Henrik Sjögren participated in the first symposium on Sjögren’s syndrome held in his own country in Umeå University Hospital of Northern Sweden in 1976. He was then seventy-seven years old. The following is based on correspondence and meetings since 1976 with Henrik Sjögren (Fig. 1) and his wife and colleague Maria Sjögren.

Henrik Sjögren was born in 1899 in a town just outside Stockholm. He started his medical studies at the Karolinska Institute and received his M. D. degree in 1927.

He started in ophthalmology after a few months as an assistant in the pathology department. In 1930 he observed extreme dryness of the eyes and mouth in a female patient with deforming arthritis. Secretion of tears could not be provoked even by brushing inside the patient’s nostrils, and the flow of saliva remained diminished after stimulation. In a report to the Ophthalmological Society, Sjögren realized that this syndrome was unknown among his senior colleagues (Sjögren 1930).

In a review published in Swedish, Sjögren (1965) refers to Stock (1924) in Tübingen, who found keratoconjunctivitis sicca (KCS) in patients with dryness of the mouth. Sjögren also recognizes the earliest report by Leber (1882) on keratitis filamentosa, probably identical with KCS. He mentions a Dutchman, Mulock Houwer (1927), reporting the combined finding of corneal lesions and chronic polyarthritis.
Sjögren reports previous observations on this combined syndrome by Hadden (1888) and by Hutchinson (1888) on single patients with xerostomia, dysphagia, reduced sweat secretion, and complete absence of secretion of tears. Sjögren also includes the reports of Fischer (1889) from Germany on corneal lesions in a woman with arthritis and on the combined symptoms from eyes and mouth.

Sjögren believes his own major contribution to be the recognition of the “sicca syndrome” as a systemic disease. Sjögren's thesis was published in German as was the custom at the time in Sweden. The translation into English by Bruce Hamilton in 1943 was the starting point for a widespread interest into what is now generally recognized as the systemic disease “Sjögren’s syndrome.”

After his first patient with the sicca syndrome, Sjögren started to look for other patients with similar symptoms. He had great help from his wife Maria, who was working as an ophthalmologist at a nearby Serafimer hospital in Stockholm. This way Sjögren was able to present 19 female patients in his thesis “Zur Kenntnis der Keratoconjunctivitis Sicca” in 1933 (Sjögren 1933). He used Rose Bengal to stain the corneal lesions in a 1% solution causing less harm than other dyes or the stronger solutions of Rose Bengal used previously. He also used the corneal microscope to examine the lesions, and the Schirmer's test after conjunctival and nasal stimulation to measure the flow of tears.

Sjögren found clinical and radiological evidence of arthritic changes in 13 of his 19 cases. Referring to Wissmann (1932) he agrees that “arthritic changes are by no means all of the same kind.” He concludes that a close analysis of their type and etiology was outside the scope of his thesis. He also makes the remark that “remaining symptoms that he observed in these patients would take him too far and would exceed the bounds of his present investigations.” Later the systemic aspects of keratoconjunctivitis sicca became the focus of Sjögren’s interest.

Morphological studies were made in collaboration with the professor of pathology at the Karolinska Hospital, H. Bergstrand. Sjögren emphasizes that they deal with a disease which attacks not only the eyes and lacrimal glands but also the salivary and laryngeal glands. He concludes in his thesis that keratoconjunctivitis sicca is a generalized disease involving not only structures of the eye but also the salivary glands. It presents symptoms from many other organs. The organic change appears earlier than the symptoms of diminished glandular secretion which is of an organic nature.

As in most other European countries, Swedish theses are defended in public. At the time two opponents were appointed by the faculty, in Sjögren’s case one ophthalmologist and one pathologist. Sjögren’s opponents were not pleased with the pathology microphotographs, referring to them as partly artificial products (Fig. 2). Because of this Sjögren continued his morphology work after his thesis and in the following years published a number of supplementary observations on the microscopy of salivary and lacrimal glands. One important observation was of degenerative changes preceding cellular infiltration.

Henrik Sjögren was asked to establish one of the first ophthalmology units in a county hospital, Jönköping, south of Stockholm in 1935. He continued his interest in keratoconjunctivitis sicca and extended his international contacts. Sjögren also took up corneal transplantation at an early stage and even developed his own instruments. He made a number of other important contributions to his field,