Acta orthop. scand. *41*, 1–7, 1970

NOTES AT THE 50th ANNIVERSARY OF THE SCANDINAVIAN ORTHOPAEDIC SOCIETY AND THE 40th ANNIVERSARY OF ACTA ORTHOPAEDICA SCANDINAVICA

HARALD NILSONNE

The Scandinavian Orthopaedic Society was founded in 1919 and thus celebrated its 50th anniversary in 1969.

Acta Orthopaedica Scandinavica was started in 1930 and will be 40 years old in 1970.

On the following pages it will be endeavoured to give a historical review of the events that took place during a decade which is unknown to most Scandinavian orthopaedic surgeons who are active now. This review will be closed about the time that the publication of *Acta* was started. The subsequent decades are not yet history.

The material for this account was derived from the protocols, from correspondence in the archives of the Scandinavian Orthopaedic Society, and from personal memory dating back to 1920 when the author started as an assistant in the Stockholm Orthopaedic Clinic.

Towards the end of the past century orthopaedic surgery, like other surgical specialities, separated from general surgery. In a way, it may be said that this happened rather late, at least in Scandinavia. The reason was that skeletal diseases, traumatology, and congenital malformations made up an essential part of general surgery. During that period visceral surgery was not particularly advanced. Annual hospital reports from the eighties and nineties show that the greater part of the injuries and diseases which are now referred to orthopaedic departments belonged to the surgical material of those times.

Since the various diseases required very different hospital organization and special surgical technique, and since visceral surgery underwent a rapid development, the field grew far too comprehensive for general surgery. Thus, in the course of a natural development, the

various branches grew into independent disciplines recognized by the health authorities as separate medical specialities.

The liberation of orthopaedic surgery did not occur without certain friction. This applied in particular to traumatology in the continued discussion on hospital organization.

In Scandinavia, however, the position of orthopaedic surgery strengthened step by step, without any particularly remarkable incidents. Although it is not yet fully developed, from the point of view of hospital organization, the past decades have witnessed a rapid development. Today it is unlikely that a major hospital service be planned without including an orthopaedic unit.

The development of orthopaedic surgery has followed different paths in different cultural regions. In the Anglo-Saxon countries its separation occurred at a fairly early time, the main incentive being fracture surgery. In Roman countries orthopaedic surgery developed essentially from paediatrics. In Scandinavia the care of the handicapped was the basis from which orthopaedic surgery developed. The pioneer was a Dane, the Reverend *Hans Knudsen*, who established, in 1872, the Society and Home for the Disabled. In Norway "Sophies Minde" was established, in Sweden the Centres for the Disabled in Stockholm, Gothenburg, and Hälsingborg, and in Finland the Invalid Foundation.

In the beginning of our century, the first orthopaedists were surgeons connected with these institutions.

The management of skeletal tuberculosis was another important basis for recruitment of orthopaedic surgeons. There were three special hospitals for this group of diseases in Sweden, two in Denmark, and one in Norway. At one time 6 months' training in such a hospital was compulsory for obtaining the orthopaedic diploma.

The idea of forming an association of Scandinavian orthopaedic surgeons came from a group of friends, Bentzon, Guildal, Slomann, Bülow-Hansen, Haglund, and Sven Johansson.

The first meeting was held in Gothenburg on 28–29 September 1919. Slomann gave an account of the preparations (which seem to have been in the hands of Slomann and Sven Johansson), the Society was founded, and a committee was elected: Haglund (president), Sven Johansson (secretary), Slomann, and Bülow-Hansen. The meeting was attended by the following: from Denmark, Abrahamsen, Bentzon, Guildal, Lorentzen, Overgaard, Rames, and Slomann; from Norway, Bülow-Hansen and Giertsen; from Sweden, Asplund, Bergman, Camitz,

Edberg, Frising, Haglund, Holmdahl, Johansson, Lindahl, and Strandman. In addition, the following were entered as members: Nyrop, Reinhard, Scheuermann, Hornborg, Rancken, Bull, Holst, Huitfeldt, Ingebrigtssen, Natvig, Sinding-Larsen, Wideröe, P. Silfverskiöld, Waldenström, and Resmark. Out of these members 10 were surgeons or radiologists particularly interested in skeletal diseases and injuries, i.e. not active orthopaedists.

Thus, when the Society was started there were in the whole of Scandinavia about 25 orthopaedic surgeons (as it must be assumed that all orthopaedists joined the Society). At that time the total population of Scandinavia was approximately 18 millions. In other words, there were not even 1½ orthopaedic surgeons to serve each million of the population!

