
The fair-haired giant

IN BYGONE DAYS

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The much-loved fictional character of Jonas Fjeld is a heroic surgeon. But who was he modelled on? It may have been Dr. Tandberg at Lillehammer.

In the period between 1911 and 1935, Øvre Richter Frich (1872–1945) wrote twenty-one books about a fictional surgeon and general super-hero, Jonas Fjeld, 'the fair-haired giant'. This series of thrillers was immensely popular at the time.

Many have speculated on who Jonas Fjeld [\(1\)](#) may have been modelled on. The author gave more than one explanation. In an interview in 1932, Frich explained that the character was modelled on no-one in particular, but he did

mention Tandberg as one of many who had helped give 'form and colour' to the character of Jonas Fjeld (2). In a different interview, he was asked where he had encountered Jonas Fjeld: 'It was Dr. Tandberg at Lillehammer. He [Jonas Fjeld] has been bestowed with all his good qualities of chivalry, calm, courage, strength' (3).

Just like Jonas Fjeld, Olaf Tandberg (1879–1932) was a surgeon. In the 1920s, he was one of Norway's pioneers in the field of thoracoplasty. At the hospitals in Levanger and Lillehammer he earned himself legendary status by masterminding modernisation and new-build projects. He also headed the Norwegian society of surgeons and was President of the Norwegian Medical Association. However, it was as a sportsman that he became acquainted with Øvre Richter Frich. They were both active members of the Norwegian Students' Rowing Club. In the early 1900s, Tandberg was to become one of the country's most celebrated sportsmen, competing in rowing and cross-country skiing as well as ski jumping.

This article provides a short biography of Olaf Tandberg. It is generally based on digital searches at the National Library of Norway. There is extensive literature available about Tandberg's sporting achievements as well as his work as a medical professional.

Who was Olaf Tandberg?

Olaf Tandberg was born at Askim in 1879 as the fifth of nine siblings (figure 1). His father, Stener Tandberg (1837–1911), was a vicar and a keen skier, hill walker, yachtsman and equestrian (4).



Figure 1 Photographic portrait of Olaf Tandberg. Photo: private collection

Being keen on sports and outdoor pursuits was a family trait, and Olaf's older brother, four years his senior, was a pioneer in the world of skiing and mountaineering. Kristian Tandberg (1875–1911) was the first person to climb several Norwegian summits. Today, his name is intrinsically associated with Store Skagastølstind, which he ascended in 1903 via a new route which since then has been referred to as *Tandberg's renne* (4).

The sportsman

In the late 1880s, a ski jumping hill was built at Solberg Farm in Bærum, now the site of the National Centre for Epilepsy [\(5\)](#). Until the mid-1930s, the ski jumping competition at Solberg was one of the most time-honoured traditions in Norwegian skiing. In 1900, Olaf Tandberg, then a 21-year-old medical student, set a new world record in ski jumping with a distance of 35.5 metres [\(6\)](#). This was three metres further than the previous record. The Social-Demokraten newspaper reported that 'it is the most enormous jump that any skier has managed to date' [\(7\)](#), and the Aftenposten reporter was also impressed, writing that Tandberg 'held his own against colossal pressure' [\(6\)](#).

«In 1900, Olaf Tandberg, then a 21-year-old medical student, set a new world record in ski jumping with a distance of 35.5 metres»

In 1901, Tandberg won the Nordic combined Royal Cup at Holmenkollen [\(8\)](#). He retired from competitive ski jumping that same year in order to focus on his studies and his work, but he returned in 1910 to win the Nordic combined competition at Holmenkollen yet again. He maintained his interest in ski jumping throughout his life. Following on from his active skiing career, he was a judge in the ski jumping competitions at Holmenkollen and the Lysgårdsbakken hill in Lillehammer between 1918 and 1930 (figure 2). In 1931, the year before he died, he was still a trial jumper for both venues [\(4\)](#). At Lillehammer he was always a driving force in the skiing club, as an organiser and instructor.

