

The Legacy of Jack Anderson, MD

THE INFLUENCE OF Jack Anderson, MD, on the field of facial plastic and reconstructive surgery was so comprehensive, so complete, that his impact is clearly evident today and will parallel the longevity of the field in the future. His impressions on the field are so thoroughly pervasive because he was influential in every way possible, as a student, as a teacher, and as a visionary leader.

As a student of the field, he had an endless thirst for knowledge. As clinical professor of otolaryngology at Tulane University, New Orleans, Louisiana, he published over 50 research articles on a diverse variety of topics in the field, attesting to his enduring quest to increase his understanding of the nuances of facial plastic surgery. He would go to any length to learn new surgical techniques. When he wanted to learn the face-lift operation he flew from New Orleans to Chicago, Illinois, whenever Ira Tresley, MD, had one scheduled.¹ He continued to make these trips until he had a satisfactory understanding of the operation. After this, he helped make face-lifts part of the repertoire of all facial plastic surgeons. He was always receptive to new ideas and techniques. Anderson once rose at a meeting and stated, "There is nothing you can do with an external approach I can't do with an endonasal rhinoplasty." However, when one of us (P.A.A.), was Anderson's fellow in 1980, Anderson asked, "What do you think of this external rhinoplasty approach?" and P.A.A. commented he thought it was a good idea. Anderson said, "Let's try some," and never looked back. Yet he was always critical of the results of his techniques.^{2,3} Similarly, he would strive tirelessly to increase his knowledge and skills in all areas of the field.

As a teacher of the field, 2 avant-garde principles were

clearly evident in his efforts. One principle was the continuous infusion of "young blood" into the field. He would teach the new, upcoming surgeons through courses, workshops, and study groups, many of which he had helped establish. Anderson liked to call these surgeons "the young Turks" (Robert L. Simons, MD, oral communication, July 2009). Further testament to his love of teaching is the group of fellows he trained, many of whom have gone on to become teachers and leaders of the field, in large part due to the values he imparted. Some of these include David Ellis, MD, Randy Waldman, MD, Michael Willett, MD, Russell Ries, MD, and Randy Weyrich, MD, among many others.

Another principle he championed as a teacher was the open sharing of knowledge, not only within the discipline, but also in an interdisciplinary fashion. His belief in this principle was likely strengthened by the battles he fought with those who opposed the regional practice of facial plastic surgery. The culture of knowledge sharing that he instilled within facial plastic surgery has not only ensured permanence of the field, but also bolstered interdisciplinary ties. This was but one example of his ability to think outside the box, to buck the system, and try new things. As Calvin M. Johnson Jr, MD, his partner for many years, said, "He had remarkable courage, he was a great communicator, and he was ahead of his time" (oral communication, July 2009).

Anderson is perhaps best remembered for his passion for rhinoplasty. He was, indeed, one of the early masters. Richard Webster, MD, once said, "There is no one who knows more about rhinoplasty than Jack" (personal communication, 1984). Early on, he recognized the implications of



Jack Anderson, MD (photograph provided courtesy of the American Academy of Facial Plastic and Reconstructive Surgery).

overreduction and expressed a more structured approach, a concept now embraced by all (Calvin M. Johnson Jr, MD, oral communication, July 2009). Another very important concept that Anderson taught and that has advanced the understanding of nasal tip dynamics is his tripod concept. This concept envisions the lower lateral cartilages as a tripod, the legs of which are composed of the lateral crura and the conjoined medial crura. He described shortening of the medial and lateral crura to alter the location of the nasal tip defining points and nasal projection, rotation, and length. This concept has withstood the test of time because of its elegance and simplicity. True to his principles, he openly shared this concept with all who wanted to learn.⁴ As Wayne Larrabee, MD, expressed his thoughts, "Jack Anderson's charisma and his deep understanding of rhinoplasty are unique in the history of our specialty. His concepts of nasal tip dynamics remain the foundation for many if not most modern rhinoplasty techniques. For those of us who knew him well, and generations who didn't, his presence will continue to stimulate our passion for rhinoplasty" (written communication, August 13, 2009). Many have relied on his sound, fundamental principles to advance the

field of facial plastic surgery.⁵⁻⁷ As Dean Toriumi, MD, said, "I have tremendous respect for Jack in every aspect. His concepts affected a whole generation of rhinoplasty surgeons" (oral communication, July 2009).

