

The Making of a Specialty

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I want to express my gratitude to the Honorary Awards Committee for bestowing the high honor of including me among the elite list of previous Hayes Martin Lecturers and by electing me to deliver this prestigious lecture. I will go on record as the last Hayes Martin Lecturer of the Society of Head and Neck Surgeons. Over the past 20 years, I have enjoyed the unique privilege of serving the Society continuously in one or another capacity on the executive council. It has been a distinguished honor in exciting times to have been an active participant in the activities and growth of the Society. This unique experience has given me the opportunity to study the origin of our speciality and its progress over the course of the past 100 years. It is a wonderful opportunity and an exhilarating process to reflect on the development of head and neck surgery in the past and to share with our future leaders the highlights of contributions from individuals and events that made our speciality what it is today.

Although I did not have the privilege of having worked directly with Dr. Martin, I was fortunate enough to have known him, albeit from a distance in his postretirement days. Much of my recollection of Dr. Martin comes from the experiences and stories from my predecessors from the Head and Neck Service, the late Drs. Edgar Frazell, H. Randall Tollefsen, and Hollon Farr, as well as Dr. Elliot Strong, and our current president, Dr. Ronald Spiro, who were closely associated with him during the peak of his career. My colleagues and I now shoulder the responsibility of building on the high standards established by Dr. Martin and purveyed by his successors on the Head and Neck Service at Memorial Sloan-Kettering Cancer Center to carry its worldwide prominence in the field of head and neck surgery into the next century. It is this unique combination of opportunities and responsibilities of my association with the Society of Head and Neck Surgeons and with the Head and Neck Service at Memorial Sloan-Kettering Cancer Center that enables me to ponder and think back as to what it took to develop the speciality of head and neck surgery and who were the founding fathers, the mavericks, the prime movers, organizers, leaders and contributors, all persons with foresight and vision, whose efforts led to the development and solidification of our speciality.

Head and neck surgery has come of age. However, in

comparison with other surgical specialties, it is largely a phenomenon of the later part of the 20th century. The foundations for the specialty of head and neck surgery were laid by contributors from the field of reconstructive surgery, laryngology, general surgery, thyroid surgery, surgery for oral cancer, and other pioneers who attempted surgery of the sinuses and salivary glands. The origins of reconstructive head and neck surgery go back nearly 2,000 years in the writings of Sushruta, who described the forehead flap in nasal reconstruction.¹ In the 16th century, Tagliacozzi² practiced reconstructive surgery of the head and neck using pedicled flaps. Much of the early work in laryngology came following the discovery of the laryngeal mirror by Manuel Garcia and subsequent contributions by pioneering surgeons such as Solis-Cohen in the United States, Billroth in Vienna, Morell McKenzie in England, and Alonso in Uruguay.³⁻⁷ The work of John Kirchner⁸ provided the basis for understanding the biology of laryngeal cancer spread, allowing surgeons to devise newer and newer voice-sparing surgical procedures. These advances in the field of laryngology became an integral part of the field of head and neck surgery. The awarding of the Nobel Prize to Theodore Kocher^{9,10} brought to light previously unforeseen advances in surgery of the thyroid gland that became a component of the field of head and neck surgery in the 20th century. In his presidential address, our former president, William Nelson,¹¹ identified Henry Butlin as the first head and neck surgeon. Butlin's contributions to surgery of oral cancer, and particularly cancer of the tongue, laid the foundations for modern concepts in the surgical management of oral cancer.¹² As early as 1898, Butlin¹³ had proposed excision of lymph nodes in the supraomohyoid triangle for tongue cancer. Although concern about regional lymph node metastases was raised by Chelius in 1847, a systematic operation for their comprehensive removal was not described until 1906 when George Crile¹⁴ described the classical radical neck dissection and provided the basis for surgical management of neck metastases. Contributions by Trotter¹⁵ and subsequently by Hayes Martin¹⁶ laid the foundation for various surgical approaches to tumors of the head and neck. Pioneering contributions of Alfred Ketcham and colleagues¹⁷ and Walter Dandy¹⁸ put surgery of the skull base within the arena of head and neck surgery and further added to the richness of our specialty and its complex structure as we understand it today. These pioneers, unbeknownst to them, were laying the foundations of a yet to be identified complex, multidisciplinary specialty consolidating the anatomic contiguity of the organs and structures within the head and neck and the pathology developing in them, leading to the development of the surgical management of these disorders.

