

President Sasaki, fellows of the American Laryngological Association (ALA), members of the American Bronchoesophagological Association (ABEA) and European Laryngological Society (ELS), and guests, I am sincerely grateful to be the guest of honor for the 134th meeting of the ALA, and most particularly during the presidency of Dr. Clarence Sasaki. The ALA gathers here as it has done since 1878, to bring together the finest laryngologists in the United States, and at this extraordinary meeting with colleagues from the ABEA and the ELS, a first for us all. I do believe that this is a very appropriate occasion to reflect on the special history of the ALA and what it and its fellows have contributed to our specialty and to medicine on a global level.

Being a New Yorker, born and raised, sojourning in Boston for over 2 decades and now back to my roots, it seems best to look back at the origins of the ALA, and to the year 1873 when a group of New York physicians gathered at the home of Dr. Clinton Wagner to form the first society in the world devoted exclusive to the study of laryngology and rhinology. I find this of particular interest to me as I view myself as a rhinolaryngologist, and a past secretary and president of both the American Rhinologic Society and the ALA.

Dr. Wagner was born in Baltimore; his family were early settlers in Maryland. Dr. Wagner fought in the Civil War and saw action at Gettysburg and Little Round Top, one of the fiercest and most critical battles of the war. After the war, he travelled to Europe and of some of its great centers of learning, Berlin, Vienna, and London. He returned to New York in 1873 and established the Metropolitan Throat Hospital, the first of its kind in America.2

The first New York Laryngological Society (NYLS) organizing meeting was attended by George Lefferts, Frank Bosworth, Morris Asch, Woosley Johnson, Horatio Bridge, Charles McBurney (who would be noted for describing McBurney’s point of appendicitis), Francis Kinnicut, Mathew Mann, and Robert Weir. Dr. Weir was the first NYLS president and became professor of surgery at Columbia College of Physicians and Surgeons, and he was one of the first surgeons to introduce Listerian principles of surgery in America.3

All of the men gathering on October 13th had spent considerable time in Europe and held positions at local clinics for diseases of the throat. They were enthusiastic about their new specialty and teaching it to others. Honorary fellows of the NYLS were Jacob Solis-Cohen of Philadelphia, Charles Fauvel of France, Morrell MacKenzie of England, and Karl Stoerck and Leopold von Schroetter of Vienna. Thus, the ties across the Atlantic were established quite early. New York was also the home of Dr. Horace Green, who developed an interest in the larynx as early as 1832 and is known as the “father of laryngology,” as well as Dr. Gordon Buck, who was the first to expound intralaryngeal surgery and who performed the first successful laryngofissure in 1864.

The American Laryngological Association had its inception in the mind of Dr. Frank H. Davis of Chicago, who circulated a letter proposing a national organization to colleagues. The organizing meeting took place on June 3, 1878, at the Tifft Hotel in Buffalo, New York, with Dr. Louis Elsberg elected the first president. Six of the founding members were from New York. It was decided that a fellow of the ALA be a physician knowledgeable in the disease of the upper airway and chest and skilled in examination of the larynx as taught originally by Manuel Garcia, Johann Czermak, and others.

Dr. Elsberg was born in Germany and attended the first class held by Czermak in laryngology. He then came to New York, established a practice exclusively in laryngology and the first instruction in the specialty, which was held at New York University Medical School. Dr. Jacob DaSilva Solis-Cohen attended the inaugural meeting of the ALA. He was acknowledged as the leader of American laryngology, until he died in 1927 at nearly the age of 90.3 He was a skilled surgeon, focusing much of his efforts on laryngeal cancer and successful laryngectomies. Dr. Samuel Gross, one of the most noted surgeons of the day, commented that he could not understand a physician being interested in one cubic centimeter of the human body, and for a time Dr. Solis-Cohen was denied membership to the Philadelphia Academy of Natural Sciences. Solis-Cohen was a prolific writer and teacher as well as a civic and religious leader.

Early ALA Fellows included Dr. Ephraim Cutter, who became the first chief of laryngology at the Massachusetts General Hospital and his protégé, Dr. Franklin Hooper, who had a similar appointment at the Boston City Hospital and began experiments on laryngeal physiology at Harvard Medical School.

Chevalier Q. Jackson, a president of the ALA, advanced laryngology and bronchoesophagology like no one before and perhaps since. He devised not only the instrumentation needed for upper aerodigestive

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endoscopy but also the safe techniques to be employed, and he spent his lifetime teaching others. His work on the retrieval of foreign bodies in children remains a landmark achievement. He held chair positions at five Philadelphia medical schools.4 Besides his renown as an endoscopist, he was known for his work in precancerous laryngeal lesions and laryngeal surgery. And in 1917 he founded the American Broncho-Esophagological Association (ABEA).

