In Memoriam: Joseph Michael Foley, MD (1916-2012)

Joseph Michael Foley, MD (March 9, 1916–June 13, 2012) was an outstanding clinical neurologist and geriatrician, educator, academic leader, and professional statesman. His charisma, unending enthusiasm, joie de vivre, warmth, kindness, compassion, dedication, and genuine interest in people earned him friends and devotees among colleagues, trainees, nurses, and countless patients. An unequaled raconteur with a marvelous and sometimes impish sense of humor, who enjoyed conversing with people from all walks of life, Foley collected crowds around himself in social and professional gatherings as he told jokes and stories, some at his own expense. In 1-on-1 interactions, though, Foley gave his full and undivided attention to the person in front of him, no matter their background or circumstances.

Foley was a first-generation American, born to Irish immigrant parents in the Boston suburb of Dorchester, Massachusetts. His father was a garbage collector and his mother was a homemaker. Although his parents had little education, his mother emphasized the importance of educational attainment for him. He attended Boston Public Latin School, where he was class president, then received a full scholarship to Holy Cross College, from which he graduated magna cum laude in 1937 (and which later awarded him an honorary doctorate of science). His intention at this point was to become a psychiatrist. In 1941, Foley graduated cum laude from Harvard Medical College, where he was the John Ware Memorial Research Fellow and Harmon Scholar.

WORLD WAR II SERVICE

In 1941, Foley began a 2-year internship at Bellevue Hospital in New York City, however, after 19 months, he enlisted in the US Navy Medical Corps. From February 1943 to August 1944, he served with the 2nd Beach Battalion and participated in 4 invasions, including the Utah Beach landing during the D-Day invasion of Normandy on June 6, 1944, and 3 invasions along the Mediterranean Sea (Licata, Palermo, and Termini Imerese in Sicily). “I would go in as the lead physician. . . . My small boat had me and [8] corpsmen. We were the first people to land on the beaches.” He said of the experience. Even at age 95 years, Foley acknowledged that, “sometimes I still have memories crowding my mind of running up the beach while people are shooting at me. . . . I remember the guys who were with me, some of whom made it and some of whom didn’t.” As Foley attended to the many casualties, he was always cognizant of the broader context of suffering: “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.”

For his heroism at Normandy, Foley was decorated with the US Bronze Star and the French Croix de Guerre. However, when his actions were later described as heroic, Foley replied with typical self-effacing humor: “There is as a lovely piece in the Bronze Star citation that says, ‘He exposed himself repeatedly.’”

When Foley arrived by ship in New York City in 1944 after his overseas tour of duty, he sought out Alice Marie Corcoran, whom he had known when he was at Holy Cross and she was still in high school. “[I] banged on her door. She opened it and she hadn’t seen me in 2 years. As she opened the door, I said, ‘Hi, kid. Let’s get married.’” So we did, 3 weeks later.” The marriage proved to be a happy one. The Foleys were married for 59 years and raised 6 children (Alice Foley died in 2003).

The Foleys soon relocated to the West Coast, as Foley was temporarily assigned as the venereal disease control officer at the Amphibious Training Base in Oceanside, California, an honor Foley said he “rejected out of hand.” Foley later recalled telling his commander that he had “no intention of chasing the clap up and down the coast of California.” However, after suggesting to the commanding officer that he could do psychiatric work instead, Foley found himself with both responsibilities. Seven months later, Foley was transferred to the US Naval Hospital in Philadelphia, Pennsylvania, where he completed 15 months of further training in psychiatry and neurology and where he came to see himself as fundamentally a neurologist. Foley became board certified in neurology in 1948.

MENTORS

During his medical training, Foley had several remarkable and influential mentors. They included Austrian-American neuropsychiatrist and neuropathologist Leo Alexander (1905-1985), who had trained in neuropathology with Oskar Vogt (1870-1959) in Berlin, Germany, and who was later a key medical advisor during the Nuremberg Trials and notably drafted the Nuremberg Code; New Zealand–American neurologist and neurophysiologist Derek Denny-Brown (1901-1981), who had trained under Charles Sherrington (1857-1952) in London and who...
made important contributions to the treatment of Wilson disease; Russian-American neurologist, neuroanatomi-
list, and neuropathologist Paul Yakovlev (1894-1983), who had trained with Vladimir Bekhterev (1857-1927)
and Ivan Pavlov (1849-1936) in St Petersburg, Russia, and later with Pierre Marie (1853-1940) and then Jo-
seph Babinski (1857-1932) in Paris, and whose re-
nowned Yakovlev Collection of human neuropatho-
logic specimens is now at the National Museum of Health
and Medicine; and American neurologist and neuropa-
thologist Raymond Adams (1911-2008), who made semni-
cal contributions to the neuropathology of cerebrovascular
disease, liver disease, and central nervous system
lymphoma.