The famous firsts in head and neck surgery are well known. Solis Cohen was identified as the first American head and neck surgeon by Zeitels¹⁹ and is credited for

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having performed the first partial laryngectomy in 1866. Subsequent to that, a total laryngectomy for cancer was performed by Billroth²⁰ in 1874.²¹ The first hospital dedicated to the management of cancer in the United States was established in New York City in 1884, then called the New York Cancer Hospital, and subsequently named Memorial Hospital for Cancer and Allied Diseases, which is now known as the Memorial Sloan-Kettering Cancer Center. In 1886, Theodore Kocher was the first general surgeon to win the Nobel Prize for his pioneering work in surgery of the thyroid gland.²² The first textbook on head and neck surgery was published by Lane²³ in 1888. The first report of neck dissection appeared in *JAMA* in 1906.¹⁴ It was the late Dr. James Ewing who recognized the need for consolidating the efforts from various surgical specialties to develop a comprehensive surgical service dedicated to the treatment of patients with cancer of the head and neck. Thus, the first Head and Neck Service was established in 1914 at Memorial Hospital with Henry Janeway as its first chief.

Experiences during World War I and World War II offered opportunities to develop surgical advances; and with the development of antibiotics, blood transfusions and advances in anesthesia, head and neck surgery became a practical reality. Concomitant with the development of surgical advances in the treatment of head and neck cancer, the discovery of radium by Madame Curie and the application of fractionated radiotherapeutic techniques proposed by Coutard in the treatment of cancer opened yet another door to the therapeutic management of these difficult problems.²⁴

The term "head and neck surgery" had little meaning until the 1940s when Hayes Martin used it in one of his initial publications. Later Ward and Hendrick^{25,26} and Martin¹⁶ defined the parameters of this new surgical specialty. Although the specialty was developing in a sporadic fashion in the hands of leaders like Martin and Ward, no organized programs were available for training surgeons in this new surgical field. The growth of the specialty in early years was largely a result of contributions from the graduates of the program at Memorial Hospital and their trainees. Martin and Ward were pioneers in training surgeons to perform head and neck oncologic surgery and providing comprehensive care to patients with cancer of the head and neck. Initial efforts at organization and development of this specialty took place with the foundation of the Society of Head and Neck Surgeons (SHNS) in 1954.²⁷ Spearheaded by Martin and Ward, this effort gave an identity and credibility to our specialty. The explicit reason for establishing the Society was to promote advances in head and neck surgery. Unfortunately, otolaryngologists were not welcomed to participate in this "elite" club of a new, exciting specialty. The "young Turks" from the field of otolaryngology, being concerned about the need for developing head and neck surgery within the specialty of otolaryngology, planned on starting their own organization. Four years later, under the leadership of Dr. John J. Conley, the American Society for Head and Neck Surgery (ASHNS) was established in 1958 with objectives similar to those of SHNS.²⁸ The founding fathers of the Society of Head and Neck Surgeons stated that the object and pur-

pose of the Society was "to serve as a medium for exchange and advancement of scientific knowledge relevant to the management of patients with head and neck tumors, exclusive of lesions of the brain, with particular reference to the operative treatment of cancer." Although that statement of purpose was thought to be optimal in 1954, the state of the art and science in head and neck surgery has advanced over the years, and today the objective of our Society should be "to improve patient care by disseminating information on the advances in the multidisciplinary management of tumors of the head and neck through the education of its membership and the profession, to initiate and support clinical and laboratory research, to develop and regulate the standards of training of head and neck surgeons and oncologists, and to provide a platform for leadership in the specialty." I hope that the leaders of tomorrow will take note of these idealistic goals.

