. They were practicing neuropsychiatry, but mostly psychiatry.

DJL: Back to Cleveland, though, and the department you were developing, were there any particular high spots or low spots that you recall?

JMF: No, it was all very exciting at the time. And all the people who came were pretty excited about being here. In fact, Robert Joynt, a few months ago, pointed out of our program here, there came more heads of departments – more heads of neurology departments – than any other program before or since.

DJL: A tremendous accomplishment.

²² Denny-Brown D, Viets H, Adams R, Sschwab R, Kubik C, Smith R. Obituary: James Bourne Ayer, M.D.: 1882-1963. Arch Neurol .1964;11:449-451.

JMF: It was, I think. I don't know how they did it. But we achieved it. USC at the University of California, the University of Arizona, Chicago, Boston, Philadelphia, Baltimore.

BWS: All over the country.

JMF: Yes.

BWS: When you came here, you brought your Boston training. Was that part of the model you drew on and used?

JMF: I think so. It was the English system, you see. I had been with Denny-Brown and although he was a New Zealander, most of his life before Boston was in London.

BWS: At Queen's Square?

JMF: At Queen's Square, right.

BWS: That was his background and training and that was how you were trained?

JMF: Exactly. And I fit right into that. But I also had the advantage of a great background in neuroanatomy and neurophysiology from certain mentors I had at the school at the time, notably Paul Yakovlev, whom I had known and who had taught me even when I was in medical school as a student.

BWS: Some of what you brought to Case Western here maybe followed in that same model?

JMF: Right. I think we picked up on what was going on in Boston and transported it here.

DJL: You later switched gears and developed an interest in aging. How did that come about?

JMF: I was growing older. [laughs] I'm not sure, frankly. The pressures, I think, were at us in regard to aging.

BWS: There was a program here, the Joseph M. Foley Elder Health Center.

JMF: Yes. I don't know who named that, but I was proud of it. And it was a real – we were working with the elderly at great length at the time.

BWS: An aging population?

JMF: Right.

BWS: Were there specific diseases?

JMF: Dementia, mostly. I was particularly interested in dementia and the dementing diseases.

DJL: Can you tell us about Dr. [Amasa Brooks] "Buzz" Ford [1922-2007]?

JMF: Buzz was – I don't know whether Buzz is still with us or not – but I first knew Buzz when he was a medical student and I continued my association with him. He came from a very wealthy family in Boston. He was a gentleman all the way. He was a good neurologist and a good teacher. A very worthy colleague.

DJL: The two of you worked together to develop the University Hospitals geriatric program.

JMF: That's right, we did.

DJL: How did that come about?

JMF: I'm not sure if it was deliberate. It just fell into place. The patient load was there. The need was there. There weren't many geriatric programs in the country at the time and so we developed it.

DJL: How did you feel about passing the reins over to [Robert B.] Bob Daroff?

JMF: That was while this – first, he is a very distinguished fellow in his own work. Secondly, he was very good all the way. I think it was '81. Would that be right?

DJL: I think so.

JMF: He was very good to me all the way. [coughs] He brought some very good people with him including [R.] John Leigh and others who went on to other places.

DJL: How did they come to select him [Daroff]?

JMF: I think he was well known for his work in eye movements and he had written a great deal about it. And I think he had a reputation as a very decent sort of guy. A good leader.

DJL: I think that's all correct. Were you involved in the selection?

JMF: No, I was not.

DJL: Is there anything you remember particularly fondly about your interactions with Bob?

JMF: He was always very generous to me. We had no quarrels, no arguments at all. When I withdrew I let him do his thing. I didn't get in his way. I think he was grateful for that. He went on and developed one of the great programs.

BWS: Did he basically keep intact what you had put in place? Were there directions he took it [the department] then?

JMF: No I think he just kept going the way we were. He expanded the neuro-ophthalmology part of things extensively. It became much more prominent in the department.

BWS: Because of his interests.

JMF: Yes. His interest, his energy, and his knowledge.

DJL: What did you see as the key attributes he brought to the program?

JMF: Intelligence, energy, a capacity for organization, and an ability to raise money.

BWS: In addition to being physicians, those are interesting attributes needed for a departmental or division leadership.

JMF: Exactly right.

BWS: Were they also the kinds of things you were needed when you arrived? Talk a little bit about that.

JMF: I think they were needed when I arrived. [coughs] I did some of it but not as much as Bob Daroff later did.

BWS: In terms of raising money? That sort of thing?

JMF: Well, we were doing some research. We had training programs going. So we did have money coming in.

BWS: NIH [National Institutes of Health]?

JMF: NIH money and other kinds of research money as well.

DJL: What can you tell us about some of the key people in the department?

JMF: We had – I brought with me Simon Horenstein who I think it still with us. He moved to St. Louis as chairman later. Joe Van Der Meulen who had been at Boston City and Stanley van den Noort who had been at Boston City. Stanley van den Noort has died since. Joe Van Der Meulen is retired as chairman of neurological disorders at USC [University of Southern California]. There are other people too.

DJL: How about John Leigh?

JMF: John Leigh came with Bob Daroff.

DJL: Right. Is there anything you remember?

JMF: Marvelous fellow. A gentleman from way back. He called me yesterday and said he is coming to visit me.

DJL: Terrific. He was always kind to me, as was Bob Daroff.

JMF: Nice, nice people.

DJL: How about [Robert L.] Bob Ruff?

JMF: Bob Ruff was, I believe if my memory is right, mostly at the VA.

DJL: That's correct.

JMF: I liked Bob a great deal. I thought he was a good neurologist. I don't know what's happened to him.

DJL: He's still working.

JMF: Still at the VA?

DJL: Yes. How about Sami Harik?

JMF: I knew Sami very well. We used to have some great times together, Sami and I.

DJL: Like what?

JMF: Going out drinking. [laughs]

BWS: He is in Alabama?

DJL: No, Arkansas.

BWS: Arkansas.

JMF: I guess.

BWS: Is he another one of your chairs?

JMF: Yes, right.

BWS: That came out of your program.

JMF: Right.

BWS: You published with him as well.

JMF: I've forgotten.

BWS: You had several papers.

DJL: These were later.

BWS: Yes.

DJL: Is there anything else you want to tell us about your experience in Cleveland, Dr. Foley?

JMF: I'm so glad I came to Cleveland. It was very good for me and my family. I don't know whether I was good for them but I think I was.

DJL: I absolutely think so.

JMF: I think we had a very good group here. I was able to attract people here. Many of them came and then moved on to run their own ships elsewhere.

BWS: Talk a little bit about how that happened, will you? You really did have an impact as you sent people off.

JMF: Well, I think first I was noisy. I talked a lot. At meetings I would get in a position to influence people. I don't know how else to describe it except I think the circumstances were right and I think I was right for the circumstances. I was able in view of my background with Denny-Brown, especially, to attract people here. So I was able, even when I first arrived in Cleveland, I had first-class people come with me. In '61 I had Horenstein, van den Noort, Van Der Meulen, [Robert I.] Pfeffer, some others who I don't remember at the moment.

DJL: What are you most proud of for your time in Cleveland?

JMF: Survival. [laughs] I think we put together – Bob Joynt a few months ago pointed out that here in Cleveland we have trained more chairs of departments than any other place in the country before or since.

DJL: It is an accomplishment.

JMF: It is indeed.

DJL: Shall we talk some more about the Academy?

JMF: All right. Let me start way back before that. I was born in Boston into a – a child of Irish immigrants who were uneducated people but who insisted I get an education. They did everything possible to guarantee that I would. My father was a garbage collector in the south end of Boston.

DJL: Dr. Foley, we talked earlier about some of that early background. You gave a nice summary of that. Can we go back up to the Academy now?

BWS: You had already been asked to join the ANA, had you not? You were a member of the American Neurological Association.

JMF: I think I was. I got into that quite young because in Boston, where I was at the time, the American Neurological Association was the ultimate. It contained [Derek] Denny-Brown, Raymond Adams, Miller Fisher, Stanley Cobb, and they were all American Neurological Association people.

BWS: And then the Academy started coming along.

JMF: As a medical student, no – it was in the military, I had been in Philadelphia. And at the time, Frank Forster was at Jefferson in Philadelphia. He and I became friends. As I look back,

I'm not sure why except maybe we were two of the only Catholics in the crowd at the time. We became very friendly and then, later on, when – let's see, how did this work?

BWS: The Academy was considered a bit of an upstart, wasn't it?

JMF: Yes, it was. In fact –

BWS: People weren't quite sure what was going on there.

JMF: No, I remember they knew in Boston that I was less likely to be totally devoted to the ANA – the American Neurological Association. They came to me and asked if I would do something about putting together an Association [AAN] group in Boston, which I did. Some of the younger people in neurology joined up [and] became very active. That is how that began.

BWS: When you were in Cleveland, were you involved with the Academy?

JMF: Yes. I was President of the Academy from '63 to '65. I had come here in '61. Then I was President of the ANA in '75.

BWS: For the hundredth anniversary?

JMF: I guess it was. I'd forgotten.

DJL: It was their centennial. Dr. Foley, can you tell us how they selected you as President of the Academy?

JMF: Because I am so smart and good looking. [laughs]

DJL: I thought that would be the answer.

JMF: Damned if I know. I was surprised myself. I had been effective, I think, in spreading the word about neurology through the country with various speeches and visiting professorships and so forth. I think that was part of it. But also it was that I always have been able to give a public speech. I've always been able to say something, open my mouth and make some sense in public. Not necessarily in private.

DJL: You tell a good story.

JMF: I try.

DJL: I remember some of them fondly. At one point, you talked about Paul Bucy [1904-1992] and whether he had a role in your selection as President [of the American Neurological Association].²³

JMF: It could have been. I've forgotten frankly.

DJL: OK

BWS: You were in an organization that was growing fast.

JMF: The Academy.

BWS: The Academy was growing.

JMF: Right.

BWS: Was there a need for the Academy? Would you talk about that a little bit?

JMF: I think there was.

²³ See Joseph M. Foley's interview for the American Neurological Association, October 1, 1991.

BWS: The need for the Academy.

JMF: I think neurology had been growing in numbers and influence. I think they needed some pressure group to put them before the [United States] Congress and all the rest. That was really the origins of founding of the Academy.

BWS: To come before the Congress?

JMF: In part, yes.

BWS: What do you mean by that?