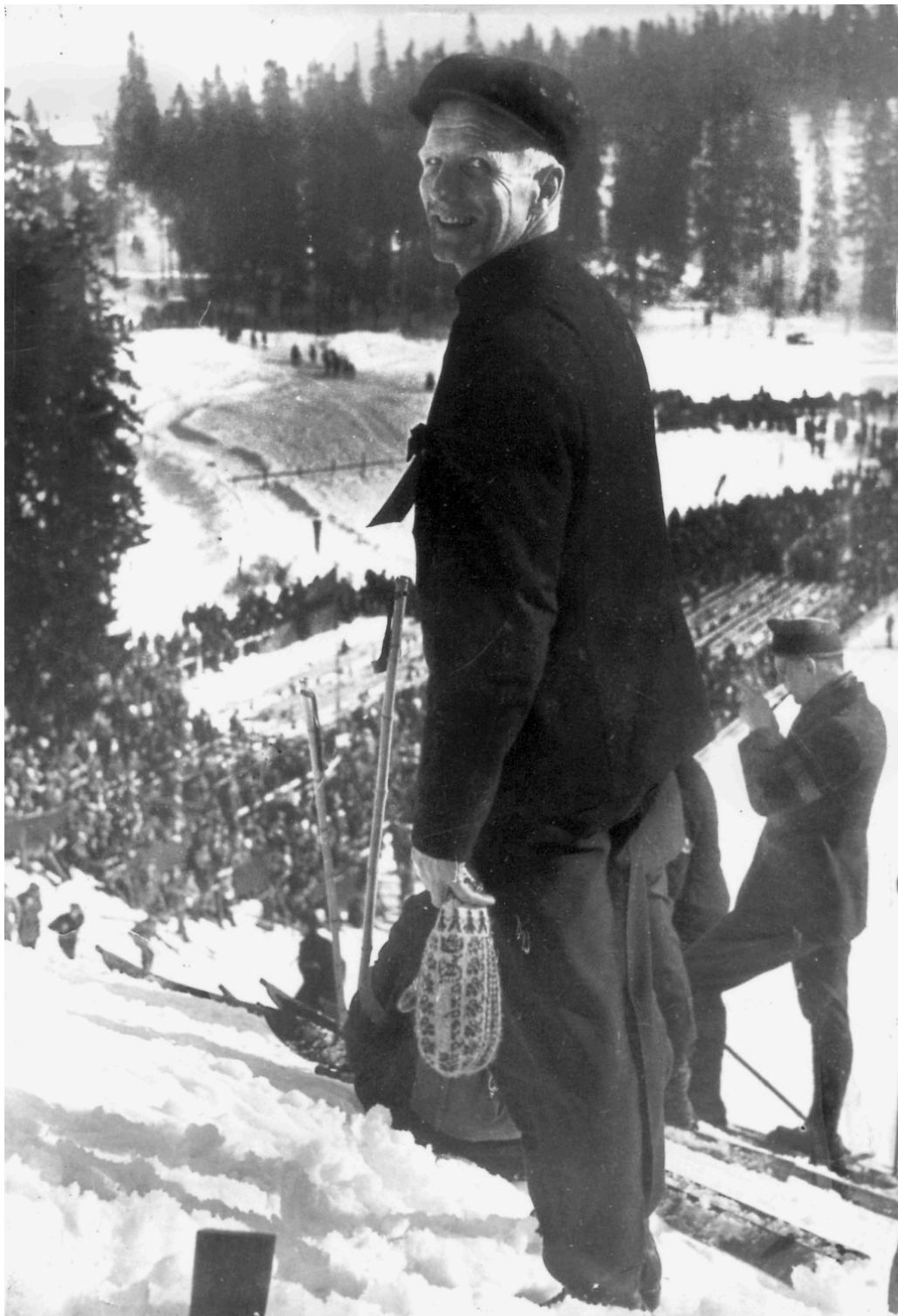


Figure 2 Olaf Tandberg, judging a ski jumping competition. Photo: private collection

His chosen summer sport was rowing, and for many years he was an active competitive rower for the Norwegian Students' Rowing Club (figure 3). The year he won the Royal Cup at Holmenkollen, he was also on the rowing team that won the national inrigger championship [\(9\)](#).

