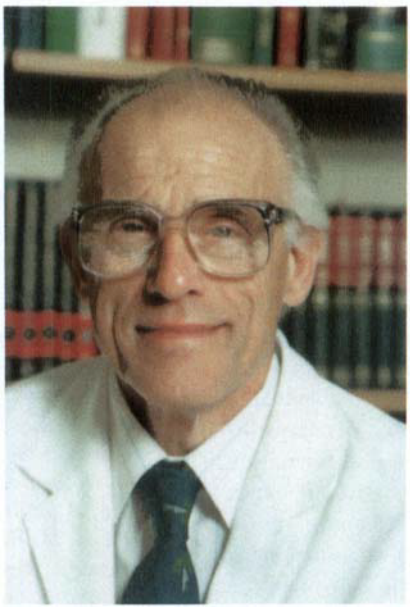
Acta Orthop. Scand. *57*, 566–574, 1986

Bertil Stener

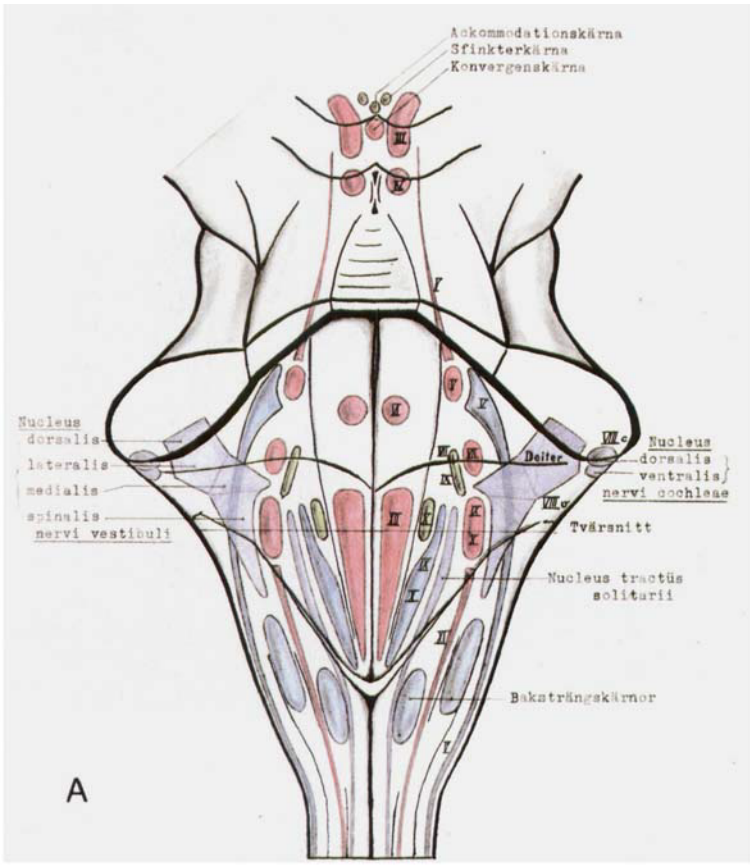
A portrait



Bertil Stener retired in June 1986 from the Chair of Professor of Orthopedics at the Gothenburg University, and his institution then merged with the department headed by Professor Alf Nachemson.

Bertil Stener grew up in the countryside not far from Gothenburg, the eldest son of a farmer. The latter, a far-sighted man, realized that his children would benefit considerably from attending schools in the city. Accordingly, Bertil's father ordered a special van from Volvo that permitted him to deliver milk to his customers, as well as his children to their schools. Bertil himself had to rise at 5 a.m. on school days to feed his ducks. After completing his secondary education, Bertil Stener entered Uppsala University in 1940 as a medical student, and it was not long after that he became a member of the teaching staffs of the Departments of Histology and Anatomy, where he developed his mastery as a medical illustrator. And for his drawings of the cerebral nerve nuclei, he was awarded a prize (Figure 1). In 1948, Bertil Stener graduated from medical school and came under the employ of Erik Moberg in general surgery in Gothenburg. During the next 5 years, which were hard times for doctors in Sweden, with considerable unemployment, Stener trained as a locum tenens in pediatric surgery, urology, gynecology, but most of the time in general surgery. During the urology period, he visited different medical centers in Europe (77, 78). Finally, in 1953, he was appointed Clinical Instructor in General Surgery in Gothenburg and remained faithful to this discipline until 1964. A year earlier, in 1963, Stener was one of several qualified candidates for the Chair of General Surgery at the Uppsala University. The opinion of the appointments committee, however, was that Stener's research fell more within the field of orthopedics than general surgery.