The papers read before this first meeting dealt with *inter alia* the aetiology and treatment of congenital club-foot (Slomann, Holmdahl), congenital dislocation of the hip (Bülow-Hansen), fat embolism (Strandman), central dislocation of the hip (Johansson), acetabular tuberculosis (Bergman), operation for leg shortening (Bülow-Hansen), supracondylar fracture of the humerus (Johansson), malleolar fractures (Giertsen), congenital deformity of the spine (Rames), and Ollier's disease (Johansson).

During the first 10 years the papers and discussions were concerned with clinical matters, case reports, operative technique, and the organization of orthopaedic services, mainly organization for the care of handicapped persons and the management of skeletal tuberculosis.

Through the reported papers an impression is obtained of the problems with which the orthopaedists were concerned during this decade. These papers may be classified as follows: congenital malformations and deformities 26, congenital dislocation of the hip 8, diseases of the spine 18, spasticity 7, diseases of the hip (osteoarthritis, coxa plana, epiphysiolysis) 20, sequelae of polio 13, fractures 14, and skeletal tuberculosis 18.

This may be viewed as a kind of "pioneers' pleasure" within a new, independent discipline. No paper dealt with basic research. There were so many unscreened clinical problems that they claimed all the orthopaedists' efforts. It is worth mentioning that already during this period fracture surgery had been assigned a special place.

Publication of the proceedings presented a problem. This was beyond the financial capacity of a society with so few members. At the 1920 meeting it was proposed that each member should publish his

papers in a current journal of his own choice, but he was to send abstricts for publication in the *Journal d'Orthopedie, Journal of Orthopedic Surgery,* or *Zeitschrift für orthopädische Chirurgie.*

From the society proceedings it may be seen that in a discussion from 1926 Langenskiöld took up the question of a periodical. At that time the proceedings were being published as abstracts within the Proceedings of the Scandinavian Surgical Society. An internal discussion went on for some years; and at the 1929 meeting, held in Oslo, Haglund submitted a proposal for a Scandinavian *Acta orthopaedica.* This proposal was based on a report and a plan prepared by Bentzon.

In fact, Bentzon ought to be called the founder of *Acta.* The work he did was enormous. True, financial problems were the main item, but other obstacles too were difficult to overcome. Bentzon's correspondence, kept in the archives of the Society and of *Acta,* is incredibly extensive. The author of these lines, who experienced the birth of *Acta,* can bear witness to Bentzon's never-failing optimism and dedication. In my opinion *Acta* would not have been launched at this time, when the Scandinavian orthopaedists were still a relatively small group, without Bentzon's efforts.

A meeting was held in Stockholm in January 1930, attended by Asplund, Bentzon, Frising, Giertsen, Guildal, Haglund, Holmdahl, Langenskiöld, and Nilsonne. Bentzon reported on negotiations with the publishers Levin & Munksgaard, Copenhagen. Mr. Munksgaard, who had fathered all the Scandinavian Actae, had been extremely sympathetic, and as long as he lived his attitude was positive, even in financially problematic situations.

Not unnaturally, many entertained doubts at that time. In view of the small number of orthopaedic surgeons as yet active in Scandinavia, doubts were expressed by Langenskiöld and by Bülow-Hansen, both of whom, however, became extremely keen collaborators as soon as *Acta* was started. Waldenström argued that *Acta chirurgica scandinavica* had already become internationally widespread and honoured, and that orthopaedic surgery would lose by breaking away from this journal.

At a Society meeting in Copenhagen in June 1930 it was decided that *Acta* was to be published by a committee of two local editors from each of the four Scandinavian countries (one for general orthopaedics and one for skeletal tuberculosis), a general editor, and a subeditor (redigenda curavit). Haglund was appointed editor and Bentzon subeditor.

At this meeting the first number of *Acta* could already be presented, the work of Bentzon and Munksgaard, even before the decision for its publication had been made!

The publication of *Acta* was made possible by financial support from the Ørsted Foundation in Denmark and from the Swedish government.

During the decade under discussion, the orthopaedists were few, and they got to know each other; friendships were made across the borders. They visited each other, went abroad together, and attended European orthopaedic congresses. This fellowship was particularly close during the twenties and in the early thirties, and there was a feeling that our Scandinavian meetings were family gatherings. Everybody was young, even the old ones, and the flora of anecdotes was greatly enriched, as something was happening all the time.

The present author's first contact with English orthopaedists was at the 1925 meeting of the German Orthopaedic Association in Hannover. Late at night, in "Klein-Venedig", I met Harry Platt, who said he was over 60. Sir Harry must then be about 120 today—and very youthful indeed! English orthopaedics has always been extremely vigorous.

