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Living History–Autobiography

Hans-Rudolf Wiedemann in a Half Century of German Pediatric Genetics

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BEGINNINGS

I was born on 16 February 1915 in Bremen. When the First World War broke out, my father—a physician—had been ordered to the Western Front, attached to an infantry regiment. It was not until 1918 that he was discharged from military service. I grew up in Bremen, where I received a classical education at a high school steeped in tradition. Indeed, while I was a pupil there, the school celebrated its 400th anniversary.

My father was not the only physician in the family. One of his father's brothers and one of his father's cousins had chosen the same profession, the latter being the Director of the Medical Policlinic of the University of Kiel for many years. On my mother's side of the family there were six physicians (two female, four male), four of whom were university lecturers (one female, three male). Undoubtedly the most prominent and distinguished of the four was my uncle, Karl Wilmanns (1873–1945). He was a student of Kraepelin and Director of the Psychiatry Clinic at the University of Heidelberg from 1918 until 1933, when he was dismissed from the position by the Nazis for publicly (and quite accurately) proclaiming Adolf Hitler to be a psychopath [39].

MY FATHER

From youth onward my father was socially minded and showed a great interest in the well-being of others; consequently, he chose to become a medical practitioner. Before going into private practice, he worked as a ship doctor for the "Norddeutscher Lloyd" (Lloyd of Northern Germany); during this time he travelled to East Asia, South America, and six times to the United States, gaining experience that doubtlessly widened his outlook. In Bremen, he was highly respected for his extraordinary dedication to the needs of his patients.

Perhaps largely due to the fact that my mother died so early, a close relationship based on mutual trust developed between my father and myself—his only son. I always followed my father's example closely, and this proved to be very important for me as the Hitler regime approached.

Having a most active interest in politics, my father had scrutinized Adolf Hitler's pamphlets long before 1933. He was quite horrified by what he read, and his clearsightedness and strong feelings of apprehension made a tremendous impression on me and caused me to reject the Nazi Party at a very early stage. After the Nazis had come to power, my father demonstrated extraordinary courage throughout the regime by helping those in danger, particularly his Jewish colleagues and Jewish patients, as I mentioned in a book published a few years ago [154].

I wanted to stress this point before going into the details of my life history to date, as a German with my date of birth is always asked the same question: What was *your* attitude toward the Hitler regime?

MILITARY SERVICE, UNIVERSITY, AND MEDICAL SCHOOL

Immediately after graduating from high school in the spring of 1934, I was drafted into the army to perform 18 months' military service: at that time, military personnel were protected from political indoctrination by the Nazis. In 1935, I then became a medical student, going on to study at the universities of Freiburg/Br., Munich, Hamburg, Lausanne (Switzerland), again in Hamburg, and finally in Jena. In Freiburg (1935–1937), I was fortunate enough to make the acquaintance of the great Hans Spemann (1869–1941), the famous zoologist who later worked on the mechanisms of embryonic development and who had received the Nobel Prize in 1935 for discovering the organizer effect. Spemann, who supervised my course on dissection, left a lasting impression on me. Being allowed to study in Switzerland provided me with the perfect opportunity to observe Nazi Germany "from without"; only a few months before the outbreak of the Second World War I set out from Lausanne to travel through my beloved France. In Hamburg I was particularly impressed by the pediatrician Rudolf Degkwitz and in Jena by the pediatrician Jussuf Ibrahim.

Human genetics, in the pure sense, was hardly touched upon during my studies, and it was only in Jena that I was exposed to the racist ideology of the Nazis

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(*Rassenhygiene* or "racial hygiene") by an obviously second-rate docent.

In mid-1940 I successfully completed my medical studies in Jena. Owing to a refractory intestinal disorder that I had first acquired in 1937 (and because of which I had been allowed to leave Germany to study for a semester in Lausanne, 1938/1939), I was exempted from a further period of military service.

JENA

Up to the end of the Second World War I worked as a resident under Jussuf Ibrahim at the Department of Pediatrics of the University of Jean. Jussuf Ibrahim's father was an Egyptian pasha and lecturer in medicine at the University of Cairo; his mother was from Berlin. Ibrahim was a physician of high standing, a famous neuropediatrician, and an outstanding personality. His department in Jena was one of the few "unpolluted islands" in Nazi Germany. In the fall of 1941 I received my medical doctorate from the University of Jena. I went on to specialize in pediatrics and qualified as a lecturer following work that included studies on what is known today as "hereditary spherocytosis" [93, 94]. However, Berlin did not grant me permission to lecture.

In 1942 I married Gisela von Sybel in Jena. Gisela was employed at "my" clinic as a pediatric nurse. We wanted to have six children, and our wish duly came true: between 1943 and 1953, my wife gave birth to three boys and three girls (boy, girl, boy, girl, boy, girl!). They are all alive and healthy; we now have 14 grandchildren.

BREMEN AND BONN: THE FIRST PAPERS ON SKELETAL DYSPLASIAS

Immediately after the end of the Second World War I accepted an appointment as senior consultant at a large children's hospital in my hometown of Bremen. It was here, where I worked for just over a year, that I first became fascinated by a hereditary skeletal disorder. It was on the basis of two new cases and the case reported by Engelmann back in 1929 that I was able to establish what is nowadays called "progressive diaphyseal dysplasia" to be a separate entity. Initially, I termed this entity "systemic sclerotic hyperostosis of childhood with myopathy," and for the first time made special reference to the simultaneous involvement of the musculature ([95, 96]; see also [49, 50]).

I was not aware of the case described by Camurati in 1922. At that time it was almost impossible for Germans to gain access to foreign literature. By the same token, for many years little notice was taken in other countries of the work being performed in Germany.

In the fall of 1946, Otto Ullrich (1894–1957) offered me the opportunity to become his chief consultant at the Department of Pediatrics at the University of Bonn. Ullrich was an outstanding clinical geneticist and an inspiring mentor, and a close friendship developed between us. I continued to devote most of my attention to hereditary skeletal dysplasias, particularly to the different types of mucopolysaccharidoses [99–101, 104, 105], later recognized as such. Of course, I maintained an interest in other subjects, for example exogenous birth defects [102, 103, 108, 109, 165, 185].

I still remember quite vividly my first journey to a foreign country after the Second World War. In 1948 I returned to Switzerland to visit the pediatric departments at the universities of Zürich (G. Fanconi), Berne (E. Glanzmann), and Basle (E. Freudenberg, A. Hottinger). Being able to participate actively (together with O. Ullrich) in the Sixth International Congress of Pediatrics in Zurich in 1950 was an equally satisfying and gratifying experience. Germany and the Germans were at last regaining contact with freedom and the "outside world."

Following a temporary appointment as Head of the Department of Pediatrics at the University of Münster in Westphalia in 1949, I was appointed as professor in 1950. I left Bonn at the end of 1952 to become Head of the Krefeld Children's Hospital. I turned down the opportunity to succeed Ibrahim as Director of the Children's Hospital at the University of Jena. My first mentor had died; however, with six children of school age and in consideration of the difficult conditions that prevailed in the Soviet-controlled eastern zone of Germany, my wife and I agreed that I should not accept the offer.