While a medical student at Harvard in 1942, Foley pub-
lished his first scientific paper on the vascular supply of
the human hypothalamus, a product of his John Ware Me-
orial Research Fellowship at the Mallory Institute of Pa-
thology under the auspices of Alexander and pathologist
Thomas DeArman Kinney (1909-1977). Foley was also
exposed then to Yakovlev, who was based at the Walter E.
Fernald State School in Waverly, Massachusetts:

When I was a medical student, I would go out 1 night a week
to the Fernald School and we would examine brains, both un-
cut and in sections, sometimes until 1 or 2 o’clock in the morn-
ing . . . . It was a great experience for me . . . Yakovlev was so
marvelous. He was a kind and lovely man.6

After Foley completed his military service, Adams ar-
ranged a Rockefeller Research Assistantship in the neu-
rological unit at Boston City Hospital, where Foley re-
connected with Adams and began a rewarding, albeit
stormy, period of training under the often autocratic and
cantankerous Denny-Brown. According to Foley’s rec-
collections, “Denny-Brown was given to tirades.” Never-
theless, despite Denny-Brown’s rough edges, Foley al-
ways admired Denny-Brown and felt he gained from him:
a knowledge of neurology, a knowledge of the nervous system
and how it works, [and] a willingness to think in physiologi-
cal terms about critical matters . . . . [Rounds with him were] mar-
velous. He had all kinds of knowledge, all kinds of insights.6

In 1948, Denny-Brown and Foley described benign fas-
ciculations, which were later called the Denny-Brown and
Foley syndrome. Foley later wrote the biography of
Denny-Brown in the Centennial Volume of the American
Neurological Association, and when Denny-Brown died
in 1981, Foley wrote his obituary in the Annals of Neu-
rology.11,12

Foley found Adams to be more personable: “Ray Ad-
ams 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 . . . neurolo-
gists and neuropathologists. He was absolutely outstand-
ing.” Foley came to work with Adams on the neurologic
and neuropathologic manifestations of liver disease, which
resulted in several classic papers,13-16 and which in-
cluded the initial description of asterixis: “I was inter-
ested in liver disease for many reasons, I think not the
least being that so many of my Irish colleagues had de-
veloped it. . . . I would see all the liver disease patients
and study them neurologically, and then later I would
show them to [Adams].”6 Around 1949, Foley first ob-
served an “almost rhythmical” tremor during mainte-
nance of posture in patients with advanced hepatic en-
cerephalopathy and considered it akin to the movement
disorder of Wilson disease, a condition then of interest to
Denny-Brown. Foley originally proposed the term an-
isterixis for the phenomenon (from an meaning not, iso
meaning equal, and sterixis meaning maintenance of
posture), but this was subsequently shortened to as-
terixis after a lunchtime discussion Foley had with a Greek
scholar. Foley also performed electroencephalographic
and electromyographic studies in these patients, while
Adams focused on the neuropathology, and, according to
Foley, on “putting brakes on my excesses . . . . When
I would overreach in my conclusions about something,
he would calm me down.” By 1953, Adams and Foley
had expanded on their clinical description, correctly rec-
ognizing that the flapping movement was due to pauses
in electromyographic activity and not to intermittent in-
creases in electrical activity, as had been supposed.15,16

FROM BOSTON TO CLEVELAND

In 1948, Foley became an instructor at Harvard and then
in 1951, an assistant professor of neurology, as well as a
neuropathologist at the Mallory Institute of Pathology.
However, by the 1950s, Foley felt that the Boston City
Hospital was “disintegrating as a place for scholars” and
in 1959, he moved from Harvard to become professor and
head of the neurology department at the Seton Hall Col-
lege of Medicine and Dentistry (which later became the
New Jersey College of Medicine and Dentistry). How-
ever, Foley and his family “weren’t terribly happy” in New
Jersey.

In 1961, Foley moved to Cleveland, Ohio, to become
professor and director of the neurology division at West-
ern Reserve University School of Medicine, which soon
amalgamated with Case Institute of Technology in 1967
to become Case Western Reserve University. Foley saw
that Cleveland offered a “first-class medical school with
a great reputation [and] an opportunity to build a ser-
vice where one really didn’t exist at all.” He added that:
Western Reserve had a good reputation and was putting to-
gether a clinical-basic science group focused on the nervous
system. When I looked at what they were hoping to do, I wanted
be part of it . . . because this was a chance to develop a big
program in an effective university with good leadership.6

Among those Foley brought with him to Cleveland,
or soon recruited, were the husband-and-wife team of
Maurice Victor (1920-2001) and Betty Banker (1921-
2010), along with Stanley van den Noort (1930-2009),
Joseph P. Van Der Meulen, William Sibley, and Simon
Horenstein.

