

## Gunnar Wiberg 1902-1988



Figure 1. This portrait in the library of the Department of Orthopedics was painted by Brita af Klercker in 1970.

Professor Gunnar Wiberg died at 86 years of age on September 8, 1988. During recent years, he had suffered long sieges of serious illness, but he still was able to enjoy his final summer in relative comfort and independence. And until the end, he possessed his keen intellectual gift and clarity in conversation.

Gunnar Wiberg was a prominent representative of a generation that guided orthopedics from relatively isolated institutions to become important departments in busy casualty and general hospitals. Gunnar Wiberg was truly a leader of this development – in the operating room, in research, and as a spokesman for orthopedics nationally and internationally. Throughout the world, many will remember his elegant appearance and his thoughtful, often mildly ironic, remarks.

Gunnar Wiberg was born in Gothenburg, Sweden, and studied medicine in Stockholm at Karolinska Institute, where he served as an assistant in pathology, surgery, and neurosurgery. After surgical residencies in Mariestad and Helsingborg, he joined Henning Waldenström's department of orthopedics at Karolinska Institute in 1937. In 1944, he moved to Lund as an associate professor; a year later became chairman of the orthopedic department; and in 1947, he was appointed to the first full professorship in orthopedics at Lund University, which he held until his retirement in 1969. After his retirement, Gunnar Wiberg practiced privately in Malmö for 10 years.

When Gunnar Wiberg graduated from medical school, tuberculosis and polio were rampant, nailing of hip fractures was in its infancy, intervertebral disc her-

niation as the cause of sciatica was still unknown, and sulfa drugs had not yet been introduced. When he organized his department after the Second World War, he had an established reputation as a skillful orthopedic surgeon with special interests in back and hip surgery, notably arthrodesis for arthrosis. With great foresight, he adapted his department to the changing pattern of locomotor disease to establish close collaboration with the department of rheumatology; the university units in Lund and Malmö became the first in Scandinavia assuming responsibility for acute fractures; and hand surgery in Lund focused on rheumatoid arthritis. As chairman of the orthopedic department, Gunnar Wiberg was also head of the school of physiotherapy and for the orthotic division.

Even though Gunnar Wiberg encouraged his associates to assume responsibility for the different subspecialties and superspecialties in his department, he still had firm personal control of medical care and teaching. Until his retirement, he was a very busy surgeon, and every Saturday he conducted orthopedic grand rounds.

In research, too, Gunnar Wiberg was active at the forefront for 30 years. His thesis on the dysplastic acetabulum and congenital subluxation of the hip joint became classic through the introduction of the so-called CE-angle (Figure 2). This work still reads as a model of clinical research with a useful historic review and meticulous documentation of observations. His radiographic and anatomic studies of the patella (Figure 3) are widely quoted in the current literature on chon-

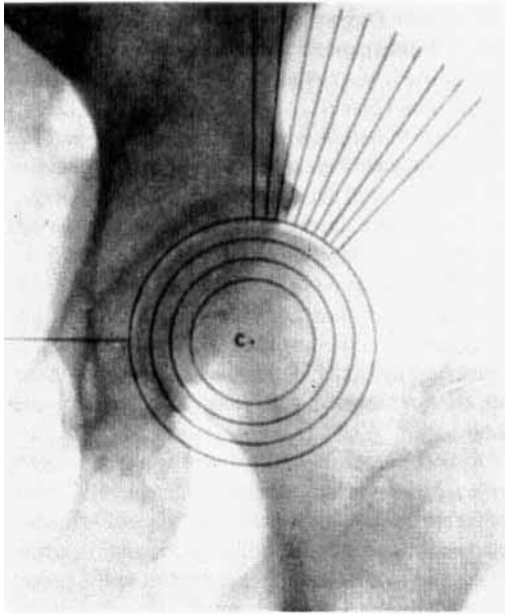


Fig. 7.  
Picture of a hip joint demonstrating the way the pattern is used. The two outside circles are parallel with the contour of the head. Line A goes through the center of the other head, and consequently line B lies parallel to the longitudinal axis of the body. E is the lateral edge of the acetabular roof, and the CE angle in this case is thus 14 degrees.

