Henry Shucksmith T.D., B.Sc., M.B., F.R.C.S.

Henry Shucksmith retired from the consultant staff of this hospital in 1975. There are a lot of people here tonight who never knew him, but few who will not have heard something about Henry Shucksmith. While we have not been in the habit of honouring previous members of the Club in this way, it is perhaps fitting that on a day when we have looked into the future and not liked all that we have seen, that we should look back, and since distance lends enchantment, try to convince ourselves that those of us who worked alongside Henry Shucksmith for at least part of his active surgical life had the "golden days" of Leeds surgery.

Henry was a founder member of this Club and a previous President. He died in November of last year at the age of 83. Henry was the sort of man who liked to control every aspect of his life and those events that were close to him. Had he known that this was likely to take place tonight, he would undoubtedly have chosen the orators. I am not sure that he would have chosen me to do this, but I think he would have accepted it with good grace – in other words, my relationship with him was satisfactory. Those of you who knew him will perhaps regard this as highly satisfactory; for if it were not so, it would have been non-existent. He was an unusual man, fascinating, irascible, witty, and highly intelligent. He demanded punctuality, attention to detail and most of all, honesty.

To understand him, one needs to go back to his early formative years, so let us go back to the beginning. He was born at Alvingham, Lincolnshire, a small village near Louth on September 20th 1910. He was always proud of his roots. Coming from farming stock, he learnt early in his life the importance of hard work and had a set of values instilled into him at the elementary school and the local Methodist Church that must have shaped his approach to life and work for evermore. At the age of 11, he went to King Edward VI Grammar School in Louth and won his first prize at 13, the Tennyson scholarship, which gave him free schooling for a year and £10 in his pocket. £10 that he did not waste. He saved it and eventually used it for the Primary F.R.C.S. course. In the summer months, he cycled to school, but in the winter, he stayed with Aunt Eliza and Uncle Joe in Louth from Monday `til Friday. In 1925, at the age of 14, he passed the Cambridge local exam with credits in 8 subjects, but only a pass in French. Thus, he gained the Cambridge entrance requirements and stayed on into the sixth form for 2 years with only 1 other pupil.

There were 3 Shucksmith brothers and his father made it clear to him that there would be no future for him on the farm. He clearly had academic abilities and was encouraged to consider a career in banking, teaching or as a solicitor's clerk. In making these suggestions, his father mentioned nothing that needed excessive financial investment, but Henry was not attracted to any of these disciplines. He was not interested in art, literature, music or sport, but he was good at learning and passing exams. Achievement was what appealed to him. He told me that he went into medicine because of certain events that happened during his school-days.

The sixth form was housed in what is described as a hut; certainly, it was a separate building from the school on the playing field adjacent to the cottage hospital. From here, he observed the doctors driving in and out of the hospital. They had cars with walnut

dashboards, wash-leather gloves, and people stood back to let them pass. He began to think that a future in similar circumstances might be quite agreeable. Doctors were held in high esteem in those days – they still are, I think, not to the same degree of course, and that is understandable when our image in the public eye is fashioned by television programmes such as “cardiac arrest”.

When the local doctor in Alvingham was terminally ill with DT’s and cirrhosis, the church bells were silenced, the roadways were covered with sawdust near his home to quieten the noise of the carts as they passed and when he died, the whole village went into mourning. Medicine, it seemed, would do very nicely.

He could have gone to Cambridge – Gonville and Caius – but he did not get a scholarship to do so, due to his ignorance of English literature and so he decided on a provincial medical school and to go to university a year early. He decided on Leeds because Lord Moynihan was always in the papers. His father wanted to know where the money was coming from and he replied, “Aunt Sarah will pay”. Aunt Sarah did pay and he was eternally grateful. He calculated that he would need one thousand pounds. £320 was required for fees and a microscope. Accommodation was £2 a week.

He was accepted by Leeds on the basis of his Cambridge local exams and he entered the medical school with no ‘A’ levels and no biology, but he did have Latin which was mandatory in those days. Thus it was that on September 27th 1927, at the age of 17, he arrived at Leeds central station in a dark overcoat, bowler hat and kid gloves. His first year was spent in residence at Devonshire Hall, not the present building, but the building that is now Wesley College and afterwards, digs with Mrs. Robinson – though I am pretty sure that he did not behave like Dustin Hoffman. He was a diligent student, he attended every lecture and practical class, but rarely went into the library. He worked every evening, Monday to Saturday, retiring at 10.30pm. His nonconformist upbringing ensured that he regarded Sunday as a day of rest when he went for walks, often on his own, sometimes with fellow students that were not always medics. In his first 2 years, he frequently went to some Methodist Chapel, but was clearly having serious doubts about the eternal truths that the church preached and after the age of 19, he no longer attended regularly, though he did go to hear various well-known preachers of all denominations. If he doubted the eternal truths, he did not doubt the virtues of Christianity. He pursued truth at the expense of all else throughout his life.