Bertil Stener's formal orthopedic career began in 1964 when Carl Hirsch invited him to join the Department of Orthopedics in Gothenburg. After a frustrating adjustment from the



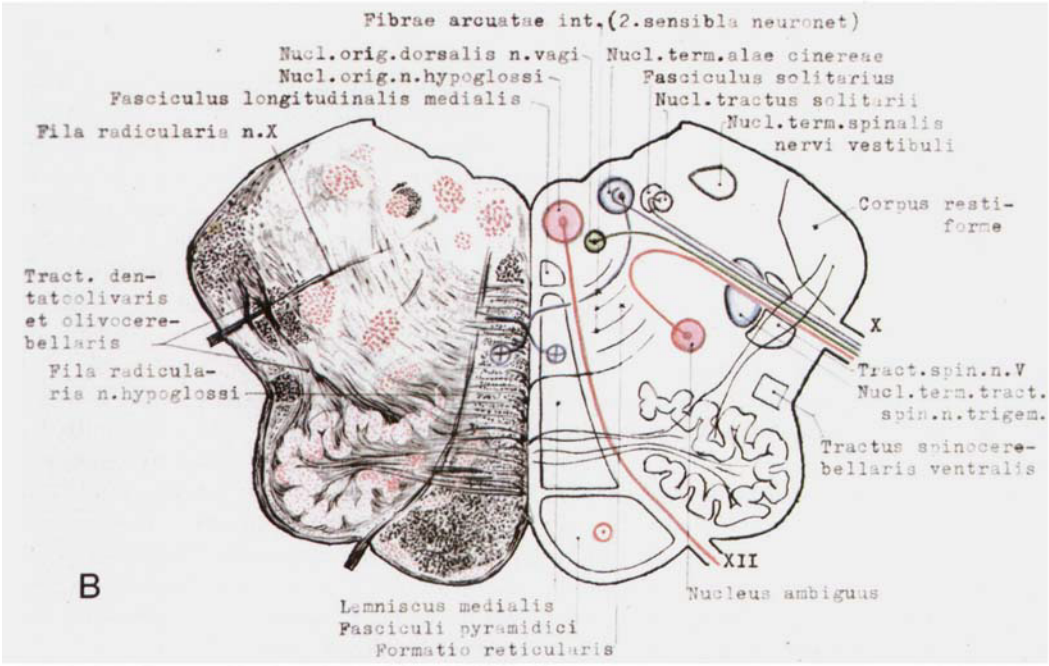


Figure 1. Drawings by Bertil Stener showing the topography of the cerebral nerve nuclei. A. Posterior aspect. B.Transection marked "Tvärsnitt" in A. Reproduced with the permission of Stener and the Department of Anatomy, Uppsala University.

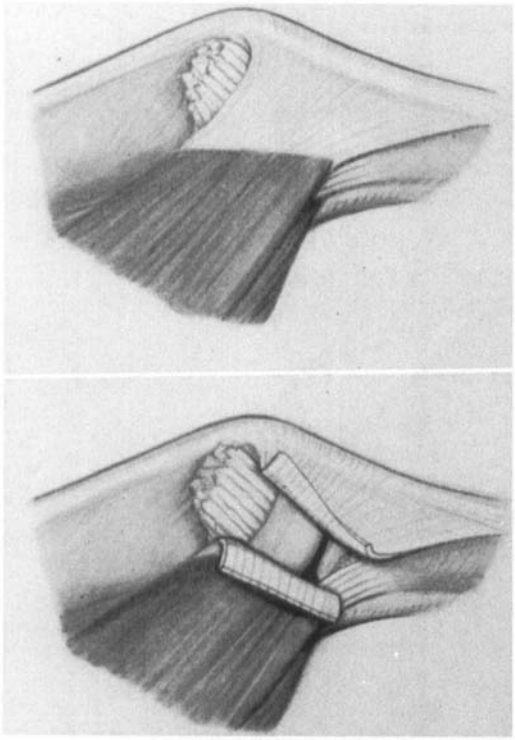


Figure 2. Drawing by Bertil Stener illustrating displacement of the ruptured ulnar collateral ligament of the metacarpophalangeal joint of the thumb-a lesion first described by Stener (8). Reproduced with the permission of the author and the editor of *The Journal of Bone and Joint Surgery.*