Clearly, no specialty could emerge until adequate training programs in this new field were developed to train the subsequent generations of surgeons with dedicated interest in the field to foster the strength of the speciality in the years to come. No organized programs in head and neck oncologic surgery, however, were available until the 1960s. Nevertheless, several leaders and teachers in the field of head and neck surgery made significant contributions by individually training a whole generation of head and neck surgeons from the fields of general surgery, otolaryngology, and plastic surgery. Although time will not permit me to mention the entire list of major contributors, teachers and leaders of the 1950s, 1960s, and 1970s in the training of head and neck surgeons, I will take exception to mention a few. In addition to the graduates of the training program at Memorial Hospital, under the leadership of Martin, Dr. William McComb, the first chief of the Head and Neck Service at M.D. Anderson Hospital and Dr. Oliver Behars of the Mayo Clinic and others were responsible for training several generations of head and neck surgeons with a general surgical background. Drs. John Conley, George Sisson, Joseph Ogura, and others systematically trained otolaryngologists to develop expertise in the field of head and neck oncologic surgery. Dr. Vilray Blair, followed by Drs. Milton Edgerton and Vahram Bakamjian and others from the discipline of plastic surgery were training plastic surgeons in this fascinating specialty, with the added facet of reconstructive surgery following ablation of cancer. Two great radiation oncologists, whose work made a profound impact on the field of head and neck oncology, deserve a special mention. They were Manuel Lederman of London and Gilbert Fletcher of Houston. They set the standards that provided the basis for the current concepts in radiotherapeutic management of cancer of the head and neck.^{29,30} The 1960s and 1970s also identified three great leaders from the three major cancer centers in the country who share the credit for training the next generation of head and neck surgeons. These are Dr. Donald Shedd of the Roswell Park Cancer Institute, Dr. Elliot Strong of Memorial Sloan-Kettering Cancer Center, and the late Dr. Richard Jessie of the M.D. Anderson Hospital. In the field of otolaryngology, Drs. Paul Ward, John Lore, Jr, Edwin Cocke, and others placed emphasis on head and neck surgery in their residency training programs. Until this

time, however, no organized training programs in head and neck oncologic surgery were available, although preceptorships in the specialty were in vogue.

The memberships of the two head and neck societies were growing with increasing commitment on the part of their leaders to develop the specialty of head and neck surgery. In the mid 1960s the two societies were independently involved in the continuing education efforts of their respective memberships. In 1968, President McComb of the Society of Head and Neck Surgeons appointed a committee to study and make recommendations concerning the training of head and neck surgeons under the chairmanship of Dr. Harry Southwick. The same year, a similar committee was appointed by President Keim and Dr. George Sisson of the American Society for Head and Neck Surgery, under the chairmanship of Dr. John Lore. Through the combined efforts of these committees, a joint training committee of the two societies developed a course curriculum for establishment of a fellowship training program. The efforts of these committees led to the establishment of the Joint Council for Approval of Advanced Training in Head and Neck Oncologic Surgery. A course curriculum developed by the Council was approved by the executive councils of the two societies in 1976 and 1977. Although numerous individuals have served in the past and currently serve on the Joint Training Council, I will single out one individual who deserves special mention. Dr. John Lore made the training of a head and neck oncologic surgeon, the establishment of the Joint Training Council, the development of a course curriculum, and the implementation of the approval process his lifetime project. His efforts in this regard are unparalleled by any other individual that I am aware of in the process of development of training programs in head and neck oncologic surgery.³¹ The Joint Training Council now has well-established criteria for approval of advanced fellowship training programs. Eighteen programs have been approved after appropriate peer review. Consonant with the development of the training programs, cooperative efforts by the program committees of the two head and neck societies led to several joint meetings in 1973, 1976, 1978, 1981, and 1985. These were the best meetings from the standpoint of scientific presentations, but more importantly, they offered an opportunity for fostering camaraderie and mutual respect.

In 1979, the otolaryngologists gave a large boost and public visibility to head and neck surgery by changing the name of the American Academy of Otolaryngology to American Academy of Otolaryngology-Head and Neck Surgery. Although the term "head and neck surgery" gained more exposure in the world through this name change, it was a double-edged sword. It identified the specialty of head and neck surgery within the field of otolaryngology, but also gave an opportunity to all otolaryngologists, even without adequate training in head and neck surgery, to declare themselves head and neck surgeons. History will show whether such a name change was a step in the right direction for the specialty of head and neck surgery. In 1984, the Society of Head and Neck Surgeons took leadership in organizing annual workshops during the clinical congress of the American College of Surgeons each October. This was largely an effort directed

towards providing an opportunity for general surgeons and plastic surgeons to have exposure and access to a continuing medical education program in head and neck oncologic surgery. These successful workshops were later cosponsored by the American Society for Head and Neck Surgery.