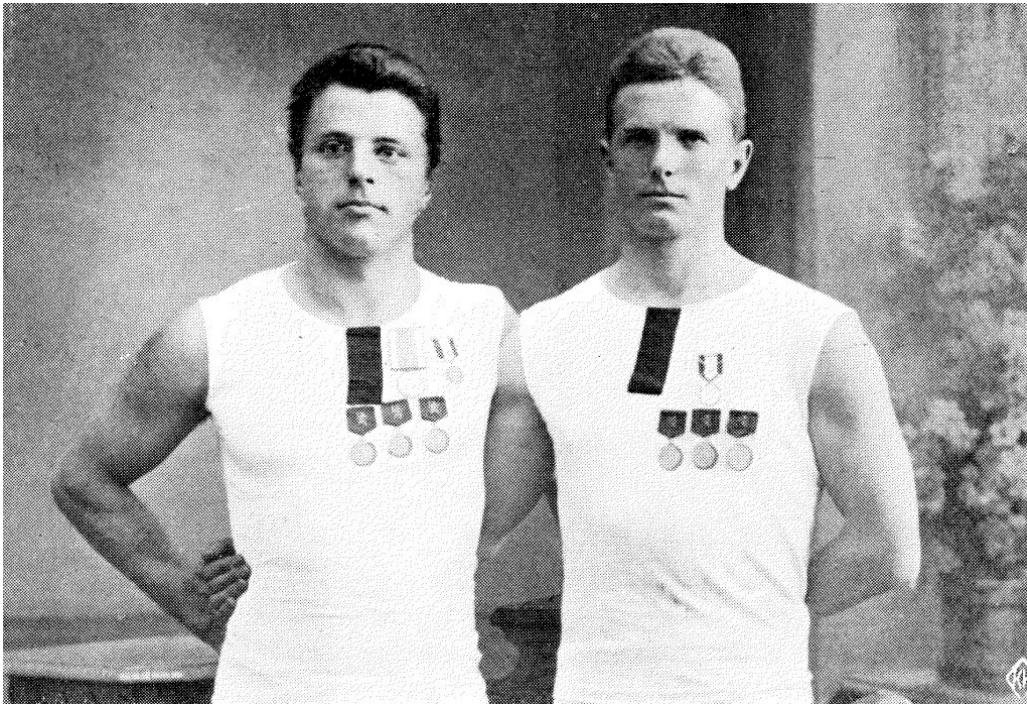


Figure 3 Nikolai Paus (1877–1956) and Olaf Tandberg (1879–1932) as rowers (9). Both were good friends of Øvre Richter Frich. The three of them became acquainted at the Norwegian Students' Rowing Club. The photo is not dated but is likely to be from 1903. Paus, nicknamed Strong-Paus, graduated in medicine in 1903, Tandberg in 1904. Paus, who later became a surgeon and senior consultant in Tønsberg, was another of the men who Jonas Fjeld was modelled on (2). Facsimile: *'Norske Studenters Roklub gjennom 25 år: 1897–1922'* (9. 39).

The surgeon

Tandberg studied medicine in Kristiania, 1897–1904. After graduation he embarked on a period of focused surgical training. He spent the first year at Stavanger hospital with Axel Cappelen (1858–1919), a pioneer of Norwegian surgery and a valued colleague of Tandberg's (10). This was followed by 12 months as house officer at Oslo University Hospital, three years at the hospital in Levanger and as a surgical registrar in Trondheim before he was appointed senior consultant at Levanger (11).

Tandberg also travelled abroad to learn, including to Germany, Switzerland and Denmark. During his period at Levanger, he spent several short stints studying at Lund and in Stockholm (4).

The Hospital Builder

Tandberg was a senior consultant at Innherred Hospital 1911–17. From the very first day in the job, he kept raising the issue of the wretched conditions at the hospital. Neither the newly operated nor the dying were given single rooms. The same was the case for patients with infectious illnesses like tuberculosis or

venereal diseases. There were two bucket loos, a single water closet and no bath. And wards were constantly overcrowded. In the operating theatre both patients and doctors were said to suffer from the lack of fresh air (12).

