

# Henrik Sjögren – A medical historical presentation

Magnus Carlsson

Department of Medicine, County Hospital Ryhov, Jönköping, Sweden

Henrik Sjögren is probably the internationally most well-known name of Swedish physicians. This of course relates to the eponym "Sjögren's disease [syndrome]", but a lot more than this discovery was achieved by this famous ophthalmologist.

He was born in July 1899 as the second child of three in the small city of Köping, located at Lake Mälaren some 150 km west of Stockholm. His father, Conrad Johansson, was a merchant and his mother, Emilie Sjögren, after whom he took his last name, was a woman with extraordinary political and social interest for that time. His social background was bourgeois and his childhood bright.

The family had a great interest in music and reading and Henrik began studies on the piano from early age. This musical interest became his main hobby throughout life, and he became a good pianist and even composed some small works.

There was no earlier tradition of medicine in his family. His older brother began medical studies, but sadly died very young of the Spanish flu. It is uncertain in what sense these circumstances had influence on Henrik Sjögren's choice of profession. After graduating from high school in the nearby city of Västerås in 1918, he completed military service in Skellefteå in northern Sweden.

## Medical education

In 1919, at the age of twenty, Henrik Sjögren started his medical education at the Karolinska Institute in Stockholm. He fell in love with a class-fellow, Maria Hellgren, daughter of a late, distinguished ophthalmologist in Stockholm. They were engaged in 1921 and married in 1928. His studies were successful and he made an early choice of speciality, the same as his fiancée, who like her father became an ophthalmologist. Already from 1925, i.e. before finishing his studies, Sjögren periodically worked as assistant surgeon in the Eye Clinic at Serafimer Hospital in Stockholm. In 1927 he got his MD degree and a permanent employment at this clinic. It was there that he obtained his early clinical experience.

## "Svenskbyborna" [The Swedish immigrants]

In 1929, Henrik and Maria Sjögren were asked by the Royal Swedish Medical Board to examine a very special group of immigrants, in Swedish called "Svenskbyborna". When Sweden was a Great Power, these immigrants' ancestors had lived on the isles outside today's Estonia. After a war defeat they became Russian citizens and in the 1780-ies they were forced to leave their homes for 'no mans land' in the Ukraine. For generations they tried to emigrate to Sweden, but in vain until the year 1929. With the aid of the Swedish Red Cross, they were initially placed in military barracks in the city of Jönköping.

Some immigrants suffered from trachoma, and the task of examining and treating them, periodically brought the Sjögren couple to Jönköping during that year. It is an interesting fact that Mrs. Sjögren, used to the busy life in Stockholm, found the city of Jönköping boring. She would later live there for more than 30 years...

## The "sicca-syndrome"

In 1929 Henrik Sjögren met a patient, who complained of dry eyes, dryness in mouth and pain from several joints. Each of these symptoms was already well known, but it was the combination that Sjögren noticed. He was not the very first. A French ophthalmologist, Henri Gougerot, had published the same observation in 1926.

Sjögren continued his work at Serafimer Hospital until 1931, when he got an appointment at the Eye Clinic at Sabbatsberg, another hospital in Stockholm. Here he performed most of his work in

collecting cases with the diagnosis "Keratoconjunctivitis sicca", a name invented by Sjögren in a publication from 1930.

He made very careful examinations, which included microscopic examinations and excellent photos of lacrimal and salivary glands, conjunctiva and cornea.

### **The doctoral dissertation**

In May 1933 he defended his doctoral thesis, entitled "Zur Kenntniss der Keratoconjunctivitis sicca". It presented 19 cases and consisted of both a clinical and a pathological part. There was much enthusiasm, but also criticism and he received a mediocre credit. On a scale of marks from 1-3, Sjögren received 1.5. This was too low to become a "docent" (associate professor) and in fact, his academic career was ended. With today's knowledge it can be said, that much of the criticism was wrong and unfair. Sjögren – like many other pioneers – was ahead of his time.

He continued his clinical work at Sabbatsberg Hospital until 1935 and left as a skilful ophthalmologist. His main interests were lacrimation and corneal diseases.

