IN MEMORIAM

John C. Conley



John J. Conley, 1912-1999

The death of John J. Conley at the age of 87 was noted by surgeons throughout the world (1). Born in Carnegie, PA, he earned his medical degree in 1937 at the University of Pittsburgh. During World War II as an army surgeon, he already pioneered in what would be his primary focus of work, namely, operative techniques for reconstruction of the head and neck.

As a renowned innovator in Head and Neck Surgery, it may seem unclear as to his relationship to the discipline of Lymphology. Yet, at the 1st International Congress of Lymphology which took place in Zürich, Switzerland in 1966, Dr. Conley was the keynote speaker. In that address he emphasized that "the lymph node has become an integral factor in the physical and biological behavior of cancer of the head and neck, and the general plan of therapy should always include analysis of the lymph system." The International Society of Lymphology (ISL)

was officially founded at that symposium having been created in Davos, Switzerland the previous year. The original membership was composed primarily of radiologists with the primary interest in depicting malignancies and imaging their dissemination to regional and distant lymph nodes.

The author had taken his surgical training in Plastic and Reconstructive Surgery not far from Dr. Conley's surgical "kingdom" at Columbia's Presbyterian Hospital in New York City. Head and Neck Surgery at that time was just emerging as a new and important surgical subspecialty. Our group admired Prof. Conley's innovations in parotid gland excisions and his ongoing efforts to develop better techniques for management of facial nerve palsy and in reconstruction of the laryngotracheal complex. Equally important, Dr. Conley was a patient and tireless teacher. He took special pride in displaying new ideas including the specifics of his original operative concepts and took special pains to point out the limitations and complications as well as the benefits. In other words, he was forthright, vigilant, and intellectually honest and insistent on putting the patient's welfare first and foremost. By extreme diligence, he overcame many obstructions in his pioneering efforts, and this experience culminated in his editing a major text on the "complications" of head and neck surgery published by Thieme in 1979. As an innovator, he repeatedly emphasized "new concepts bring with them an overwhelming feeling of euphoria and tend to get out of proportion." The main goal he stressed was to have a satisfied patient,

and medical care ultimately must be in his or her best interest. "To take the risk in one's profession... effects a surgeon's decision to learn and use a new technique. Ultimately, it becomes a question of sense of self" (2). Reporting on more than 200 radical operations for malignant melanoma in the head and neck region, Dr. Conley stressed the importance of "looking human" again. He realized that a human face is the "single most distinguishing physical characteristic...[the] primary means of communicating both thought and emotion" (3). With this outlook, it is not too surprising that in 1968 he published "The Face Lift Operation" (CC Thomas, publisher).

In more recent years, Dr. Conley endowed a fund to support ethics and philosophy among surgeons espousing the view, "I consider ethics and philosophy to be in one sense, the essence of the medical profession. It is one of the things that has been buffeted about in the past 20 or 30 years but that has not diminished its essentiality. I

am particularly interested in maintaining the highest ethical principles as a front line for the profession and would like this gift to facilitate that in every way that it can." First and foremost, however, JJ Conley's commitment was to provide satisfaction and happiness to his many patients. Helping them to fight the ravages of disease with compassion for their feelings and appearance was his crowning achievement.

REFERENCES

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- 3. Schultz, RC: The management of common facial fractures. Surg. Clin. N. Am. 53 (1973), 3-32.

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