KREFELD: GENETIC SKELETAL DISORDERS, NUCLEAR SEXING, AND AN EPIDEMIC OF EMBRYOPATHIES

In Krefeld (from the end of 1952 to 1961) I continued to pursue my interest in genetic skeletal disorders, but my work also involved other hereditary diseases and traits [20, 34, 92, 106, 111]. In 1953 I gave the first lecture on hereditary skeletal disorders ever to be delivered before the full assembly of the German Society for Pediatrics [107]. A short monograph on the same topic appeared afterward [116]. In a sibship in which *fenestrae parietales symmetricae* (*foramina parietalia permagna*) had occurred in five consecutive generations, I was able to provide clear evidence in 1957 that a large, accidental, parietal fontanel that presented as a congenital trait was actually a preliminary stage of the fenestrae ([110]; see also [40]). We studied the nuclear anomaly of Pelger and established that its incidence in healthy individuals in West Germany was around 0.02% [11, 53, 177]. Moreover, we introduced into the literature the concept of the "cloverleaf skull" (*Kleeblattschädel*) ([29]; see also [171]).

It was during the time I spent in Krefeld that Barr and Bertram's discovery of sexual dimorphism in resting nuclei of mammalian tissues [4] grew in importance and the possibilities for its practical application increased. In 1954 Davidson and Smith [9] described an analog of "Barr bodies" in polymorphonuclear neutrophil leukocytes of females, and we became the first European researchers to confirm their findings [56]. Subsequently, my colleagues and I devoted much time and effort to the question of the so-called "true sex" (*das wahre Geschlecht*) in human intersexes and related states. In extensive studies we tested the hematomorphologic method for the identification of what is now referred to as the X chromatin. We found the method to be quite useful [57, 58, 86, 87, 113–115, 173–176, 183, 184] and subsequently received material from many European countries for evaluation; eventually we were able to provide

almost the whole of Europe with the possibility for hematomorphologic "nuclear sexing" in cases with errors of sexual development. In 1957 I was invited to London, England to give a lecture on this subject [112]. In 1956 I had reported on corresponding investigations on psychointersexes, together with the Zürich psychiatrist, M. Bleuler [6]. Anomalies of sexual development were repeatedly to be the focus of my interest in the years to follow [62, 123, 124, 127, 164].

Since 1960 I had been confronted in my work by an increasing incidence of congenital malformations of a most unusual type. I had observed 13 such cases, 9 of them children with phocomelia or amelia, and following a simultaneous inquiry that led to knowledge of nearly 100 cases born since 1959, I wrote a paper that was to set alarm bells ringing, providing evidence of a convincing nature for an exogenous cause ("a newly introduced toxic substance") of these malformations. The publication appeared on September 16, 1961 [117]; it was the first to draw attention to what was later to be called the thalidomide catastrophe.

W. Lenz and W.G. McBride were credited with the successful identification of the noxious substance in question, just a few months later. I had been called to the chair of Pediatrics at the University of Kiel in the spring of 1961. The multitude of tasks and problems involved in moving to Kiel as a family of eight while at the same time planning new premises for the university's department of pediatrics, proved so time-consuming that I was not able to continue to devote the necessary energy to researching further the causes of the "epidemic of malformations."

However, since that time I have repeatedly addressed problems related to exogenous and, in particular, pharmacogenic teratogenesis [118–120, 144]. The thalidomide disaster inspired researchers from all over the world to perform more detailed and intensive research not only in the field of human teratology but the whole area of prenatal nosology and pathology. As a member of the committee founded by the German Research Association (*Deutsche Forschungsgemeinschaft,* DFG) soon after the "epidemic of embryopathies," I was involved in the DFG-sponsored study on "The course of pregnancy and child development." In this study, which can be compared with the U.S. "Collaborative Perinatal Project" (1959–1966), a total of 14,774 women were enrolled between 1964 and 1972. In all, 7,870 pregnancies were followed and the children examined regularly up to the age of 3 years [12–14, 33, 169]. Although, thankfully, we did not find any exogenous causes of malformations comparable to thalidomide, we cannot be sure that such a teratological catastrophe will not happen again—whatever the cause might be.

KIEL: SKELETAL DYSPLASIAS, INBORN ERRORS OF METABOLISM, MALFORMATION SYNDROMES

Most of my scientific work during the years I spent as Head of the Department of Pediatrics at the University of Kiel (1961–1980) was again related to hereditary skeletal dysplasias [2, 8, 25, 26, 38, 42, 44–46, 54, 55, 68, 72–74, 82, 83, 125, 126, 134, 163, 166, 172, 178], the mucopolysaccharidoses and mucolipidoses [1, 69–71, 75–81], as well as other dysmetabolic and congenital disorders [10, 18, 19, 27, 28, 31, 60, 64–66, 84, 85, 143, 157, 159, 160]. My interest occasionally also turned to chromosome aberrations ([35, 88–91, 121, 180–182]; see also [32]), malformations, and malformation syndromes [17, 21, 22, 36, 37, 61, 135, 139, 140, 161].

I had at my disposal a thesaurus of unusual cases of skeletal dysplasia, which I had compiled—in part together with the human geneticist Hans Grebe (see [20])—during my years in Bonn and Krefeld. When Jürgen Spranger, a highly talented and resolute pediatrician, joined my staff in Kiel in 1963, I assigned him to my "old" field of interest, and we made contact with Maurice Lamy and Pierre Maroteaux in Paris. Maroteaux possessed a similar thesaurus of considerable size and significance, and we began to work together closely. The results of our collaboration included the identification of "metatropic" dysplasia [45]. In the same year we described dysplasia spondyloepiphysaria congenita ([68]; see also [42, 46]) and also reported, soon afterward, on the first observations in Europe of the cartilage hair hypoplasia described by Victor McKusick [166]. Further, we presented a new type of "metaphyseal" dysplasia as well as a special type of "campomelic" dysplasia [178; 83]. At the Thirteenth International Congress of Pediatrics, held in Vienna in 1971, I gave a lecture on skeletal dysplasias [134]. Three years later, our atlas of "Bone Dysplasias" was published [82].

Jürgen Spranger deserves the major part of the credit for this atlas, which was soon recognized as a standard reference work. His contributions to the studies on mucopolysaccharidoses and mucolipidoses were even more significant.

I have devoted a considerable amount of time and energy to studies on sphingolipidoses and other inborn errors of metabolism, including a special type of disorder that comes closest to type C of Niemann–Pick disease ([157]; see also [31, 64, 65, 85]). Other studies have been concerned with questions of heredity and diagnostic problems [10, 18, 19, 27, 28, 66, 84, 143, 159, 160]. The credit for our communications on various chromosomopathies is mainly due to Marlies Tolksdorf, with whom I worked for many years. It was she who organized and chaired the 1970 Annual Meeting of the Federal German Human Cytogeneticists, which was held in Kiel.