In the decades that followed, many noted ALA members contributed to the advancement of our specialty in the United States and worldwide. Among these notables were Chevalier L. Jackson, Louis Clerf, Gabriel Tucker, and footsteps of Chevalier Q. Jackson in Philadelphia—all following in the endoscopic footsteps of Dr. Jackson. Harris Peyton Mosher was the exemplary laryngologist in Boston, having established the “Mosher Course” at Harvard to teach otolaryngologic anatomy. Dr. Mosher was president of the ALA, The ABEA, the Triologic Society, the American Academy of Otolaryngology and Ophthalmology, and the American Otologic Society. He was the first American to deliver the Semon Lecture at the Royal British Medical Society. He received the de Roaldes and Newcomb Awards from the ALA.

At Johns Hopkins, Dr. Samuel Crowe was asked by Dr. William Halsted to form the first department of laryngology and otology, and he trained Dr. Edwin Broyles, who contributed telescopes to endoscopy and defined the laryngeal ligament that bears his name.

In New Orleans, Dr. Robert Lynch developed the suspension system for laryngoscopy after his return from Vienna, where he studied under Dr. Gustave Killian and where Francis LeJeune developed color motion pictures of the larynx.5

The list can go on and on, but I tried to highlight the early contributions that fellows of the ALA have made to otolaryngology and medicine. I would, however, like to mention in particular those who mentored me throughout my career. It probably started with Drs. Werner Chasin and Collin Karmody at Tufts Medical School. My interest in laryngology and head and neck surgery was implanted by Drs. Joseph Ogura and Hugh Biller, two exemplary surgeons and teachers who were innovators in conservation surgery for treatment of laryngeal cancer. Drs. Stuart Strong, Charles Vaughan, and Geza Jako at Boston University were pioneers in devising the application of the carbon dioxide laser to laryngeal surgery, as well as the instrumentation and procedures that we still use now. Drs. Daniel Miller and William Montgomery, two of the finest head and neck surgeons of the twentieth century, helped me early in my tenure at Harvard and were my mentors for my Triologic thesis, which was awarded the Fowler Prize for Basic Research. Drs. Eugene Myers, Gerald Healy, and Robert Ossoff, who are passionate in their efforts and support of the ALA, helped and guided me during the time I was secretary and president of this auspicious association. Their contributions to the care of patients with head and neck cancer, pediatric diseases, and voice dysfunction have helped people throughout the world. To Drs. James Kelly and Marshall Strome, I am eternally grateful for their friendship, advice, and support. As you all know, Dr. Strome performed the first long-term successful laryngeal transplant. Dr. Daniel Brasnu, one of the foremost head and neck cancer surgeons in Europe, and who helped perfect and popularize innovations in laryngeal function preservation, showed me the potential of collaboration and teaching across borders and continents.

This brings us to our current president, Dr. Clarence T. Sasaki (Fig. 1), truly the exemplary physician, scientist, and for me one of my closest friends. Dr. Sasaki was born in Hawaii and came to the mainland for college at Pomona, graduating Phi Beta Kappa. He received his doctorate in medicine at Yale Medical School. After his internship at University of California, San Francisco, he served in the U.S. Army as a captain in the medical corps, stationed for a year in Da Nang, Vietnam, and then as major at Fort Ord, California. He was a resident in otolaryngology at Yale and essentially spent his entire medical career in New Haven, except for sabbaticals in Europe with Dr. Ettore Bocca to learn the functional neck dissection with Dr. Ugo Fisch to study the techniques of skull base surgery, and in London with Mr. Dai Davies to improve skills in plastic and reconstructive surgery. Thus, in his own life experiences, Dr. Sasaki has emulated the founders of the ALA in traveling abroad to incorporate the best from outside America to bring back to his own practice and to teach others. He is the premier head and neck surgeon in his...
state and one of the finest in the U.S. Northeast, as well as the busiest surgeon at Yale, even after stepping down as chief of his division after 30 years in that position. He continues to lead the Larynx Physiology Laboratory at Yale and has recently published his book, Laryngeal Physiology for the Surgeon. His laboratory and clinical investigation into the function of the larynx have been elegant and insightful and highlighted in his Daniel C. Baker Lecture before this Association in 2011. He has been the principal investigator on six separate NIH Grants leading to nearly 300 publications. He has been the recipient of the Edmund Prince Fowler Award from the Triologic Society, the First Prize in Clinical Research by the American Academy of Otolaryngology–Head and Neck Surgery. The ABEA has given him the Broyles Maloney Award and the ALA has bestowed upon him the Casselberry Award and the ALA Award, all of these for research as well as professional contributions to our societies and patients. No one exemplifies the high ideals of the ALA and calling of a physician more than Clarence Sasaki. But most of all, Dr. Sasaki is proud of his family: his wife, Carolyn; their two sons, Peter and John; and daughter-in-law, Rachel.

The motto of the ALA is Docendo discimus, “By teaching, we learn.” That has been the guiding principle of the ALA for 134 years, what we do today and what will lead us forward in close collaboration with our colleagues in the United States and abroad, as is so well evident at this year’s combined meeting.

I thank Dr. Sasaki and the ALA for this high Honor.

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BIBLIOGRAPHY