Rebellious youth in his case amounted to smoking the odd Woodbine in a barn at Alvingham and graduating to half a pint of Tetley’s bitter a week as a medical student. And that is how he passed his student days, five cigarettes a day, half a pint of beer a week, no evenings out.

It was a recipe for success, his undergraduate career was exemplary, though he put it down to another factor. “On my way to the second M.B. anatomy exam,” he told me, “a pigeon shat on my head! – it was such a relief; I knew I was going to pass.”

He took the second M.B. in March 1930 and was awarded the Littlewood prize for anatomy, worth £50 and the Infirmary scholarship worth £75 and a free ticket to the clinical teaching thereafter, thus saving Aunt Sarah a fair amount of money.

Brian McSwinney, the Professor of physiology, offered him the chance to do a B.Sc. which he accepted and paid for with the anatomy prize. He graduated with a first class honours B.Sc. in June 1931. McSwinney was an expert on smooth muscle and the autonomic system. It was at this time that he developed an interest in those things that would shape his surgical future. In April 1931, he became a clinical student. He had already decided upon a surgical career and so did surgery first. He also decided to do the primary F.R.C.S. examination as soon as possible. He took the exam, but failed and took it again after qualification in 1934.

The first surgeon he encountered in the Infirmary was Digby Chamberlain who was a "junior honorary" at that time. George Armitage was senior tutor and Leslie Pyrah junior tutor, Philip Allison as RSO and this represents the surgical hierarchy of the Infirmary in the mid-1930's. Armitage and Chamberlain had qualified together in 1922, both with first class honours and William Hey gold medals. Pyrah had obtained second class honours. Of the medical teachers who impressed him, Hugh Garland and Frank Hellier he regarded as outstanding. He qualified in April 1934 with first class honours. He also took the conjoint exam, passing that too – obviously, his reason for so doing was that possession of the conjoint qualification allowed you to take the F.R.C.S. diploma at an earlier stage.

But it wasn't just first class honours that he obtained; he virtually wiped the board with the prizes. I've already mentioned the Infirmary scholarship and the Littlewood prize, but he also won the Edward Ward prize for surgical anatomy, the Magill prize for clinical surgery, the Hardwick prize for clinical medicine and the William Hey gold medal. On qualification, he did something that he had not been in the habit of doing; he went out to celebrate. An evening at the Music Hall – the Leeds Empire in Briggate – with his long-time undergraduate pal, Oliver Lord. There they met Philip Allison and John Foster and concluded the evening with supper at Jacomelli's.

In 1934, there was no Health Service, no requirement to do approved apprenticeship jobs for 12 months; you simply went straight into practice if that was what you wanted to do. If you wanted to be a surgeon, you either had to have private means or be prepared to make enormous personal sacrifices and subsist on hospital provisions and lowly pay for an indeterminate length of time. Typically, Henry was prepared to make these personal sacrifices.

During his student days, it was E R Flint who had most impressed him and it was for Flint he wished to work on qualification. He was promised the house surgeon's post on condition that he applied for no other. He began work at the Infirmary as house surgeon to Ethelbert Rest Flint on the 1st May 1934. George Armitage was now a "junior honorary".

Flint had been RSO throughout the 1914-18 War. He had been Moynihan's first assistant, but did not resemble him in any way. Henry obviously became a Flint man, while George Armitage became a Moynihan man, suave, elegant, polished and dare I say it – commercially enlightened. Armitage this is. Flint was taciturn, dour, a speedy economical and elegant operator who had no time for pomposity and nonsense. This matched almost exactly Henry's own persona. These were important formative days and clearly moved him a pace further towards his eventual surgical destiny.

Flint had written a classic paper in the BJS, “Variations in the Gall Bladder, its ducts and vessels”. Henry admired his intellectual honesty, diagnostic skill and slick operating technique. Flint was phoned at 10pm by the house surgeon each evening, a practice that Henry continued throughout his own consultant career on acute nights, but eventually it was the senior registrar that had to ring him, modern surgery being too complex for a junior house surgeon.

Henry told me that Flint spoke very little. He did not teach, *you* learned from him. Neither had any sympathy with all this post-graduate education business. I am sure I would have incurred his wrath by making my recent part-time lateral translocation. I mention this because I still feel that I ought to apologise to him. I can imagine his response – “What – you young chaps want to get a bit of proper work done!”