As a visionary leader, he had a passion for the American Academy of the Facial Plastic and Reconstructive Surgery (AAFPRS). He led by example and was the single most responsible person for organizing the AAFPRS. Robert L. Simons, MD, remembers Anderson: "He had energy, excitement, desire . . . He swam upstream with a purpose, always including others to help him realize his vision. Jack had great stature—he was the guy who got things done" (oral communication, July 2009). On the AAFPRS's inception in 1964, he was the first secretary, and although the position was extremely time consuming, his tenure lasted 5 years, through 1969. This was followed by his term as president from 1971 to 1972. He helped to develop its fellowship and educational programs and was instrumental in the AAFPRS becoming the first society approved by the American Medical Association to offer continuing medical education credits outside of the university setting.⁸

Owing to his foresight, he was a proponent of public relations and public education. To this end, he championed the addition of "head and neck surgery" to "otolaryngology." In his article titled "An Old Medical Specialty Puts on a New Face . . . and Head . . . and Neck,"⁹ he argued that otolaryngology did not encompass the entire practice of the field and that it was an archaic term that even medical colleagues, let alone the public, did not understand. Some plastic surgeons were dismissive, and in an article titled "Things Are Never What They Seem, Skim Milk Masquerades as Cream," Rusca and Huger¹⁰ attacked the facial plastic surgery training afforded in otolaryngology. Anderson sued the plastic surgeons for libel and won \$1.5 million in the defamation lawsuit. He established the Education and Research Foundation of the

AAFPRS and donated \$1.2 million toward the certification examination of facial plastic surgeons. He had the foresight and acumen to realize that only through the standardization and certification of education and training would the field be able to withstand scrutiny and be recognized for its legitimacy. Today, the American Board of Facial Plastic and Reconstructive Surgery and its 1000 diplomats stand as a living testament to Anderson's vision, wisdom, and generosity to the specialty he so loved. Tom Rhodes, JD, summed up Anderson's greatness by noting, "Some people look at their feet when they walk, some look at the horizon, but Jack, he looked beyond the horizon" (oral communication, July 2009).

E. Gaylon McCollough, MD, said that Jack Anderson was a "mentor, colleague, friend, and role model. When I was a young resident who knew little about facial plastic surgery, I asked Jack if he would help me. He didn't know me well at the time but that didn't stop him from saying yes. That 'yes' was backed up by more dedicated commitment than I had the right to expect. Jack was the consummate teacher, and what he taught me went beyond technique. He taught me the little nuances of an operation . . . how to run a business . . . how to interview patients . . . how to satisfy patients . . . how to handle complications. He was, in short, the complete teacher. Jack also recognized the significance of the politics of medicine and he was always willing to be out front, taking the hits and the licks for the profession he believed in and devoted his professional life to. What qualifies Jack to be remembered is that he did more than he asked anyone else to do. He gave more to our academy and our board than he ever asked in return, and that, to my mind, is the definition of greatness."^{11(p29)}

During the early, delicate years of the specialty of facial plastic surgery stood Jack Anderson, a giant, unwavering in his ideals, ethics, philosophy, and commitment to nurture the field through turbulent and tumultuous times. His fortitude and perseverance helped the field flour-

ish and attain the strength and stature it enjoys today. Every student, teacher, and leader of facial plastic surgery would benefit by remembering his legacy because it reflects the most admirable and essential characteristics that define the forefathers of our specialty. Anderson's legendary contributions will continue to influence our thinking and practice of facial plastic surgery for as long as we practice our art.

Jack Anderson, MD, was born in 1917 in New Orleans and died in 1992, at the age of 75, in New Orleans.

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