Figure 2. The Wiberg CE angle (13).

dromalacia; the Wiberg classification of the shapes of the patella were published in *Acta Orthopaedica Scandinavica* in 1941. Gunnar Wiberg's interest in physiolsysis of the hip bridged the gap between his predecessor Gunnar Frising and his foremost protégé, Lars Ingvar Hansson, who with his associates, eventually published the 70-year-experience of the department in a supplement to *Acta Orthopaedica Scandinavica* in 1987. Wiberg's interest in the knee joint inspired Håkan Brattström to do his thesis on patellar articulation in 1964 and Anders Rünow on patellar dislocation in 1978.

Towards the end of his tenure, Gunnar Wiberg was remarkably successful in inspiring younger colleagues to study growth and repair of the skeleton, and five of his students subsequently published theses on animal experiments in this area. The clinical enthusiasm and the importance of animal experimentation instilled by Gunnar Wiberg in his staff provided me with an invaluable "inheritance" when I succeeded him as departmental chairman in Lund.

Gunnar Wiberg was a member of the boards of *Acta Orthopaedica Scandinavica* (1948-1970) and the Scandinavian Orthopedic Association (1953-1968). As president of the Swedish Orthopedic Society (1960-1966), he launched the first principal agreement with surgeons to transfer care of fractures to or-



Figure 3. A red lead preparation of the patellar articulation published by Gunnar Wiberg (25, Figure 28a, p. 358).



Figure 4. "Up to Christmas 1985, I was still able to play tennis - indeed, only doubles, but still not so bad."

thopedics. As secretary of the society at that time, I witnessed the signing of the important document by Gunnar Wiberg for orthopedics and Stig Lindgren for surgery in Sten Friberg's apartment in the Nobel Foundation building in Stockholm. Gunnar Wiberg's thorough background as a surgeon did not make this diplomatic mission easy. For example, he insisted that the orthopedic surgeon should be responsible for the patient with a ruptured spleen and a fractured femur: "We should handle the abdomen without any help from the surgeons."

In the Swedish Medical Association, Gunnar Wiberg served for many years as chairman of the malpractice committee; and from 1954 to 1960, he was chairman of the Research Council of the Central Committee of the Swedish Locomotor Disease Organization. In Lund, Gunnar Wiberg was chairman of the Medical Board (1950-1956); also, he was an active member of the committee that planned the new hospital, which was built in 1969.



Figure 5. Gunnar Wiberg's logotype for the Scandinavian Orthopedic Association introduced around 1970.

In the orthopedic department, Gunnar Wiberg initiated a research fund, originally based on income from wooden clogs designed by him, and which are still very popular in the operation theater. Gunnar Wiberg and his wife made donations to this fund; and after his death, friends and colleagues have made donations in his memory. The fund is used to support travel for all categories of personnel in the orthopedic department.

Gunnar Wiberg was an honorary member of several foreign orthopedic societies, including the American Orthopaedic Association, the American Academy of

Orthopaedic Surgeons, and the French Orthopedic Society. His international reputation was based on his research, and it was enhanced by his fluency in English, German, and French.

Gunnar Wiberg was an excellent tennis player (Figure 4) – and still beat most of his younger colleagues when he was well over 75 years of age; further, he participated in the department's Christmas tournament until he was past 80. Wiberg also had a distinct artistic talent. The logotype of the Scandinavian Orthopedic Association was designed by him (Figure 5); and in his spare time, he combined his skills as a surgeon and draftsman in producing exquisite carpentry – above all, chests of drawers with inlay of 18th-century-type intarsia.

Although Gunnar Wiberg was a very private man, he enjoyed professional gatherings, where he gave freely of his experience with occasional bursts of lighthearted commentary. He had a solid reputation as a doctor's doctor, and he took an intense interest in his patients and in the progress of his many pupils.

Gunnar Wiberg will be remembered as a pioneer of orthopedics and as a gentleman.

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