Orthopaedics in St. Gallen 1960 – 1967 under Maurice E. Müller

Seven years that changed the world.

ALFRED M. DEBRUNNER

Maurice Edmond Müller catapulted Swiss Orthopaedics from rear-guard to world leader in seven years. The Cantonal Hospital in St. Gallen was transformed into the Mecca of modern orthopaedic surgery.

1960 St. Gallen, Opportunity and Lucky Break

In 1960 St. Gallen, at that time a little known town in the provinces, had just built a new hospital and, in so doing, had put into practice a concept that was new to Switzerland, namely, a clinic specializing in orthopaedics and traumatology. An innovative young orthopaedic surgeon had been elected as chief consultant. Seven years later modern orthopaedic surgery had emerged and the Cantonal Hospital in St. Gallen was its center. What had happened?

The people of St. Gallen, led by their town council and the incumbent chief consultant, Dr. J. Oberholzer, displayed exceptional farsightedness and courage in facing the manifold misgivings of the medical and academic communities when they dared to risk an experiment with a new organizational structure and a controversial assistant professor and to give the young orthopaedic surgeon, Maurice Müller a chance. It turned out to be a unique stroke of luck.

On November 15, 1960, after 4 years of construction, the new Surgical Clinic was ready for occupancy. It was an imposing modern high-rise building with 200 beds each for general surgery and for the orthopaedic-traumatology clinic. In his report on the Surgical Clinic in the 88th Annual Report of the Cantonal Hospital, Chief Consultant Josef Oberholzer wrote: "The move was completed in an exemplary, rapid and efficient manner thanks to the skilled assistance of crew 41 of the Red Cross led by First Lieutenant Scherrer. Doctors, nurses, care assistants, secretaries, laboratory technicians and all other support workers in the hospital worked day and night to secure the fastest possible restoration of normal clinical routine in the new building." Shortly after the new year in 1961, the clinic was full to capacity.

Oberholzer was in charge of Department I, which included visceral surgery. He had managed to include his hobby, meniscal injuries at the knee, in his contract. "Assoc. Prof. Dr. Müller was in charge of Department II for conservative and surgical orthopaedics, injuries and diseases of the arms, legs and spine. In this way the vision of a combined surgical clinic divided into different specialties had become reality." These words from a Swiss surgeon of the old school signalled the dawn of a new era. They express the farsightedness of Josef Oberholzer and, above all, the noble character of this great personality. Despite the obvious uncertainty of the venture, he gave his approval to the dichotomous division of the hospital and the election of Müller.

1961 A fulminant start

Müller had almost 200 beds and a modern surgical wing at his disposal. He had a crystal-clear concept of orthopaedic surgery and a vision. And he was determined to put his plan into action.

But who would help him with his Herculean task? The seven assistants assigned to him all had thorough surgical training but not one was an orthopaedic surgeon. None of them had even the faintest clue about the surgical management of fractures. He had Andrea Mumenthaler, an experienced surgeon of the old school, at his side and he had been able to call Bernhard Weber from the Balgrist hospital to be his senior consultant. Apart from himself, Hardi was the only orthopaedic surgeon at the new clinic in St. Gallen.

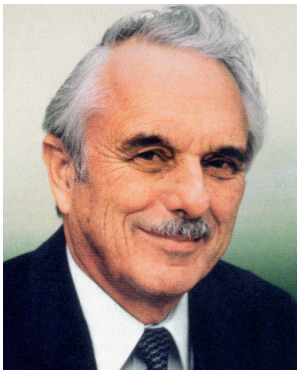

Fig. 1. Prof. M.E. Müller.

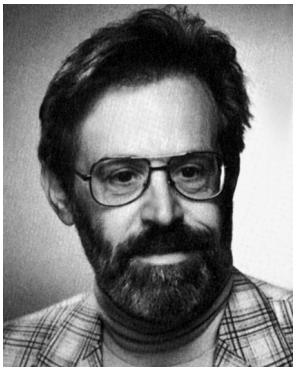

Fig. 2. Dr. Alfred M. Debrunner.

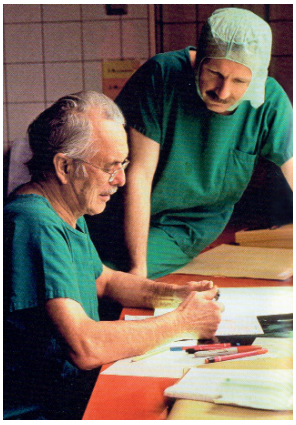

Fig. 3. Professor M.E. Müller and Assoc. Professor B.G. Weber discussng between operations.