JMF: We appeared before Congressional committees to advance the causes of neurology.

DJL: There are stories that Forster and Baker actually flew to Washington to champion support for academic program development.²⁴

JMF: That's right. And I think they did a good job of it. They would sometimes sound somewhat aggressive. Sometimes very unpleasant in their dealings with other people but, on the whole, I think they did marvelous work.

DJL: They helped get NIH funding as well.

JMF: Yes, indeed. They were very active in that. And Adolph Sahs who was in that group as well.

BWS: Sahs was?

JMF: From Iowa.

²⁴ Lanska DJ. A.B. Baker: AAN visionary and catalyst for the growth of American neurology. AAN News 2008;21(2):12-13.

DJL: They facilitated development of NIH funding for academic programs.

JMF: Exactly.

DJL: Do you think that changed how neurology functioned around the country?

JMF: Oh, I think, no question. But I think also the recognition of some of the – particularly dementia and particularly epilepsy – I think these programs needed a big boost. As a result of the Academy, I think they got that boost.

DJL: Do you think it would ultimately have come as well from the ANA or do you think it needed the Academy to accomplish that?

JMF: I think it needed the Academy to accomplish it. The ANA was a pretty set organization. They didn't move forward very much.

BWS: It was more selective in its membership too, so it had a smaller base.

JMF: Yes, selective. Exclusionary is the other adjective.

BWS: I was trying to be polite. But they were, so it was a smaller base of people to work with. The Academy was more inclusive and larger.

JMF: Right. Exactly.

DJL: The political role that the Academy had earlier on and, to a degree continues today, I think, was largely the brainchild of Baker, was it not?

JMF: Oh, yes. Abe Baker was a very aggressive political animal.

BWS: Do you think he saw the future or began to think about how neurology could develop?

JMF: I did. I think he knew it when he was a medical student. He was always passionate about the development of neurology.

DJL: You've spoken, even in your Presidential address for the Academy, about some of the strengths and weaknesses that he had as a leader.

JMF: Did I really?

DJL: Yes. Can you comment now about how you see the balance of those strengths and weaknesses and what impact they had, good or bad, for the development of neurology?

JMF: Not without thinking about it for a while.

DJL: All right. Well, fair enough.

BWS: He was a strong personality. He also was from the Midwest. He and [Adolph] Sahs -- you know, Minnesota, Iowa -- Russell DeJong from Michigan. Did you start to see this [as a] Midwestern [organization]?

JMF: Exactly right.

BWS: Ohio is sort of sitting in there somewhere. How do you see that?

JMF: There was no real neurology in Ohio until I came.

BWS: You are starting to see an influence -- were you? Were you starting to see changes in how people -- it wasn't just an East Coast thing anymore?

JMF: That's right. It was distinctly becoming a generalized, national affair. Even on the West Coast , they were developing great neurology programs.

BWS: That was a change?

JMF: Right.

BWS: As you put department heads in place throughout the country, was that also a factor in seeing neurology grow?

JMF: Oh, sure. Yes, because I so often was in a position to talk deans and department heads into the necessity for getting somebody who could advance neurology.

DJL: Not only was Baker supportive of a political role, but he also had some strong views on how neurology should be involved in rehabilitation of patients with neurological diseases.

JMF: That's right, exactly right.

DJL: In fact, at one point, you said that his view was that neurologists "must never relinquish to anyone the final responsibility for rehabilitation of the patient."²⁵

JMF: Did I really?

DJL: Yes.

JMF: My God, every so often I said something sensible, didn't I? [laughs]

BWS: Your view of patient care.

²⁵ Foley JM. The beginning of it all. *Neurology* 1985;35:385-388.

DJL: First, going back to that view, which is what you said, do you see that now as a contribution that Baker made?

JMF: I think so, yes. Very much so. And a contribution that many of us at the time made, because there were a group of us together that were pushing neurology forward – myself, Sahs, Baker, Pearce Bailey, other names will come. Stanley van den Noort. Joseph Van Der Meulen. We were all moving it forward, I think.

DJL: In terms of rehabilitation for neurology patients, even in Cleveland, that became a strong focus, didn't it?

JMF: Very much so. We had one of the great advantages for me in coming here was the presence of Highland View Hospital, which at the time was a rehab hospital. I put Simon Horenstein out there in charge and he developed it beautifully.

DJL: It continued to develop further and became a real focus and strength of the Cleveland program.

JMF: Oh, yes, of a national program. It was nationally recognized.

DJL: There are several different versions of how the “Four Horsemen” came to be for the Academy. Do you recall any of that?

JMF: Who were they?

DJL: The “Four Horsemen” are considered to be Baker, Forster, Sahs, and DeJong.

JMF: I know that Baker and Sahs especially were very energetic, very aggressive, sometimes objectionably so in the minds of some people. DeJong settled very quickly into the editorship of the journal.

DJL: *Neurology*.

[Dr. Foley talks briefly with Steve, Steve replies and checks on JMF]

BWS: What about Forster as one of the “Four Horsemen?”

JMF: I knew Forster when I was a medical student.

BWS: Why was he considered one of the “Four Horsemen” of the AAN?

JMF: Because I think he had the political awareness to organize things, get things before the Congress, and create something that had not been there before.

DJL: Do you know who came up with this term, the “Four Horsemen?”

JMF: No.

DJL: Bob Joynt thought it might be Maynard Cohen.²⁶

JMF: Ah, really? It could have been. Bob Joynt, by the way, has been a marvelous addition to American neurology. He provided some wonderful leadership in addition to being a very entertaining guy.

DJL: He always puts a positive spin on things.

JMF: Right. And is a gentleman from way back.

DJL: Exactly. We’ve talked about the Academy at some length and we’ve touched on the ANA somewhat. Barbara asked you earlier about your Presidency of the ANA. Is there anything else you wish to say?

²⁶ Joynt R. Changes, people, comments. *Neurology* 2000;55:26A-27A.

JMF: That was in '75 and I was very surprised to be named President. Even though I think I was Vice President, but I'm not sure.²⁷ The ANA was a more isolated thing. It had less influence. Although it was supposedly more distinguished, it had less influence than the Academy.

BWS: Was the ANA – part of the distinction was that it was an academic [organization], whereas the Academy was broader?

JMF: It was academic but also – how shall I put it – it was more elite. Only the better classes seemed to be in the ANA.

BWS: Is it still that way today?

JMF: I don't know whether it is or not. I think it's less so.

BWS: That may have changed a bit.

JMF: It may have changed.

BWS: You might have seen some of that change.

DJL: Do you think there are similar, overlapping, or complimentary roles for the ANA and the Academy?

JMF: They are overlapping. They are overlapping and, on the whole, I think, congenial relationships. I don't think there were any major conflicts between the two.

BWS: The journals?

²⁷ Dr. Foley was Vice-President from 1959-1961, President-Elect from 1961-1963, and President from 1963-1965.

JMF: There were two journals. The American Journal of Psychiatry and Neurology²⁸ [sic] and then there was the journal *Neurology*. The journal *Neurology*, I think, became the official journal of the Academy. I could be wrong about that.

DJL: That is correct. You served as the leader in developing the program in Cleveland.

JMF: I did that, I think. Yes.

DJL: You served as a leader of the two major neurological organizations. You really have had a significant role in the development of neurology.

JMF: When I came to Cleveland, and I probably have told you this before, I brought with me people to fill the gaps. There were only two neurologists practicing in all of Ohio in '61 when I got here. They were both at University Hospitals – William Sibley and Howard Tucker. I brought with me Simon Horenstein, Joe Van Der Meulen, Stanley van den Noort, Bob Pfeffer, and some residents came along also at the time. I had residents readymade when I got here. Some of them had contracted to be with me in New Jersey and they just changed over and came with me here.

DJL: That's a pretty slick trick.

JMF: It was a slick trick. [laughs]

DJL: After all those experiences, what do you see as the characteristics that make a good leader?

JMF: Well, first is being willing to listen. The second is an ability to put together an organization that has some structure and some discipline and some clear objectives marked out. The third is a willingness to make the sacrifices that go with leadership.

²⁸ *Archives of Psychiatry and Neurology*, which split in 1958 into the *Archives of Neurology* and the *Archives of Psychiatry*. *Neurology* was first published in 1951.

DJL: How do you see those different features in terms of your own experience?

JMF: I think I was willing to listen to people. I managed to put good people around me. I was unwilling to put up with incompetence, however attractive they might be in other ways like bringing in money and so forth. We had no disagreeable people at all. I think all of the people with me were agreeable and friendly people, considerate of one another and all of that.

DJL: I agree. I think you put together a fantastic collection of people that made a big impact.

JMF: Yes, I think they did.

BWS: Will you talk a little bit more about the sacrifices that go with leadership? That's an interesting statement.

JMF: A willingness to listen to a certain amount of nonsense without reacting too viciously to it. That's one thing. The time element involved in forgoing things that you'd like to do and getting involved in things you really aren't that much interested in. That's part of any leadership component in modern academia.

BWS: It takes time to build a program.

JMF: It does indeed. When I came here I was very lucky because there was, in fact, very little of a program existing. But I brought with me the people that allowed a program to develop rapidly. We were attracting medical students right early on.

[JMF asks about Steve. Greg, a caretaker, answers and offers Dr. Foley some coffee.]

DJL: Dr. Foley, you've had a career that spanned quite a period of time.

JMF: That's for sure.

DJL: The second half of the [20th] century was pretty much your [part of the] century [professionally].

JMF: Yeah, and the first half was – remember I won World War II.

DJL: Yes. All by yourself.

JMF: That's right. [laughs]

BWS: I'm glad we got that on the record, Dr. Foley. [laughs]

JMF: There were times in the early part of the century, in the '40s, when I think I was involved in some heavy historical stuff. I was on the first wave of both attacks that put armies on the ground that got rid of Hitler in Licata in Sicily and in Normandy in France, I was on the first wave in both. I went in in a small boat with relatively few other people before there were soldiers on the beach ahead of us even, or very few soldiers ahead of us.

DJL: Dr. Foley, let me ask you now about some of the developments that you saw in neurology during your career – some of the major things that you think were important. Milestones, if you will.

JMF: That's a hard one.

DJL: In your Presidential address in 1985, you listed some of them.²⁹ Maybe you can comment on how you see them now. You listed the development of phenytoin [Dilantin] by Merritt and Putnam, the treatment of the pyogenic meningitides, and the development of penicillin that was used for neurosyphilis.

