Erik Moberg MD

Martin A Entin MD
Royal Victoria Hospital, Montreal, Quebec

Professor Erik A Moberg passed away on February 14, 1993, after a period of illness. His lifetime of creative professional endeavours leaves a tangible legacy for future generations in his publications, his teachings and his demonstrations. Generations of future surgeons will benefit from the practical contributions and the clarity of his publications for years to come.

I first met Erik in 1955, when Bob McCormick of Rochester and I travelled to Sweden on our way to the First International Congress of Plastic Surgery in Stockholm.

A vigorous, enthusiastic atmosphere prevailed about Erik Moberg. This dynamic surgeon, whose interest in reconstructive hand surgery was well known outside Sweden, was a tireless worker but with a redeeming feature of methodical planning and an alert sense of humour. At the Sahlgrenska Hospital in Gothenburg, Erik’s surgical service encompassed all phases of general surgery, but it was not difficult to see that surgery of the hand was of special interest to him. There was something reminiscent of Bunnell in his methodical approach to the various problems: like Bunnell, he had useful technical tricks which he developed over the years. In addition to a number of very interesting reconstructive procedures, Erik devised several methods to overcome the ubiquitous problems of tendon adhesions. He had a unique method of supplying sensations to digits permanently deprived of innervation in complete median nerve lesions.

The day we visited Erik turned out to be one of concentrated activity. Erik devoted a whole morning to illustrating the various techniques that he used in the operating room. He used polyethylene in sheets as barriers for adhesions for tendinolysis and carried out tenodesis for a severed profundus tendon when the sublimis was intact; this method produced excellent results (1).

At the end of that busy day, McCormick and I were driven by Erik in his Volkswagen to his summer cottage on the shores of the North Sea. Only a short greeting to Marta to introduce us and to tell her there would be 10 guests for dinner. We were then off in his boat out into the open sea to a small island rock, about three miles away. The naked Swedes cavorted in the water for hours it seemed; McCormick and I could only endure the freezing temperature for a couple of minutes.

Back at the cottage in time for a five course dinner with three wines. It was an enjoyable, gracious evening.

That first encounter in 1955 epitomized the dynamic nature of Moberg’s personality which recurred over many subsequent meetings. Erik Moberg was born in Sweden on January 5, 1905, the son of Professor Axel Moberg, former Rector Magnus of the University of Lund. Erik graduated from Lund University Medical School in 1932 and received intensive training in general surgery, orthopedics and hand surgery in Sweden, Europe and North America.

Shortly after qualifying from medical school, Erik sought some practical medical experience in Persia. He was assigned as a doctor to the Swedish Gunpowder Factory. It was inevitable that Erik should meet Marta who was working in the same area as a Red Cross Nurse. After a period of courtship, they were married and returned to Sweden in 1934. The eldest son, Gunnar, was born in 1935 and another son and daughter followed.

In 1942, Erik was appointed as teacher in general surgery at Sahlgrenska Hospital. His interest in hand surgery began in the 1940s and was reinforced by a period of study with Sterling Bunnell in San Francisco in 1947-48.

In 1956 he was made Chief of Extremities Clinic in Sahlgrenska Hospital in Gothenburg and was appointed to a special chair as Professor of Extremity Surgery and Hand Surgery at the University of Gothenburg in 1958.

Erik pursued special studies in the United States, England, Switzerland and Austria in hand and extremity surgery, and was obsessive about publishing his findings. There were 112
Erik played tennis regularly throughout his life, a hobby which he stopped at the age of 86. He was a student of nature, being especially interested in butterflies and birds.

ERIK MOBERG’S OUTSTANDING CONTRIBUTION TO HAND SURGERY

There were a number of things that Erik was able to clarify by careful analysis. The critical considerations of methods available for assessing the sensibility of the hand after nerve injury and repair had always puzzled hand surgeons. Erik Moberg devised several tests which made it possible to do an objective assessment of nerve recovery.

The Two Point Discrimination test (2PD) was one of the few tests that gave reliable and reproducible assessment of sensory components of the hand (2).

The Ninhydrin Finger Printing Test was modified by Moberg in order to map out the partial lesions of the peripheral nerves of the hand (3).

A number of clever practical gadgets were devised by Moberg: a contraption for keeping the fingers extended (4); a steel plate that he inserted across the fracture to assist reduction and prevent rotation of fractures of the long bone (5); and numerous others that were the result of his ingenious tinkering. Moberg’s greatest contribution was in the field of

publications in 1962, and probably 150 by the time he passed away.

I always felt it was a privilege to be present when Erik Moberg was operating or teaching. A firm and enduring friendship developed between us from the moment we met. It was reinforced in 1959 when Laura and I visited Erik and Märta. Erik made numerous trips to Montreal. His first visit was in 1962, when he gave a special lecture to the Royal Victoria Hospital hand surgery rounds on April 24. From that time, Erik participated in every one of the special courses in surgery of the hand that were given by the Royal Victoria Hospital Post-Graduate Department, 1963, 1967, 1972, 1975 and 1980. The courses ultimately were published by WB Saunders as volumes of Surgical Clinics of North America and provided valuable sources of information for the participants in the courses.

Sailing is a national Swedish hobby but with Erik it was a way of life. In the early days his 12 m boat was a sturdy former fishing boat. He and his family made many trips around the west coast of Sweden to Norway and Denmark. Later, he had a more sophisticated boat of which he was very proud. It was a privilege to be invited to sail with Erik; several international hand surgeons have shared this delightful experience.
assessment of sensory and motor capacity of the hand in injury and recovery. He pointed out very early that pin prick, touch and temperature were merely academic means of testing perception. In no way did they give information about the true recovery and the capacity of the hand.

In an editorial published in the Journal of Bone and Joint Surgery, August 1961, Moberg challenged the profession to devise better means of assessment of functional recovery of severed nerves in the hand. He subsequently developed the 'pick-up' test in which the stereognostic capacity of recovering finger tips was used to identify objects without use of sight. This ultimately produced a reliable test which gave a realistic assessment of the functional capacity of the hand (6). Erik Moberg took an active part in founding the Scandinavian Hand Club. He was chosen to give the first Sterling Bunnell Memorial Lecture on May 14, 1962.

Toward his later years, Moberg began to be interested in reconstruction of severe injuries of the spinal column that produced hemiplegia and tetraplegia. He spent some time in rehabilitation centres in southern California and devised some interesting procedures to rehabilitate the upper limb in patients afflicted with tetraplegia (7).

What turned out to be Erik's last visit to Montreal was in September 1990. He stayed with us for a couple of days before we all attended the annual meeting of the American Society of Surgery of the Hand in Toronto. Laura and I admired the account of the latest adaptation to life as a widower since Märta's death a year before. He was now baking his own bread with a special bread machine; he stored away fresh fish and game meat in the deep freeze; he had a couple of friends teaching him how to produce quick desserts. Erik told us that he entertained a few friends at dinner at least once a week. One of his specialties was his sophisticated banana soufflé which brought the meal to a gastronomic conclusion.

Erik's passing marks the end of a period which started with the end of the First World War. Several giants by their creative contributions established a new specialty – the surgery of the hand.

There was a common bond among these men which spilled over onto this specialty; exchanges of ideas, visits to each other's countries, international symposia, and the feeling of camaraderie. Erik Moberg was one of these giants. He leaves a tangible legacy. Generations of future hand surgeons will benefit from his practical contributions to the assessment and reconstruction of the upper limb.

REFERENCES