After leaving Balgrist where he had completed his postdoctorate in 1957, Müller had spent three years doing his best as a travelling surgeon without the infrastructure of a hospital or even a private practice. He had discovered and acquired a multitude of new ideas on his extensive trips and sojourns abroad and considered them very promising. He was already an excellent surgeon and he had thought up new procedures and developed the required implants and instruments together with Robert Mathys, a highly gifted engineer. Müller, who had grown up in Biel himself, knew the mechanics working in the watch-making industry in the Jura and knew how to appreciate and harness their precision. As a result he had been able to assist many of his colleagues in numerous hospitals all over Switzerland with their difficult or unsuccessful cases as the one and only "box-n-bag surgeon".

Working in Brüssel Robert Danis had developed a compression plate for the internal fixation of fractured bones. Müller visited him there and embraced this wonderful idea. He was convinced that the future belonged to the surgical management of fractures and it became his mission. In order to achieve this goal he founded the "Arbeitsgemeinschaft für Osteosynthesen" [Association for the Study of Internal Fixation] with friends who were also Swiss chief consultants for surgery. AO/ASIF became the basis for his endeavours. This was the modest beginning of what would later become an international legend.

His second mission was hip surgery. He had already presented his concept for "Femoral osteotomies around the hip" in his postdoctoral thesis.

He wanted to test all this at the new clinic, introduce it there and then re-position and revolutionize orthopaedic surgery worldwide. The general and orthopaedic surgeons thought it was impossible, they cast it aside as utopian – Müller made it reality. Starting from the Cantonal Hospital in St. Gallen he worked his way up to world leader in only a few years and Swiss orthopaedics followed in his wake. He became the uncontested "Orthopaedic Surgeon of the Century" and was officially awarded this title by SICOT, the Société Internationale d'Orthopédie et de Traumatologie.

So November 15, 1960 became the day of delivery, and the Cantonal Hospital in St. Gallen the cradle of modern orthopaedic surgery. Needless to say, the efforts involved far surpassed normal requirements. And those efforts were made by Müller and his crew: doctors, nurses and all other support staff. Maurice was a born leader and a patron who knew how to motivate everybody and how to animate them to do their personal best.

Karl Ledermann, there from the outset, remembers the first hectic weeks and months, including the instructional courses in the evenings. Müller brought his Bettlach boxes containing his new instruments, screws, plates and spanners to the classes, spread them out on the table and explained them to his amazed assistants and OR nurses. Attendance at the advanced training sessions in orthopaedics and bone surgery regularly held by the boss was naturally expected and compulsory and, of course, outside normal working hours. Everyone was aware that the ambitious goals could only be attained in an atmosphere of strictest discipline. Accordingly, an exceptionally strict and demanding regime was the order of the day from the very start. When the boss arrived at exactly 7.30 a.m. for the morning meeting, nobody was absent and everybody was ready with their report of the events of the previous night in his or her area of responsibility.

The evening discussion of radiographs at 5 p.m. was spiced with the merciless criticism of the day. The boss's authority was absolute. It was not based on the official hierarchy but was re-established daily by the superior argumentation of MEM. Discussion was his element. His acute powers of observation and his stupendous memory let no error slip and no radiograph found favor if it did not conform absolutely to his guidelines. When he was sitting in the middle, in front of the „paternoster", a casual observer might think he had dosed off a little during the daily review of radiographs – a short well-earned power nap for an indefatiguable genius. But astonishingly he was always wide awake in an instant if something was not quite right. "Show that one again!" What had he noticed? Much later an especially brave person was bold enough to ask him. The answer was short: If an image was on screen for less than five seconds, there was bound to be something wrong with it.

The very first Annual Report that Müller wrote in 1961 for the new, independent Department B of the Surgical Clinic is still worth reading as an example not only of a sound statement of account supported by the essential (and only the essential!) figures, but also a magesterial operational plan. In addition to his "heartfelt" thanks to the "longstanding chief surgeon", Dr.

Oberholzer, for "the consensus among chief consultants", who "shed their carisma over the entire clinic", it also addresses almost philosophical topics such as the basic differences between "the attitude of a traumatologist schooled in orthopaedics" compared with a "life-saving surgeon" to explain why injuries to the bones and joints were clearly the domain of the orthopaedic surgeon.