In October 1934, he took the primary F.R.C.S. following the King’s College course, paid for in part by assistants’ fees or at least what was left of them because by now, he was smoking 20 Gold Flake cigarettes a day and drinking 2 half pints of Tetley’s bitter a week – he passed.

He returned to Leeds as a demonstrator in Anatomy, being paid £8 a week and then went to Barts to do the final F.R.C.S. course with George Seed – both of them failed. He next worked as orthopaedic house surgeon. He took the exam again in November 1935 and sailed through. The diploma cost him £30 and when he had paid for it, he had 2/6d left in his pocket.

From December 1935 to 1937, he worked as resident casualty officer. These were pre-antibiotic days, but Prontocil was being used for the first time. He became intensely interested in the septic hand. Harold Collinson, Professor of surgery, nearly did form a septic hand at this time. Flint obtained Prontocil, operated on him and saved his life. These were things that Henry never forgot and whenever the opportunity arose, he would quiz us all about the palmer spaces, suppurative tenosynovitis, web space infections and we soon realised that here was a wealth of pathology that we had never seen.

An interesting duty of the resident officers I cannot neglect to relate because it seems so incongruous to me, having known Henry 20-35 years later. The resident officers were required to go out preaching to raise funds for the Infirmary on St Luke’s’ day. In 1936, therefore, Henry was the preacher at St Mary’s, Allerton Bywater. He rehearsed his sermon in the casualty department, ascending the steps onto the theatre operating table and holding forth to the nursing staff. I do not know what he took as his text for the occasion or how it was received by the large congregation, but the experience did not subvert him into the church.

He was appointed RSO to the Infirmary in December 1936 at a salary of £200 a year. It was now that he began to do “proper surgery”. The tutors were Michael Oldfield and John Latchmore. John Latchmore told me one day (he was a wonderful raconteur who had a fund of historical anecdotes) that Henry did his first cholecystectomy one Saturday afternoon while he – Latchmore – had gone out of the hospital for some brief respite. When he came back at the end of the afternoon, Henry was waiting for him at the entrance, standing in front of that large fireplace with a “chole” clip behind his back attached to a large gall

bladder. Henry maintained that you had to behave like that because Latchmore was always there.

The RSO also had to help with the blood transfusion service which Pyrah had begun in 1931. Grouping was done using Landsteiner's sera and then suitable donors had to be assembled to be bled into an enamel jug, blood being given to the recipient by intravenous injection. Sometimes transfusions had to be done arm to arm with red rubber tubing and a three-way tap.

At this time, he did all the children's waiting list surgery, most hernias and piles and these were done on a Saturday afternoon. For recreation, he paid a weekly visit to the Empire, Briggate, had tripe and onions at the Queens brasserie, but did not increase, as far as I know, his consumption of tobacco or beer.

The storm clouds were gathering. He joined the T.A.

His next post was that of junior surgical tutor to which he was appointed in February 1939. Jock Hall became the SO and Tiny Martin the resident casualty officer. John Latchmore became the senior tutor. Michael Oldfield had been appointed "junior honorary" in succession to Braithwaite. The tutor was just that – a tutor of the University. It was his job to teach the students on the wards and in the clinics. Operating was a service commitment and the tutor was forbidden to operate between the hours of 9 and 5 Monday to Friday. In the University hierarchy, it was a lowly appointment, being the equivalent of a demonstrator. The tutors were not resident and had to live out, but there was still a lot of night work and so Henry bought himself a bicycle, a Raleigh with a Sturmi-Archer three-speed gear control. He was now first assistant to P J Moir and H W Symonds – Symonds being the first person to do an abdominoperineal excision of the rectum in Leeds.

By September 1939, we were at war with Germany. He was already in the T.A. with Barry Payne, honorary assistant orthopaedic surgeon, S J Hartfall honorary assistant physician, J M P Clark and Ian MacPherson. He was mobilised into the 4th – that is the first Northern General Hospital, a two-thousand-bedded affair which became based in Etaples in France where his organisational abilities were first tested.

After Dunkirk, he came back to the L.G.I. but then served in Malta, Sicily and Italy. He gained enormous experience of abdominal injuries and the subject formed the basis of his Hunterian Lecture to the Royal College of Surgeons on April 6th 1945. Whilst he saw a lot of action, there were long periods of boredom. He nearly joined Gray's Inn and studied law and always regretted that he had not done so. It would have been interesting and occupied the empty hours of the War, and I too think it was a shame. Henry had a legal brain, he may have done better teasing some nice aspect of a legal argument than practising surgery, but then he was pretty successful at surgery too.

