Historical Vignette: George W. Smith, M.D. (1916-1964)



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Significant Contributions to Neurosurgery

- First Chief of MCG Neurosurgery
- Smith-Robinson technique
- Automatic Drill
- Vessel-encircling aneurysm clip
- Treatment of tic douloureux with stilbamidine

Education and Training

- Born December 4, 1916 in Deer Creek, Minnesota
- Bachelor of Science degree from Indiana University in 1939
- Doctorate of Medicine from the School of Medicine in Indianapolis in 1942
- Internship at Gorgas Hospital, a United States Army installation in Panama

Education and Training

- Physician in the United States Armed Forces during World War II from 1944 to 1946
- Neurosurgery resident University of Maryland
- University of Maryland Instructor 1950-1952
- Johns Hopkins University Instructor then Assistant Professor in 1953

Smith-Robinson

- 1953 Dr. Robinson began working as professor and clinical chief of orthopedics at Johns Hopkins University
- During their tenure in Maryland Dr. Smith and Dr. Robinson began working on their anterior approach to cervical spine pathology

Anterior Approach to the Cervical

Spine



1930's - otolaryngologists and oncologists routinely approached the cervical spine anteriorly for osteophyte and lymphatic resections respectively

1950's - neurosurgical and orthopedic specialties began exploring anterior approaches

1958 - three different articles regarding the anterior cervical approach were published independently by Smith and Robinson, Dereymaeker and Muller, and Cloward

Smith-Robinson

- 1955 Johns Hopkins Medical Society Smith and Robinson presented the antero-lateral cervical approach 1956 Smith-Robinson technique was introduced to the Medical College of Georgia 1957 Annual Meeting of the American Academy of Orthopaedic Surgeons, Chicago Illinois "The Treatment of Certain Cervical-Spine Disorders by Anterior Removal of the Intervertebral Disc and Interbody Fusion"
- 1958 that same article was published in the Journal of Bone and Joint Surgery 1958 Harvey Cushing Society meeting in Washington, D.C. Smith and Robinson again presented their data

Smith-Robinson Technique

- Anterior approach removing one or more cervical discs and allowing for interbody fusion of the vertebrae at the same time
- decompression of osseous
- Iliac bone grafts were placed into the disc space while gentle distraction was applied to the head
- Incision was then closed in layers without drainage



Who's the Father of the Anterior Approach to the Cervical Spine?

- 1958 Harvey Cushing Society meeting in Washington, D.C. Cloward presented his version of the procedure, "The anterior approach for removal of ruptured cervical disks" His article was not published until November, 1958 despite submission for publication in September, 1957
- 1956 Dereymaeker and Muller presented their version of the anterior approach and findings, "Nouvelle cure chirurgicale des discopathies cervicales. La ménisectomie par voie ventrale, suivie d'arthrodèses par greffe intercorporéale. (Résumé et discussion)" December, 1958 published "La fusion vertébrale par voie ventrale dans la discopathie cervical"

...Arguably Smith and Robinson

- Smith and Robinson presented 1955, published April 1958
- Dereymaeker and Muller presented 1956, published December 1958
- Bailey and Badgley 1960
- By objective publication and presentation dates, Smith and Robinson would arguably be considered the founders of the anterior approach to cervical spine

Treatment of Trigeminal Neuralgia

- While at Johns Hopkins Smith also became interested in trigeminal neuralgia, a condition that causes excruciating pain in the fifth cranial nerve sensory distribution
- Started treating patients with stilbamidine, a drug used in the treatment of fungal infections with a known side effect of causing sensory deficits in the trigeminal nerve distribution
- Questionable efficacy with irreversible renal and liver damage made use of the medication prohibitive

Development of a Residency Program

- June 1, 1956 Dr. Smith assumed the position of Associate Professor and Chief of Neurosurgery at the Medical College of Georgia
- After his arrival at MCG he immediately began organizing a residency training program

 - Dr. Ernest Daniel
 First resident to complete his training in 1959
 Drs. Jack Griffin, Hugh Smisson, Jr. and William Pritchard
 Also completed training under Dr. Smith

Aneurysm Clip Development

- 1937 Walter Dandy first successfully placed the V-shaped malleable silver clip on an internal carotid artery aneurysm
- Many advances and alterations of the design and function of aneurysm clips have been

Aneurysm Clip Development

• Dr. Smith is credited with developing the vesselencircling clip



 Spring clip molded from polyethylene plastic allowed for obliteration of an aneurysm on the arterial wall opposite the surgeon

Development of the Automatic Drill



Since the Neolithic period, access to the living human brain has been attempted with variable success

From flint rocks to today's advanced hand-held pneumatic drills with interchangeable accessories

The ability to remove portions of the human skull and to replace it while allowing the patient to survive has come a long way

Development of the Automatic Drill

- 1875 Dental drill patented by George F. Green was the first electric drill used on the skull
- 1887 Sir Victor Alexander Haden Horsley used a later version of the dental drill engine to power a miniature circular saw which is reportedly the first mechanical saw designed specifically to open the human skull

Development of the Automatic Drill

- Faster access without sacrificing safety continued to drive the industry to revise and refine the mechanical drill
- 1909 French neurosurgeon Thierry de Martel published his article, "A point operatoire dans craniectomy technique" (a technical point of surgical craniectomy)
- 1925 de Martel developed an electric drill with automatic brake
 - Non-plunging

 - Self-disengaging
 Use limited by its cumbersome weight (over 10 lbs)

Development of the Automatic Drill

- Smith wanted a single drilling unit that would perforate bone structures and automatically stop by disengaging as soon as the last shelf of the inner table of bone was removed
- Other requirements for the drill were that it be light and easily assembled and disassembled for cleaning and sterilization



Development of the Automatic Drill

- July 8, 1958 Smith awarded a United States Patent for his Automatic Drill
- There have been over 20 patents referencing Smith's Automatic Drill including the Codman perforator drill and the Midas Rex, both of which are still used extensively today
- Arguably Smith's most valuable contribution to the field of neurosurgery





- obtain his private piloting license so he would not have to rely on airlines and flight schedules, ironically this convenience cost him his life
- 18 April, 1964 in route to a Harvey Cushing Society meeting the plane that Dr. Smith was piloting crashed killing himself, his wife and his mother on impact

In Summary

- Credited with developing the Smith-Robinson technique, the Automatic Drill, the vessel-encircling aneurysm clip, treatment of tic douloureux and the establishment of the MCG neurosurgery residency program
- Dr. George W. Smith was a prolific researcher with numerous publications and a talented entrepreneur with several inventions which have had significant and positive impact on the field of neurosurgery

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