Müller's conclusion: "Subdivision has proven practical and logical for patients, assistants and the hospital as a whole". "Despite a constant reduction in the duration of hospitalization, the clinic has always been full to capacity and waiting lists have had to be compiled." And the self-assured comment:"In retrospect it seems astonishing that a solution that has proven its worth in the northern and anglosaxen countries was so difficult to establish in Switzerland."

In the first year of the new clinic's existence (1961), 2100 operations were performed of which 512 were hip operations, 308 osteosyntheses for fracture and 89 for pseudarthrosis – impressive figures for the time.

1962 Science and Research

A smoothly running clinic was not enough to satisfy Müller. On the contrary, it merely formed the foundation for his new plans. Expansion in all directions:

Surgery of the arthrotic hip involving various intertrochanteric displacment and correction osteotomies, arthrodesis with new techniques and a whole range of other methods were extensively tested, modified and applied although the outcomes remained rather unsatisfactory.

Müller had visited John Charnley in Wrightington – the man who had conceived and experimented with the idea of "Low Friction Arthroplasty" in the 1950s. Müller was immediately enthusiastic and determined to tread this path as well. This "artificial hip" was associated with some complex challenges: the physical and chemical properties of the materials, biological compatibility, articulating pairs in terms of head and acetabular component, load transfer, lubrication, fixation in bone and its reaction, and design. Charnley had succeeded for years in keeping his prosthesis off the market. He wanted to gain more experience and only release a perfect product to his colleagues that had proven its worth in clinical practice.

Müller barely hesitated. He succeeded in having his modified prosthesis called the "Charnley – Müller" produced by the Sulzer company in Winterthur and implanted seventy of them in the first two years in St. Gallen. However, in the Annual Report of 1962 we read that the total prosthesis developed in 1961 in collaboration with John Charnley had not entirely fulfilled the hopes vested in it so that, for the time being, only patients over 65 years of age or hopeless cases would be treated with it but that the method had promise for the future and important improvements had already been made. The TP was still at the experimental stage so that this treatment method could not be generally advocated.

In fact, Teflon cups had been implanted and had worn out under mechanical loading so that the majority had to be replaced after a few years – which Müller often did free of charge. He pursued his course with perseverance and consistency until it emerged as the right way. Müller's TP, designed and developed in St Gallen, became a great success worldwide.

This success was only possible based on meticulous follow up of all operated patients. Müller regarded this type of "clinical research" as one of the pillars of orthopaedics. Christoph Meuli was in charge of the TP. In 1963 he was able to report the "Documentation and follow up examination of 1000 hip patients" at the SGO1 Congress in Biel. This had meant considerable, additional work for all assistants, mostly during the night.

When I came to St. Gallen as part of a six month exchange with Müller's "dauphin", Alex Boitzy, who was to train at the Balgrist Orthopaedic Clinic, I was immediately enrolled into the follow up program and had to report even at the AO courses on the new hip arthrodesis technique (as described by Charnley, an astonishing 72 cases in 1962). A large number of Italians had come to Davos for the first time and, since I had spent a semester studying in Rome, I was asked to hold my lecture in Italian, which I felt was a great honor. Maurice Müller had a masterly knack of motivating his staff and deploying them according to their "potential".

And he did it very generously. After Oberholzer's departure the knee came to orthopaedics. Eric Courvoisier had or was allowed to spend half a year with Smillie in Scotland and returned, amongst other things, with a thick cotton pad bandage. It was immediately introduced into the clinic which consumed endless amounts of it. Christoph Meuli was delegated to Göteborg for a few months to learn the finer points of Moberg's hand surgery and introduce them to St. Gallen. Hansruedi Meyer was sent straight to the lion's den, that is, to Lorenz Böhler at Vienna's Traumatology Hospital where he had to listen to Böhler's opinion of the AO which MEM found most amusing and interesting.

Müller always found a generous way to finance these extras, sometimes within the approved budget, sometimes from elsewhere.

Ultimately, "visiting consultants" were made available to the surrounding hospitals, which was „"fruitful for both parties" according to Müller and this is how I came to Münsterlingen, Wil and Ragaz.

The Annual Report of 1962 was the first to include an extensive list of "Scientific Activities" that was comprised of separate entries for all the lectures and publications of the year. Nine publications were by Müller himself, all of a procedural nature and addressing current issues.