He was to become an ardent spokesperson for renovation and new-builds and was the driving force behind what is now referred to as the *1916 building* (12), which at the time of construction was considered the most state-of-the art hospital in the country.

Tandberg described the renovation project in an article published by the journal of the Norwegian Medical Association (13). The new building doubled the capacity from 60 to 120 beds.

The annual reports from Innherred Hospital were published in the *Medicinsk Revue journal* (14). The lists of diagnoses, deaths and operations performed tell us that doctors had to master all aspects of medicine. Apart from himself, the medical staff consisted of one registrar.

In 1915, he published the results of 32 prostatectomies that he had performed in the period 1911–15 (15). In Tandberg's view, this procedure had 'by no means' received the attention it deserved. Many considered prostatectomy to be the solution of last resort. By the time patients eventually sought surgical assistance, their condition had far too often deteriorated accordingly, wrote Tandberg (15). Outcomes were positive in 73 % of cases and less so in 15 %, while the mortality rate was over 11 %. In other words, the results were far from encouraging (16). However, Tandberg had stretched the surgical indication further than he would have done under different circumstances. This was because he served a scattered rural population; some lived as far as 60 kilometres from the nearest medical practitioner.

«Many patients did not want to be operated on by anyone but him, even those arriving from Oslo, 'where there was no shortage of good surgeons'»

At the time, there was debate about whether prostatectomies gave rise to psychological changes. In Tandberg's opinion, this objection to the operation was greatly exaggerated. He had noticed nothing but joy among the patients who had been relieved of their urinary symptoms. In most of them, their sexual capacity remained unchanged by the operation (15, 16), but he had to admit that the general character of the 'stout, unruffled population of Indherred' played a certain part.

The moderniser

After six years at Levanger, Tandberg started applying for posts elsewhere. We find his name among applicants to three different surgical posts at Oslo University Hospital in 1917, but he ended up as a senior consultant at Kristians amts hospital in Lillehammer. Throughout the county of Trøndelag, people were saddened by his departure (figure 4, box 1) (17).

Til overlæge Tandberg!

Vi sørger naar du reiser bort,
vi vilde gjerne havt dig længer,
thi det er slike mænd vi trænger
i nøds- og smertensnatten sort.
Ja fik vi vælge selv idag
de mænd som vi var nødt at miste,
saa var du blandt de siste
som reise fik fra Trøndelag.

Ti du er ikke læge blot, —
du kan med stemme og med blikke
til dem som lider hjælpen skikke.
Det følger med dig noget godt
og trønderne du godt forstod,
av trønderne du elskes, æres.
Hvorfor skal nu det amputeres,
det som er til vort hjerte god?

Du gaar fra os før middagstid, —
men sykehusets lyse (nye) sale —
og tusin venner de vil tale
om alt dit stræv — om al din flid.
Mottag vor tak — mottag den ros:
Du godt og atter godt utrettet!
Du nød og atter nød har lettet!
Vi sørger, naar du gaar fra os.

O. M.

Figure 4 Poem published on the occasion of Olaf Tandberg leaving his post as senior consultant at Innherred Hospital. Facsimile: Nordenfjeldsk Tidende 8 August 1917 via the National Library of Norway (CC BY-NC-ND) (17).

Box 1 Poem shown in figure 4, translated by Hege Hernæs, Akasie språktjenester AS.

TO OUR SENIOR CONSULTANT DR TANDBERG

We're saddened that you're leaving us
and will not stay for longer
for we have come to cherish you,
you make us all feel stronger.

Your voice and gaze ease suffering
beyond your surgeon's touch
and local folk now wish you'd stay,
we'll miss you very much.

You're going now, but leave behind
some bright new pleasant wards
and many thousand friends who speak
of all your work with warmth.

Accept our thanks and all our praise
for your achievements have been many.

Your efforts have eased misery.

We now give thanks aplenty!

