

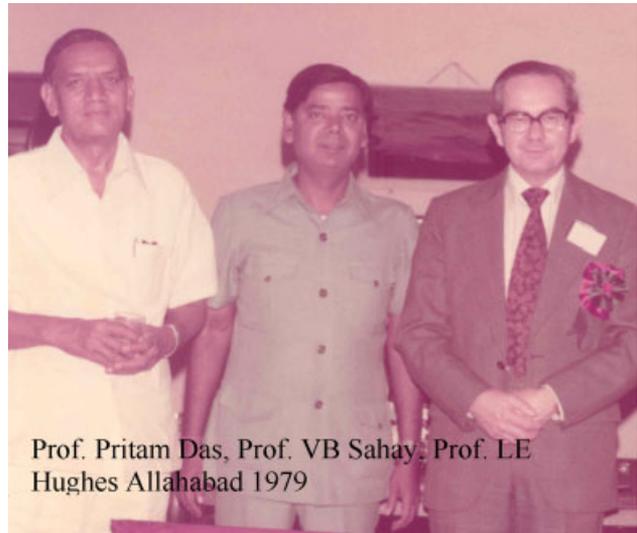
## TRIBUTE TO A TEACHER

### LE Hughes: Watch Him Do It And You Will Learn It

Leslie E. Hughes, my guru, was born on August 12, 1932 in Parramatta, Australia. At the age of 22 he graduated (MBBS) from Sydney, the same year he married Marian Castle, a fellow medical graduate. In the following 6 years he went through surgical training at Royal Prince Alfred Hospital, Sydney; Repatriation General Hospital, Concord, Sydney; City Hospital Derby; and West Middlesex Hospital, London.

Professor Hughes had the British Empire Cancer Campaign Research fellowship at King's College Hospital Medical School, London in 1962–63, working in the developing field of cancer immunology. At this stage in 1964, he was appointed Reader in Surgery and Visiting Consultant Surgeon, in both Princes Alexandra Hospital and Royal Brisbane Hospital, Queensland. He was later awarded a UICC Eleanor Roosevelt International Cancer Fellowship that he took at Roswell Park Memorial Hospital in 1969–70. There he was able to see the pioneering work of Bakamjian. In 1971, he joined the University of Wales College of Medicine as Prof. and Head of the Department of Surgery (replacing Prof. APM Forest). He stayed there for the next 22 years, presiding over a comprehensive development of surgery and creating an army of well-trained, loyal surgeons, the majority of whom have taken surgical oncology as their career under his direction in England and Wales, Canada, India, Australia, and Africa to name a few countries. Prof. Hughes was President of the Surgical Research Society of Great Britain in 1991–93 and Chairman of the Editorial Board and Editor Educational Section, for the European Journal of Surgical Oncology in 2000–05. He became Honorary Fellow of Association of Surgeons of India in 1979 and Coloproctology Society of Great Britain and Ireland in 2002. He was President of the History of Medicine Society of Wales in 2000, and retains an active interest in the History of Surgical Oncology. Prof. Hughes visited many universities and received visitors to integrate and interweave surgical techniques. He is a great leveler of the dissimilarities that are present in the practice of surgery. In this process he succeeds in bringing all to a high level of efficiency.

A visit to his unit by Prof. Pritam Das, a senior and respected surgeon from Allahabad Medical College, India in 1974, led to an arrangement of visits by a



Prof. Pritam Das, Prof. VB Sahay, Prof. LE Hughes Allahabad 1979

succession of trainee surgeons from India to Prof. Hughes' department. I was the first such trainee from India to visit Prof. Hughes.

It was a very cold morning with snow and stormy winds in Cardiff on January 3, 1975 when I walked from Rook wood Hospital, situated 5 km southeast to the University Hospital of Wales, to join Prof. Hughes as a locum registrar from India. The night before, I had reached Cardiff from New Delhi. The heavily aromatic pickle oil had leaked in the suitcase and soiled my shirt and suit. During the 40 min walk much of the pickle's aroma had evaporated, but as I entered the warm surroundings of Prof. Hughes' office, the odor returned stronger than before. After a waiting period, I was ushered into the Prof. Hughes' office by Jean Hosie, his secretary who controlled the office activities. Prof. Hughes was surrounded by unending shelves of books on one side and a cabinet with records on the other. He also had a large viewing box and coat hanger. As he

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looked at me I found him to be very serious. He inquired about my journey, whether I was well placed, and also what I expected in his unit. I replied informing Prof. Hughes of my wish to first learn the technique and secondly to develop critical appraisal of treatment, in particular cancer. I would never know if that aroma of pickle had reached Prof Hughes. I was very welcome and soon I integrated into his unit.