Paul Chretien will go down in the history of head and neck surgery as the first person to have conceived the international conferences on head and neck cancer and to have served as the chairman of the first international conference organized with joint sponsorship of the two head and neck societies in Baltimore in 1984. This conference attracted worldwide attention and increased awareness for an international collaboration in the development of continuing education conferences worldwide. Leaders of the second, third, and fourth international conferences held in 1988 in Boston (Willard E. Fee, Jr., Helmuth Goepfert, Michael E. Johns, Elliot W. Strong), 1992 in San Francisco (Charles W. Cummings, Michael B. Flynn, Helmuth Goepfert, Elliot W. Strong), and in 1996 in Toronto (Jatin P. Shah, Jonas Johnson), and the upcoming fifth conference in 2000 in San Francisco (Jonas Johnson, Ashok Shaha) have all contributed significantly to the growth, maturity, and consolidation of the specialty of head and neck surgery and to establishing the role of the two societies in world leadership in head and neck oncology. These individuals have given their best to these conferences, and continue to contribute to further support our specialty in the years to come. Gregory Wolfe gets credit for being the first person to conceive and organize the quadrennial international research workshops beginning in 1980. These vital conferences in basic research in head and neck oncology have been continued in 1987, 1990, 1994, and 1998, with its subsequent leadership provided by Thomas Carey, Stimson Schantz, and Betty Steinberg. In light of these successful joint ventures in developing training programs, international conferences, and joint meetings, the issue of amalgamation of the two societies had been brought up and discussed on numerous occasions but had not come to fruition owing to preconceived ideas and hardline attitudes of our past leaders.

Through an international collaborative effort, in 1986 at the joint meeting of the Society of Head and Neck Surgeons, Society of Surgical Oncology, Association of Head and Neck Oncologists of Great Britain, and the British Association of Surgical Oncology, in London, the International Federation of Head and Neck Oncologic Societies was established, and I was privileged to be elected to serve as its secretary general. The International Federation initially started with a membership of eight national organizations, and currently boasts a membership of 21 national societies. The first international congress of head and neck oncology under the aegis of the International Federation, chaired by Ashok Mehta, was held in Bombay in 1997 with worldwide participation. The next Federation congress will be held in Brazil in the year 2002. A marathon effort by the officers of the Federation to establish a world directory of head and neck surgeons and oncologists and a worldwide newsletter is currently under way to increase international camaraderie, communication, and cooperation to further foster and support the growth and solidification of the specialty of head and neck surgery.

As we come to the close of this century, it becomes apparent, reflecting back, that significant contributions to the specialty of head and neck surgery through each decade of the current century offered a progressive solidarity to the specialty as we see it today. These events of progress in clinical care, research, and education are noteworthy (Table). The first decade of this century brought forth the monograph on tongue cancer published by Butlin and Spencer¹² at the turn of the century. The concepts of classical neck dissection were described by George Crile¹⁴ in 1906. In the second decade of this century, the first head and neck service at Memorial Sloan-Kettering Cancer Center was established under the leadership of Henry Jane-way. Radium was discovered by Curie in the latter part of the second decade. In the 1920s many surgical contributions were published in the literature, including the paper on "operations for malignant disease of the pharynx" by Trotter¹⁵ and the description of fine needle aspiration biopsy as a diagnostic test by Martin and Ellis.³² The fourth decade of this century was highlighted by the appointment of Hayes Martin as chief of the Head and Neck Service at Memorial Hospital. Fractionated radiotherapy was proposed by Coutard,²⁴ making radiotherapy an important treatment modality for cancer of the head and neck. Significant changes, however, took place in the fifth decade of the century following the Second World War with the discovery of antibiotics and the first description of the "commando" operation. A textbook on cancer of the face and mouth by plastic surgeons, Blair, Moore, and Byers,³³ was published in this decade and Walter Dandy¹⁸ described cranio-orbital resection for the first time. The 1950s were highlighted by increasing application of conservation surgery for laryngeal carcinoma with the techniques developed by Alonzo.⁷ Temporal bone resection was described by John Lewis³⁴ and techniques of anterior craniofacial resection were introduced by Ketcham and associates.¹⁷ The Society of Head and Neck Surgeons was established in 1954 and the American Society for Head and Neck Surgery was established in 1958. The 1960s brought forth the application of adjuvant radiotherapy and highlighted the landmark contributions and significant influence of Gilbert Fletcher³⁰ in the United States and Manuel Lederman²⁹ in England on the role of radiotherapy in cancer of the head and neck.³⁵ Bakamjian and associates³⁶ popularized the deltopectoral flap, and functional neck dissection was described by Suarez and Bocca and Pignataro³⁷ during this decade. Both societies appointed training committees in the late 1960s. In the 1970s postoperative radiotherapy was tested through a prospective randomized trial by the Radiation Therapy Oncology Group.³⁸ The Joint Training Council was established in this decade, and the first joint meeting of the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery took place in 1973. A quantum leap in radiologic diagnostics took place with the availability of computed tomography scans. Application of microsurgical techniques in reconstruction due to the pioneering work of Buncke in the United States, Harii in Japan, Daniel, and Taylor and O'Brien in Australia opened the door for microsurgery in head and neck reconstruction.^{39,40} Toward the end of this decade, pectoralis myocutaneous flap was described by Ariyan⁴¹ and