²⁹ Foley JM. The beginning of it all. *Neurology* 1985;35:385-388

JMF: Yes. When I came into neurology in '61, oh earlier than that – I came into neurology in the '40s, there was no really good treatment for pyogenic meningitis, tuberculous meningitis was untreatable, neurosyphilis was treatable but only barely so. I saw that but I saw also the other very important thing was the increasing education of the American medical profession. The doctors in the United States became more neurologically literate and sophisticated and able to do things with the equipment and knowledge they had.

DJL: You listed some other areas, where you thought that therapy was lacking, that included, in addition to tuberculous meningitis, myasthenia and Parkinson's disease.

JMF: I think they've come under pretty good control.

DJL: So we've made some progress?

JMF: I think we have, yes, although there are still neurological problems that are a little too dense for us to solve.

DJL: For example?

JMF: Dementia. Alzheimers disease. We don't have any answer to that.

DJL: That was one of your major interests, was it not?

JMF: It was indeed. Yes. Not so much the biology of it as the management of it.

DJL: Can you speak to that? What was your philosophy about that?

JMF: That you took each individual patient individually, did the best you could for each individual patient, recognizing you weren't going to do the whole thing perfectly, but to do it anyhow. You'd concentrate on that individual patient and adjust both him and his environment so that he could live a better life.

DJL: I think that is a wonderful philosophy. I think actually from my experience with you as a resident, that was what you applied to patients in general.

JMF: I think so. I hope it was because, you know, when you're in neurology, you don't have easy answers to disease problems. You have to deal with the fact of the disease itself without being able to eliminate it.

DJL: Yes, indeed. And you've written about this too, even with Mark Clarfield in 1993. You and he wrote a report on the American and Canadian consensus conferences on dementia.³⁰

JMF: Did I really? I'd forgotten that.

DJL: Let me give you a quote from that. You said there – and you told me this even when we were on rounds together – you said then, “As with other serious chronic diseases, the physician must never simply diagnose and inform that nothing more can be done. Even when the dementia is neither arrestable nor reversible, it is still possible to guide the family and aid the patient. There are still many incurable diseases; there are no untreatable patients.”

JMF: That's a great line. Write that down. [laughs]

DJL: OK. I got it, but you told me that on rounds too. That was actually the philosophy you presented on a regular basis. Is there anything else you want to tell us?

JMF: I didn't know much about treatment. [laughs]

DJL: I don't know that anybody does, but it is still important to deal with the patient as a person.

³⁰ Clarfield, A.M., Foley, J.M. The American and Canadian Consensus conferences in dementia. Is there consensus? *JAGS* 1993, 41:83-86.

JMF: I think what you read is very, very good. I'm glad I wrote it.

DJL: I'm glad you wrote it too because I found it valuable. You also said something similar in your Presidential Address in 1985 in regards to polio. You called it a "most cruel and previously unpreventable condition" but you said, "incurable but not untreatable disease at the time."

JMF: Yes.

DJL: What I'm saying is that what you were expressing earlier is really how you approached many chronic neurological diseases.

JMF: Exactly right. If you are going to be a neurologist, you couldn't rejoice in the triumphalism of the quick fix. You had to be able to sweat it out patiently, and honestly deal with the patient's problem.

DJL: Your role as a mentor is also something many people have commented on and that you encouraged many trainees to go into academic leadership roles.

JMF: As Bob Joynt pointed out, our program spawned more chairs of neurology than any other group before or since.

DJL: Why do you think that's so critical?

JMF: Because I'm so smart and good looking. [laughs]

DJL: That works for me.

JMF: I don't know. I think I had good people around me. I think we had a good environment. I think we had a university and a hospital that were supportive. All these things.

DJL: Let's look forward. What do you see as the future of neurology?

JMF: I think it's going to continue. I suspect there will be all kinds of great scientific advances, particularly say, in the management of epilepsy and the management of some of the degenerative diseases of the nervous system, particularly Alzheimers disease. I think there will be future therapeutic triumphs there.

DJL: What do you see the role of the neurologist being in the future?

JMF: Just that. Bringing to bear to the individual patient those talents that have been developed over the years.

DJL: Do you see it more as a treatment specialty or a diagnostic specialty or a mix?

JMF: Both. I think it is a mix. I think saying it's a diagnostic specialty means not only that you put a name on it, it means that you deal with the effect of the disease and the environment upon the patient and upon all those around him.

DJL: I think that's exactly what you have done.

JMF: I hope so.

DJL: Do you think that concept of neurology's role as both a diagnostic and a treatment specialty has changed from the way it was, say, fifty or a hundred years ago to where it is now and where it's going?

JMF: I think the big difference, of course, is the amount of treatment measures available. I think otherwise it has not substantially changed.

DJL: Fair enough. What do you think are the biggest challenges for the people who are training in neurology now?

JMF: I think spreading their interests and their talents to the people who need them and educating the rest of the medical profession about the need to take care of such.

DJL: If you were going to give advice to someone contemplating neurology now, what kind of advice might you give them?

JMF: Study the nervous system. Study the nervous system. Study the people who are affected by nervous disease. But study the nervous system especially.

DJL: If they were seeking out a mentor, what type of mentor might you recommend? What characteristics should they look for if they want to develop their own career in neurology?

JMF: Someone who is willing to put up with the incompleteness of neurological treatment. Somebody who still will persevere despite the absence of effective specific treatment.

DJL: In your view, Dr. Foley, we've kind of touched on this, but in your view, what are the characteristics of a good doctor?

JMF: First, somebody who knows his trade, who knows the subject and what it's about. Secondly, a willingness to work at it. Thirdly, a willingness to make sacrifices in terms of time, energy, and all the rest in order to make life better for his patients.

DJL: Someone who can bring skills and dedication to bear on helping the person in front of them.

JMF: Right. Exactly.

DJL: You've always adopted a very patient-centric approach. I remember our rounds together. I would try and get away without doing a social history and you never let me get away with it.

JMF: Oh how I used to love persecuting house officers.

DJL: I didn't view it as such, but I do remember being somewhat mortified in a case. Let me tell you a story, Dr. Foley. We were on rounds and I was the chief resident. I was trying to cut whatever time corners I could because we were so very busy with dozens of consults. So I was skipping the social history because I thought that was the least thing I had to worry about. I presented a patient to you that we were treating for neurosyphilis. I just mentioned in passing – while we were in the hall discussing the patient with all the other house staff and students – I mentioned that the patient was missing one of his eyes. Well, you stopped me right in my tracks and said, "Doug, why is he missing the eye?" I admitted I didn't know because I figured that was an old problem and not relevant to the current issue. You stopped me right there and we all marched in, the whole group of us. There probably were ten people in the group. We marched in to the patient's room and you said, "Sir, I noticed you are missing one of your eyes. How did that happen?" He said to you, "One of me girls did it to me." You said, "One of your girls?" He said, "Yeah, I'm a pimp." [laughter] So here I was treating a man for neurosyphilis, but because I skipped the social history, I was unaware of his occupation and why he was missing the eye and all of the rest. I can tell you honestly, Dr. Foley, that ever since that embarrassing moment as the chief resident, I have not ever skipped the social history since.

JMF: And you've asked every patient, "Have you ever been a pimp?"

DJL: No, I haven't done that. But I can tell you that I appreciated learning that lesson early. It was a true experience to see how you kept the patient at the center, and not the disease at the center, of your focus.

BWS: That's part of the ethics, is it not?.

JMF: I think it is. Right.

DJL: You've had a number of health issues as well.

JMF: I've had five cancers. I've had a replaced aortic valve. I have my visual problem.³¹ I'm a little unsteady.

BWS: You've talked a little bit about your religion.

DJL: Before we do that I want to finish this thought about the health business. Some of my colleagues that trained with you as well – Henry Kaminsky and Steve Reich – I communicated with them and they shared their stories with me of their experiences. Both think extraordinarily highly of their time with you and they admire your humanistic approach to patient care very much.

JMF: I think it is not only me, but the people around me. The people who were with me, I think we had a unit that behaved appropriately.

DJL: I agree. But given your own health issues, do you think that's influenced your views on health, aging, or disability?

JMF: Yes, no question.

DJL: How so?

JMF: Made me more understanding of what other people are going through. Made me more optimistic about most diseases.

DJL: You've even had trouble in your own family with health issues.

JMF: Right.

DJL: Do you think that impacted on how you –

³¹ Age-related macular degeneration

JMF: Oh very much so.

DJL: Can you tell me how?

JMF: When you lose two out of six kids, it's too many. I still miss my daughter, Susan. Joe has been gone so long it's hard to miss him. He was a problem for a long time.

DJL: He was seriously hurt [bicycle accident as a child].

JMF: That's right. Yes.

DJL: Have your experiences with your family and yourself influenced your thoughts about how health care is being practiced or should be practiced?

JMF: Not especially.

DJL: No?

JMF: I don't give that much thought these days.

DJL: Fair enough.

BWS: You've talked a little bit about your religion. Is there any factor that played a role in how you developed patient ethics or approached a patient?

JMF: I've been a person devoted to religion all my life. I see in my religion a basis for loving all other people. I think this is what my religion does for me. It teaches me to love other people – even though they may be objectionable here and there .

BWS: We've talked about how and where you developed that sense of patient care and ethics. We talked about that a little bit. Is there anything else you want to add?

JMF: I don't think I do. In fact, I'm getting tired. Wonderful to have you here.

DJL: Thank you, Dr. Foley. It's been an honor. It's been a great experience having a chance to talk with you.

JMF: Thank you. Wonderful to be part of this.

DJL: There are some other topics we might want to cover.

JMF: Come on back.

DJL: Could we talk on the phone possibly?

JMF: Wonderful.

DJL: There are just a few little things.

JMF: Come by any time. Wonderful to have you.

DJL: Thank you, Dr. Foley.

BWS: Thank you.