From 1962 onwards very detailed statistics of all interventions was also published annually. Müller always knew that no serious scientific investigation was possible without minutely detailed statistics. His Documentation Center (1964, in Berne) became exemplary. He established the principles behind it in St.Gallen. He made compulsory follow-up part of "clinical research" and thus lifted drudgery onto a pedestal.

In addition to carrying out 2236 operations, an impressive number for those days, 1218 plaster casts were also applied in 1962. This method was in no way neglected. MEM often lent a helping hand. His assistants had to take turns in the plaster room and apply the casts themselves under the supervision and instruction of the master carer.

1963 Professorship at the University of Berne

He had hardly arrived in St. Gallen when Assoc. Prof. Müller was elected professor and director of the university orthopaedic clinic in Berne in June 1963.

The negotiations between St. Gallen and Berne were remarkable. In the Annual Report of the Board of Directors of the Cantonal Hospital in St. Gallen it is stated succinctly that: "Between the health directors of the Cantons of St. Gallen and Berne and Professor Müller it has been agreed that the elected candidate will continue his work in St. Gallen until completion of the Orthopaedic Clinic of the Inselspital in Berne." And that took a few more years! This was a spectacular "coup" for Müller. The "Jack of all trades" can even run two orthopaedic clinics at the same time. Now he would be running the university clinic in Berne "with his left hand". How could he do that?

Orthopaedics was accommodated in a military hut from World War II between the other time-honored clinics of the Inselspital and was waiting in the midst of a huge building site for the modern orthopaedic-traumatology clinic that the authorities in Berne had promised Müller. Not sufficient reason for him to give up St. Gallen and go straight to Berne. He was well able to wait.

The man he sent to Berne as his "left hand" was his right-hand man, Dr. B. G. Weber, who acted as "Administrator" and "Assistant Director". A great honor for Hardi Weber. MEM had enough great plans himself and plenty to do in the St. Gallen clinic which he had already forged into a first class hospital. Its orthopaedics laboratory already ranked in first place internationally. As such it formed the basis for Müller's ambitions and provided the necessary infrastructure to be the workshop for his operations.

In St. Gallen he was able to play ping-pong on two tables, so to speak. At the morning meeting at 7.30 a.m. the OR program was read. Müller planned it down to the minute: as a rule, he performed no less than six hip operations before midday. The time frames were almost always absolutely correct. In OR 1 his assistants were ready so that Müller could start immediately with the incision. Wound closure had to be completed quickly so that the boss, having finished his second operation in OR 2, could start the next incision in OR 1.

The incision was crucially important: "Now he's done the incision and 10 mistakes already!", Müller would say. Sometimes you got the idea! - sometimes you didn't.

After the last operation of the morning, MEM dropped in to the "Rössli" pub, broke a raw egg from the fridge into a glass, drank it in one go and went off with a spring in his step to his office where his secretary was already waiting with his outpatients.

It was impossible to compete with this role model. The work ethic of the assistants, nurses, and all other staff was beyond reproach. Most astonishing was the fact that they all found satisfaction in this extremely performance-oriented, spartanic approach to work and they wore the straitjacket with devoted pride and enthusiasm. MEM had the unbelievable gift of motivating people. Each and every one felt honored and privileged.

The consultant's round on Wednesday morning played its own part. It was conducted in the old style with a whole string of people who could never fit into the rooms. About 1 or 2 minutes per patient. An obsolete absurdity even if Müller's phenomenal memory did discover the occasional omission. Why did he cling to this old hat?

At the end of the ward rounds all the participants were satisfied: every single patient had received the personal attention of the great consultant, felt appreciated and honored, and the assistants, nurses and all those he addressed experienced the boss's personal concern for their work. Possibly, the motivation it generated counterbalanced the disadvantages of this mammoth tour.

In the winter Müller came to work in his ski suit. Work had to finish by 11 a.m. so the race could begin: Down to the car park and off in the direction of Wasserauen. Most times MEM in his "Citrone" got to the base terminal first and those whose driving was not so hot-headed would see him waving from aboard the Ebenalp cable car while they waited for the next one. After a quick drink in the pub, multiple downhill races with BGW and MEM in the lead. Around 4 p.m. the whole team was back at work in the hospital. It stuck like glue: "St. Gallen – simply the best!"