Baek and colleagues.⁴² The American Academy of Otolaryngology changed its name to the American Academy of Otolaryngology/Head and Neck Surgery. The 1980s ushered in the availability of magnetic resonance imaging scans. Increasing application of microsurgical techniques led to the development of fibula free flap in mandible reconstruction.⁴³ The first and second international conferences in head and neck cancer were held with the joint sponsorship of the two societies, and the first and second research workshops were also held during this decade, again cosponsored by the two societies. Head and neck workshops at the American College of Surgeons were regularly held from 1985 onward. In 1987, the International Federation of Head and Neck Oncologic Societies was founded in London. Increasing application of laser surgery for endoscopic resection of laryngeal cancer became popular.^{44,45} Chemotherapy was tested through the head and neck contracts program as well as the Veterans Administration Larynx Preservation Study for treatment of advanced stage cancer of the head and neck.^{46,47} The 1990s brought in the third and fourth international conferences as well as the third, fourth, and fifth research workshops in head and neck cancer. Chemoprevention became an area of interest with the institution of Cis-retinoic acid trial. Basic research became an important facet in head and neck surgery with research in genetics and molecular biology.⁴⁸ Quality of life and function and organ preservation became important strategies in the treatment of head and neck cancer. The first international conference under the aegis of the International Federation of Head and Neck Oncologic Societies was held in 1997. As we come to the close of this century, the final events in head and neck surgery for the century will be highlighted by the jointly sponsored fifth international conference and the establishment of a unified single American Head and Neck Society.

Let it be known that scores of individuals have contributed over the years in a tireless fashion to foster the growth of our specialty, and each of them deserves high commendation for their contributions to the specialty and service to the two societies. Time and space do not permit me to list them all. I take responsibility if I have not included all the individuals, events, or contributions in this brief recitation of my recollection of the history of the development of head and neck surgery, since such may simply be my oversight rather than intention.

In closing, I must applaud the efforts of the current leaders of the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery in adding another boost to the strength of our specialty by joining hands in consolidating the efforts of the two organizations and ushering in a new era under the name of American Head and Neck Society. Let the leaders of this new unified organization be assured that in the 21st century they shall ride high on the shoulders of those giants from the 20th century who recognized the need for this specialty, laid the foundations for organization of the specialty by establishment of the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery, formalized the specialty by organizing training programs, matured the specialty through technological advances and cooperative efforts between the two societies, took leadership roles in

TABLE

Important Events in the 20th Century in the Development of Head and Neck Surgery as a Specialty