Total interview time: 141.73 minutes/2.36 hours

PHOTO PAGES



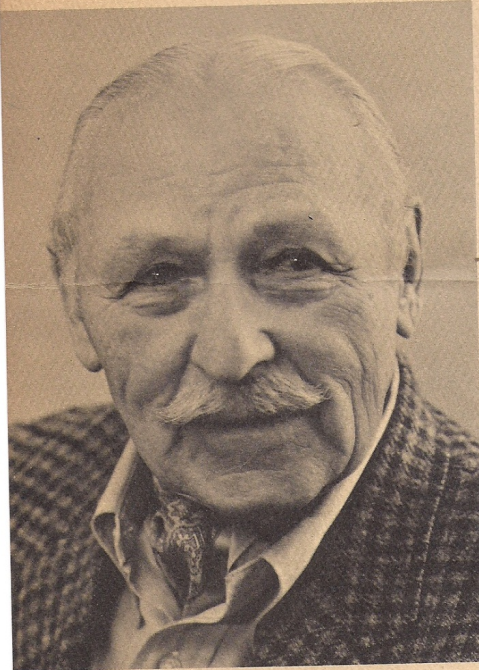
Dr. Joseph M. Foley, December 8, 2011, AAN interview



Dr. Joseph M. Foley and Dr. Douglas Lanska, December 8, 2011, AAN interview



Drawing, Joseph M. Foley MD, above, made on behalf of the American Academy of Neurology, when Dr. Foley was President, and information about the artist



THE ARTIST

August Kaiser, who was commissioned by the publishers of *Neurology* to do this portrait, has had a long and distinguished career in the fine arts and commercial illustration. He is one of America's foremost portrait painters, particularly of physicians and medical scientists. Many of his portraits have appeared on the cover of *Modern Medicine*. For years he has done the portraits of the winners of the *Modern Medicine Awards*.

His clients in the commercial field include such well-known companies as Pillsbury, General Mills, and 3M. He is a member of the Society of Illustrators, and of the Authors' and Artists' League.

Born in Germany, he attended the Academy of Fine Arts in Munich. He continued his studies in the United States at the Artists' League in New York City. His interests cover every graphic technique. He studied painting under John Sloan, etching under Joseph Pennell, and poster design under Joseph Binder. Throughout his life study trips to Europe have added to his professional competence.

Mr. Kaiser lives in Sante Fé where he is doing paintings of the New Mexican Indians and the colorful Southwest landscape.

Two photos of Joseph M. Foley MD. These were taken in 1949 for advertising for Dr. Foley's lecture of "Muscular phenomena in poliomyelitis" at Boston City Hospital on November 30, 1949 to the Louis Pasteur Society of Tufts College Medical School.



Joseph Michael Foley, A.B., M.D., F.A.A.N.
Curriculum Vitae and Bibliography¹

Born: March 9, 1916, Dorchester, Massachusetts

Parents

Michael Foley b. 4-20-1868, Castlelyons, County Cork, Ireland

Hannah Theresa Sullivan b. 8-15-1878, Kilcummin, County Kerry, Ireland

Marital Status: Widowed (Married in 1944 to Alice Marie Corcoran)

Children: Susan, Joseph, Celia, Stephen, Martha, George

Education

1921-1927 St. Margaret's Parochial School, Dorchester, Mass.

1927-1933 Public Latin School, Boston, Mass.

College of the Holy Cross, Worcester, MA: A.B. (magna cum laude) 1937

Harvard Medical School: M.D. (cum laude) 1941

John Ware Memorial Research Fellow (1939-1941)

Harmon Scholar (1939-1941)

Internship and Residency

1941-1943 First (Columbia) Division, Bellevue Hospital, New York City

1945-1946 Psychiatry and Neurology, U. S. Naval Hospital, Philadelphia

1946-1948 Rockefeller Research Assistant, Neurological Unit, Boston City Hospital

Specialty Board Certification

American Board of Psychiatry and Neurology (Neurology) - 1948

U.S. Military Service Record

Active duty, Medical Corps, USNR Jan.1943-June1946

Second Beach Battalion (MBS, ETO)² Feb. 1943-Aug. 1944

Bronze Star (Normandy) June 1944

Croix de Guerre June 1944

¹ Edited by Douglas Lanska, MD, MS, MSPH, FAAN

² MBS: Mediterranean Base Section; ETO: European Theater of Operations

Amphibious Training Base, Oceanside, CA	Aug. 1944-Feb. 1945
U.S. Naval Hospital, Philadelphia (Neurology and Psychiatry)	Feb. 1945-Apr. 1946
U.S. Air Force Consultant to the Surgeon-General	1960-1964

University Appointments

Harvard Medical School

1946-1948	Rockefeller Research Assistant
1948-1951	Instructor in Neurology
1951-1959	Assistant Professor of Neurology

Boston University School of Medicine

1948-1951	Assistant Professor of Neurology
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Seton Hall College of Medicine and Dentistry

1959-1961	Professor of Neurology
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(Case) Western Reserve University

1961-1986	Professor of Neurology
1986-	Professor Emeritus

Hospital Appointments

1948-1951	Massachusetts Memorial Hospitals Associate Visiting Physician,
1948-1951	Boston City Hospital Junior Visiting Neurologist
1951-1955	Assistant Visiting Neurologist
1955-1959	Visiting Physician for Neurology
1951-1959	Mallory Institute of Pathology Neuro-pathologist
1953-1959	Faulkner Hospital, Jamaica Plain, MA Consultant in Neurology
1951-1959	St. Elizabeth Hospital, Brighton, MA Consultant in Neurology

1948-1959	Holy Ghost Hospital for Incurables, Cambridge, MA Consultant in Neurology
1954-1959	Veterans Affairs Medical Center, West Roxbury, MA Consultant in Neurology
1960-1961	Berthold S. Pollak Hospital, Jersey City, NJ Consultant in Neurology
1959-1961	Jersey City Medical Center, Jersey City, NJ Director, Division of Neurology
1961-1980	University Hospitals of Cleveland Director, Division of Neurology
1980-1992	Associate Neurologist
1981-1992	Neurologist, Geriatric Ambulatory Assessment Unit (Renamed the Joseph M. Foley Elderhealth Center, 1987)
1992-	Honorary Staff
1961-1992	Veterans Affairs Medical Center, Cleveland, Ohio Consultant in Neurology
1961-1992	Cuyahoga County Hospitals, Cleveland, Ohio Visiting Associate Neurologist
1978-1992	Heather Hill Nursing Home and Rehabilitation Hospital, Cleveland, Ohio Consultant
1965-1992	Margaret Wagner House, Cleveland, Ohio Attending Staff

Professional Societies – National & International

1949-1990	American Academy of Neurology
1957-1959	Secretary
1959-1961	Vice-President
1961-1963	President-Elect
1963-1965	President
1965-1967	Past-President (Council Member)
	American Neurological Association
1952-1983	Active Member
1974-1975	President
1983-	Honorary Member
	American Board of Psychiatry and Neurology
1954-1969	Assistant Examiner

- 1961-1966 American Medical Association
Residency Review Panel For Psychiatry and Neurology
- 1967-1977 World Federation of Neurology Research group on Problems of Multiple Sclerosis and Other Demyelinating Diseases
- 1970-1975 Chairman, Medical Advisory Board, National Multiple Sclerosis Society
- 1976 President, Catholic Commission for Intellectual and Cultural Affairs

Governmental Organizations – National & International

- 1958-1962 U.S. Air Force, National Consultant, Neurology
- 1977-1978 Chairman, National Committee for Research in Neurological & Communicative Disorders
- NIH-National Institute for Neurological Diseases and Stroke
- 1959-1964 Consultant, Neurological Science Research Training
- 1960-1964 Chairman, Neurological Science Research Training Committee A
- 1960-1984 Associate Chairman, Committee B
- 1964-1967 Evaluation of Therapy in Multiple Sclerosis
- 1968-1970 Study Section, Research on Cerebral Vascular Diseases
- 1973 Multiple Sclerosis Ad Hoc Working Group on Clinical Studies
- 1976 Neurological Disorders Program Ad Hoc Working Group
- U.S. Public Health Service
- 1964-1967 Advisor, Bureau of State Services, Neurological and Sensory Disease Program
- 1973-1975 Consultant, FDA Bureau of Drugs Neuropharmacology Advisory, ,
- NIH-National Institute on Aging
- 1986 Chairman, Alzheimer's Disease Patient Registry, Ad Hoc Review
- 1989-1991 Chairman, Alzheimer's Disease Education and Referral (ADEAR) Oversight
- 1986-1987 Chairman, Consensus Development Conference on Differential Diagnosis of Dementing Diseases
- 1989-1992 Chairman, Policy and Advisory, Health and Aging Study, Department of Health and Social Welfare of Canada

Selected Honors

- 1962 Letare Medal, St. Luke's Guild, Boston
- 1962 Honorary Doctorate of Science, College of the Holy Cross
- 1967 Alpha Omega Alpha

- 1975 Bronze Hope Chest Award, National Multiple Sclerosis Society
- 1982 Kaiser-Permanente Award for Teaching Excellence in Clinical Education,
Case Western Reserve University
- 1982 Establishment of the Foley-Nulsen Library for Neurology and Neurosurgery,
University Hospitals of Cleveland
- 1983 Ursula Laurus Award, Ursuline College
- 1983 Establishment of the Joseph M. Foley Scholarship, Ursuline College
- 1984 First Recipient of the Dr. Arnold L. Heller Memorial Award, Menorah Park
- 1986 Foley Scientific Symposium and Celebration, Case Western Reserve University,
University Hospitals, and Cleveland Clinic Foundation
- 1986 Establishment of the Annual Joseph M. Foley Lectureship and Fellowship,
Cleveland Chapter, Alzheimer's Disease and Related Disorders Association
- 1987 Establishment of the Joseph M. Foley Endowment Fund
(for financial assistance to medical students),
School of Medicine, Case Western Reserve University
- 1987 Commencement Address, Class of 1987, Case Western Reserve University
School of Medicine
- 1987 Distinguished Membership Award, Cleveland Academy of Medicine
- 1987 Establishment of the Joseph M. Foley Elderhealth Center,
University Hospitals of Cleveland
- 1990 Saltzman Award, Mt. Sinai Medical Center
- 1993 Golden Age Centers Award in Gerontology
- 1997 Distinguished Service Award, Greater Cleveland Hospital Association
- 1997 Cleveland Medical Hall of Fame
- 1998 Dorothy Craig Award, Golden Age Centers
- 2001 Irish-American Archives Society Award
- 2001 Diocese of Cleveland Peace and Justice Award,
Catholic Commission on Community Action