It was all very exciting at the time. And all the people who came
were pretty excited about being here. In fact, Robert Joynt (1925-
2012) . . . pointed out of our program here, there came . . . more
heads of neurology departments than any other program be-
fore or since.6

While in Cleveland, Foley was increasingly recog-
nized as a senior statesman of neurology. Foley served
as president of the American Academy of Neurology from
1963 to 1965 and as president of the American Neuro-
logical Association in 1974, becoming only the 4th of 9 individuals to hold both offices (after Adolph Sahs [1906-1986], Augustus [Buck] Rose [1907-1989], and Abe Baker [1908-1988]). Foley was subsequently named an honorary member of both organizations, and in 1984, he gave the first Presidential Honorary Lecture for the American Academy of Neurology. It was during this time that Foley was selected as the chair of several committees for the National Institutes of Health, including the National Committee for Research in Neurological and Communicative Disorders from 1977 to 1978 and the Consensus Development Conference on Differential Diagnosis of Dementing Diseases from 1986 to 1987.6,19

After 1980, Foley restricted his practice to the elderly. In 1981, Foley and Amasa (Buzz) Ford (1922-2007) established University Hospital's geriatric assessment center, the Center for the Assessment and Care of the Aging, which was renamed the Joseph Foley Elder-Health Center in 1987. Foley was particularly interested in the management of Alzheimer disease and other forms of dementia, applying what was a career-long focus on improving each patient's quality of life:

you . . . 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.6

Foley and Mark Clarfield wrote in 1993 a report on the American and Canadian consensus conferences on dementia, which they had respectively chaired, in which Foley again expressed this philosophy:

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 untreated patients.20

This was indeed the way he approached patients with many chronic neurologic diseases. As he recognized:

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 . . . . If you [were] 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.6

REFLECTIONS ON BEING A PHYSICIAN, TEACHER, AND LEADER

Foley described a good doctor as someone who can bring skills and dedication to bear on helping the person in front of them:

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.6

Foley certainly modeled the attributes he advocated. When he addressed patients, they quickly came to realize that Foley was fundamentally interested in them and in helping them optimize their health and circumstances. While he was well versed in the pathophysiology and treatment of their diseases, Foley was primarily interested in the patient as a person, much more so than any academic aspect of their disease. He was, himself, a dedicated, caring, and compassionate physician, who would do all in his power to improve the lives of the patients under his care, and he recognized that many patients with neurologic diseases needed “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.”6

When asked what aspect of his career he was most proud of, Foley's answer was invariably “the people I trained.”6 He took great interest in the careers of his former students and was always proud of their accomplishments. For those fortunate to have been among his trainees, he modeled a humanistic, patient-centric approach to patient care. He tolerated no disrespect toward patients and could deliver a sharp rebuke in response to clinical oversights or sloppy work—something that was not likely to be repeated. Nevertheless, trainees soon came to enjoy Foley's good humor, although occasionally students and house staff would puzzle over some of his tongue-in-cheek clinical pearls, such as supporting the diagnosis of an S1 radiculopathy in an amputee by noting that the “phantom ankle jerk is missing.”

Foley was a natural leader in small-group and large-group settings, as well as at local, regional, and national levels. As he defined a good leader in 2008:

I think, first of all, a good leader is somebody who can bring the organization to some kind of realistic work program and 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 its discipline and to society in general; somebody who can also deal with the inevitable differences of opinion that are likely to arise in any effective organization.

In 2011, he expanded on this, adding various responsibilities of leadership: a willingness to listen, equanimity, provision of an organizational structure and discipline accompanied by clear objectives, and personal sacrifice to achieve the group's objectives.6 Foley said leadership required a:

willingness to listen to a certain amount of nonsense without reacting too viciously to it. [Also required is 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.6

By the consensus of his colleagues, trainees, and patients, Foley was an outstanding physician, mentor, and leader—one who kept his patients, not only their diseases, at the center of his focus, and one who taught others to do the same. Those blessed to have spent time with him came away better for it.

Douglas J. Lanska, MD, MS, MSPH

Author Affiliation: VA Medical Center, Great Lakes VA Healthcare System, Tomah, Wisconsin.

Correspondence: Douglas J. Lanska, MD, MS, MSPH, VA Medical Center, Great Lakes VA Healthcare System, 500 E Veterans St, Tomah, WI 54660 (douglas.lanska@va.gov).

Conflict of Interest Disclosures: None reported.
REFERENCES


