Colonel Henry Smith and the Smith-Indian technique

Dr Madelaine Howard
Critical Care SRMO
The Canberra Hospital
Colonel Henry "Jullundur" Smith (1859-1948)

"Big – mentally, morally and physically."
Obituary, Indian Pioneer

- Educated at Queen’s College, Galway and Royal University of Ireland
- Served in the Indian Medical Service for 30 years (1890-1920)
- Stationed in Jullundur and Amritsar
- Ophthalmic and general surgeon

Colonel Henry Smith in formal military attire.
Extraction of cataract in the capsule

- Intracapsular extraction offered many advantages compared to extracapsular procedures
- The greatest risk was vitreous loss

Patient's waiting in the corner of Smith's operating theatre.
The Smith-Indian technique

- Anaesthetised with topical cocaine
- Large corneal incision “across the centre of the pupil at the sclero-corneal junction... with a crescentic sweep”
- Pressure from the convexity of a blunt hook at the junction of the lower and middle third of the lens
- Counter pressure above the incision with a spoon
- Expression of the lens through the wound, directly or as a ‘tumbler’
- “No meddlesome inspection or... changes of dressing” allowed for 8-10 days

Illustrations from “The Treatment of Cataract,” Smith, 1928.
“The man with the cigar”

“If I have to lay down my cheroot, it is a bad operation, and if my cheroot goes out, it is a damned bad operation.”

Smith to Colonel W F Harvey.

Smith examining a patient while smoking a cigar.
# Extraction of Cataract in the Capsule

**By Henry Smith, M.D., M.Ch.,
Captain, I.M.S.,
Civil Surgeon, Jullundur, Punjab.**

## Table I.

Cataract Extractions in Jullundur Civil Hospital from June 1st, 1899, till May 1st, 1900.

<table>
<thead>
<tr>
<th></th>
<th>Numbers</th>
<th>Prolapse of Iris</th>
<th>Iritis</th>
<th>Escape of Vitreous</th>
<th>Capsule giving way during operation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraction of lens in capsule without iridectomy</td>
<td>692</td>
<td>7 or 1.01 p.c.</td>
<td>4 or 0.6 p.c.</td>
<td>86 or 11.4 p.c.</td>
<td>88 or 11.4 p.c.</td>
</tr>
<tr>
<td>Extraction of lens in capsule with iridectomy</td>
<td>78</td>
<td>2 or 2.5 p.c.</td>
<td>1 or 1.3 p.c.</td>
<td>83 or 11.4 p.c.</td>
<td>88 or 11.4 p.c.</td>
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<tr>
<td>Total number of extraction of lenses in capsule</td>
<td>770</td>
<td>9 or 1.10 p.c.</td>
<td>5 or 0.65 p.c.</td>
<td>83 or 11.4 p.c.</td>
<td>88 or 11.4 p.c.</td>
</tr>
<tr>
<td>Extraction with scratching of capsule</td>
<td>1,044</td>
<td>16 or 1.5</td>
<td>14 or 1.3</td>
<td>85 or 8.1 p.c.</td>
<td>88 or 11.4 p.c.</td>
</tr>
<tr>
<td>Total number of cataract extractions</td>
<td>1,804</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Results—**
- 1st Class eyes 95.5 p.c.
- 2nd Class eyes 2.0 p.c.
- Failures 2.5 p.c.

* Twelve cases of voluntary evacuation of vitreous to prevent prolapse reduce percentage to 10% of involuntary escapes. These are included in the ninety-six cases.
Colonel Henry “Jullundur” Smith (1859-1948)

- Retired from Indian Medical Service in 1921
- After a disappointing tour of America, returned to England
- Republished “The Treatment of Cataract” in 1928
- Married Hester Dill Russell in 1898, and together they had two sons
- Died in his old home and birthplace, Clogher, Tyrone County, Ireland, in 1948