Lectureships

First John F. Sullivan Memorial Lecture, Tufts-New England Medical Center

- 1977 First Guy Williams Memorial Lecture, Cleveland Clinic Foundation
- 1984 First Presidential Honorary Lecture, American Academy of Neurology
- 1986 Joseph Greenberg Memorial Lecture, Ottawa, Ontario, Canada
- 1991 George G. Wright Lecture, St. Francis Hospital, Pittsburgh
- 1991 First Alexander Silberman Lecture. Dedication of the Silberman Center, Crozer-Chester Medical Center, Chester, Pa.
- 1977 Chester Jablonoski Lecture, Marymount Hospital
- 1988 Derek E. Denny-Brown Lecture, Harvard Medical School
- 1990 Wilder Penfield Lecture, Montreal Neurological Institute
- 1996 Joseph M Foley Lectureship, Cleveland Chapter of the Alzheimer's Association

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³ Feldman RG, Kelly-Hayes M, Conomy JP, Foley JM: Baclofen for spasticity in multiple sclerosis: double-blind crossover and three year study. *Neurology* 1978; 28: 1094-1098. ["Published without my knowledge or permission; I had nothing to do with the preparation of the paper; ergo, I disown it"]

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APPENDIX:

**Interview with Joseph M. Foley, MD
American Academy of Neurology**

August 28, 2008

**Interview with Joseph M. Foley, MD
Former Chair, Division of Neurology,
Case Western University Medical School, and
Past President of the American Academy of Neurology
and the American Neurological Association**

**Telephone Interview for
Leading the Way for 60 Years: 2007 Annual Report
August 28, 2008**

**Tim Streeter, Interviewer
Barbara Sommer, Transcriptionist
Douglas J. Lanska, MD, MS, MSPH, FAAN, Editor**

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Joseph M. Foley: JMF

Tim Streeter: TS

TS: [Track One] Dr. Foley, this is Tim Streeter at the American Academy of Neurology. How are you today?

JMF: It's that time of year, isn't it?

TS: I'm going to put you on the speakerphone if that's OK because I want to record our conversation because I can never write as fast as I want to. Can you hear me?

JMF: I can.

TS: OK, great.

JMF: I do have hearing problems, but I've got my hearing aids in. Every so often they behave badly, but we'll see.

TS: I wanted to talk to you about your time with the Academy, particularly your time as a Board member and as President. That goes back to 1963, doesn't it?

JMF: Well, it goes before that really. When the Academy was founded in the late '40s, I was still in Boston. In Boston, at the time, the enthusiasm for the Academy was, shall I say, muted. The Bostonians in neurology were a – if I do say, and I include myself among them – were a very arrogant group. We were reluctant to back anything new that came out of the inferior Midwest. I was probably – you know as I look back at it – I was probably less hostile than many of my colleagues in Boston who were in a high position. The people who were in authority in Boston at the time, at Harvard and elsewhere – Harvard especially – were quite hostile to the notion of another organization besides the American Neurological Association [ANA] – which

was, of course, a very elite group. They thought – I think the Bostonians thought – that there would be too much competition with the ANA and whatnot. I went to the meetings, I guess, not the first, but after a while I went to some of the meetings. Then they asked me to put on – or be in charge of – the arrangements committee for the Boston meeting which was to be in '57. I had two connections in the Academy. One was Frank [Francis M.] Forster [1912-2006],¹ whom I had known as a medical student and who later I became quite familiar with when I was in the Navy based in Philadelphia. He was very kind to me when he was on the faculty at Jefferson [Thomas Jefferson University Hospitals] in Philadelphia. That was toward the end of World War II. The other connection I had was Pearce Bailey [1902-1976].² Both these guys were Presidents of the Academy early on.³

TS: Right.

JMF: Pearce Bailey and I had been together at the Naval Hospital in Philadelphia. I had been overseas and then came back and was assigned to the Philadelphia Naval Hospital where I worked very closely with Pearce Bailey. These two guys had an influence on me and they – through them I spent some time with the Academy. And then, as I say, when the '57 meeting in Boston came on, they asked me to take charge of the arrangements. In the course of so doing, I was able to convert some of the Bostonians who had been hostile – in particular, [Derek] Denny-Brown [1901-1981] – who then became very cooperative.⁴ When I decided to make all the

¹ See: (1) Cajigal S. Dr. Francis M. Forster, founding father of AAN, dies. *Neurology Today* 2006;6(6):4 [<http://journals.lww.com/neurotodayonline/toc/2006/03210>]; (2) Gutmann L, Bennett D, Chun R. Francis Michael Forster, M.D.: A birthday tribute. *Neurology* 1982; 32, 191; (3) Gutmann L. Francis M. Forster, MD (1912-2006). *Neurology* 2006; 66, 1809-1810; (4) Lanska DJ. The founding of the American Academy of Neurology. *AAN News* 2008; 21(1), 14-15 [<http://www.aan.com/globals/axon/assets/3796.pdf>].

² See: (1) Anonymous. Pearce Bailey, M.D. 1902-1976. *Am J Ophthalmol* 1976;82:510-511; (2) Dudley R. Obituary. Pearce Bailey 1902-1976. *Surg Neurol* 1976;6:81; (3) van Bogaert L. Pearce Bailey (1902-1976). *J Neurol Sci* 1976;30:421-422.

³ Pearce Bailey Jr. was AAN President from 1951-1953, and Francis Forster was AAN President from 1957-1959.

⁴ See: (1) Foley JM: Obituary: Derek Ernest Denny-Brown. 1901-1981. *Ann Neurol* 1981; 11: 413-419; (2) Foley JM: Derek Ernest Denny-Brown. In: Denny-Brown D, Rose AS, Sahs AL

arrangements, Denny-Brown became especially cooperative. Prior to that the Boston group [begin Track 2] had been – Paul Yakovlev [1894-1983] had been very close to the Academy from the beginning in Boston.⁵ He and I were pretty close also. As a result of the arrangements business in Boston, I was made Secretary, I believe. You’ll have to look that up. But I’m almost certain – you know, this is a long time ago.

TS: Sure.

JMF: But I think I became the Secretary of the Academy – maybe in ’57. Can you check that?⁶

TS: I can check that. Sure.

JMF: Then after being Secretary, I don’t know if there was an interval, but I think I became President-elect in ’61 and then President in ’63 to ’65.⁷

TS: Right.

JMF: In those days, we were not very well developed. I used to go to the meetings and I would be absolutely furious after a meeting. The meetings were run in a sort of highly democratic fashion with everybody speaking at once. All kinds of suggestions being thrown out. The

(eds) Centennial Volume of the American Neurological Association. Springer, New York, 1975, pp. 301-308; (3) Lanska DJ. Historical perspective: Neurological insights and advances from studies of war-related injuries and illnesses. *Ann Neurol* 2009;66:444-459; (4) Vilensky JA, Gilman S, Dec EM. The Denny-Brown collection: a research and teaching resource. *Ann Neurol*. 1994;36, 247-251; (5) Vilensky JA, Gilman S, Sinish PR. Denny-Brown, Boston City Hospital, and the history of American neurology. *Perspect Biol Med*. 2004;47:505-518.

⁵ See: (1) Lauren R. Paul Yakovlev remembered: An interview with Maurice Victor. *Can J Neurol Sci* 2009;36:311-314; (2) Lecours A-R. Paul Ivan Yakovlev and his teachings on cerebral maturation and asymmetries. *J Neurolinguistics* 1989;4:273-292.

⁶ Joseph Foley was AAN Secretary from 1957-1959.

⁷ Joseph Foley was AAN Vice-President from 1959-1961, President-Elect from 1961-1963, and President from 1963-1965.

overwhelming power in the group was Abe [B. (Bert)] Baker [1908-1988], who had founded it and was the first President – and in many ways the genius behind it all.⁸

TS: Sure.

JMF: Most of us, as we went along, would defer to Abe Baker after some argument. But my major accomplishment, I think, when I took it over, was to make the meetings organized. I insisted upon an agenda. I insisted on one person talking at a time. I insisted that people stick to the points and had no compunctions whatever about telling somebody to sit down because he was making an ass of himself. I think that was my major contribution. I think I got the meetings into a kind of organized, effective way of communication. The President coming up behind me was a wonderful fellow – Richard [Penrose] Schmidt [1921-2008]. I don't know what happened to Dick Schmidt. He had been the chief in Florida, at Gainesville.⁹

⁸ Abraham Bert Baker was the founding AAN President from 1948-1951. See: (1) Cohen MM. A. B. Baker, 1908-1988. *Ann Neurol.* 1988;24, 285-286; (2) Cohen MM. Presidents of the American Academy of Neurology. In: *The American Academy of Neurology: The first 50 years: 1948-1998.* American Academy of Neurology, St. Paul, 1998:9-10; (3) Ettinger MG. In memoriam: Abraham Bert Baker. *Neurology* 1998;38, 513; (4) Lanska DJ. The founding of the American Academy of Neurology. *AAN News* 2008;21(1), 14-15 [<http://www.aan.com/globals/axon/assets/3796.pdf>]; (5) Lanska DJ. A.B. Baker: AAN visionary and catalyst for growth of American neurology. *AAN News* 2008;21(2), 12-13 [<http://www.aan.com/globals/axon/assets/3798.pdf>]; (6) Ledger K. A neurologist's legacy. How A.B. Baker helped make Minnesota a national player in neurology. *Minn Med.* 2010;93(5), 26-30, 50. Erratum in 93(6), 7; (7) Sahs AL. Abe Bert Baker. In: Denny-Brown D, Rose AS, Sahs AL. *Centennial anniversary volume of the American Neurological Association: 1875-1975.* Springer Publishing Co., New York, 1975:353-357; (8) Shapiro SK. A.B. Baker, M.D. *J. Lancet* 1967; 87, 105-108.

⁹ Richard Penrose Schmidt was appointed in 1958 as head of the Division of Neurology within the Department of Medicine at the University of Florida College of Medicine in Gainesville. In 1961, he was promoted to professor and head of the Department of Medicine, and in 1966 he was made associate dean. In 1970 he accepted the position of Dean of the College of Medicine and Vice President for Academic Affairs at S.U.N.Y. Upstate Medical Center in Syracuse, New York, where he was subsequently appointed as the third President in 1975. In 1984, he returned to Florida as Professor Emeritus at the University of Florida and Distinguished Physician in the Gainesville Veterans Administration Medical Center from in 1984. He retired in 1994. See: (1) Cohen MM. Presidents of the American Academy of Neurology. In: *The American*

TS: Actually Charles [Arthur] Kane [1917-1996] came right after you. Then Dick Schmidt.¹⁰

JMF: That's right. Charlie Kane. Charlie, of course, was a Bostonian.