I shall mention only a few of the syndromes with which I was involved. In 1973, on the basis of a few brief descriptions in the early literature, as well as of a report by E. Genée of a patient diagnosed as a case of Treacher Collins syndrome and the studies in a case of myself, I described and distinguished a syndrome that is nowadays termed "acrofacial dysostosis of Genée–Wiedemann type" ([135]; see also [47]).

In the spring of 1964, based on the findings in three cases, I published a report on a "new syndrome" [122], the symptoms of which were later combined with the findings reported by Bruce Beckwith in a pathologic-anatomic lecture in November 1963 [5] to form what I later termed the "EMG," i.e., exomphalos–macroglossia–gigantism syndrome. Today this syndrome is

more commonly known as Beckwith–Wiedemann syndrome or Wiedemann–Beckwith syndrome and has proved to be not only of practical importance but also most problematic for obstetricians, neonatologists, pediatricians, oncologists, and human geneticists. I have repeatedly addressed this topic [128–130, 133, 136–138, 179].

My interest has also been directed repeatedly to progeria and progeroid syndromes [51, 97, 98, 131, 132, 141, 142]. In 1979 I attempted to define a "neonatal pseudohydrocephalic progeroid syndrome," referred to in the literature today also as the Wiedemann-Rautenstrauch syndrome [15]. However, as it was not possible to draw definite nosologic boundaries, I prefer to maintain that the question as to whether or not this syndrome represents a separate entity remains open.

In 1976 the first edition of my atlas "The Characteristic Syndrome" (*Das charakteristische Syndrom*) [161] was published, which I prepared with the help of F.R. Grosse and the photographic skills of Herta Dibbern. This atlas apparently filled a gaping void in the European market and was soon translated into other languages. Further, I authored a chapter entitled "The pathology of heredity" (*Pathologie der Vererbung*) that was included in the 20th to the 24th editions (1962–1980) of the oldest German-language textbook on pediatrics, founded and originally edited by the Swiss pediatrician, Emil Feer. In 1972 I contributed a chapter entitled "Malformations and dysmorphia syndromes" (*Mißbildungen und Dysmorphie-Syndrome*) to the 9th (and last) edition of an international textbook on pediatrics edited by G. Fanconi (Zürich) and A. Wallgren (Stockholm).

PROFESSOR EMERITUS: PEDIATRIC GENETICS AND HUMANITIES

Although I have tended to occupy myself more and more with the humanities since I retired from academic life in 1980, I have still remained faithful to clinical genetics [3, 7, 16, 23, 24, 30, 41, 43, 47, 48, 59, 63, 145, 146, 148–150, 152, 153, 156, 158, 168, 170]. As I have almost always proceeded from clinical observations, I have had (and still have) a good basis for further studies. To mention just a few, these have included my description of a previously unknown type of "mesomelic" dysplasia [41] and a variety of other reports on unusual observations [16, 24, 30, 48, 150, 168, 170]. Perhaps particularly worthy of mention was my description in 1983 of the Proteus syndrome as a separate entity [156; 7, 43, 149] on the basis of four observed cases. This article led to an abundance of other publications on the same subject.

Since 1980 I have published further articles on the EMG syndrome, progeria, and progeroid disorders [67, 147, 155; 52, 151]. The second, considerably more voluminous edition of my "Syndrome Atlas" appeared in 1982. Moreover, an English edition was published in 1985 and a Spanish edition in 1987 [162]. My "pupil" Jürgen Kunze (Berlin) made a significant contribution to the third edition, which was even larger and more extensive than the second and appeared in 1989 ([167]; English version appeared in 1992). The atlas includes a number of long-term studies (some lasting over three decades), which are far easier to perform in "old Europe" than, for example, in the United States.

If our field of clinical genetics can be compared to a mosaic, then I hope that I have succeeded in contributing a few small stones to the overall picture. I would be delighted if I were able to add a few more in the years to come.

Finally, I should like to take this opportunity to express my sincere thanks to my dear wife, Gisela, without whose inexhaustible patience and constant, gladly given support I could hardly have achieved my professional and scientific goals. I am equally grateful to magnanimous friends all over the world—not least to those in Helena, Montana.

REFERENCES

1. Althoff H, Wiedemann H-R (1965): Die Mucopolysaccharidosen. Med Welt 1965:2299–2301.
2. Althoff H, Wiedemann H-R (1967): Die enchondralen Dysostosen. In Opitz H, Schmid F (eds): "Handbuch der Kinderheilkunde," Vol VI. Berlin: Springer, pp 172–203.
3. Antley RM, Hwang DS, Theopold W, Gorlin RJ, Steeper T, Pitt D, Danks DM, McPherson E, Bartels H, Wiedemann H-R, Opitz JM (1981): Further delineation of the C (trigonocephaly) syndrome. Am J Med Genet 9:147–163.
4. Barr ML, Bertram EG (1949): A morphological distinction between neurones of the male and female, and the behaviour of the nucleolar satellite during accelerated nucleoprotein synthesis. Nature 163:676–677.
5. Beckwith JB (1963): Extreme cytomegaly of the adrenal fetal cortex, omphalocele, hyperplasia of kidneys and pancreas, and Leydig cell hyperplasia. Another syndrome? Presented at Annual Meeting of Western Society for Pediatric Research, Los Angeles (CA).
6. Bleuler M, Wiedemann H-R (1956): Chromosomengeschlecht und Psychosexualität. Arch Psychiatr Z Neurol 195:14–19.
7. Burgio GR, Wiedemann H-R (1984): Further and new details on the Proteus syndrome. Eur J Pediatr 143:71–73.
8. Caliebe M-R, Rohwedder H-J, Wiedemann H-R (1963): Über das Missbildungs-Erbsyndrom Osteo-Dysplasie mit Nierenbeteiligung. Arch Kinderheilk 169:149–161.
9. Davidson WM, Smith DR (1954): Morphological sex difference in the polymorphonuclear neutrophil leucocytes. Br Med J 1954 2: 6–7.
10. Debuch H, Wiedemann H-R (1978): Lymph node excision as a simple diagnostic aid in rare lipidoses. Eur J Pediatr 129:99–101.
11. Degenhardt K-H, Wiedemann H-R (1953): Zum Problem menschlicher Pelger. Klin Wschr 1953:26–30.
12. Degenhardt K-H, Becker V, Haas R, Knörr K, Koller S, Wiedemann H-R (1972): Drug Usage and Fetal Development. Preliminary evaluations of a prospective investigation. In Klingberg MA, Abramovici A, Chemke J (eds): "Drugs and Fetal Development," New York: Plenum, pp 467–479.
13. Degenhardt K-H, Becker V, Haas R, Knörr K, Koller S, Wiedemann H-R (1972/73): A multiregional prospective investigation on pregnancy course and child development; a first preliminary evaluation. Les cahiers de l'institut de la vie Nr 32–36, pp 223–228.
14. DFG (1977): Forschungsbericht Schwangerschaftsverlauf und Kindesentwicklung. Boldt ed, Boppard.
15. Devos EA, Leroy JG, Frijns JP, van den Berghe H (1981): The Wiedemann-Rautenstrauch or neonatal progeroid syndrome: Report of a patient with consanguineous parents. Eur J Pediatr 136:245.
16. Döhler R, Poser H-L, Harms D, Wiedemann H-R (1982): Systemic lipomatosis of Bone. J Bone Joint Surg 64-B:84–87.
17. Gerken H, Wiedemann H-R (1964): Cyclopie. Z menschl Vererb Konstitutionslehre 37:602–610.
18. Gerken H, Wiedemann H-R (1964): Ein Beitrag zur Genetik des Morbus Gaucher. Annales paed (Basel–New York) 203:328–341.
19. Gerken H, Rohwedder H-J, Wiedemann H-R (1965): Ein Beitrag zum Erbgang der hepatomegalen Form der Glykogenspeicherkrankheit. Med Welt 1965:2302–2303.
20. Grebe H, Wiedemann H-R (1953): Intrafamiliäre Variabilität einiger typischer Missbildungen. Acta Genet Med Gemell (Roma) 2:203–224.