Once in post at Lillehammer, he promptly went about modernising the hospital which changed its name in 1919 to Oppland County Hospital. This was an even greater task than at Levanger. After major renovations, *the yellow building* was completed in 1923 [\(18\)](#).

In the annual report from 1924, Tandberg wrote that the hospital had treated 1,151 patients and that 815 operations had been performed. Patients' average length of stay in hospital was 34.1 days. The senior consultant was assisted by three registrars [\(18\)](#).

At Lillehammer he operated on many patients who suffered from gastric ulcers. He was a fan of a special surgical method, and his impression was that the outcomes were satisfactory. When one of his students conducted a follow-up study of 148 patients who had undergone surgery at the hospital in the period 1918–30, it turned out that this 'subjective impression' was less than reliable [\(19\)](#). Over 10 % of patients had been re-admitted to hospital with continued complaints after the operation. The results were nevertheless on par with the very best, and Tandberg was praised for his 'customary diligence and fast technique' [\(19\)](#).

The tuberculosis specialist

In the first decade of the 20th century, the Lillehammer district was a focal point for the treatment of tuberculosis. The local climate was considered favourable to those 'with a weak chest'. Many patients therefore opted to settle there. People used to say that 'there was tuberculosis in every second house' [\(18\)](#).

A collaborative project was set up, involving the hospital at Lillehammer and the area's tuberculosis sanatoriums. Every week, Tandberg met up with the sanatorium doctors, Willie Holmboe (1876–1949) and Carl Mathiesen (1861–1952), to discuss potential candidates for surgery [\(18\)](#).

People from all over the country are said to have sought Tandberg's help. Many patients did not want to be operated on by anyone but him, even those arriving from Oslo, 'where there was no shortage of good surgeons,' and even for reasonably straightforward procedures. 'He was the only person on whom to bestow your trust' (20).

Although this was before the era of sub-specialisations, tuberculosis caused Tandberg to specialise in pulmonary surgery. Many of the operations involved collapsing the diseased lung by removing the top-most ribs, so-called thoracoplasty, a method that was introduced in Norway in 1914 (21). Tandberg collected a vast body of material, and results from 103 operations performed in the period 1920–28 were published (21). The mortality rate was 8 %. It was to be expected that around 10 % of patients would die in connection with the operation. It was therefore associated with 'a certain degree of anxiety and unease' among surgeons as well as patients (22).

He also designed a special instrument, Tandberg's periosteal releaser, a raspatory intended to prevent pleural and lung lesions while speeding up periosteal release (21).

In 1928 he undertook an operation that caused a stir. With a happy outcome, he performed a large partial resection of the upper pulmonary lobe in a patient with pulmonary lymphomatoid granulomatosis (23, 24). Carrying out this type of procedure in a single session through the free pleural cavity was apparently a unique occurrence in Scandinavia, and the feat was reportedly almost unmatched elsewhere in the world (24).

The organiser

Tandberg's work for the Norwegian Medical Association would have felt alien to him before he was elected their vice-president in 1926. He accepted the post only after giving in to significant pressure (25). After two years as the association's vice president, he was elected their president for the term of 1928–30. Afterwards, he remained the chair of the Norwegian society of surgeons until his death. He never took part in public life in any other contexts. He was first and foremost a clinician (25).

During his period as president, there was much debate about the system of publicly funded medical practitioners, particularly focusing on the wages and working conditions of district medical officers. To save money, the government abolished some district medical officer positions, and wages were cut. The Norwegian Medical Association voiced their objection. Other topical issues included racial hygiene and sterilisation. The Sterilisation Act was introduced in 1934, and the problems caused by quackery were sought to be addressed by introducing the Medical Quackery Act in 1936 (26).

Induced termination of pregnancy on social and humanitarian grounds was another topic of dispute. The Norwegian Medical Association had formed a committee to report on the matter, in which the view taken was divided, and

this was published in 1930. The minority was conservative. The issue was discussed by the Norwegian Medical Society the following year.