TS: Oh, was he.

JMF: That's right. He, I think, Charlie and then, I think, it was Richard Schmidt.

TS: Right.

JMF: Charlie Kane was an interesting guy. He succeeded me also at Boston University when I left there. He was on our staff at Boston City Hospital with the group of neurologists we had there. I left Boston in '61 – or '59 rather when I went to New Jersey. And then in '61 I came to Cleveland. It was in '61, I guess, that I became President-elect of the Academy. I don't know what else to tell you, Tim, about what was going on at the time.

TS: One of my questions is what your biggest challenges were as President.

Academy of Neurology: The First 50 Years: 1948-1998. St. Paul, MN: The American Academy of Neurology, 1998; (2) Heilman KM, Greer M. Richard Penrose Schmidt, MD (1921-20008). *Neurology* 2008;71:576; (3) Proctpr S. Interview of Richard P. Schmidt January 16 and February 10, 1992. University of Florida Digital Collections <http://ufdc.ufl.edu/UF00006278/00001> Accessed 2-18-12.

¹⁰ Charles A. Kane was AAN President from 1965-1967, and Richard P. Schmidt was AAN President from 1967-1969. He and Joe Foley participated together in a number of publications, including several published clinical pathology conferences: (1) Kane CA, Foley JM. Clinical pathologic conference on fatal lead poisoning in infant. *Neurology*. 1953; 3: 68-73; (2) Kane CA, Foley JM. Clinical pathologic conference on cerebral hemorrhage due to vascular malformation. *Neurology* 1954; 4: 876-880; (3) Foley JM, Kane CA: Clinical pathologic conference (acute necrotizing hemorrhagic encephalopathy). *Neurology* 1957; 7:135-141; (4) Kane CA, Foley JM: Primary reticulum-cell sarcoma of the leptomeninges. *Arch Intern Med* 1958: 101: 333-338.

JFM: I missed that. I'm sorry.

TS: One of my questions was what your biggest challenges were when you became President. You said bringing order to the meetings.

JMF: Bringing order to the meetings and also repairing some of the interpersonal hostilities that had developed along the way. [Track Three] I was capable of doing that. I got people to work together, I think, pretty well.

TS: What, in your mind, makes a successful leader of an association like this?

JMF: I think first of all – somebody who can bring the organization to some kind of realistic work program. To get it to work effectively. Somebody who has the vision to imagine where the organization is going and what contribution the organization can make – both to the discipline and to society in general. Somebody who also can deal with the inevitable differences of opinion and action that are likely to arise in any effective organization.

TS: Can you tell me more about Dr. Baker? His leadership style and his personality.

JMF: Abe was something else again.

TS: Yes.

JMF: I don't know if you've seen pictures of him but he was a little guy.

TS: Right.

JMF: And he was chronically bitching about something.

TS: [laughs]

JMF: But on the other hand, while he bitched, he had a sense of mission. He had a sense that neurology should be more prominent in the medical community than it was. And I think he saw the future of neurology more clearly than most of the people did in those days. He came out of Minnesota – which, of course, was central to the United States. He had trained some very good people like – who am I thinking of – a fellow named Cohen who later became President.¹¹

TS: Maynard M. Cohen [1920-].

JMF: Maynard Cohen. And he had trained others. I think Joe [Joseph A.] Resch [1914-2009] was one of his.¹²

TS: Right.

JMF: He had trained a good many people with good reputations. He, himself – I had had, prior to my dealings with the Academy, I had conflicts with Abe in meetings where we disagreed on scientific things. We had some public confrontations, but we became good friends. He was persistent, by God, and he never let go once he got hold of an idea. He hung on to it and he would pursue it right to the end. Most of the ideas, fortunately, were very good in an organizational sense and I think he did have this enormous enthusiasm for the study of the nervous system. So it was only a matter of time in the organization before American neurology would take its place as European neurology had long before.

TS: Did his relationship with the publisher of the *Neurology* journal – did you get involved in that very much during your tenure as President?

JMF: I didn't. No. That was pretty much an arrangement between Russell [N.] DeJong [1907-1990],¹³ Abe Baker, and the publisher. I don't think I ever had anything to do with that. The

¹¹ Maynard Cohen was AAN President from 1981-1983.

¹² See: Kennedy WR. Joseph A. Resch, MD, FAAN (1914-2009). *Neurology* 2009;73:172.

person who might give you some information on that is the guy who succeeded me here in Cleveland – Robert Daroff [1936-].

TS: Yes, I've interviewed him.

JMF: You've interviewed Bob. Good. He is a wonderful guy.

TS: We just did a story about the journal for the May AAN *News*. Perhaps he can share it with you.¹⁴

JMF: [Track Four] I get it but with my eyesight, I am limited in what I can read.

TS: Did you work much with Dr. DeJong or Dr. [Adolph L.] Sahs [1906-1986]?¹⁵

JMF: I worked with them in the sense that, at the meetings, I did. And in the lead-ups to the meetings and whatnot, I did. And in formulating policy for the organization, I did. They were good colleagues. They were very good guys. Abe Baker was a very good guy also – it's just that you could depend on it, no matter what – even if you agreed totally with Abe – you knew there was going to be some contention along the way. He was a contentious type. I got very fond of him before the end, but in the early days, there were difficulties.

TS: Do you think the Academy would have even started without Joe Resch prodding Dr. Baker to start something?

¹³ Russell DeJong was the first editor of *Neurology*, from 1951-1976. See: (1) Baker AB. A tribute to Russell DeJong, founding Editor-in-Chief. *Neurology* 1977;27:1; (2) Currier RD. Russell N. DeJong. *Neurology* 1990;40:1809; (3) Gilman S. Russell N. De Jong, 1907-1990. *Ann Neurol* 1991;29:108-109.

¹⁴ [Streeter T.] Flashback: 60 years of the AAN: *Neurology* journal keeps professionals informed on latest research, treatments, and more. *AAN News* 2008;21(5):14-17 [<http://www.aan.com/globals/axon/assets/4028.pdf>].

¹⁵ See: Joynt RJ. Adolph L. Sahs, MD (1906-1986). *Arch Neurol* 1987;44:562.

JMF: That I didn't know about at all. I didn't know that part of it.

TS: It's interesting – I think I mentioned the other day when we talked that I interviewed Dr. Resch a couple of months ago. I was surprised that he was still living here in the Twin Cities. I spent about an hour with him and then he came over here in March when we had our staff celebration of the 60th anniversary.¹⁶

JMF: That I didn't know about. I didn't know what went on in Minneapolis. I came into it relatively late. The first meeting, I think, was '49, wasn't it?

TS: Right.

JMF: I probably didn't go to a meeting until '53 or '54. At the time, like a lot of people, I was just trying to catch up from World War II.

TS: Sure. What can you tell me about Pearce Bailey [Jr.]? He seems to have had a lot to do with the early years, especially with the [National] Institute of Neurologic Disorders and Blindness, as it was called at that time.

JMF: Pearce was an interesting guy. He was a New Yorker. I believe his father was a very important medical person.¹⁷

¹⁶ See: Anonymous. Dr. Resch Makes a House Call to the Academy. *AAN News* 2008;21(5):1,9 [<http://www.aan.com/globals/axon/assets/4028.pdf>]

¹⁷ Pearce Bailey (1865–1922) senior was a neurologist and psychiatrist, educated at Princeton and Columbia Universities. He graduated in medicine from the College of Physicians and Surgeons, New York City, in 1889, where he later became Chief of the Neurology Clinic and Adjunct Professor of Neurology. Bailey was President of the New York Neurological Society from 1903-1904. In 1909, with neurologists Joseph Collins (1866-1950) and Joseph Frankel (1867-1920) he founded the Neurological Institute of New York. Originally each of the three founders directed separate services, with Collins as chief of the First Division and chief executive officer of the Institute, Fraenkel as chief of the Second Division, and Bailey as chief of the Third Division. By 1911, however, disagreements over the management and distribution of

TS: Yes.

JMF: I've forgotten the details but I do know that Pearce's father was of some considerable importance. Pearce, himself, had been a psychiatrist. He had done – he had done psychoanalysis in Paris. Excuse me a minute, Tim.

TS: Sure.

JMF: He had done psychoanalysis in Paris before he went to medical school, but I'm not sure. I'm a little vague about that. I knew him first–. He had been in New York, not very long, and then got into the Navy. Still there?

TS: Yes.

JMF: He would up in the Navy as one of the few neurologists available at the time. He was assigned to the Philadelphia Naval Hospital where he was the only neurologist. I was assigned

fees from private patients led to a schism on the board, which resulted in the replacement of Fraenkel by Frederick Peterson (1859-1938). The Neurological Institute became formally affiliated with Columbia University in 1918. Bailey was President of the American Neurological Association in 1913. On the entry of the United States into World War I, Bailey was appointed chief of the division of neuropsychiatry in the United States Army with the rank of colonel. In his military role he focused on developing a system of “elimination of the unfit and of the reconstruction of the disabled, shell-shocked troops” for which he was awarded a Distinguished Service Medal. His major literary efforts comprised a translation of Eduard Golobievski's *Atlas and Epitome of Diseases Caused by Accidents* (1900) and a monograph, *Accident and Injury; Their Relations to Diseases of the Nervous System* (1898), which was later expanded into *Diseases of the Nervous System Resulting from Accident and Injury* (1909). At the time of his death, Dr. Bailey was chairman of the New York State Committee for Mental Defectives. See: (1) Anonymous. Dr. Pearce Bailey: An appreciation and resolutions adopted by the New York Neurological Society March 7, 1922. *J Nerv Ment Dis* 1922;56:38-40; (2) Dana CL. Pearce Bailey, M.D. *Arch Neurol Psychiatry* 1922;7:361-364 [<http://archneurpsyc.ama-assn.org/cgi/reprint/7/3/NP.pdf>]; (3) Riley HA. The Neurological Institute of New York: The first hospital in the Western hemisphere for the treatment of disorders of the nervous system: The intermediate years. *Bull NY Acad Med* 1966;42:654-678; (4) Bailey P Jr. Pearce Bailey: 1865-1922. In: Denny-Brown D, Rose AS, Sahs AL. Centennial Anniversary Volume of the American Neurological Association: 1875-1975. Springer Pub. Co., New York, 1975: 136-137..

there to do psychiatry but I really wanted to do neurology, so I got to see a good deal of him. I spent a large part of my time with Pearce in my fifteen months there. He was trained by [Robert] Foster Kennedy [1884-1952] – he was at Bellevue. I think it was after he came back from Paris. I think, you would have to check this. [Track Five] This is coming from a long, long way back, but I believe that his training was with Foster Kennedy at Bellevue. He had been in the Navy and he was a maneuverer in a sense like Abe Baker, but not as visible, not as obvious, a maneuverer as Abe. Pearce would do stuff going on behind the scenes. He was exerting influence behind the scenes. He headed to Washington [D.C.], I think, after he'd left the Navy. Or maybe he went directly from the Navy into the Public Health Service and then wound up as, I think, the first director of the NINDB [National Institute of Neurological Disease and Blindness at the National Institutes of Health].¹⁸

TS: Right.

