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ADVANCES IN PEDIATRICS

David Weyhe Smith, MD (1926–1981)—The Father of Dysmorphology

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Jaime L. Frías, MD
Department of Pediatrics, University of South Florida, Tampa, FL, USA

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"A leader in the field of dysmorphology, Dr Smith contributed to the understanding of embryologic derangement leading to congenital defects." Thus starts the record of David W. Smith's induction to the Johns Hopkins Society of Scholars in 1979 [1]. Indeed, he was an unquestionable leader in the field, one who brought new vision to the study of congenital anomalies by stressing the importance of defining the nature of the problem, its time of origin during development, and the likely pathogenetic mechanisms leading to the anomaly.

David W. Smith was born September 24, 1926, in Oakland, California. He received his bachelor's degree in 1946 from the University of California, Berkeley, where, according to Dave Smith lore, he played for the Golden Bears football team. However, I have been unable to corroborate this story and a

E-mail address: jlfrias@comcast.net

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careful search of University of California, Berkeley football team rosters from 1942 to 1946 failed to show his name [2]. Perhaps it is in Dave's favor to debunk this legend, because during the years he was at Berkeley the Golden Bears' performance was at a historic low: record low scoring, fewest rushing yards, and fewest total yards.

Following graduation from Berkeley, he went to medical school at Johns Hopkins University and obtained his MD degree in 1950. His residency in pediatrics at the Johns Hopkins Hospital was interrupted by 2 years of military service as a Captain in the US Army, which he spent mostly in Germany. Once relieved of military duties, he returned to Johns Hopkins to complete his residency. Subsequently, he did a 1-year fellowship in pediatric endocrinology with Lawson Wilkins. During that year he published his first scientific paper ("The mental prognosis in hypothyroidism in infancy and childhood: A review of 128 cases" [3]) with Robert Blizzard and Lawson Wilkins as coauthors. It is quite possible that it was this study that kindled Dave's interest in abnormal prenatal development, which would soon become the focus of his academic endeavors.

After a year in pediatric practice in Los Gatos, California, he received an offer to join a pediatric practice in Madison, Wisconsin. While considering this opportunity, he called Nathan Smith (no relation), who at the time chaired the Department of Pediatrics at the University of Wisconsin School of Medicine, to find out about the feasibility of doing some teaching in his department if he joined the pediatrics group in Madison. Instead, Nathan offered him a full-time position as the endocrinologist in his young department. Dave, in a typical show of modesty, demurred and suggested a fellow trainee in Lawson Wilkins' program because he regarded him as a better scientist and, therefore, a more appropriate person for the job. Nathan refused to take "no" for an answer and rapidly convinced Dave, who accepted the challenge and joined the University of Wisconsin faculty in 1957 as an Instructor in Pediatrics.

Dave set himself to work and, with his characteristic enthusiasm and powerful drive, promptly established a strong and productive clinical and training program in pediatric endocrinology. Soon, however, because of his long-term interest in human development he veered his attention toward the study of congenital anomalies. The period from 1960 to 1965 represents Dave's transitional years from pediatric endocrinology to clinical genetics. In fact, as of 1962 he simultaneously had fellows in both subspecialties: Luc Lemli (1963–1964) and Arlan Rosenbloom (1964–1966) in endocrinology, and John Opitz (1962–1964), Donna Daentl (1965–1966), and this author (1965–1967) in clinical genetics.

The same overlap was evident in his publications, which provided important contributions to both fields. Noteworthy are a phenomenal series of groundbreaking papers in the then-nascent area of clinical cytogenetics that started appearing in 1960, a short year after the report of the first chromosomal anomaly in humans, trisomy 21, by Jerome Lejeune in France [4]. This series of papers included the first description of trisomy 13, together with Patau and associates