In the distinguished field of urology, few have made as indelible a mark as Dr. Samuel Henry (Harry) Harris. His pioneering work in prostate surgery and his unwavering commitment to patient-centred care have left a lasting legacy, shaping the future of urological practice. His innovations significantly enhanced the safety and efficacy of prostate surgery, marking a paradigm shift in urological treatment. Beyond his surgical prowess, Harris’s approach to incorporating emotional and psychological support into patient care has set a new standard for compassion, reshaping the medical community’s approach to patient well-being.

Born on 22 August 1881, in Sydney, Australia, Harris had an early passion for science and a profound desire to alleviate human suffering. After graduating with honours in medicine and surgery from the University of Sydney in 1906, Harris began his career in general practice, but an interest in gynaecology ultimately steered him towards urology. The challenges and limitations of existing treatments for urinary tract diseases and Harris’s subsequent self-taught mastery of the cystoscope marked a pivotal turn in his career, leading to his appointment in 1914 as Australasia’s first full-time specialist urologist.

Harris’s most significant contribution to urology came in the form of his eponymous “Harris prostatectomy”. Before his innovations, suprapubic prostatectomy with the Freyer...
technique was a high-risk procedure with discouragingly high mortality rates. Harris’s technique introduced a radical yet elegantly simple approach to prostate surgery that emphasised meticulous haemostasis, precision, and post-operative care. His method significantly reduced the mortality rate to an unprecedented 2.8% over 469 operations by 1935, demonstrating not only his surgical skill but also his deep understanding of anatomy and physiology [1].

The essence of the Harris prostatectomy lay in its attention to detail. Harris designed a lighted bladder retractor and other instruments to enhance surgical precision and visibility. Moreover, he advocated for the primary closure of the bladder, a practice that was not widely adopted at the time [2] and that was met with scepticism by the international medical community.

Harris’s commitment to sharing his knowledge played a crucial role in disseminating his techniques. Despite initial resistance, his demonstrations in Britain and Europe converted cynicism into enthusiasm. The “definitely hostile school of opinion” he initially encountered gave way to widespread acclaim, as surgeons recognised the efficacy and safety of his methods [3]. However, it is worth noting that replicating Harris’s success proved challenging for many, underscoring the unique combination of skill, intuition, and dedication that Harris brought to his work.

Harris’s contributions to urology extended beyond his surgical innovations. Eschewing the then-prevailing mechanistic treatment models, Harris championed the concept of treating the patient as a whole, integrating emotional and psychological considerations into the care process. Harris’s unwavering commitment to his patient’s well-being was evident in his provision of meticulous, around-the-clock post-operative care. This approach underscored his emphasis on the significance of comprehensive recovery, reflecting the depth of his dedication to ensuring optimal outcomes for his patients.

Furthermore, Harris played a pivotal role in the Australian urological community, contributing to the establishment of the Urological Society of Australasia in 1936. This society stands as one of the earliest surgical organisations dedicated exclusively to the field of urology. His vision for a unified professional body highlights his leadership and foresight in advancing urology. Had he lived, it is certain he would have been elected its first president.

Insight into Harris’s character reveals a man of remarkable dedication and modesty. Despite his international acclaim, Harris remained devoted to his work, sparing neither time nor effort in his pursuit of surgical excellence. He was described as a devoted family man with little care for social life beyond his regular games of golf, indicative of a balance in life that he maintained alongside his demanding professional commitments. His meticulous nature extended to all aspects of surgery, demanding high standards of asepsis and punctuality from his team, and his innovative thinking was evident not only in his surgical techniques but also in his extensive publications on various aspects of urology.

His untimely death on 25 December 1936, came as a profound loss to the international medical community. Harris had contracted pneumonia while returning from a professional visit to England, a journey undertaken to demonstrate his revolutionary prostate surgery techniques. Despite his deteriorating health, Harris’s commitment to advancing urology remained unwavering.

The global reaction to his passing was one of deep sadness and reflection on the magnitude of his contributions. Tributes poured in from colleagues, patients, and professional societies, each highlighting not just Harris’s surgical innovations but also his remarkable character and the selfless mentorship he provided to fellow surgeons [3–5]. His death was the loss of not only a brilliant surgeon but also a visionary who had transformed urology and set new standards of care.

Samuel Henry (Harry) Harris’s life was marked by both challenges and triumphs. He overcame scepticism and professional resistance to change the face of urology, demonstrating the value of innovation and evidence-based practice. His triumphs include not only the lives he saved and improved through his surgical innovations but also his lasting
influence on the medical community. The establishment of the Harry Harris Memorial Oration at the yearly Urological Society of Australia and New Zealand annual scientific meeting is a testament to his enduring legacy, honouring his contributions and inspiring future generations of medical professionals. Harris’s story is one of resilience, dedication, and the relentless pursuit of excellence, leaving a legacy that transcends his time.

**Author Contributions:** D.S.: Conceptualization; investigation; data curation; writing—original draft; writing—review and editing. A.M.: Writing—review and editing. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research received no external funding.

**Conflicts of Interest:** The authors declare no conflicts of interest.

**References**

3. S. Harry Harris, M.D., Sydney, F.R.A.C.S. Lancet 1937, 229, 412–413. [CrossRef]

**Disclaimer/Publisher’s Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.