JMF: I could be wrong, but I think it's true.

TS: He was the first one back in 1951. He was the first director.

¹⁸ Pearce Bailey Jr (1902-1976) was born in Charleston, SC, received his A.B. from Princeton (1924), an M.A. in psychology from Columbia University (1931), a Ph.D. in psychology from the Université Paris-Sorbonne (1933), and his M.D. from the Medical University of South Carolina (1941). He helped Austrian psychoanalyst Otto Rank (1884-1939) organize the Psychological Center in Paris. He was a resident at Bellevue Hospital in New York City from 1942-1944, where he worked under neurologist Robert Foster Kennedy (1884-1952). He was appointed Commander, MC, USNR, and serviced as Chief of the Neurology Service at the Philadelphia Naval Hospital (1944-1946). He then joined the Veterans Administration in Washington, D.C. (1946-1951) before being appointed as the first Director of the newly formed National Institute of Neurological and Communicative Disorders and Stroke (1951-1959). Subsequent roles included Director of the NINCDS International Neurological Research Program in Antwerp, Belgium (1959-1962), and Chief of the NINCDS Inter-American Activities program (1962-1971). Bailey retired in 1971. He served as President of the American Academy of Neurology (), President of the American League Against Epilepsy, Secretary-Treasurer General of the World Federation of Neurology, and an honorary member of medical societies in Argentina, Brazil, Peru, Uruguay, France, Germany, Greece, and Japan. He translated Georges Guillain's biography of Jean-Martin Charcot: *J.M. Charcot, 1825-1893: his life – his work* (1959).

JMF: I'm getting the other phone.

TS: I'm still here.

JMF: Speak a little louder. I wish I could be more definite but it is a long time ago.

TS: Sure. But he seemed to be a pretty capable and effective leader?

JMF: Yes and no. It was hard to know what Pearce was thinking at any given point. He tended to be laconic. He didn't extend his opinions very far. Even though I thought I knew him reasonably well, I never was quite clear about what he was getting at. He was influential, for sure, in terms of the organization. And he was influential in pulling together people. He made it very clear to me that I had no choice but to participate.

TS: [laughs] When you were President, what was the relationship or the status of practicing neurologists within the Academy? It seems that even though the Academy was founded to help -

JMF: Will you say that again? I missed it.

TS: How were practicing neurologists incorporated into the Academy?

JMF: I think once the Academy was established, practicing neurologists flocked to it right away. The [American] Neurological Association, as you know, was extremely elite. Only if you were in academia were you likely to get into it. And you were likely to be thought of as inferior. The Academy gave the practicing neurologist a place of his own. I think, as a result of this, a large number of them just flocked to it. It was something they had needed for many, many years.

TS: Right.

JMF: But, you see, there were so few neurologists in those days, Tim. When I came to Cleveland in 1961, there were only three neurologists in all of Ohio practicing full-time neurology.

TS: Really.

JMF: The rest of them were doing psychiatry or general medicine or something like that. What Abe Baker did, I think, was to give the guy who was at a lower level [than] the full professors – to give them an organization that they could associate with and be proud of.

TS: [Track Six] But it wasn't until 1983 when Nelson Richards became President. He was the first President who was just solely a practitioner, wasn't he?

JMF: He was, I think, at the Cleveland Clinic at the time. I think he was. I've forgotten what happened to Nelson. I have forgotten whether he left the clinic or not. I know he left the clinic, but under what circumstances, I've forgotten.

TS: I think he went to Virginia.¹⁹

JMF: Did he? But when he was President, I'm almost certain – oh dear, oh dear, dear – I'm almost certain – no, he wasn't still at the clinic. I think he had left. Yeah, I think he had left. I'll tell you who could tell you about [it] if you have no other way of checking. There's a guy in Cleveland named [John P. "Jack"] Conomy. Jack Conomy had been at the clinic and would know that situation pretty well.

TS: OK. I've just got a couple more questions.

JMF: A little louder, Tim.

¹⁹ Nelson G. Richards was AAN President from 1983-1985. He received his M.D. from the University of Virginia. He was at the Cleveland Clinic from 1958-1969 and then returned to Virginia where he established a neurologic practice and also was an attending neurologist at the McGuire Veterans Administration Hospital in Richmond.

TS: I just have a couple more questions.

JMF: Please do.

TS: When you were President, it was around that time that the Academy hired its first full-time staff person. Do you recall that?

JMF: I thought they had one before I went in.

TS: I think there was maybe a secretary but there might have been a part-time person.

JMF: There was a lady from Minnesota.

TS: There was a woman who was the widow of [J.(John) Charnley] McKinley [1891-1950], who was the chair before Baker at the U [of Minnesota].

JMF: That's right.

TS: But then Stan Nelson came in around 1966 or so, just after you.

JMF: I think he was after me.

TS: Was that talked about during your time as President? The need to have a more professional staff?

JMF: Oh, sure, yeah. The question was how we were going to pay for it because at the time, you know, we didn't have the financial resources they have now.

TS: We're doing pretty good right now. We've got about \$35 million in the reserve. Those are all the questions I have right now.

JMF: I wish I could be more help.

TS: This is wonderful.

JMF: Just keep in mind John Dusseau's observation.

TS: What was that?

JMF: "My once meritorious memory has become emeritus."

TS: [laughs] I appreciate your taking the time to talk to me.

JMF: Call me any time. If I have any further thoughts, I'll communicate with the Academy.

TS: Do you want my phone number.

JMF: Hold on just a moment. Tim, I tell you what – put it on my email, will you. [Email address omitted]. Put your address and your phone number on my email because visually I have too much problem.

TS: I'll do that. Thank you again so much.

JMF: Where are you from, Tim?

TS: I'm in St. Paul, Minnesota. I'm at the headquarters here.

JMF: How's your weather?

TS: We had snow the other morning.

JMF: My deep sympathy.

TS: [laughs] Yes.

JMF: All right. Good luck.

TS: Thanks again. Good bye.

TS: That was an interview on Monday, August 28, [2008] at approximately 3 o'clock PM to 3:30 PM with Joseph Foley who was President of the American Academy of Neurology from 1963 to 1965.

Note: Dr. Foley spoke from his home at 2869 Berkshire Road, Cleveland Heights Ohio.

APPENDIX: Dr. Joseph Foley: Mythbuster Profile Interview¹

Interviewer: Eileen Beal
October 2008

Benjamin Rose Institute on Aging
11900 Fairhill Road, Suite 300
Cleveland, Ohio 44120
216.791.8000
(fax) 216.373.1816

http://www.benrose.org/mythbusters/mb_foley.cfm

At 92, Dr. Joseph M. Foley is recognized around the world as a gifted and dedicated teacher who could reduce neurological complexities to understandable phenomena for perplexed students and colleagues; an innovative and groundbreaking researcher who, through his work, teaching and leadership, propelled the field of neurology into the 21st Century; and a concerned and compassionate physician. During a wide-ranging Saturday morning interview at his Cleveland Heights home – interrupted by visits from T.S. and Eliot, his cats – he shared his thoughts on growing up “Boston Irish,” his evolutionary path into neurology, and gaining the experience and “wisdom” that comes with age. (Note: Underlined information from Foley’s biography in *The American Neurological Association’s Centennial Anniversary Volume: 1875-1975*, p. xiv, Simon Horenstein, Springer Publishing Company, NY)

Call out: As one ages one acquires a certain amount of experience and background. Some call that wisdom. I’m not sure it is, but it definitely allows you to think things through, make decisions, put things in perspective. For instance, things you would get upset about years before no longer upset you; things that you think should be changed, but aren’t, you’ve learned how to live with.

¹ Permission was granted to Douglas Lanska MD on January 10, 2012 by the interviewer and by Jeanne Hoban, Marketing Manager, Benjamin Rose Institute on Aging to include this material as part of the collateral information on Dr. Foley. The “Mythbuster Profile Interviews” are conducted with the an intention of counteracting “the myths of aging.” The mission of the Benjamin Rose Institute on Aging is “To advance the health, independence and dignity of older adults.”

Call out: Too many people deny the onset and process of aging...The danger in doing that is that as they age they accept the limitations and infirmities that come with aging without trying to make changes and accommodations to compensate. In doing that, they give up living actively, they give up being involved.

When and where were you born?

I was born in Dorchester, Massachusetts, Dorchester being an internal suburb of Boston. I was born on March 9th, 1916, in the middle of a vicious snowstorm. My mother, all through life, resented that she had to go out in that snowstorm when I was born.

I was the only child of my father's second marriage. He had a son by a previous marriage. He was 14 years older than I and being raised by his aunts. Essentially, I was brought up as an 'only' child.

My father and mother were Irish immigrants. They had little education. My father worked as a garbage collector for the City of Boston. My mother was a stay-at-home wife, which was common in those days. [Chuckles] She was a woman of strong, and frequently expressed, opinions.

What was it like growing up in/around Boston in the '20s and '30s?

Interesting!

I think I was 6 or 7 when I discovered that I lived between two branch libraries—one at Andrew Square and one at Uphams Corner. From the time I found the libraries, I haunted them. The librarians were kind, giving me time and talking to me and giving me things to read. They really helped to educate me.