1964 International Basis: The AO courses in Davos - Model Clinic St.Gallen

Müller, St. Gallen and Swiss orthopaedics became known internationally through the AO and its training courses in Davos. In 1964 the book of fundamentals entitled "Technique of operative fracture treatment" by M.E. Müller, M. Allgöwer and H. Willenegger was published in English. With that the ice had broken and discussion was now international. Müller had realized that teaching was the key to the general dissemination of stable osteosynthesis as a surgical technique for fracture treatment. Starting in St. Gallen and with the help of industrial partners and his AO colleagues he was able to organize instructional courses that were soon attended by hundreds of general and orthopaedic surgeons from the four corners of the earth. The participants in their turn became the advocates of the new methods. This led to a breakthrough, first throughout Europe, then in the USA and worldwide.

Assistants at the AO clinics were obliged to contribute to the courses as instructors and this stimulated and motivated them to peak performance. They received international awards, made international contacts and

saw themselves as important members of a great revival movement with a promising future worldwide and for themselves. The annual one-week course in Davos was always a highlight for each and every one of us and totally athletic both in the lecture hall and on the piste. The annual AO ski race promoted teamwork and competitive spirit. The climax was a duel between St. Gallen and Chur, whereby MEM was always on the St. Gallen team and usually led it to victory.

I met with this team spirit when I finally came to St. Gallen. I was even more impressed by the whole-hearted work ethic. The difference between Zurich and St. Gallen was striking. At Balgrist we had been one big debating society with up and coming coryphaei like Norbert Gschwend, Erwin Morscher, Hardi Weber, Heiner Scheier, Noldi Huggler, all very interesting men and highly knowledgeable of biomechanics. Discussions generally took place in the legendary assistants room "16-i" where there was always something to eat and drink and something to chat about. Everyone could study and publish whatever he wanted. Chief consultant Francillon liked to retreat into his quiet nook, his secluded study room where he corrected nothing more than a few stilistic blunders and sent the manuscripts to Heidelberg to be published in the German journal of orthopaedics [Z. Orthop.]. It was no problem to manage our work: surgery, consultancy, plaster casts, and at night no doctor on duty.

St. Gallen was a different story. I immediately found myself integrated into the rigorous daily, duty and weekly plans. The independence of Balgrist was superseded by membership in the St. Gallen ensemble that played and danced exactly in time with the directives and the baton of the boss. Night after night Otto Oest and myself stuck dots on statistics, made slides, thought up lectures, only to find our drafts back in the pigeonhole the following day covered in corrections and suggestions in fine handwriting or to listen to harsh criticism of our trial lectures at the evening presentations. And nobody complained. On the contrary: the boss's arguments were always objective and won us over every time. The enthusiasm was infectious, the atmosphere unique.

Attention to detail was one of MEM's trademarks. He was constantly challenged by an awareness that failure was linked to minutiae. Although he was often criticized for being a pure techno-maniac, he most certainly appreciated immaterial values and their practical relevance: "Psychology! Psychology is half of orthopaedics. Come to my private ward, I can teach it to you there!" In fact, as an assistant on the wards I had the opportunity to see and learn a great deal that proved beneficial to my profession and my private life. Müller had good reason for his acknowledgment in his last Annual Report: "my thanks go ..... especially to Sister Ida with her flair for maintaining such a pleasant atmosphere at work and on the private wards."

But it was only with the francophones that MEM shared the higher intellectual realms. The somewhat less agile Alemanni could not keep apace with their linguistic finesse. Anyone who is interested in these intimate exchanges should read the contribution by Alex Boitzy "Des moments d'or" [Moments in Gold] in the book entitled "Sternstunden der orthopädischen Chirurgie" [The golden age of orthopaedic surgery] (Janine Aebi-Müller, Huber, Berne, 2008, pp. 49 – 77). The reader will find pearls.

1965 The Bernese Diaspora

After Weber and Mumenthaler it was my turn to go to Berne. I had the privilege and honor, the status and the onus of the Assistant Chief Consultant in Berne. Through this appointment I had the opportunity to experience how MEM ran his main task, the professorial chair in Berne "with the left hand". There were three or four assistants working with me. Our place of work was the proverbial hut with a modest OR and about 20 beds and a room in the old building for outpatient consultations. The boss came to Berne once a week, operated in the morning, held his lectures during the semester, went on ward rounds in the afternoon and saw his private patients. Then he disappeared again.