He was released from the army early in February 1945 so that he could return to his job at the L.G.I. When he arrived here, he went up to the main operating suite and walked into Philip Allison's theatre. Philip was having some difficulties at the time and on seeing Henry, exclaimed, "Christ". "No," replied Henry, "or I might be able to give you some help!"

He now lived in Woodhouse Square with Tom Fields, but the next big event in his life was his marriage to Mary Richardson Sykes. He had met her as a student. Philip Allison had nudged him and said, “She looks like a nice girl” – Henry – took on – as he would say. A lightening courtship ensued and they were married in March 1946.

In April of that year, he was appointed honorary assistant surgeon to the L.G.I. It was, in fact, St George’s Day. He was also appointed surgeon to the Leeds Public Dispensary and had duties with the emergency medical service at Meanwood Park and Pinderfields. His contract was for a period of ten years. Before the Health Service started, therefore, consultants were appointed on fixed term contracts!

With the inception of the Health Service in 1948, he was appointed consultant surgeon to the L.G.I., L.P.D., Hertzl Moser Hospital, St James’ Hospital, Pinderfields General Hospital, Clayton Hospital Wakefield, Dewsbury and Seacroft. This was, of course, long before the days of Bredon Devlin and the CEPOD report. But it was even worse than that; often, he would be called out for a special consultation to hospitals in East Riding and had to fit these in to a normal day’s work.

As the youngest of the consultant surgeons on the staff, he cast around for ideas for research, but admitted that these were not forthcoming. Sympathectomy was very much in people’s minds and with his background in physiology and Flint’s personal interest in the subject, it seemed a logical area of surgical practice to develop. It’s interesting to note that even in 1948, he regarded general surgery as a contracting specialty. Orthopaedics had gone, neurosurgery too and one must remember that George Armitage had hitherto been dabbling in neurosurgery as well. Philip Allison began to specialise in thoracic surgery and already there were rumours about the future of urology.

Sympathectomy was tentatively being used as a method of treating hypertension and in 1948, Henry went to Boston in pursuit of Smithwick. He returned, having watched Smithwick, Catell, Marshall and Frank Lahey, McKittrick, Dunphy and Homan of Homan’s sign. This was an illustrious company of surgeons, but he returned doubtful about the future of sympathectomy and began to analyse his own results in a scientific and honest way – not exactly a double-blind trial but the results of his work were all independently assessed by Dr. Newcome and Dr. Suffern, two senior registrars in medicine. Between them, they reported a series of 212 operations performed between 1947 and 1956 – quite a series.

In the event, sympathectomy for hypertension was abandoned as new pharmacological agents became more reliable and less liable to side effects. Furthermore, sympathectomy for peripheral ischaemia proved to be disappointing too. Surgery, if it was going to have an impact on arterial disease, had to attack the diseased vessels. Direct arterial surgery was developed during the early 1950s and Henry Shucksmith felt that he just had to take up this new demanding and, at times, dangerous specialty. Aortic homografts were taken, sterilised and preserved in the bowels of the institute of pathology behind the medical school. With Dr. Sutherland and Dr. Zinnerman, he investigated the sterilization and preservation of these grafts, publishing the findings in the BMJ in 1958.

The European Society of Cardio-vascular surgery was formed in 1954 and he was invited to be a founder member by Sir James Learmouth who had watched him operate at the Infirmary when attending a visit of the Moynihan Club. Henry was now in his mid-forties. He operated on the first aortic aneurysm in Leeds, an aneurysm that surprisingly was traumatic and not atherosclerotic. Philip Allison assisted him, and while the patient did well, Henry became somewhat anxious about the techniques of arterial suture and at Philip Allison's instigation, he went back to the States to see Edwards and Jock Wylie in Los Angeles where he also watched them doing closed endarterectomies with Cannon's knives. Closed endarterectomy proved to be disappointing, but he remained somewhat attached to the idea, I think, for when I was with him at the beginning of the 1970's, he brought back from a meeting of the Moynihan Club in Marseilles Volmar's blunt loop endarterectomy instruments and for a time, we stopped doing bypass grafts while experimenting with Volmar endarterectomy.

Henry was the pioneer of vascular surgery in Leeds, but he always regarded himself as a general surgeon and loved those diagnostic problems that exercised that legal mind of his. The generality of surgery interested him. Following the Association of Surgeons meeting in Oxford in 1947 when Lloyd Davis gave a paper on synchronous combined abdominoperineal excision of the rectum, he and P J Moir did the first cases in Leeds.

