Biographical Sketch

Frank Wild Holdsworth, FRCS (1904–1969)

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Abstract This biographical sketch on Frank Holdsworth corresponds to the historic text, *The Classic: Dislocation and fracture-dislocation of the pelvis* (1948), available at DOI [10.1007/s11999-012-2423-3](https://doi.org/10.1007/s11999-012-2423-3).

Sir Frank Holdsworth was born and raised in Bradford, about 30 miles north of Sheffield in 1904 [1, 5]. He spent his undergraduate years at Downing College Cambridge, where he obtained the BA Degree in 1926, the MB in 1934, and the MCh in 1935 [2]. His undergraduate medical training was at St. George's Hospital Medical School in London. Holdsworth returned to Yorkshire as a surgical registrar at the Royal Infirmary in Sheffield, where he spent the remainder of his career. At the encouragement of Sir Ernest Finch, the Professor of Surgery, he took a post at the Royal Infirmary and was later asked by Sir Ernest to create an Orthopaedic and Accident Service, an unusual service in those days. Holdsworth introduced a “rotating” training service in which registrars rotated through various surgical services over a period of two years, a system that was later widely adopted. He was recognized as an excellent administrator, establishing the university department orthopaedics in 1964. He was subsequently conferred the special title as Professor Associate in Orthopaedics [2].

Sir Frank was active in many organizations and held many posts, among them President of the British Orthopaedic Association, Senior Vice President of the Royal College of Surgeons, Examiner of the College, and

Honorary Fellow of the American College of Surgeons [5]. He was awarded the Knighthood with the New Year Honours List of 1968. According to one writer, “...he was a true Yorkshireman, and made no bones about it; which means that he was uncomplicated, direct, transparently honest, warm hearted, occasionally irascible, utterly reliable, a bit stubborn (he used to say pig-headed), completely loyal and quite incapable of being spoiled either by power or success or anything else.... He was essentially a modest man and although he had so strong a personality and such gifts of leadership, he had that sense of humility about his own achievements which is so characteristic of many great men. Indeed, he was always faintly surprised at finding himself famous and sought after, and although he knew for years that the writing was on the wall, he refused to make any concessions. To the despair of friends and medical advisers alike he continued to drive himself as hard as ever in the many high offices to which he was called” [1]. Sir Frank Holdsworth died suddenly on December 11, 1969 while at the Nuffield College of Surgical Sciences at the Royal College of Surgeons of England [2].

His scholarly publications ranged from articles on trauma to basic science (the epiphyses) and issues related to education and training. He is perhaps best known for his classification of spine fractures [3]. We reproduce here an article which has been cited repeatedly in the orthopaedic literature, his work on pelvic fractures [4]. He distinguished two types of “disruption of the pelvic ring: The injury occurs in two varieties 1) dislocation of the sacro-iliac joint; 2) fracture of the ilium or sacrum adjacent to the sacro-iliac joint. In both types there is separation of the symphysis pubis, or fracture of both pubic rami.” He documented the direct and severe trauma required to produce displaced fractures and dislocations of the pelvis, as well as the relatively high mortality rate (six of 50 patients). All patients were treated

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Fig. 1 Sir Frank Wild Holdsworth is shown. (Reproduced and adapted with permission and copyright © of the British Editorial Society of Bone and Joint Surgery E.A.N. In Memoriam: Sir Frank Wild Holdsworth. *J Bone Joint Surg [Br]* 1970;52-B:168–170.)

nonoperatively with sling and bedrest for 12 weeks, with the pressure on the pelvis being dictated by the obliquity of the ropes to the sling. While patients with fracture dislocations had a “very good” prognosis with all returning to work, patients with sacro-iliac dislocations had a worse prognosis, with only half returning to heavy work and often having persistent sacro-iliac pain. Although his mortality rate was

relatively low (compared to some more recent series), Dr. Earle Conwell, in a discussion following Holdsworth’s article, commented he had seen a far greater percentage of severe soft tissue injuries. Injuries these days tend to be even more severe than in those days owing to the key mechanism: higher velocity motor vehicles. The series documents the radically changing nature of the injury and treatment over the past 60+ years.

An observer commented, “Few people go so far without leaving in their wake some enemies and detractors but Frank Holdsworth left none. Perhaps the secret lay in the fact that he was completely devoid of guile or malice, that he never contrived a situation in his life, and that at the end of it all as Professor Sir Frank Holdsworth he was essentially the same warm, unaffected, approachable and very human person as the young man from Bradford who started the orthopaedic department at Sheffield Royal Infirmary more than thirty years earlier.”

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