I was free to operate as I wished. MEM believed in implicit trust, not in control. So there was a great feeling of obligation to earn this trust. Once, on a perfectly ordinary working day, we had planned a small "clinic excursion". We had already set off when it was rumoured that the boss was going to turn up unexpectedly and check on us. A brief panic broke out among the employees. Maybe we had better turn back immediately and take up our deserted positions at the hospital?

MEM had always informed us of his visits well in advance and let us know his plans. I was convinced that he would not come. My firm belief that his trust was implicit prevailed and we completed our somewhat illegal excursion as planned. The rumor turned out to be just that. MEM had won: we tried even harder to earn his trust.

Müller for his part was absolutely loyal to us. He helped us where help was needed, he criticized harshly if objective criticism was appropriate, but he never left us in the lurch and he never embarrased us.

Once I had an elderly female patient who was bedbound with MS in Loryhaus and I had performed knee arthrodesis to make caring for her easier. I had not considered that her spastic paralysis would make consolidation impossible. The leg was ready for amputation. I had to confess. Müller went into the room, looked at the botched job and then declared to those present, including the husband and the Chief Consultant, that his assistant had done his very best, the treatment was lege artis, but that the unfortunate course of the disease in this case had been impossible to prevent and now, regrettably, amputation of the limb was unavoidable as his assistant had indeed already said.

Outside on the way back to the clinic he expressed his criticism: "You would have got good statistics out of that: one knee arthrodesis, one amputation!" That was his only comment. Müller remained unshakably loyal.

I shall never forget the days he visited Berne. When he wanted to take a quick lunch and found himself alone, he would invite me and take me along with him. On these occasions he would speak philosophically and personally. These were moments when he would rest and gather his strength. Once he came from St. Gallen with a huge box. He opened it in the restaurant. Inside he had his new house, the one he planned for Berne, absolutely to scale and built with colored lego bricks, the way he envisioned it in every detail. He took the greatest pleasure in explaining it all to me. Years later I saw it again, his treasured lego model, in his beautiful private home in Melchenbühl.

As in St. Gallen Müller was also incredibly generous in Berne. He had rented a lovely appartment on Seidenweg that we, the senior consultants, occupied in our turn, Andrea after Hardi and myself when Andrea left Berne. After I left, Christoph Meuli moved in and stayed there. Müller moved his staff like chess pieces, placing one here, one there, always according to their qualifications, abilities, character, in short, where their "potential" fitted best into the overall strategic plan. He was a master of the art. Whether we noticed it or not, I believe that ultimately everyone could be content and most of the time we were.

Where there is much light, much lies in the shadows. Anyone who was not just following the leader blindly could see the dark areas. For example, uncompromising periosteal stripping of the fragment ends, iatrogenic damage such as bone necrosis after double plating, infections and pseudarthroses after bold and unsuccessful "osteosynthesis". The myth of "bone healing per primam", and much more.

When I came to Berne Andrea had about twenty infants on his waiting list for the so-called derotation-varization osteotomy, which was usually prophylactic and bilateral. This operation had been Müller's idée fixe from the outset. Biomechanical considerations led him to believe in a preventive effect on hip dysplasia. Heiner Scheier, a very astute and clever orthopaedic surgeon, and I had collaborated in Balgrist on a project to follow up these cases and we had found that the damage caused by the procedure was quite severe in many cases and signs of benefit could only be identified in a very few. What was I to do? Standing between my own conscience and the doctrine of the Grand-Boss? Finding myself in this plight I called all the children back for reassessment, I ordered another pelvic x-ray, and then explained to the distraught parents that according to this image the hip joint had already recovered extremely well so that we could abandon the planned operation with an easy conscience. The parents left my office absolutely delighted. We had plenty of other jobs to do.

1966 Review

1966 was the last year for MEM in St. Gallen and it was the last year for St. Gallen orthopaedics with their world-famous professor. This flight of grandeur had lasted just six and a half years. Time to look back and to look forward. It is worth reading Müller's magesterial Annual Report in the original. He gives precise figures for the most important achievements: 18,000 operations, a spectacular number for orthopaedics at the time and, of special importance thanks to relentless, well organized and documented follow ups, an unrivalled body of evidence for the efficiency and the worth or worthlessness of the different methods. This was EBM, "Evidence Based Medicine", long before the phrase was coined. With the help of this evidence it was possible to convince the Germans with their blind faith in authority, the Austrian traumatologists who supported Lorenz Böhler, the ingenious Italians, the critical British, and the self-assured Americans, and this ultimately led to the international breakthrough.