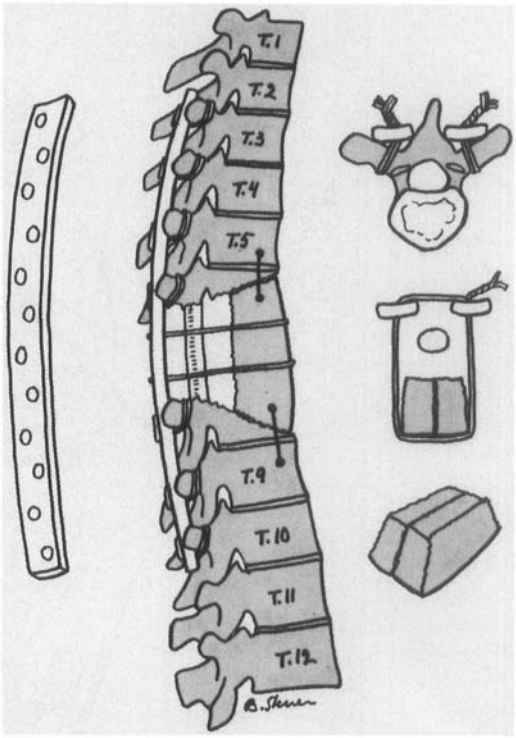


Figure 3. Drawing by Bertil Stener illustrating one of his methods for reconstruction of the spine after complete removal of a vertebra and its adjacent parts (35). Reproduced with the permission of the author and the editor of *The Journal of Bone and Joint Surgery.*

acute abdomen to the chronic back, Stener succeeded Carl Hirsch as professor and head of the department in 1970.

Bertil Stener's scientific work has been devoted to three main areas:

1. Neurophysiology of ligamento-muscular protective reflexes;
2. Ligamentous injuries and associated skeletal injuries of the thumb and fingers;
3. Tumors of soft tissue and bone.

In all three areas, the name of Stener is established and associated with a particular phenomenon or concept.

The *Stener reflex* refers to muscle responses elicited by tension forces in injured ligaments, which he studied in cats and patients more than 25 years ago (1-6). In today's expanding sports medicine, the Stener reflex has been much recognized and associated with its investigator.

The *Stener lesion* refers to displacement of the ruptured ulnar collateral ligament of the metacarpophalangeal joint of the thumb, which is an intriguing injury because of the particular anatomic relationships of this region. Detailed descriptions of this lesion are found in all major books on hand surgery, often supplemented with copies of the excellent original drawings by the master himself (Figure 2), which were first published in 1962 in *The Journal of Bone and Joint Surgery* (8).

The *Stener principle* refers to tumor surgery and states that biopsy should be omitted to avoid contamination of uninvolved tissues with tumor cells if the tumor can be radically removed without loss of function. This principle has guided the orthopedic tumor service in Gothenburg for 30 years: limb-preserving surgery, without adjunctive treatment, has yielded extremely good results.

Most of Stener's publications concern surgery of tumors of the locomotor system (16-76).

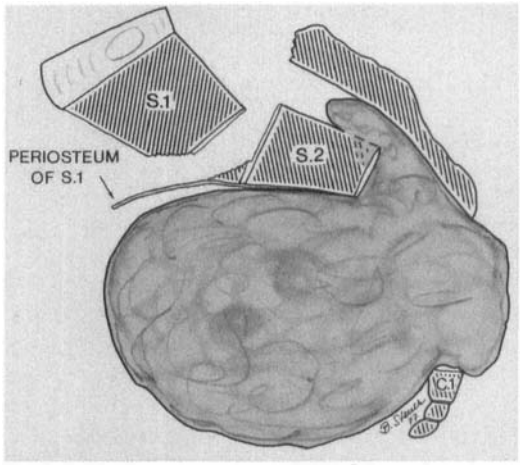


Figure 4. Drawing by Bertil Stener illustrating amputation of the sacrum for large chordoma (52). Reproduced with the permission of the authors and the editor of *Spine*.

In 1956, he met his first great challenge-a patient with a soft-tissue sarcoma of the thigh who had been referred from the Department of Oncology because irradiation therapy had been ineffective. After a great deal of thought and careful planning, a radical operation preserving the limb was performed on August 17, 1956. The patient, a clergyman, is still alive and well. This case initiated further involvement in the plight of soft-tissue sarcoma patients, and Stener presented his first 5 cases at the annual meeting of the Swedish Medical Society in 1957 (16). From, for example, Stout's papers, Stener had realized that accepted surgical methods were deficient. Fortunately, the situation was soon to change dramatically owing to the surgical principles laid down by Bertil Stener and others.

After entering the orthopedic field in 1964, bone tumors also attracted Stener's interest. In this area his main contribution lies in demonstrating how tumors of the axial skeleton may be completely removed with maintenance of stability and neurologic functions. His first dramatic case was a Lapp woman (a nomadic inhabitant of northern Scandinavia) who had three vertebrae (T11-L1) completely removed on May 15, 1968, owing to an extensive giant-cell tumor of bone that had made her paraparetic (32, 34). She is now well, leading an active life in her normal surroundings. Since then, Stener has developed several ingenious methods for reconstructing the spine after major resections (Figure 3), referred to, for instance, in *Clinical Biomechanics of the Spine* by A. White and M. Panjabi (91).