And the Church played a part, too. In the Irish immigrant culture the Church is a part of your life...[T]here was one priest in particular who played an important part in my life. His family 'adopted' me, and I'd go off for vacations all over New England in the summers with his nieces and nephews.

And at Boston [Public] Latin School there was a teacher [William Henry Marnell, who became a prolific writer] who was 20 working on his doctorate at Harvard. He was

a wonderful mentor. He'd take me with him to some of his classes at Harvard...[and] he'd have students to his house for discussions. He got us interested in music. He encouraged us to go to the museums. He introduced us to the in-town library at Copley Square. He started us on the road to a good, liberal education.

You keep mentioning how much 'education' you got in Boston. Was that important in your family.

Most definitely! Thought my parents were uneducated, they made it clear from the beginning that I was to get an education. In the first grade, in parochial school, I knew I was going to college.

Where the money would come from was an irrelevancy. And that was true for my classmates when I went on to Boston Public Latin School, where about half my classmates were Jewish and half of them were the children of immigrants from Russia, Poland, et al.

That's an attitude toward education that one would like to see repeated now.

What made you decide to become a doctor?

I ruptured my appendix the summer I was 14. I wound up in the hospital for surgery. I had a rough time getting over the surgery and John Seth, who'd operated on me, visited often. He'd sit and talk, telling me what medical school was like, what training was like, what he did in the course of his day.

[Laughs] But there was something else, too. In my adolescent fantasies, I think I was intrigued with the idea of being called 'doctor.'

But medicine wasn't a sure thing...At one point, I thought about going into social work. Franklin Roosevelt's New Deal needed a lot of social workers. And they were doing stunning work. That was inspirational.

And I thought briefly of the clergy. But I realized I'd have to be celibate for the rest of my life and there were too many good looking women around.

What made you decide on neurology as a specialty?

It was a gradual decision. I started off in college [Holy Cross College in Worcester, Mass.] thinking I'd do psychiatry. It was an interesting field and in my city [Boston] there wasn't a single Catholic psychiatrist. I thought about breaking that barrier.

But, as part of my interest in human behavior, I was also intrigued by the nervous system and the brain. When I went broke about halfway through my second year at Harvard Medical School, I got a scholarship-fellowship. It guaranteed my subsequent education, but required that I do some research, which meant that I had to find some research.

I knew Dr. Leo Alexander, a neuropathologist, because he was doing work that I found interesting and important. I latched on to him and wound up in his laboratory at the Mallory Institute of Pathology studying the hypothalamus* for 2 ½ years. I published some things out of that research. (Note: The hypothalamus is located in the brain. It regulates and coordinates many hormonal and behavioral activities.)

When I graduated from medical school in 1941, I pursue a hoped-for two-year internship at Bellevue [Hospital in New York City]. But instead, after 19 months, I went into the Navy.

Doctors weren't drafted, they were sworn in. In November of '42 I was sworn in; in February of '43 I went on active duty.

For so many people, WWII was a life-altering experience. Did your service during the war alter your life? If so, how?

I went overseas in 1944 and was in Europe for a year and a half. I worked with the combat engineers, the first people who landed when there was an invasion.

I participated in four invasions: Normandy (June/1944) and three in the Mediterranean. I and my 8 corpsmen would go in just behind the combat engineers and take care of the casualties as best we could and get them on small boats and back out to the ships for care.

When I came back from Europe I was sent to a base on the West Coast from which people were being sent to the Pacific. They told me I was the Venereal Disease

Control Officer, an honor I rejected out of hand. I reasoned that there had to be a lot of very nervous people at the base and that I'd could do their psychiatric work for them. The commanding officer was a reasonable guy. He said "OK, you can do the psychiatry, but you are in charge of the infectious diseases, too."

While doing that I applied for the Navy's training programs in neurology and psychiatry. They were 90-day-wonder courses that turned out psychiatrists and neurologists. In February of 1945, I went to Philadelphia to do the psychiatry and neurology programs.

My interest in anatomy made me valuable there so they kept me on...working with some of the best people in the nation in pathology and psychiatry. One of the men I worked with was one of the founders of the American Academy of Neurology.

The 15 months in Philadelphia – a gift from Uncle Sam – was excellent training and experience.

When I went into the navy, my interest was in behavior [i.e. psychiatry]. The events that transpired while I was in the navy conspired to make me a neurologist.

And you know, there's hardly a day that goes by that I don't think about something that's related to my wartime experiences.

You received the US Bronze Star and the French Croix de Guerre. What were they for?

I got them both for the D Day Invasion in June of 1944. We were with the first unit that went ashore. We 'made' the beach ready for the invasion. (Note: Croix de Guerre is either with/without caps; I choose caps.)

When and how did you meet your wife (Alice Marie Corcoran)?

I'd known her since she was a junior in high school and I was a freshman in college. We met on one of the coldest nights Boston has ever recorded – 27 degrees below zero – and her attitude the night we met was comparable. Over the next 11 years we were in and out of a relationship.

When I arrived back in New York City, August 2nd, 1944, I'd been traveling – on trains and a troop ship – for about three weeks. The first thing I did was get a suite at the

Westbury Hotel – with the other doctors I’d traveled with – and order drinks and take a shower.

I knew Allie was in New York City, so the second thing I did was track her down: she was living with her roommate from college. I told her roommate to tell Allie that I’d come over that night if she was free. Her roommate didn’t tell Allie it was me; she just told her that some guy was coming over.

When I banged on the door and she opened it I said “Let’s get married, babe,” and three weeks later we did. We were married for 59 years when she died in 2003.

She’d trained as an industrial psychologist, but never worked at it. [Laughs] That’s not to say she didn’t work; she raised our six kids.

What brought you to Cleveland in 1961?

I’d been at the newly founded Seaton Hall College of Medicine and Dentistry in New Jersey for two years when they [Western Reserve University and University Hospitals] approached me about a position [Director of Division of Neurology]. They had a good reputation and were putting together a clinical-basic science group focused on the nervous system. When I looked at what they were hoping to do, I wanted to be part of it...[because] this was a chance to develop a big program in an effective university with good leadership at the time.

...It wasn’t just me that came. Marcus Singer [a renowned anatomist who set up CWRU’s Developmental Biology Center] brought in a flock of people and I brought seven clinical neurologists with me and we set up a combined division to study the nervous system.

What got you professionally and personally interested in aging?

I became interested in aging because of the research I was doing on diseases that are prominent in old age, particularly dementia and the movement disorders of old age. These are diseases that command attention [because of their prevalence and impact].

That research – and the fact that there was a large group of patients who were, in effect, being ignored – was why [Dr. Amasa B.] “Buzz” Ford and I started University Hospitals’ geriatric assessment center some years ago.

We opened the ‘unit’ then because doctors needed a place where they could refer patients with dementias and other behavioral disorders. [Laughs] We had to move it three times, and each time we moved the facilities got bigger and better. (Note: The Center for the Assessment and Care of the Aging opened in 1981. In 1987 it was renamed the Joseph M. Foley ElderHealth Center.)

Throughout your life you have been an active volunteer. As an extremely busy physician, researcher, instructor, administrator, nationally recognized consultant and parent (you and your wife Alice had six children), how did you find the time to do all that volunteering?

I don’t know. I’ve always been conspicuous. I’ve always been able to give a good public speech. Rightly or wrongly, people were impressed when I’d do a public presentation.

Maybe it’s that I had varying degrees of relationships [with organizations and groups] and maybe it’s that I got ‘in’ early. I was one of the founders of the Catholic Ministry of Health Care Professionals; I was one of the founders of the Cleveland-area’s Alzheimer’s Association.

...With regard to [volunteer efforts in] neurology, the whole field was not well developed and there was a need for leadership, both at the national and local levels. We [early leaders] were somewhat mission-driven and had idealistic reasons for what we were doing, but we had professional reasons, too...It was obvious that for the future of the care of the population and the future of the profession that there had to be leadership.

You know, when you live a professional life and you are busy with teaching and research and organizational stuff, there is always a conflict with the care of your family. I was fortunate that I had a wife who was tolerant and supportive. And children, too...thought only one, Mara [Martha] has gone into medicine. She’s a nurse practitioner.

You are 92 (as of March 9), fit and active. What are you doing to stay in such good shape?

I’m trim, yes, but I’m still too fat.

I've always eaten reasonably well. I've always engaged in exercise. Right now I have a three wheeler that I ride, but only on the sidewalks.

But I'm not sure I'm all that fit. I had a stroke in '82—thought three months later I was climbing hills in Greece. I've had five bouts of cancer. I've had a heart valve replaced. I've got macular degeneration and gave up driving in 1999. Now I can read only with a reading machine and I'm heavy into talking books and music.

Probably the most important thing is that I'm adaptable...I've been able to adapt to the changes in my life.

But surviving to 92, that's a matter of good luck and good genes. My parents lived into their mid-80s.

I know people who are my age who never did a thing to promote good health and they are doing well. I know people who did everything they should have and are doing badly and shouldn't be. And I can't tell you why they aren't doing well as opposed to the others.

Where do you think the field of aging is headed? I ask you this because there is far more in the news today about 'anti-aging' than there is about aging successfully.

I don't know how to reply to that. I don't keep up with the literature in aging like I used to. That said, I think more attention should be given to the facts of aging – what aging does, what it doesn't do – and the limitations of aging and the opportunities of aging.

As one ages one acquires a certain amount of experience and background. Some call that wisdom. I'm not sure it is, but it definitely allows you to think things through, make decisions, put things in perspective. For instance, things you would get upset about years before no longer upset you; things that you think should be changed, but aren't, you've learned how to live with them.

How do you motivate people to age successfully, to take charge, to actively and consciously age?

I'm not sure I know the answer to that. Too many people deny the onset and process of aging.

Still, some people can be motivated by what they hear and some can be motivated by what they read. But that's only when they are aware – paying attention to what is happening physically and cognitively and socially – and too many people don't do that. They just let things happen.

The danger in doing that is that as they age they accept the limitations and infirmities that come with aging without trying to make changes and accommodations to compensate. In doing that, they give up living actively, they give up being involved and retreat from the rest of the human race.

You have had a long and productive—and personally rewarding—life. When you bow out, is there any one thing you want to be remembered for?

Yes. The people I trained, that I have had some influence on over the years...They are all over the world, and some of them have been succeeded by people that I also helped train.

But it wasn't just me or the department. They were good “seeds.”