

The first device for [stereotactic](#) surgery was described in detail in [1908](#) by British neuroscientist and surgeon Sir [Victor Horsley](#) and British physiologist [Robert Henry Clarke](#). This device, named the [Horsley-Clarke apparatus](#), facilitated the study of the [cerebellum](#) in [animals](#) by enabling accurate electrolytic lesioning to be made in the brain. To ensure that a lesion would be introduced in the correct site, Horsley and Clarke created [atlases](#) containing pictures of the brains of the animals on which they experimented. Shortly thereafter, in [1918](#), the first stereotaxic apparatus for humans was designed by Canadian neurologist Aubrey Mussen. However, the first attempts at stereotaxic surgery in human subjects were not made until the 1940s; these attempts were pioneered by American neurologists [Ernest A. Spiegel](#) and [Henry T. Wycis](#). Since then, a number of modifications and refinements have been made to stereotaxic devices, procedures, and atlases, and these advances have significantly improved the utility of [stereotaxy](#).

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