21. Grosse F-R, Pandel C, Wiedemann H-R (1975): The tetraphokomelia–cleft palate syndrome. Humangenetik 28:353–356.
22. Grosse F-R, Wiedemann H-R (1977): Syndromes with reduction and surplus anomalies of the hand. Birth Defects Orig Art Ser XIII Nr 1:301–318.
23. Grote W, Weisner D, Jänig U, Harms D, Wiedemann H-R (1983): Prenatal diagnosis of a short-rib-polydactylia syndrome type Saldino-Noonan at 17 week's gestation. Eur J Pediatr 140:63–66.
24. Grote W, Rehder H, Weisner D, Wiedemann H-R (1984): Prenatal diagnosis of a probably hereditary syndrome with holoprosencephalia, hydrocephalia, octodactylia and cardiac malformations. Eur J Pediatr 143:155–157.
25. Hansen H-G, Wiedemann H-R (1967): Gestörte Knorpelbildung. In Opitz H, Schmid F (eds): "Handbuch der Kinderheilkunde," Vol VI. Berlin: Springer, pp 144–168.
26. Hansen H-G, Wiedemann H-R (1967): Die familiäre (cranio-) metaphysäre Dysplasie. In Opitz H, Schmid F (eds): "Handbuch der Kinderheikunde," Vol. VI. Berlin: Springer, pp 207–213.
27. Henn R, Gerken H, Wiedemann H-R (1965): Über die cerebrale Ödemkrankheit des frühen Kindesalters. Z Kinderheilk 93:277–292.
28. Heyne K, Dörner K, Graucob E, Wiedemann H-R (1978): Monophyle Vakuolisierung von Promyelozyten bei Menkes-Syndrom (Trichopoliodystrophie). Klin Pädiat 190:576–579.
29. Holtermüller K, Wiedemann H-R (1960): Kleeblattschädel-Syndrom. Med Mschr 1960:439–446.
30. Hosenfeld D, Wiedemann H-R (1988): Chondrodysplasia punctata in an adult recognized as vitamin K antagonist embryopathy. Clin Genet 35:376–381.
31. Kannan R, Tjiong H-B, Debuch H, Wiedemann H-R (1974): Unusual glycolipids in brain cortex of a visceral lipidosis (Niemann-Pick disease?). Hoppe-Seyler's Z physiolog Chem 355:551–556.
32. Knorr D, Mürset G, Prader A, Tolksdorf M, Wiedemann H-R (1967): Die Testosteronausscheidung beim chromatinpositiven Klinefelter-Syndrom im Kindes- und Jugendalter. Acta Endocrinol 56:65–70.
33. Koller S (1983): "Risikofaktoren der Schwangerschaft (Auswertung von 7870 Schwangerschaften der prospektiven Untersuchungsreihe Schwangerschaftsverlauf und Kindesentwicklung der Deutschen Forschungsgemeinschaft)." Berlin: Springer, 1983.
34. Kosenow W, Wiedemann H-R (1955): Cytologische Untersuchungen über die Alder-Anomalie der Leukozyten. Z Kinderheilk 76:4–26.
35. Kunze J, Tolksdorf M, Wiedemann H-R (1975): Cat eye-Syndrom. Humangenetik 26:271–289.
36. Kunze J, Frenzel UH, Hüttig E, Grosse Fr-R, Wiedemann H-R (1977): Klinefelter's syndrome and incontinentia pigmenti Bloch-Sulzberger. Hum Genet 35:237–240.
37. Kunze J, Heyne K, Wiedemann H-R (1979): Diaphragmatic hernia in a female newborn with focal dermal hypoplasia and marked asymmetric malformations (Goltz-Gorlin syndrome). Eur J Pediatr 131:213–218.
38. Lasson U, Harms D, Wiedemann H-R (1978): Osteogenic sarcoma complicating osteogenesis imperfecta tarda. Eur J Pediatr 129:215–218.
39. Lidz R, Wiedemann H-R (1989): Karl Wilmanns (1873–1945)—einige Ergänzungen und Richtigstellungen. Fortschr Neurol Psychiat 57:161–162.
40. Little BB, Knoll KA, Klein VOR, Heller KB (1990): Hereditary cranium bifidum and symmetric parietal foramina are the same entity. Am J Med Genet 35:453–458.
41. Löhr H, Wiedemann H-R (1981): Mesomelic dysplasia—associated with other abnormalities. Eur J Pediatr 137:313–316.
42. Luthardt Th, Reinwein H, Schönenberg H, Spranger J, Wiedemann H-R (1975): Dysplasia spondylepiphysaria congenita. Klin Pädiat 187:533–545.
43. Malamitsi-Puchner A, Dimitriades D, Bartsocas Chr, Wiedemann H-R (1990): Proteus syndrome: Course of a severe case. Am J Med Genet 35:283–285.
44. Manzke H, Christophers E, Wiedemann H-R (1980): Dominant sex-linked inherited chondrodysplasia punctata: A distinct type of chrondrodysplasia punctata. Clin Genet 17:97–107.
45. Maroteaux P, Spranger J, Wiedemann H-R (1966): Der metatropische Zwergwuchs. Arch Kinderheilk 173:211–226.
46. Maroteaux P, Wiedemann H-R, Spranger J, Kozlowski K, Lenzi L (1968): Essai de Classification des Dysplasies Spondyloépiphysaires. Monographies de Génétique Médicale, Simep éd, Lyon, pp 1–93.
47. Meinecke P, Wiedemann H-R (1987): Robin sequence and oligodactyly in mother and son—probably a further example of the postaxial acrofacial dystostosis syndrome. Am J Med Genet 27:953–956.