Tandberg referred to his 20 years of experience of working at two major county hospitals and supported Tove Mohr's (1891–1981) proposals regarding women's right to decide [\(27\)](#). According to the obituary published by the *Arbeiderbladet* newspaper, Tandberg's contribution to the cause of abortion was 'of immense importance'. According to the newspaper, the Norwegian Medical Association had changed its position thanks to Tandberg's status in the medical profession [\(28\)](#).

The scientist

Tandberg's list of publications reveals the breadth of his expertise. Several of his articles were case histories: one case of irreducible invagination of the small intestine (1908), one case of simultaneous extrauterine and intrauterine pregnancy (1915), four cases of pneumococcal peritonitis (1916) and a new tendon plasty for correcting flat feet (1918).

Despite Tandberg's energetic activity, publishing and refereeing, his cousin, the surgeon Nils Backer-Grøndahl (1877–1975), held the opinion that he left behind 'only a few contributions to Norwegian medical literature' [\(29\)](#). For example, it was Tandberg's son-in-law, the surgeon Morten Gjessing (1901–81), who collected and published the surgical outcomes of his thoracoplasties [\(21\)](#).

The real personality

The sources describe Tandberg as cheerful, jolly, energetic and effective. But these are myths that may well conceal a more rounded picture of him. When he turned 50, it was written about him that 'he prefers not to put his own emotions on display' [\(30\)](#). He was modest and shy. He felt almost embarrassed by the admiration he encountered [\(31\)](#). This is hard to imagine when reading about his achievements in the world of sport and as a surgeon, hospital developer and organisation man. However, this inclination fits well with his own motto in life: *non videri, sed esse* – 'to be, not to be seen' (Olaf Tandberg's grandchildren, personal communication). Appearance means nothing, what you are is key.

His work wore him out, physically as well as mentally. 'Surgery was no easy task for him' [\(29\)](#). If a patient was not doing well, Tandberg would keep him in his thoughts and would often pay him a visit outside of working hours [\(20\)](#). He also suffered from 'arthritis' for many years. Occasionally, he stood bent over the operating table for such a long time that it took him hours to stand upright again [\(32\)](#).

These stories paint a picture of an overworked man who drove himself to exhaustion. He took on all the jobs he was asked to do [\(31\)](#) and burnt his candle at both ends [\(20\)](#). He worked all hours; there was always someone who needed

his help. After returning home from the hospital in the afternoon, he would spend his evenings seeing patients in his own parlour (18), or he would go out to visit patients in their homes.

He retained his interest in outdoor pursuits, sports, skiing and hare shooting throughout his life (4). The people he 'enjoyed spending time with', tended to be fond of the outdoors, just like himself (33).

Death

As a young man, Tandberg had contracted tuberculous pleuritis, which flared up again during an Easter hillwalking expedition to Jotunheimen in 1931. In May 1931 he was forced to ask for leave from work. Nevertheless, his deputies were welcome to keep conferring with him on medical and administrative matters (34), and he drafted the hospital budget as late as in the spring of 1932 (35).

His condition worsened, and Olaf Tandberg died in June 1932, at the age of 52. He succumbed to the illness that he had fought so hard to defeat as a surgeon.

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REFERENCES

1. Lærum OD, Stien R, Hem E. «Jeg er norsk lege» – et sitat med eget liv. Tidsskr Nor Legeforen 2013; 133: 2490–2. [PubMed][CrossRef]
2. Overlæge Tandberg en av modellene til Jonas Fjeld. Gudbrandsdølen 29.3.1932, s. 2. [Sitert fra intervju i Morgenbladet 23.3.1932.]
3. Øvre Richter Frich i byen. Morgenposten 12.4.1932.
4. Tandberg E. En slekt: Tanberg–Tandberg. 2. utg. Oslo: Grøndahl, 1938: 105–19.
5. Nakken KO. Fra epilepsikoloni til spesialsykehus. Glimt fra epilepsi-institusjonen ved Solberg gård i Bærum gjennom 100 år. Sandvika: Spesialsykehuset for epilepsi, 2006.
6. I Solbergbakken. Hoprekorder. Aftenposten 12.2.1900, s. 2.
7. Skisporten. Social-Demokraten 12.2.1900, s. 2.
8. Vaage J, Kristensen T. Holmenkollen: historien og resultatene. Stabekk: De norske bokklubbene, 1992: 192–3, 210.
9. Norske Studenters Roklub gjennom 25 aar: 1897–1922. Kristiania: Cammermeyer, 1922: 24, 28, 31, 39, 45–6, 182, 187–8, 203, 205.