Brief character sketches are rendered below of the deceased Scandinavian orthopaedists who played a decisive part in the foundation and development of the Society as well as in that of *Acta orthopaedica scandinavica.*

Bülow-Hansen (1861–1938) was a striking personality. His appearance was something out of the ordinary. He was rather short and stocky with a large Prussian mustache. He was sparkling with youthful enthusiasm, which flourished particularly in discussions on congenital dislocation of the hip. It was quite an experienec to watch him in the hospital corridors demonstrating his abduction bicycle for C.D.H. children—it was like a circus show. Bülow-Hansen offered great contributions within polio surgery and the treatment of congenital dislocation of the hip. He was also very active in the occupational rehabilitation of cripples.

Poul Guildal (1882–1950) was a typical Dane with close international ties, especially to France. He was rather phlegmatic, never let himself be carried away, but knew how to listen and to wind up a discussion with convincing common sense. He was a great organizer and soon became the key person in Danish orthopaedics. His abilities

were utilized in many Danish organizations, medical as well as social, *inter alia* as president of the Danish Red Cross Society. Among orthopaedists he won all hearts by his integrity and quiet humour.

Patrick Haglund (1870–1937), after receiving his surgical training with Lennander and later with Hoffa in Berlin, became reader in orthopaedic surgery in 1904 and professor at Karolinska Institutet, Stockholm, in 1913. For a long time he was the only academic teacher of orthopaedics in Scandinavia.

His publications on orthopaedic subjects were numerous, dealing mainly with static-functional problems as well as with poliomyelitis. Within the care and rehabilitation of the disabled, he was a pioneer.

Haglund was very easy to approach, and he was on informal terms with his assistants. He liked being opposed in order to get a discussion going, and this was often of the greatest benefit to us younger surgeons. He was not a "modern" surgeon, but a pioneer of orthopaedics at the beginning of this century.

Sven Johansson (1880–1959) was an exceptional personality, equipped with extremely sharp and vivid intellect, and completely unorthodox. All his life he was a searcher and researcher. For many years he was engaged on experimental cancer research. In addition, he studied the problem of rusting in a metallurgic laboratory (Chalmers). It has been said that his research has also been of benefit to industry.

His attitude to life was very youthful and bright. There have been few people as easy and pleasant to be with as Sven.

Fabian Langenskiöld (1886–1957) was a fine figure of a man. In discussions he was supreme, exercising a playful, but never personally offensive, irony.

He covered a very wide field within general surgery, traumatology, and orthopaedics.

Langenskiöld was one of the last opponents to the planned and partially accomplished separation of orthopaedics from the care of the crippled. He maintained the opinion of his generation that rehabilitation was an important part of orthopaedics. This was probably not due to conservatism, but to his conviction that an injury causing disablement had not been fully treated until after social rehabilitation was completed, and that the surgeon should be responsible throughout.

Lindboe & Huitfelt, the inseparable Norwegians, who were also brothers-in-law, attended our meetings regularly during the first and second decade. Lindboe was a general surgeon and Huitfelt a gynae-

cologist. There is reason to mention them in this review, although they were not orthopaedists, because they represented a kind of genuine and personal Scandinavianism in our Society. Huitfelt was even secretary at the 1922 meeting. A nobler task can hardly be imagined for a gynaecologist than being secretary at a meeting of an orthopaedic society!

Herman Slomann was a highly intellectual type. He finished his hospital training in Jutland, but wanted to work where he could freely realize his plans. In 1901 he opened a private orthopaedic clinic in Copenhagen. From this small clinic issued four theses by his assistants who were later to become distinguished representatives of orthopaedic surgery. This was the first orthopaedic clinic in Scandinavia.

Christian Sinding-Larsen (1866–1930) was head of the Seaside Hospital at Fredriksvern (Stavern) and was appointed, in 1911, director of Rikshospitalet, Oslo. He was a pioneer in the management of tuberculosis affecting the bones and joints.

When the Scandinavian Orthopaedic Society was founded, 50 years ago, it counted 25 members, now it has 232.

Acta was disseminated 40 years ago to 137 subscribers, now to 2325.

During the first two decades, meeting of the Society were held every year, thereafter every other year. At every meeting an orthopaedic surgeon from the town to accommodate the next meeting was elected president.

For the sake of continuity, the secretary-general was elected for 8 years.

The secretaries general have been: 1919–23, Sven Johansson; 1924–30, P. G. K. Bentzon; 1931–38, H. Nilsonne; 1939–47, S. Kiær; 1948–49, E. Thomasen; 1949–60, E. Severin; 1960–68, K. Jansen; and from 1968, M. Foss Hauge.