1900s	Monograph on tongue cancer published by Butlin. Systematic description of neck dissection published by George Crile.
1910s	First head and neck service established at Memorial Hospital for Cancer and Allied Diseases in New York. Discovery of radium by the Curies. Fractionated radiotherapy advocated by Coutard.
1920s	Description of various surgical techniques including median labiomandibular glossectomy by Wilfred Trotter. First paper on fine needle aspiration biopsy by Hayes Martin et al.
1930s	Hayes Martin appointed as chief of the Head and Neck Service at Memorial Hospital.
1940s	Discovery of penicillin and other antibiotics. First description of the "commando" operation. Textbook on cancer of the face and mouth published by Blair, Moore, and Byers. Techniques of cranio-orbital surgery described by Walter Dandy.
1950s	Techniques of conservation surgery of the larynx presented by Juan Alonso and popularized by Joseph Ogura. Techniques of temporal bone resection described by John Lewis. Anterior craniofacial resection employed by Alfred Ketcham for malignant tumors of the paranasal sinuses. Society of Head and Neck Surgeons (SHNS) established in 1954. American Society for Head and Neck Surgery (ASHNS) established in 1958. Textbook, <i>Surgery of Head and Neck Tumors</i> , published by Hayes Martin.
1960s	Adjuvant radiotherapy employed with the first prospective randomized trial on preoperative radiotherapy. Applications and principles of radiotherapy for tumors of the head and neck established and standardized by Manuel Lederman in England and Gilbert Fletcher in the United States. Deltopectoral flap popularized by Vaharam Bakamjian. Training committees appointed by the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery. Techniques of functional neck dissection described by Suarez and popularized by Ettore Bocca.
1970s	Prospective randomized trial of postoperative radiotherapy initiated by RTOG. Establishment of the Joint Council for Approval of Advanced Training in Head and Neck Oncologic Surgery. Initiation of joint annual meetings between the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery. Development and clinical application of computed tomography scans in radiologic diagnosis of tumors of the head and neck. Techniques of microsurgery employed in reconstructive surgery of the head and neck by Harry Buncke, Ohmori, Rollin Daniel, Ian Taylor, and Bernard Mc.C. O'Brien. Name change of American Academy of Otolaryngology to American Academy of Otolaryngology/Head and Neck Surgery. First research workshop cosponsored by SHNS and ASHNS conceived and organized by Greg Wolf.
1980s	Development and clinical application of magnetic resonance imaging in radiologic diagnosis. Further development and refinement of microsurgical techniques for free flap reconstruction in the head and neck. Development of fibula free flap in mandible reconstruction by David Hidalgo. First international conference on head and neck cancer jointly sponsored by SHNS and ASHNS conceived and organized by Paul Chretien. Second international conference under the sponsorship of the American Society for Head and Neck Surgery organized by Willard Fee. Second and third research workshops cosponsored by SHNS and ASHNS organized by Gregory Wolf, Tom Carey, and Stimson Schantz. Head and neck workshops sponsored by the SHNS and ASHNS initially conceived and organized by Jatin P. Shah. International Federation of Head and Neck Oncologic Societies founded in 1987 with election of Jatin P. Shah as secretary general. Increasing application of laser in endoscopic surgery of the larynx. Clinical trials of chemotherapy in the management of advanced cancer of the head and neck. Initiation of the Veterans Administration larynx preservation trial of chemotherapy and radiotherapy. Head and neck contracts program supported by the National Cancer Institute.
1990s	Third and fourth international conferences cosponsored by SHNS and ASHNS organized by Charles Cummings, Michael Flynn, Jatin Shah, and Jonas Johnson. Fourth and fifth research workshops cosponsored by SHNS and ASHNS organized by Tom Carey, Stimson Schantz, and Betty Steinberg. Multi-institutional clinical trial of chemoprevention with Cis-retinoic acid funded by the National Cancer Institute. Increasing interest in basic science research in molecular biology and genetics of cancer of the head and neck. Increasing awareness and assessment of comorbidities in prognosis of head and neck cancer and quality of life following treatment of head and neck cancer. Increasing awareness and development of function and organ preservation strategies in treatment of head and neck cancer. First international conference in head and neck cancer sponsored by the International Federation of Head and Neck Oncologic Societies held in Bombay in 1997. Merger of the Society of Head and Neck Surgeons and the American Society for Head and Neck Surgery into a unified single organization, The American Head and Neck Society.
2000	Fifth international conference sponsored by the American Head and Neck Society organized by Jonas Johnson and Ashok Shaha.

developing worldwide camaraderie, cooperation, and communication, and finally, consolidated the specialty with a merger of the two organizations.

Ladies and gentlemen, head and neck surgery stands tall as a specialty in surgery as well as in the field of oncology and will enter the new millenium with the well-recognized respect it so richly deserves.

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