48. Meinecke P, Schaefer E, Wiedemann H-R (1991): Microcephalic osteodysplastic primordial dwarfism: further evidence for identity of the so-called types I and III. Am J Med Genet 39:232–236.
49. Naveh Y, Ludatsheer AK, Sharf B (1985): Muscle involvement in progressive diaphyseal dysplasia. Pediatrics 76:944–950.
50. Neuhauser EBD, Shwachman H, Witttenborg M, Cohen J (1948): Progressive diaphyseal dysplasia. Radiology 51:11–22.
51. Noltenius G, Wiedemann H-R (1960): Progerie (Hutchinson-Gilford-Syndrom). Medizin Bild-Dienst-Roche 10:3–7.
52. Petty EM, Laxova R, Wiedemann H-R (1990): Previously unrecognized congenital progeroid disorder. Am J Med Genet 35:383–387.
53. Redies H, Quenzer K, Tolksdorf M, Saile M-L, Wiedemann H-R (1958): Über die Häufigkeit der Pelger-Anomalie. Schweiz med Wschr 1958:1002.
54. Remagen W, Hienz HA, Wiedemann H-R (1970): Zum Problem der Frühentwicklung der Wirbelsäule. Z Anat Entwickl-Gesch 131:39–44.
55. Remagen W, Hienz HA, Wiedemann H-R (1971): Zur Achondrogenesis. Verh Dtsch Ges Path 55:510–513.
56. Romatowski H, Tolksdorf M, Wiedemann H-R (1955): Geschlechtsbestimmung aus dem Blutausstrich. Klin Wschr 1955:911.
57. Romatowski H, Tolksdorf M, Bungart Kl, Wiedemann H-R (1957): Zur Frage der Altersabhängigkeit blutmorphologischer geschlechtscharakteristischer Kernmerkmale bei Gesunden und bei Probanden mit Abnormitäten auf dem Gebiete der Sexualentwicklung. Mschr Kinderheilk 105:141–142.
58. Romatowski H, Tolksdorf M, Wiedemann H-R (1958): Ergänzende Beobachtungen zur hämatomorphologischen Diagnose des Korngeschlechts. Mschr Kinderheilk 106:380–381.
59. Schlegelberger Br, Grote W, Wiedemann H-R (1986): Probable autosomal recessive syndrome with triphalangia of thumbs, thrombasthenia Glanzmann and deafness of internal ear. Klin Pädiat 198:337–339.
60. Schnakenburg Kl von, Groß-Selbeck G, Wiedemann H-R (1972): Zur Behandlung der Fibrodysplasia ossificans progressiva mit "Diphosphonat" (EHDP). Dtsch med Wschr 1972:1873–1876.
61. Schnakenburg Kl von, Müller M, Dörner K, Harms D, Schwarze EW, Grosse Fr-R, Wiedemann H-R (1976): Congenital hemihypertrophy and malignant giant pheochromocytoma—a previously undescribed coincidence. Eur J Pediatr 122:263–273.
62. Schnakenburg Kl von, Kruse K, Wiedemann H-R (1981): Vorgehen bei kongenitaler Totalvirilisierung des äusseren Genitale. Med Welt 1981:1734–1736.
63. Schnakenburg Kl von, Groß-Selbeck G, Wiedemann H-R (1982): EHDP bei Fibrodysplasia ossificans progressiva congenita. In Ziegler R (ed): EHDP. Ein neues therapeutisches Prinzip bei Osteopathien und Calciumstoffwechselstörungen." München: Urban & Schwarzenberg, pp 221–228.
64. Seng PN, Debuch H, Wiedemann H-R (1970): Über vermehrtes Auftreten eines Glycerinphosphatids in Leber und Milz eines Falles von Morbus Niemann-Pick. Hoppe-Seyler's Z Physiol Chem 351:1324.
65. Seng PN, Debuch H, Witter Br, Wiedemann H-R (1971): Bis(monoacylglycerin)phosphorsäure-Vermehrung bei Sphingomyelinose (M. Niemann-Pick?). Hoppe Seyler's Z Physiol Chem 352:280–288.
66. Simon Cl, Becker V, Wiedemann H-R (1965): Über ein unter dem Bilde der Erythrodermia desquamativa Leiner verlaufendes tödliches Leiden bei drei Brüdern. Z Kinderheilk 94:12–24.
67. Sippell WG, Partsch C-J, Wiedemann H-R (1989): Growth, bone maturation and pubertal development in children with the EMG syndrome. Clin Genet 35:20–28.
68. Spranger J, Wiedemann H-R (1966): Dysplasia spondyloepiphysaria congenita. Helv Paed Acta 21:598–661.
69. Spranger J, Wiedemann H-R (1966): Untersuchungen zur Mucopolysaccharidausscheidung bei gesunden Kindern und bei Dysostosen. Ann Paediat 206:342–355.
70. Spranger J, Wiedemann H-R (1967): Studying the mucopolysaccharidoses. Lancet 1967 1:443.
71. Spranger J, Todt K, Wiedemann H-R (1967): Untersuchungen zur Zusammensetzung der Urin-Mukopolysaccharide bei Kindern und Erwachsenen. Clin Chim Acta 17:142–146.
72. Spranger J, Wiedemann H-R (1967): Der diastrophische Zwergwuchs. In Opitz H, Schmid F (eds): "Handbuch der Kinderheilkunde," Vol VI. Berlin: Springer, pp 169–172.
73. Spranger J, Wiedemann H-R (1967): Die Dyschondrosteose. In Opitz H, Schmid F (eds): "Handbuch der Kinderheikunde," Vol VI. Berlin: Springer, pp 204–206.