The list of new surgical methods is impressive. Many of them have stood the test of time, even up to the present day, for example, total hip prosthesis and compression osteosynthesis for pseudarthrosis, which used to be a real scourge. Surgery of the spine had been given a boost. I remember the resection of a congenital thoracolumbar hemivertebra, an operation that had never been seen before. MEM performed surgery elegantly and with astonishing ease. As if he was doing it off the cuff. It was only later when I went to fetch the next operation

Fig. 4. Assoc. Professor Stryhal's and Dr. Čech's visit to the Department of Orthopaedics in St. Gallen and their working at this Department in the years 1966 and 1967 initiated the adoption of a new vision for the development of orthopaedic and trauma surgery. The atmosphere of the place was great and gave rise to new professional friendships.

schedule that I chanced upon some anatomical sketches and scrupulously detailed notes on his desk and I realized how thoroughly he planned his operations down to the last detail.

Planning sketches on radiographic film were the entry tickets to the OR for his students. Thousands of orthopaedic surgeons and traumatolgists prepared their operations on the basis of his templates to the benefit of the patients and themselves.

"Today the orthopaedic department in St. Gallen is regarded as one of the most progressive clinics in the world and trainee orthopaedic surgeons from neighboring countries as well as those from anglosaxon and scandinavian countries have made it almost a duty to make the journey to St. Gallen at least once to familiarize themselves with current surgical procedures. Thus, we have received, some for short and some for longer periods, more than 400 orthopaedic surgeons and traumatologists from 55 countries over the past 6 years." This is not even greatly exaggerated. And so ends Müller's last Annual Report

"My time in St. Gallen was a happy time for me."

1967 Farewell and Fresh Start

In his first Annual Report, Müller's pupil and successor, Assoc. Prof. B. G. Weber, wrote: "The exemplary management of the Clinic by Prof. M. E. Müller over a period of 6½ years came to a close on March 31, 1967." "As he goes to the University of Berne our former chief consultant takes with him the full support of his entire staff." It seems that this has a nostalgic ring and perhaps a trace of envy? Then: "The assumption of clinic leadership by the undersigned – who, as the former senior consultant, is familiar with the ways and customs of the organization – is to take place"discreetly". Without any appreciable changes in staff and without any substantial reorganization we as orthopaedic surgeons and traumatologists treating the locomotor system will be able to continue our work as smoothly as before." This

Fig. 5. Professor M.E. Müller visits the former Czechoslovakia frequently. He is presented with // Presentation of an honorary membership of the Czechoslovak Society for Orthopaedics and Traumatology on the occasion of the International Conference under the auspices of SICOT 1986, Prague.

Fig. 6. Professors M.E. Müller, O. Čech, H. Willeneger and I. Leinbach in Prague in 1986.

tune is different from MEM's. What was the clinic to expect from the new boss?

Müller had indeed left his successor a first class clinic that was perfectly organized, running smoothly and that left virtually nothing to be desired. In this sense, Hardi Weber could feel easy and comfortable. He only needed to continue as before while clinical routine more or less ran itself.

On the other hand, he had taken on a difficult legacy. Expectations were enormous and the eyes of the whole neighborhood were on him. International renown travelled with Müller to Berne and St. Gallen was in danger of reverting to a backwater. It was not easy for Hardi to step out from the shadow of his mentor. How he mastered this challenge is described in the next chapter.

I owe my training to B. G. Weber, a man who was incredibly innovative and technically perhaps the best surgeon of the time. For me it was a unique opportunity and a wonderful time for which I am most deeply grateful to Hardi. He died far too soon.

For Müller a new era was beginning in Berne. Enormous expectations awaited the great magician. He had already achieved most of his ambitious goals, and he had become the star-spangled idol of the world stage. But his golden age already lay behind him and he had passed his zenith. What came after no longer had the glow of awakening. Establish another hospital, lecture to indifferent students, problems with faculty, administration and government. Phelgmatic Berne was more difficult than St. Gallen and he himself had grown older. The youthful zeal and enthusiasm of the coworkers and colleagues within the AO was not the same. It seemed that everything was wearing a little thin. And the producers were now concentrating more on business than on professionalism and creativity.

The six and a half years that the Orthopaedic-Traumatology Clinic was led by Maurice Müller were the best and most important years – for him, for orthopaedics, for the world, and for those of us who were fortunate enough to participate in this unparalleled renaissance.

A. D. Zurich, January 2010