In the subsequent 2½ years, I found that Prof. Hughes had created an atmosphere of total dedication to teaching. The program of the week was extremely hectic besides patient care, outdoor clinics, business rounds, and operative procedures. Prof. Hughes had established “Mitotic Clinics” to discuss management of cancer by a multidisciplinary team consisting of the surgeon, medical oncologist, pathologist, radiologist, and the social worker. This was 1975. There was a weekly pathology clinic and radiology clinic to review all the pathology and radiology reports in the presence of all the trainees and consultants, radiologists, and pathologists. I found that he was using axial pattern flaps, and later myocutaneous flaps, in the management of many difficult problems of surgery for cancer and radiotherapy complications. He was already an advocate of immediate breast reconstruction using Latissimus Dorsi and TRAM flaps that became a regular feature by 1979.

The broad-based approach at the basic level that Prof. Hughes taught extended also to other important and critical areas of wound healing and inflammatory bowel diseases. It was very easy for Prof. Hughes to develop a team with an intensely dedicated approach to these clinical problems. At the level of my own existence in the department, at registrar level, I was not privy to the policies taking place at his level, but all that I witnessed was a smooth and cohesive application of his instructions in various aspects of training and patient care. He produced many videos that set out the clearly-defined techniques he used in operations such as for melanoma,



soft tissue sarcomas, salivary tumors, hidradenitis, and incisional hernia.

Professor Hughes started a wound clinic in the department around 1975. The importance of the wound clinic was not uniformly appreciated by everyone at that stage. One reason for this was that all the operative wounds were healing, any way, and that not many patients with wound problems were seen. Yet Prof. Hughes continued the wound clinic, and today we find that the wound clinic is one of the most important research areas of the University of Wales, headed now by a Prof. with other ancillary staff. Patients with wound problems come from far and wide to get treated in this clinic. And this wound clinic has spread to other areas of the United Kingdom and the rest of the world.

The Cardiff Breast Clinic is well known all over the world. In 1975 the clinic was run by Prof. Hughes himself. He recruited clinicians of utmost integrity and ability to the breast clinic. Also, in the breast disease



aspects Prof. Hughes had realized at an early stage that it was the benign breast disease (BBD) that required attention. Thus, he started a breast pain (mastalgia) clinic. This became very popular in a very short time and attracted to it trainees of very high caliber. To a large extent the problem of mastalgia was solved and Prof. Hughes produced an entirely new and revolutionary understanding of BBD with his classification of BBD in conformity to the developmental process of the breast itself. His book on this subject is now running into its 3rd edition very soon after its 1st publication in 1990.

I never saw Prof. Hughes smile in the hospital. However, his serious stance was however full of compassion for the patients and all those who were working for him. I remember many get-togethers at his own house, in the evening; here he encouraged trainees from different ethnic origin to produce snacks of their respective countries. This created bonhomie among both staff and trainees. His secretary Jean was helpful to the extent of doing the paper work herself for some of us who were of different backgrounds. His laboratory in charge, Harry Kincaid, also made sure that all the laboratory requirements of the trainees were seamlessly procured.

Professor Hughes has acute power of observation. Nothing missed his observation. There was a time when one of the trainees, while putting on the gloves, touched the outside of the gloves with bare fingers of the opposite hand. Perhaps this information was brought to Prof. Hughes by the OT sister. Prof. Hughes in his typical teaching style gave the responsibility of producing a set of slides showing the correct way of putting on the gloves. This produced the most lasting effect on the minds of the trainees and inculcated in them the habit of doing everything in the correct manner.

Professor Hughes believed very strongly on the quality of surgery performed for malignant conditions. He was meticulous and while he operated he appeared simply to be taking that particular organ out of the body, loosening a few nuts and bolts. Operations appeared very simple to perform when Prof. Hughes operated. Years later I had the opportunity to review the patients of breast cancer on whom Prof. Hughes had performed Patey's Mastectomy in the last 12 years. The local recurrence rate was one quarter of that reported by other well-known British breast surgeons, even though he applied mastectomy to more advanced cases. The local recurrence rate was <0.5% and axillary recurrence <1%. I visited Prof. Hughes' unit many times after having spent the initial 2½ years as his registrar. The meticulousness of his operations on cancer reflected the very low rates of post-operative complication and local failure. During my stay I have not seen any patient operated on by Prof. Hughes, developing recurrence in the pelvis after APR or AR.