74. Spranger J, Albrecht C, Rohwedder H-J, Wiedemann H-R (1968): Die Dysosteosklerose. Fortschr Röntgenstr 109:504–512.
75. Spranger J, Wiedemann H-R (1968): Lipomucopolysaccharidosis. Mschr Kinderheilk 116:401–404.
76. Spranger J, Wiedemann H-R, Tolksdorf M, Graucob E, Caesar R (1968): Lipomusopolysaccharidose. Z Kinderheilk 103:285–306.
77. Spranger J, Wiedemann H-R (1969): Lipomucopolysaccharidosis—a second look. Lancet 2:270–271.
78. Spranger J, Wiedemann H-R (1970): The genetic mucolipidoses. Neuropädiatrie 2:3–16.
79. Spranger J, Wiedemann H-R (1970): Biochemische Differenzierung der Mucopolysaccharidosen. Mschr Kinderheilk 118:421–423.
80. Spranger J, Koch F, McKusick VA, Natzschka J, Wiedemann H-R, Zellweger H (1970): Mucopolysaccharidosis VI (Maroteaux-Lamy's disease). Helv Paed Acta 25:337–362.
81. Spranger J, Wiedemann H-R (1970): The genetic mucolipidoses. Diagnosis and differential diagnosis. Humangenetik 9:113–139.
82. Spranger J, Langer LO, Wiedemann H-R (1974): Bone dysplasias. An atlas of constitutional disorders of skeletal development. Stuttgart: Gustav Fischer and Philadelphia: WB Saunders.
83. Stüve A, Wiedemann H-R (1972): Angeborene Verbiegungen langer Röhrenknochen—eine Geschwisterbeobachtung. Z Kinderheilk 111:184–192.
84. Thiel H-J, Wiedemann H-R (1972): Der "kirschrote Fleck der Macula" als Ausdruck einer Speicherkrankheit. Klin Mbl Augenheilk 161:174–182.
85. Tjiong H-B, Seng N, Debuch H, Wiedemann H-R (1973): Brain lipids of a case of juvenile Niemann-Pick disease. J Neurochem 21:1475–1485.
86. Tolksdorf M, Romatowski H, Saile M-L, Wiedemann H-R (1955): Über Geschlechtsbestimmung aus dem Blutbilde und deren Anwendung beim Hermaphroditismus. Ärztl Wschr 1955:1029–1034.
87. Tolksdorf M, Wolf-Heidegger G, Klinger HP, Wiedemann H-R (1961): Erlaubt eine kernmorphologische Untersuchung des Schwangerenblutes die Erkennung des Geschlechtes der Frucht? Dtsch med Wschr 1961:252–255.
88. Tolksdorf M, Hansen H-G, Sinatbachsch, Lehmann W, Nitsch K, Wiedemann H-R (1963): Missbildungssyndrom mit Trisomie der Gruppe 16–18. Klin Wschr 1963:354–355.
89. Tolksdorf M, Wiedemann H-R, Hansen H-G, Lehmann W (1965): Pätau-Syndrom mit Trisomie D_1 und D/D-Translokation. Med Welt 1965:2304–2307.
90. Tolksdorf M, Lehmann W, Hansen H-G, Wiedemann H-R (1965): Edwards-Syndrom mit aussergewöhnlichem chromosomalem Befund. Z Kinderheilk 93:55–63.
91. Tolksdorf M, Goll U, Wiedemann H-R, Pfeiffer RA (1970): Die Symptomatik von Ringchromosomen der D-Gruppe. Arch Kinderheilk 181:282–295.
92. Ullrich O, Wiedemann H-R (1953): Zur Frage der konstitutionellen Granulationsanomalien der Leukozyten in ihrer Beziehung zu enchondralen Dysostosen. Klin Wschr 1953:107–115.
93. Wiedemann H-R (1942): Familiärer hämolytischer Ikterus und osmotische Hämolyse Z. Kinderheilk 63:501–509.
94. Wiedemann H-R (1946): Der konstitutionelle, familiäre, hämolytische Ikterus im Kindesalter. Jena: Gustav Fischer-Verlag.
95. Wiedemann H-R (1947): Systematisierte sklerotische Hyperostose des Kindesalters mit Myopathie—ein neuer Typus der systematisierten erblichen Osteosklerosen. Med Mschr 1947: 494–495.
96. Wiedemann H-R (1948): Systematisierte sklerotische Hyperostose des Kindesalters mit Myopathie. Z Kinderheilk 65:346–367.
97. Wiedemann H-R (1948): Progerie. Arch Kinderheilk 135:169–178.
98. Wiedemann H-R (1948): Über Greisenhaftigkeit im Kindesalter. Z Kinderheilk 65:670–697.
99. Wiedemann H-R (1949): Zur konstitutionellen Dysostosis enchondralis, insbesondere zur Pfaundler-Hurlerschen und Morquioschen Krankheit. Z Kinderheilk 66:391–410.
100. Wiedemann H-R (1949): Zur Spätform der Pfaundler-Hurler'schen Krankheit. Helv Paed Acta (Basel) 4:77–91.
101. Wiedemann H-R (1949): Zur Pfaundler-Hurler'schen und Morquio'schen Krankheit. Mschr Kinderheilk 97:138–140.
102. Wiedemann H-R (1950): Toxoplasmose—eine für den Kinderarzt wichtige Krankheit. Kinderärztl Praxis 1950:543–555.
103. Wiedemann H-R (1950): Angeborene Mißbildungen nach Virus-Infektionskrankheit der Mutter während der Schwangerschaft. Ärztl Wschr 1950:453–459.
104. Wiedemann H-R (1951): Beiträge zur Pfaundler-Hurler'schen Krankheit. Z Kinderheilk 70:81–112.
105. Wiedemann H-R (1952): Zur konstitutionellen Dysostosis enchondralis. Z menschl Vererb Konstitutionslehre 31:207–216.
106. Wiedemann H-R (1952): Einiges zum Syndrom von Ehlers und Danlos. Mschr Kinderheilk 100:252–256.
107. Wiedemann H-R (1954): Ausgedehnte und allgemeine erblich bedingte Bildungs- und Wachstumsfehler des Knochengerüstes. Mschr Kinderheilk 102:136–148.
108. Wiedemann H-R (1954): Toxoplasmose. Medizinal-Kalender, Thieme, Stuttgart 75:734–745.
109. Wiedemann H-R (1955): Schädigungen der Frucht in der Schwangerschaft. Med Mschr 1955:141–148.
110. Wiedemann H-R (1957): Zur Frage der Fenestrae parietales symmetricae (sog. Foramina parietalia permagna). Mschr Kinderheilk 105:310–312.
111. Wiedemann H-R (1958): Zur François'schen Krankheit. Ärztl Wschr 1958:905–909.
112. Wiedemann H-R (1958): The result of haematological determination of the genetic sex in disturbances of sexual development. In "Symposium on Nuclear Sex." London: William Heinemann, pp 102–111.
113. Wiedemann H-R (1958): Besonderheiten in der Ausprägung des geschlechtsunterschiedlichen Leukozytenkernbildes bei Pfaundler-Hurler'scher Krankheit? Mschr Kinderheilk 106:341–342.
114. Wiedemann H-R (1959): Über intrauterine Blutaustauschvorgänge bei zweieiigen Zwillingen. Mschr Kinderheilk 107:382.
115. Wiedemann H-R (1959): Über die zellkernmorphologische Geschlechtsdiagnostik und ihre Bedeutung für die Heilkunde. Medizinische 1959:1460–1466.
116. Wiedemann H-R (1960): "Die großen Konstitutionskrankheiten des Skeletts." Monographie. Stuttgart: Gustav Fischer-Verlag.
117. Wiedemann H-R (1961): Hinweis auf eine derzeitige Häufung hypo- und aplastischer Fehlbildungen der Gliedmaßen. Med Welt 1961:1863–1866.
118. Wiedemann H-R (1962): Heutiges Wissen über Exogenese von Mißbildungen beim Menschen—ohne Berücksichtigung der Progenese. Kinderärztl Praxis 1962:325–332.
119. Wiedemann H-R (1962): Derzeitiges Wissen über Exogenese von Missbildungen im Sinne von Embryopathien beim Menschen. Med Welt 1962:1343–1349.
120. Wiedemann H-R (1964): Klinische Bemerkungen zur pharmakogenen Teratogenese. Bulletin Schweiz. Akademie d. med. Wissenschaften 20; "Teratogenesis." Basel: Schwabe, pp 544–564, 603, 605, 615.
121. Wiedemann H-R (1964): Die Bedeutung der Chromosomen-Analyse für die praktisch-klinische Diagnostik. Mschr Kinderheilk 112:187–194.
122. Wiedemann H-R (1964): Complex malformatif familial avec hernie ombilicale et macroglossie—un "syndrome nouveau"? J Génét hum 13:223–232.
123. Wiedemann H-R (1964): Bemerkungen zu der Arbeit "Zur Phänomenologie einer konstitutionell-homosexuellen Transvestitin." Z Menschl Vererb-Konstitut-lehre 37:581–583.
124. Wiedemann H-R (1965): Kongenitales weibliches Adrenogenitalsyndrom mit völliger Vermännlichung des äußeren Genitale und Pseudotestikeln. Mschr Kinderheilk 113:434–437.
125. Wiedemann H-R (1965): Pyknodysostose. Fortschr Röntgenstr 103:590–597.
126. Wiedemann H-R (1967): Die gestörte Ossifikation besonders der bindegewebig praeformierten Belegknochen: Die Dysostosis cleidocranialis. In Opitz H, Schmid F (eds): "Handbuch der Kinderheilkunde," Vol VI. Berlin: Springer, pp 129–135.
127. Wiedemann H-R (1967): Geschlecht, Geschlechtsbestimmung, Geschlechtsbeeinflussung. In "Pädiatrie der Zukunft," Jena, pp 81–90; Rev chilen Ped 38:803–809.
128. Wiedemann H-R (1968): EMG-syndrome and carbohydrate metabolism. Lancet 2:104.
129. Wiedemann H-R (1969): Über ein neues Syndrom mit Hypoglykämie. Mschr Kinderheilk 117:239–242.
130. Wiedemann H-R (1969): Das EMG-Syndrom: Exomphalos, Makroglossie, Gigantismus und Kohlenhydratstoffwechsel-Strörung. Z Kinderheilk 106:171–185.
131. Wiedemann H-R (1969): Über einige progeroide Krankheitsbilder und deren diagnostische Einordnung. Z Kinderheilk 107:91–106.
132. Wiedemann H-R (1971): Spezielle Anomalien der Körperform-Syndrome mit besonderem "Altersaspekt." In Opitz H, Schmid F (eds): "Handbuch der Kinderheilkunde," Vol I. Berlin: Springer, pp 828–852.
133. Wiedemann H-R (1972): Sindrome diencefálico en la infancia. Pract pediát (espagnol) 11:95–106.