Suppurative parotitis was a relatively common post-operative complication before fluid metabolism was correctly understood and applied, especially in patients with foul mouths – hence his routine note in the doctors letter; either "dentures" as a single word sentence or, "teeth in good repair". Surgery of the gland itself was poorly performed and surgeons were unenthusiastic about operating so close to the facial nerve. Henry took an interest in this sort of surgery too and aided by Dr. Walls who gave him anatomical help (and who, incidentally, is still teaching anatomy to our primary F.R.C.S. candidates), they wrote a classic paper with Tom Boyle in 1951 on finding the facial nerve before doing anything further with the parotid gland – standard practice today, but few of the younger surgeons would perhaps be familiar with Henry's contribution to this difficult area of surgical practice.

His other major interest was cancer of the breast. It is interesting to note that the government, only last week, decided to find the money to do what Henry did more than 30 years ago. With pathologists Peter Dossitt and Geogiana Bonsa, the steroid chemist J W Jull and subsequently radiotherapists Jim Macleod, Professors Kunkler and Joslin, he organised a multidisciplinary team to treat these patients in a logical and analytical way. There was, of course, no doubt about who held the position of team leader.

The complications of surgery irritated him no end. Once the patient returned to the ward, it was the job of the juniors to "pay attention to detail" in their subsequent management to obviate the risks of DVT, pulmonary embolus, broncho-pulmonary collapse, wound sepsis and burst abdomen. We had our fair share of these, so much so, that when writing a reference for a staff nurse working on ward 4, he wrote that her surgical education would be complete in almost every detail if only someone could show her a wound healed by first intention.

It was that sort of wit that lives in the memory rather than the harsh words that were said to everyone at not infrequent intervals and silently, I suspect, later regretted. He kept us on our toes – not just the doctors either. Delia Gell, sister on ward 6 at St James was usually prepared for his rounds but Henry did from time to time arrive early – never late – and on one occasion, he entered Delia's office to find her on her knees sorting out the X-rays. She, not knowing that it was he, said, "Bugger off, nurse, Henry's coming". Shortly afterwards, she married and I had to confirm this rumour to him.
"What do they call her now?" he asked.
"Tucker, Sir," I said.
"What did you say, Bunch?" he asked with obvious mischief.

One day, Digby Chamberlain emerged from the theatre and explained that he had just done an abdominoperineal excision of the rectum on a patient who had previously had a laryngectomy. "Oh well," said Henry, "you'll have silenced him altogether then".

While I was with him, he moved to Wetherby and bought a dog, Sam. He used to tell us about Sam every Tuesday morning once the difficult bit of the vascular case was over, but on the first occasion, he told John Shoesmith that he was very worried about this dog; he wasn't at all sure that he would be able to train him to be a gun dog because, as he put it, "he pees like a wench". John reassured him that they all did that in their early days and that all would be well in the fullness of time. Thus reassured, he decided to proceed with the training forthwith and said to me, "You've got a young son, Bunch, haven't you?"
"Yes, Sir", I said.
"Has he got a gun?" he asked.
"Yes, he has," I replied.
"Can I borrow it?" he asked. "I want to get Sam started on his training".
I loaned him the gun, complete with a goodly supply of caps, as I thought it demeaning for a man of Henry's stature – and I do not use the term in a physical sense – to have to go into some toyshop or newsagent's and ask for caps for a toy gun. I need not have worried because when he returned the gun, a replacement set of caps was supplied. Henry had been up to the task. As a thank you to my son, Mark, he put in the paper bag, the original one that I had given him with the gun, a small matchbox toy car.

Henry always had the last word. To try and cap one of his jokes, asides or even criticisms was, at best, unwise. But there was one occasion when Mrs. Bonser had the honour of providing the witty comment which he was helpless to rejoin. A lady presenting with a swelling in the breast said that it had arisen after she had been bitten by a horse. "Ah," said Mrs. Bonser. "A tit bit". A retort worthy of Henry himself, but then she was one of a very few people that he really admired. Some he quite liked, the majority he tolerated and a few he despised. He was not always right; some who had great difficulty working with him found inspiration elsewhere and have become dedicated and distinguished consultant surgeons in their own district. Some have become towers of strength locally and regionally.

Henry was on a different plain, he was totally self-sufficient, needing neither friends nor supporters, prepared to live and fight alone if necessary.
There aren't many like that.
He made a greater contribution than is recognised.

Typically, he managed to depart this life simply without pomposity and with notable wit. His death notice in the Yorkshire Post read; SLIDE.
Clearly, he sought no memorial, at least no lasting physical memorial; memory exists in the mind. By thinking about his life and work today, perhaps that memory may linger a little longer.

I hope so.