### **The Jönköping period**

In 1935 Henrik and Maria Sjögren moved to Jönköping. The reasons are obscure, but most probably there was a combination of promising possibilities behind the decision. A separate Eye Clinic was to be built, and Sjögren was given great influence on its construction and equipment. As a curiosity it can be noted that the ophthalmologist, whom Sjögren succeeded, had started his duty in Jönköping in 1899, the year of Sjögren's birth.

January 1, 1938 he was appointed hospital surgeon to the new Eye Clinic. This was the start of an almost 30 year long era of outstanding work, both clinical and scientific. He was the only ophthalmologist until an assistant surgeon was appointed in 1954. His wife Maria had a practice at home with the possibility to perform operations one day a week.

Henrik Sjögren was a good clinician and also became famous as a good teacher for younger colleagues. Many ophthalmologists attended the clinic, and many of those had later brilliant careers and pointed to Sjögren's influence.

### **The international career**

The eponym "Gougerot-Sjögren's disease", which appeared in the literature in the 1930-ies, was a decade later reduced to "Sjögren's disease". This was due to Sjögren's continuous and deep interest in this condition. He reported on many cases and was surpassed in number only by the Mayo Clinic, Rochester, USA.

In 1943, Bruce Hamilton, an ophthalmologist in Hobart, Australia, translated Sjögren's thesis from German to English. A preface and an appendix were added. Australian ophthalmologists had an intense interest in the use of contact lenses. This interest was connected to the knowledge of lacrimation and, more important, lacrimal dysfunction – the "sicca-syndrome". Thus an English version of Sjögren's thesis was needed.

In 1951, Henrik Sjögren was invited as guest lecturer at the Royal Australian College of Ophthalmologists. The main goal was an eye congress in Hobart, with Professor Hamilton as chairman. On this occasion, Sjögren was awarded an honorary membership in the College. On his route, which took him around the globe, he met and discussed with colleagues in several countries, as Egypt, Pakistan, India, Singapore, Australia, New Zealand and USA. There is no doubt that Henrik Sjögren already at this time had a great international reputation.

### **The Swedish career**

Sjögren was a great clinician in its best meaning, with a broad clinical activity. In acknowledgement of his work and international renown, the "docent"-title was bestowed him in 1957 from the

University of Gothenburg, and in 1961 the Swedish government granted him the title, professor. This could perhaps be looked upon as a personal revenge for his less successful dissertation and its consequences. However, this was not the case. Sjögren, in spite of his fame, is described by many as a very humble person, by some even as shy.

Besides his clinical activity, he was also an innovator in ophthalmology. The perhaps most important contribution was his invention of a special pair of tongs, used in corneal transplantation. An operation of this kind was recorded by the Swedish Radio & Television Company and broadcasted in 1961; certainly as one of the first live medical operation movies in this country. Henrik Sjögren retired at the age of 68 years, in 1967. He and his wife moved to Lund, where he enjoyed the nearness of the University Library.

## Conclusion

Henrik Sjögren was an ophthalmologist, who happened to meet a patient with dry eyes and that could have been all. His wide-open mind instead led to the discovery of an unknown clinical entity, later named after him. Sjögren did not know the aetiology. Today we know that "Sjögren's disease", nowadays more often called "Sjögren's syndrome", is a complex immunologically based disorder.

Sjögren received international credit for his discovery. In 1970 he became honorary member of the American Rheumatism Association, and in 1976 he became member of the Royal College of Physicians and Surgeons in Glasgow. That same year he was also appointed honorary member of the Swedish Rheumatological Society.

## In memory

Henrik Sjögren died in 1986. He is buried beside his wife and her parents on "Norra Begravningsplatsen" in Solna, Stockholm. This cemetery has become a correspondence to well-known Cimetière Père-Lachaise in Paris.

Many famous persons have their last rest at Norra Begravningsplatsen. Many of those liked to be in the spotlight also during their lifetime. Thus, many imposing burial-places, even some mausoleums, are found there.

Henrik Sjögren became world-famous, but he rests there merely because his parents-in-law had made it possible in advance. They wanted their beloved daughter Maria to rest nearby. She died in 1991 and was buried beside her husband. The simple grave in this prestigious cemetery is a last sign of his modesty.

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