134. Wiedemann H-R (1972): Clinical syndromes associated with skeletal dysplasias. Klin Pädiat 184:165–174.
135. Wiedemann H-R (1973): Mißbildungs-Retardierungs-Syndrom mit Fehlen des 5. Strahls an Händen und Füßen, Gaumenspalte, dysplastischen Ohren und Augenlidern und radioulnarer Synostose. Klin Pädiat 185:181–186.
136. Wiedemann H-R (1973): EMG syndrome. Lancet 2:626–627.
137. Wiedemann H-R (1973): Über das "Kerbenohr" beim Exomphalos-Makroglossie-Gigantismus-Syndrom, über Ohrläppchen-Fisteln und über das Vorkommen entsprechender Erscheinungen bei anderweitigen Syndromen sowie bei Gesunden. Z Kinderheilk 115:95–110.
138. Wiedemann H-R (1973): Exomphalos-Makroglossie-Gigantismus-Syndrom, Berardinelli-Seip-Syndrom und Sotos-Syndrom—eine vergleichende Betrachtung unter ausgewählten Aspekten. Z Kinderheilk 115:193–207.
139. Wiedemann H-R (1978): Geroderma osteodysplastica—What would Virchow have thought about it?! Hum Genet 43:245.
140. Wiedemann H-R (1978): Sozialeingliederung bei angeborenen Fehlbildungen. Documenta Geigy 1978:6–7.
141. Wiedemann H-R (1979): An unidentified neonatal progeroid syndrome: Follow-up report. Eur J Pediatr 130:65–70.
142. Wiedemann H-R (1979): Ein eigenständiges Syndrom? In Tolksdorf M, Spranger J (eds): "Klinische Genetik in der Pädiatrie." Stuttgart: G. Thieme, pp 29–33.
143. Wiedemann H-R (1980): Phakomatosen. In Bachmann KD, Ewerbeck H, Kleihauer E, Rossi E, Stalder G, (eds): "Pädiatrie in Praxis und Klinik." Stuttgart: G. Fischer u. G. Thieme, III:17.156–17.164.
144. Wiedemann H-R (1981): Auswirkungen unerwarteter Arzneiwirkungen. Z Allgemeinmedizin 57:1772–1777.
145. Wiedemann H-R (1981): Clinical aspects of Down's syndrome from infancy to adult life. In Burgio GR, Fraccaro M, Tiepolo L, Wolf U (eds): "Trisomy 21." Berlin: Springer, pp 1–10.
146. Wiedemann H-R (1982): Zur Therapie angeborener Fehlbildungen. In Tolksdorf M, Spranger J (eds): "Klinische Genetik in der Pädiatrie," 3. Symposium in Kiel. Friedrichsdorf, pp 203–209.
147. Wiedemann H-R (1983): Tumours and hemihypertrophy associated with Wiedemann-Beckwith syndrome. Eur J Pediatr 141:129.
148. Wiedemann H-R (1985): LADD syndrome: Report of new cases and review of the clinical spectrum. Eur J Pediatr 144:579–582.
149. Wiedemann H-R (1986): Encephalocraniocutaneous lipomatosis and Proteus syndrome. Am J Med Genet 25:403–404.
150. Wiedemann H-R (1987): Pterygium colli medianum and midline cervical cleft: Midline anomalies in the sense of a developmental field defect. Am J Med Genet 27:719–723.
151. Wiedemann H-R (1987): Progeria. In Gomez MR (ed): "Neurocutaneous Diseases." Boston: Butterworth, pp 247–253.
152. Wiedemann H-R (1987): Multiple benign circumferential skin creases on limbs—a congenital anomaly existing from the beginning of mankind. Am J Med Genet 28:225–226.
153. Wiedemann H-R (1988): Phakomatosen. In Bachmann KD, Kleihauer E, Rossi E, Stalder G (eds): "Pädiatrie in Praxis und Klinik." Stuttgart: G. Thieme u. G. Fischer, III:965–973.
154. Wiedemann H-R (1988): Brief im Hitlerreich. Politische Aussagen zwischen Vater und Sohn. Edit Graphische Werkstätten Lübeck.
155. Wiedemann H-R (1989): Genital overgrowth in the EMG syndrome. Am J Med Genet 32:255–256.
156. Wiedemann H-R, Burgio GR, Aldenhoff P, Kunze J, Schirg HJ (1983): The Proteus syndrome. Eur J Pediatr 140:5–12.
157. Wiedemann H-R, Debuch H, Lennert K, Caesar R, Blümcke S, Harms D, Tolksdorf M, Seng PN, Korenke H-D, Gerken H, Freitag F, Dörner Kl (1972): Über eine infantil-juvenile, subchronisch verlaufende, den Sphingomyelinosen (Niemann-Pick) anzureihende Form der Lipidosen—ein neuer Typ? Z Kinderheilk 122:187–225.
158. Wiedemann H-R, Dibbern H (1982): "Syndrome. Sammlung von 200 Diapositiven mit Begleittexten." Basel: ROCOM.
159. Wiedemann H-R, Gerken H (1966): Modo genetico y demostracion de una heterocigotia en la enfermedad de Gaucher. Med Alemana 7:457–501.
160. Wiedemann H-R, Gerken H, Graucob E, Hansen H-G (1965): Recognition of heterozygosity in sphingolipoidoses. Lancet 1:1283.
161. Wiedemann H-R, Grosse Fr-R, Dibbern H (1976): "Das charakteristische Syndrom. Blickdiagnose von Syndromen. Ein Atlas Für Klinik und Praxis." Stuttgart: FK Schattauer. Italian and Spanish eds., 1978.