Major tumors of the sacrum were long considered inoperable, and most patients with sacral chordoma were doomed to protracted, painful suffering ending in death. However, Stener realized that these patients might be saved, although at the price of loss of normal bladder and rectal function (Figures 4 and 5). Several patients with sacral chordoma have enjoyed active lives without pain and tumor recurrence, usually with the aid of a colostomy, diapers, or urine collecting devices. Totally, Stener has performed 61 major tumor operations of the axial skeleton with only 2 early postoperative deaths.

Bertil Stener is an honorary member of sev-

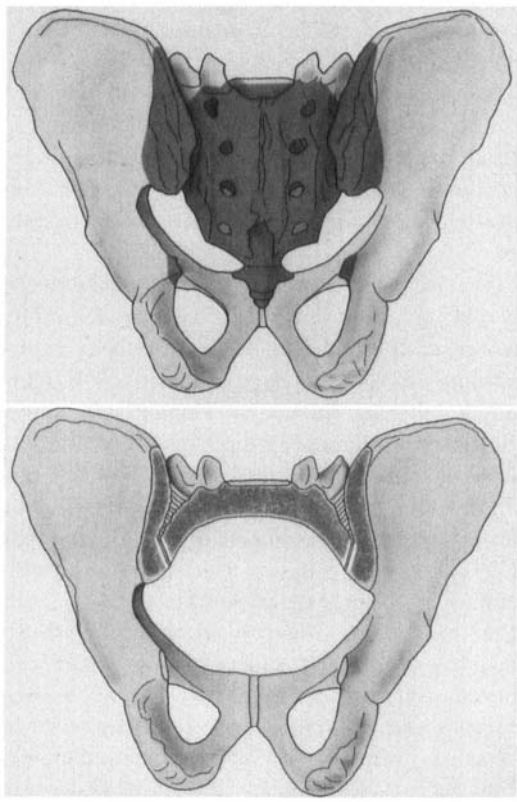


Figure 5. Drawings by Bertil Stener illustrating amputation of the sacrum through S1. *Top.* Dark area shows extension of resection. *Bottom.* The posteroinferior half of the sacroiliac joints removed (52). Reproduced with the permission of the authors and the editor of *Spine*.

Figure 6. Bertil Stener participating in the World Championships for Veterans in 1977. (Photographer: Leif Åkerström).

eral national and international societies. In 1984, he addressed the American Academy of Orthopaedic Surgeons in Atlanta as the President's Guest Speaker. Also, he has been a visiting professor and a guest lecturer in many countries throughout the world. When he retired, an international symposium was organized in his honor in Gothenburg: "Musculoskeletal Oncology 1986 – A Tribute to Bertil Stener."

One might think that all these achievements would have allowed little time over for other interests. But, no, Stener has also taken an ennobling interest in other disciplines. He is a linguist who is fluent in English, German, French, and Spanish, which has made him, indeed, a popular lecturer abroad, as the audience can usually expect to be informed in their own language. Especially South America has taken advantage of this, and the appreciation is mutual, for Stener found this part of the world very attractive already as a ship's doctor in 1949. His internationalism has rendered him memberships in Sociedad Sueco-Hispano-Americana and the local branches of Alliance Francaise (chairman of the junior section 1955-1957), and the Travellers' Club.

Bertil Stener is a devoted sportsman keenly interested particularly in soccer and tennis. Physical fitness is a great asset to a man who does not hesitate to perform operations that may take up to 20 hours. Bertil Stener has been the team physician of a local soccer team, ÖIS, since 1964, and has also served as the head physician of the Stockholm Open Championship of Tennis for the past 14 years. However, not content to be inactive, he continues to be a regular jogger; a few years ago 5-10 kilometers, several times a week, was not an unusual distance for him to cover. Further, Bertil Stener successfully competed in track and field events at the World Championships for Veterans in 1977 (Figure 6). And finally, tennis is today his major recreation, which he plays at least 6 hours each week.

Taking all this in consideration, we can anticipate the continuation of an active life, hopefully with more opportunities to relax now that administrative and other duties have ceased. Far-reaching plans relating to Bertil Stener's interest in tumor surgery have been rumoured.

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List of publications

I. Neurophysiological Studies of Ligamento-Muscular Protective Reflexes

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IV. Miscellaneous

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