Walter Samuel "Sam" Henly

January 30, 1927 – February 10, 2013

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Walter Samuel Henly was born on January 30, 1927 in Greenville, Texas, delivered by and named for his Uncle Walter, a physician, and Uncle Samuel, a school teacher. Sam was a fifth-generation Texan, and the town of Henly, Texas, a few miles west of Austin, was named for his ancestors. Raised in Lubbock, Sam graduated from high school in 1944 as class Valedictorian and a member of the National Honor Society.

Attending the University of New Mexico courtesy of the Naval ROTC, Sam majored in chemistry and graduated in 1947. He was an outstanding student, and his professor of physics asked him to move to Los Alamos to collaborate on a new project and earn his Ph.D. in physics. Sam declined.

Instead, he was accepted in the only medical school to which he applied, Johns Hopkins, where he graduated in 1951 in the top third of his class. After completing his internship there, he started his surgical residency in 1952. The chief of surgery was Dr. Alfred Blalock, a pioneer in the field of cardiac surgery. Sam worked with many of the great names of surgery including Denton Cooley, Frank Spencer, Dave Sabiston, Henry Bahnson, Dwight Magoon, Alex Haller, and others who later became chiefs of surgery at other medical schools. Two months after starting his residency, Sam was called back into the Navy for 2 years during the Korean War, serving in Japan and Korea and as the surgeon onboard various ships. His stories of being transferred from ship to ship in an open basket on a cable between the two while they plowed a parallel course through the North seas were riveting. If you fell in, he recalled, you could survive in those icy waters about 15 minutes; stopping the ship to pick you up would take about 30 minutes.

After discharge, Sam was offered a residency position by Dr. John Gibbon, inventor of the heart-lung bypass machine, but he had heard of things going on back in Houston under a surgeon named Michael E. DeBakey, and he applied to Baylor College of Medicine for a surgical residency. After all, he was a Texan.

At Baylor, Sam finished his 4-year general surgery residency, took a year of thoracic surgery residency, and passed his boards. In 1959, he went to work at Baylor. There, he was called almost immediately by Dr. DeBakey, who told him, "I need you in the operating room" since the other three more-senior members of the Baylor faculty—Drs. Cooley, Crawford, and Morris—were too busy. Soon he was totally occupied working with Dr. DeBakey.

Sam and Dr. George Morris "ran" Dr. DeBakey's service from 1959 to 1964. During this time he participated in the development of arteriography, oxygenators, cardiopulmonary bypass, arterial bypass graft techniques, aneurysm repairs, and many other first-time operations. He coauthored with Dr. DeBakey the paper that outlined the widely known "Classification of Aortic Aneurysms." He coauthored papers with Dwight McGoon, Denton Cooley, Stanley Crawford, George Morris, Arthur Beall, Ed Garrett, Grady Hallman, and many others. In 2008 he published his last paper, also with Dr. DeBakey, titled "Surgical Treatment of Angina Pectoris—A Fifty Year Retrospective" and published in the Methodist DeBakey Cardiovascular Journal.

Those were exciting times, and the stories he told were fascinating. One was of a man with an aneurysm of the ascending aorta and arch that had eroded through the sternum and was palpable on the anterior chest. Dr. DeBakey had to go out of town and told Sam, "Why don't you operate on the patient while I am gone." Sam and Dr. Garrett operated through a bilateral subcostal incision and cannulated the only open carotid artery to perfuse the brain. The patient completely recovered but died 2 years later when he fell off his roof while making repairs. It certainly must have been one of the first successful attempts at aortic arch replacement with cerebral perfusion.

Soon he was in such demand and busy with his own patients that Dr. DeBakey suggested he go into private practice. In 1965, Sam started a group called Surgical Associates, the first private thoracic and cardiovascular surgery group in Houston. It included Bob Overton, Don Quast, Ken Ricks, Jack Fitzgerald, and eventually Charley McCollum, Toni Ripepi, myself, and Mike Reardon. Sam insisted on the same exacting standards for his private practice as those in academic medicine.

I joined the group late in 1970. As private cardiovascular surgery begin in various hospitals in the city, these founding members became their department chiefs. I worked with Sam for 43 years primarily at The Methodist Hospital. We had a booming private practice located in between the two most famous cardiac surgeons of the day. He was also active in the hospital's affairs, serving as president of the medical staff from 1987-1988 and on many hospital committees.

Sam's personal story since that time was a battle with one of the most deadly and untreatable cancers known today, metastatic malignant melanoma. Around 1993, Sam developed a high-grade melanoma on his back that was widely excised. There was no known treatment for advanced disease or metastasis that worked, and Sam opted for immunotherapy at the John Wayne Cancer Institute in California. It did not work. Nodes developed in his left axilla and later in his right lung, doubling in size every 2 weeks. The oncologist gave him 6 to 12 weeks to live. Sam elected to try an unproven and experimental treatment using six-drug chemotherapy, with little hope of success. The initial treatment was given in Santa Monica, California, and this regimen was later continued monthly for a year at The Methodist Hospital.

After Sam had survived 5 years, M.D. Anderson Cancer Center thought that this might be the magic formula and tried the same six-drug chemotherapy many times. No one lived. I and others think that a massive staphylococcal wound infection at his subclavian port site that developed after its initial placement stimulated his immune system and somehow made a critical difference. There has been recent renewed interest in immunotherapy and T cells for cancer, and I think Sam's experience predicts it will have a role in the future.

Sam continued to operate until late in 2012 when he developed an advanced adenocarcinoma at the esophagogastric junction. Several months later, he died at home with his wife, Linda, who had loved and cared for him from the onset, at his side. Their entire family including his two sons, many grandchildren, and friends visited during his final few days. Near the end, when I had shown him the pathology report, he smiled and said, "Well, we had a good run, didn't we." He lived 17 years after being diagnosed with metastatic melanoma and died at the age of 86 on February 10, 2013.

We are all fortunate to have had Sam as a role model for service, gracious living, and never giving up. Sam was my teacher, mentor, and friend. I am honored and proud to have known him.