162. Wiedemann H-R, Grosse Fr-R, Dibbern H (1982): "Das charakteristische Syndrom. Blickdiagnose von Syndromen. Ein Atlas für Klinik und Praxis." Stuttgart: FK Schattauer. Wolfe G (ed): "Characteristic Syndromes." London: Med Publ, 1985. "El Sindromo Characteristico." Barcelona: ANCORA Publ., 1987.
163. Wiedemann H-R, Hansen H-G (1967): Die kryptogenetischen progressiven Osteolysen. In Opitz H, Schmid F (eds): "Handbuch der Kinderheilkunde," Vol. VI. Berlin: Springer, pp. 213–218.
164. Wiedemann H-R, Harms D, Zierott G (1973): Linksseitige idiopathische Gynäkomastie bei einem 2¼ jährigen Knaben. Helv paed Acta 28:413–419.
165. Wiedemann H-R, Kemp G (1951): Zur konnatalen Toxoplasmose—besonders in diagnostischer Hinsicht. Ärztl Wschr 1951:973–976.
166. Wiedemann H-R, Kosenow W, Spranger J (1967): Knorpel-Haar-Hypoplasie. Arch Kinderheilk 176:74–85.
167. Wiedemann H-R, Kunze J, Grosse Fr-R, Dibbern H (1989): "Atlas der klinischen Syndrome." Stuttgart: FK Schattauer.
168. Wiedemann H-R, Mann M, Spreter v Kreudenstein P (1981): Dysplasia epiphysealis hemimelica—Trevor disease. Eur J Pediatr 136:311-316.
169. Wiedemann H-R, Manzke H (1967): Schwangerschaftsverlauf und Kindesentwicklung. Ärztl Mitteil, Dtsch Ärzteblatt 64:2713–2714.
170. Wiedemann H-R, Opitz J (1983): Unilateral partial tibia defect with preaxial polydactyly, general micromelia, and trigonocephaly with a note on "developmental resistance." Am J Med Genet 14:467–471.
171. Wiedemann H-R, Ostertag B (1974): Kleeblattschädel und allgemeine Mikromelie. Versuch einer nosologischen Zuordnung und genetischen Elternberatung. Klin Pädiat 186:261–263.
172. Wiedemann H-R, Remagen W, Hienz H-A, Gorlin RJ, Maroteaux P (1974): Achondrogenesis within the scope of connately manifested generalized skeletal dysplasias. Z Kinderheilk 116:223–251.
173. Wiedemann H-R, Romatowski H, Tolksdorf M (1955): Unsere bisherigen Ergebnisse mit der Geschlechtsbestimmung aus dem Blutausstrich bei krankhaften Zuständen, Hermaphroditismus und "Ovarialagenesie." Medizinische 1955:1734–1736.
174. Wiedemann H-R, Romatowski H, Tolksdorf M (1956): Geschlechtsbestimmung aux dem Blutbilde-Grundlagen-Anwendung-Bedeutung. Münch med Wschr 1956:1090–1093, 1108–1112.
175. Wiedemann H-R, Romatowski H, Tolksdorf M (1959): Sex determination by haematomorphology—criteria, advantages and dangers of the method. Ciba-Symp 7:111–116.
176. Wiedemann H-R, Romatowski H, Tolksdorf M, Prediger Fr (1956): Zur Frage pränataler Geschlechtsbestimmung sowie zur blutmorphologischen Geschlechtsdiagnose bei Frühgeborenen und Foeten. Die Medizinische 1956:631–632.
177. Wiedemann H-R, Saile M-L (1957): Zur Frage der Häufigkeit und Bedeutung der Pelger-Anomalie. Mschr Kinderheilk 105:142–144.
178. Wiedemann H-R, Spranger J (1970): Chondrodysplasia metaphysaria (Dysostosis metaphysaria)—ein neuer Typ? Z Kinderheilk 108:171–186.
179. Wiedemann H-R, Spranger J, Mogharei M, Kübler W, Tolksdorf M, Bontemps M, Drescher J, Gunschera H (1968): Über das Syndrom Exomphalos-Makroglossie-Gigantismus, über generalisierte Muskelhypertrophie, progressive Lipodystrophie und Miescher-Syndrom im Sinne diencephalter Syndrome. Z Kinderheilk 107:1–36.
180. Wiedemann H-R, Tolksdorf M (1973): Fehlbildungs-Retardierungs-Syndrom mit "Schafsgesicht" und autosomaler Strukturanomalie. Klin Pädiat 185:346–351.
181. Wiedemann H-R, Tolksdorf M, Hansen H-G (1964): Congenital asymmetry with diploid-triploid mosaicism. Lancet 1:1045–1046.
182. Wiedemann H-R, Tolksdorf M, Hansen H-G, Klose K (1964): Chromosomen-Untersuchungen bei "partiellem Riesenwuchs." Mschr Kinderheilk 112:281–282.
183. Wiedemann H-R, Tolksdorf M, Romatowski H (1957): Ergebnisse hämatomorphologischer Kerngeschlechts-Diagnosen bei Intersexen und sonstigen Anomalien auf dem Gebiete der Sexualentwicklung Ärztl Wschr 1957:857–861.
184. Wiedemann H-R, Tolksdorf M, Romatowski H (1958): Über das Kerngeschlecht der weißen Blutzellen und den Wert der Diagnose des "chromosomalen Geschlechs" aus dem Blut, verglichen mit anderen Methoden. Med Mschr 1958:665–668.
185. Wiedemann H-R, Trentmann H (1949): Zur connatalen Toxoplasmose. Med Mschr 1949:837–841.