There was in his unit a 'breakfast meeting' on every Friday to discuss 'problem' cases. This was attended by all the surgical staff and trainees. In this meeting the teacher in Prof. Hughes excelled. He listened to everybody very calmly and gave his explanations so convincingly that it opened limitless opportunities to approach a given problem.

Professor Hughes looked beyond his time, but he had kept his feet firmly planted in the past. He drew parallel of the progress taking place by giving several instances of examples of the past. As the saying goes "the more you look in the past, the more you will see in the future," it is perhaps the firm knowledge of the past that helped Prof. Hughes in the development of the areas of wound healing, benign breast conditions, hidradenitis suppurativa, and incisional hernia that he could produce such masterpieces as ANDI classification of BBD and the wound clinic.

Professor Hughes must have continuously pondered about the progress, career, and well being of all those who worked for him. For a man, devoid of small-time humor, it was amazing how deep loyalty we trainees developed for him. I am convinced that Prof. Hughes' honesty of seeing the trainees do well in their profession and in life, made him to make extra efforts for the creation of an atmosphere of cohesiveness and support. He regularly arranged dinner meetings at his house where Marian Hughes was at her best in looking after us, catering to each of our favorite dishes. How I remember that some of the meals were vegetarian just to accommodate my vegetarianism. He not only provides the best opportunities for guided and self training but also throws challenges that would self propel the trainee to new heights. Even at this stage I recall how I had missed a few opportunities that would have taken me in some other direction.

Professor Hughes helped to shape the careers as well. I was effectively stopped by Prof. Hughes from going to the United States for my surgical career. In 1977 I had an opportunity to join one of the cancer institutes in the Western US and had also approached Calgary for a surgical position. I would have achieved this goal but for the advice I asked from Prof. Hughes of the various opportunities in the USA. "Hari, if I were you I would settle in India, because there I will become more useful and in the long-term help training of surgery and surgical oncology in my country" was Prof. Hughes advice. After my return from Cardiff Prof. Hughes visited me in a few year's time as if to insure and support my progress in my native land. I come from a remote village in the district of Allahabad in north central part of India. I wanted Prof. Hughes to visit my village and plant a tree so that we have an icon, a living icon, to draw inspiration from for all the time to come. Prof. Hughes agreed to do this favor. I

always remember that journey in an old “Ambassador car” from Allahabad to my village-a distance of 55 km, taking 3 hr to reach through a thick cloud of dust in those times. Nothing deterred Prof. Hughes. That plant, now 27 years old, bears sweet mangos every year. He also kept the promise of not only accepting our trainees until he retired, but made it possible to continue the arrangement even after his retirement.

Professor Hughes had very specific dislikes and one such dislike was smoking. He would sniff smoke in any corner of the hospital while sitting in his office. Amongst the trainees it was known to everybody that if you wished to reveal your ground position to Prof. Hughes, just alight a cigarette.

Professor Hughes was delighted when some of his trainees achieved positions in different parts of the world. He even brought some of the brightest back to his unit for time bound assignments. His contribution of excellence to world surgery is being multiplied everyday by his students and student’s students. For example, one of the characteristics of Prof. Hughes was to tie a double-handed knot. I converted from a single-handed to a double-handed knot only in a few weeks after I joined his unit in 1975. Years later I was a Visiting Prof. in a Wales Hospital. It was a low anterior resection that I was doing. After having placed the posterior rows of anastomosis sutures I was tying them with both hands. At this stage one of the senior surgeons walked in the OT and watched me tie the knots and commented that “Oh that’s Prof. Hughes’ hands working.” This was a compliment I cherish most. This was also the most important lesson and philosophy of life that Prof. Hughes taught his students, that is, have the satisfaction and joy of doing even small things with great efficiency. This for me was also the essence of Prof. Hughes training to all of us. It creates a sense of achievement in our day to day working.



At his festschrift

Professor Hughes, an intense family man, doted on his two daughters and two sons. His younger son developed a neoplastic condition that ultimately proved fatal but he bore the tragedy with exemplary courage and fortitude that demonstrated the resoluteness of his character.

When he retired from office in 1992, I traveled to Cardiff for his festschrift. I was amazed to find a galaxy of his former students, all in responsible positions, gathered to bid him adieu from his active surgical life. I am very fortunate that I am able to meet Prof. Hughes often and see the man in his natural self, exuding confidence and happily basking in the achievements of his students. If given a second chance I would like to go back to being a registrar with Prof. Hughes in ward A2 of the University Hospital of Wales.

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