10. Borchgrevink O. Axel Cappelen in memoriam. Tidsskr Nor Lægeforen 1920; 40: 44–5.
11. Larsen Ø, red. Norges leger. Bd. 5. Oslo: Den norske lægeforening, 1996: 348.
12. Søraa G. Innherred sykehus 1843–1979: fra Nordre Trondhjems amts sykehus på Eidesøren til Innherred sykehus i Levanger. Steinkjer: Nord-Trøndelag fylkeskommune, 1979: 112–8.
13. Tandberg O. Ombygningen av Indherred sykehus i Nordre Trondhjems amt. Tidsskr Nor Lægeforen 1917; 37: 187–92.
14. Tandberg O. Overlægeposterne ved amtssykehusene. Tidsskr Nor Lægeforen 1916; 36: 583.
15. Tandberg O. Resultatene av 32 prostatektomier ved Indherred sykehus. Medicinsk Revue 1915; 32: 345–61.
16. Nordisk kirurgisk forenings møte i Gøteborg [6.–8.7.1916]. Tidsskr Nor Lægeforen 1916; 36: 1114–6.
17. O. M. Til overlæge Tandberg! Nordenfjeldsk Tidende 8.8.1917, s. 1.
18. Møller A. Huset som aldri sover. Sykehuset på Lillehammer gjennom 150 år. Lillehammer: Thorsrud lokalhistorisk forlag, 2005.
19. Strøm R. Resultater av G.-E.-behandling ved ulcussykdom. Norsk Magasin for Lægevidenskapen 1934; 95: 641–9.
20. Laagen 16.6.1932, s. 2.
21. Gjessing MH. Erfaringer om thoracoplastikk ved lungetuberkulose. Norsk Magasin for Lægevidenskapen 1928; 89: 885–98, 933–82.
22. Gjessing MH. Den totale torakoplastikk ved lungetuberkulose. Norsk Magasin for Lægevidenskapen 1936; 97: 1171–93.
23. Tandberg O. I: Forhandlinger ved Norsk Kirurgisk Forenings årsmøte i Oslo 2.–3.11.1928: 19–21.
24. Holst J.. I: Forhandlinger ved Norsk Kirurgisk Forenings årsmøte i Oslo 30.–31.10.1936. Norsk Magasin for Lægevidenskapen 1937; 98: 1110–1.
25. Getz B. Lægeforeningens presidenter. Tidsskr Nor Lægeforen 1961; 81: 633–45. [PubMed]
26. Berner JH. Den norske lægeforening 1886–1936. Festskrift i anledning av foreningens 50 års jubileum. Oslo: Centraltrykkeriet, 1936: 214–9, 228.
27. Forhandlinger i Det Norske Medisinske Selskap 27.2.1931. Norsk Magasin for Lægevidenskapen 1932; 93: 86–8.
28. Overlæge Olaf Tandberg død. Arbeiderbladet 16.6.1932, s. 6.
29. N. B.-G.. [Nils Backer-Grøndahl] Olav Tandberg. Medicinsk Revue 1932; 49: 332–4.

30. 50 aar. Gudbrandsdølen 5.8.1929, s. 2.
 31. Holst J. Overlæge Olaf Tandberg in memoriam. Norsk Magazin for Lægevidenskapen 1932; 93: 921–3.
 32. Overlæge Olaf Tandberg. Nationen 16.6.1932, s. 1.
 33. Overlæge Olaf Tandberg. Gudbrandsdølen 16.6.1932, s. 3.
 34. Fylkessykehuset. Laagen 1.6.1932, s. 2.
 35. Opland fylkestings forhandlinger i 1932. Lillehammer: Gudbrandsdølen trykkeri, 1932: 191–6.
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