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The Cardiovascular Society in the GDR (German Democratic Republic)

Gesellschaft für Kardiologie und Angiologie der DDR

Zusammenfassung Die „Gesellschaft für Kardiologie und Angiologie der Deutschen Demokratischen Republik (DDR)“ (GKA) erfüllte die Funktion der “Deutschen Gesellschaft für Kardiologie – Herz- und Kreislaufforschung” zwischen 1965 und 1992 in der DDR, als die seit 1961 geschlossenen Grenzen freie private und berufliche Kontakte nicht mehr zuließen. Die GKA erlebte 12 Vorstandswahlen, hatte im Jahre 1989 792 Mitglieder, zahlreiche Sektionen und Arbeitsgruppen und hat 14 Kongresse und zahlreiche Symposien ausgerichtet. Sie war besonders um die Fortbildung von Ärzten und Assistenzpersonal und die Qualitätskontrolle bemüht und hat bereits 1977 ein Weiterbildungsprogramm für den “Subspezialisten für Kardiologie/Angiologie” erstellt. Die GKA hat die Gründung von Herzzentren gefördert und die zentralisierte Langzeitbetreuung von Patienten mit Herzinsuffizienz, Arrhythmien, angeborenen Herzfehlern, Herzschrittmachern oder peripheren Durchblutungsstörungen in spezialisierten Ambulanzen unterstützt. Manche wissenschaftliche Leistung von Mitgliedern der GKA, wie der transvasale Verschluss des Ductus arteriosus Botalli, Untersuchungen zum Energiestoffwechsel der Myokardfaser, die Endomyokardbiopsie und verschiedene Medikamente wie Ajmalin, Talinolol, Trapidil, PAMBA und Hirudin werden bis heute verwendet. Mit der Öffnung der Grenzen und dem Zusammenbruch der DDR hatte die GKA keine Funktion mehr. Sie hat sich 1992 aufgelöst, als ihre Aufgaben in den neuen Bundesländern wieder von der Deutschen Gesellschaft für Kardiologie – Herz- und Kreislaufforschung übernommen wurden.

Schlüsselwörter Geschichte – Gesellschaft für Kardiologie und Angiologie – Deutschland

Summary The “Society of Cardiology and Angiology of the German Democratic Republic (GDR)” was the substitute for the “German Cardiac Society” between 1965 and 1992 in Eastern Germany, when the closed borders (since 1961) prevented free private and official communications. The society experienced 12 elections for the board, it had 792 members in 1989, several working groups and organized 14 cardiovascular congresses and hundreds of meetings. The society was very active in education of physicians and assistance personnel and developed an educational program for specialists in cardiology and angiology in 1977. The society supported the foundation of heart centers and the centralized long-term care of patients with heart failure, arrhythmias, congenital defects, pacemakers or peripheral arterial disease. Scientific results as transvasal closure of the ductus arteriosus Botalli, investigations of the energy metabolism of myocardial fibers, endomyocardial biopsy and several drugs, as ajmaline, talinolol, trapidil, PAMBA and hirudin are used up to these days. The tasks of the society ended with the collapse of the GDR in 1989 and therefore the society was liquidated in 1992, when its functions were taken over again by the German Cardiac Society.

Key words History – cardiovascular society – Germany

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The "Society of Cardiology and Angiology of the GDR" was never a part of the "German Cardiac Society". However, it was the substitute for the old German Cardiac Society at the time, when most scientific, educational and private contacts between the German people as physicians and cardiologists were restricted by the government of the GDR, starting in August 1961. The Society of Cardiology and Angiology of the GDR had been founded four years after the closure of the border for people of the eastern German states, and the Society was liquidated three years after the fall of the wall. This short survey will inform on milestones of the history of the Society of Cardiology and Angiology of the GDR.

History of medical societies in Eastern Germany

The history of the medical-scientific societies in Eastern Germany was started by order No. 124 of the military administration of the Soviet red army, announced on May 21, 1947. Forty-six regional medical societies were founded during the following months, most of them associated with the medical faculties of the Universities of Rostock, Greifswald, Berlin, Halle, Leipzig and Jena. The state of Brandenburg did not have a university, so two societies – a western and an eastern Brandenburgian medical society – were formed.

This situation remained unchanged up to the early 1960s: elderly scientists and leading physicians of hospitals were members of the old German medical societies that were resituated in the western federal states of Germany. Many of the German physicians had deep hopes for early unification of Germany and prevented founding of regional eastern German medical societies. The elderly western societies supported the eastern German physicians with journals, scientific information, participation in the annual meetings and in supplying pharmaceuticals for their patients in a situation, when several limitations of the eastern economic system were already visible.

At first, this situation changed gradually, when elderly physicians retired and then suddenly on the August 13, 1961, when all direct contacts and communication with colleagues in the western German states immediately became illegal. The "Coordination Council of the Medical-scientific Societies" was founded in October 1969. The first chairman was the biochemist Karl Lohmann (who first described adenosinetriphosphate), followed by the internist Friedrich Horst Schulz (who developed a method for detection of fibrinogen). The council published recommendations for the scientific societies including recommendations for maintaining separation from western societies. Following the erection of the wall at the border around western Berlin and through Germany, five societies were founded, one of them was the "German Society of Clinical Medicine" on June 5, 1962. The first president was Friedrich H. Schulz (Berlin). A sub-society under the umbrella of the "German Society of Clinical Medicine" was the "Society of Internal Medicine of the GDR" with its president Rolf Emmrich (Leipzig) (1).

The "Society of Cardiology and Angiology of the GDR"

On the occasion of a symposium for the 550th year of the foundation of the University of Leipzig the "Cardiovascular Working Group" as a part of the "German Society of Clinical Medicine" was founded on May 25, 1965. Albert Wollenberger (Berlin) was elected as the first chairman of the working group. Later the working group changed its name to "Society of Cardiology and Angiology of the GDR". The program of the Society included cardiology and angiology up to its end.

The "Society of Cardiology and Angiology of the GDR" had 234 members in 1970, 365 members in 1975, 623 members in 1978 and 792 members in 1989. The European Society of Cardiology accepted the application for regular membership of the Society in 1970.

Twelve elections for the board of the Society had taken place between 1965 and 1990. As chairmen were elected after Albert Wollenberger (Berlin) 1965: Karlheinz Straube (Zwickau) 1968, Heinz Trenckmann (Leipzig) 1970, Karl-Heinz Günther (Berlin) 1972 and 1976, Arno Gutschker (Cottbus) 1978 and 1980, Joachim Knappe (Erfurt) 1982, 1984 and 1987, Günther Linss (Berlin) 1989 and Karl-Joachim Rostock (Berlin) 1990.

The tasks of the Society differed somewhat from that of other societies. In addition to announcement and discussion of scientific information and education at the regular congresses, the Society proposed physicians to attend international congresses or for leading positions in hospitals and in public health. The Society also advised the Ministry of Health in cardiovascular diseases and recommended steps for purchase, development and supply of technical devices, e.g., cath labs, Holter monitoring devices, pacemakers.

The Society formed a section for angiology (first chairman: Horst Linke (Magdeburg)), working groups for cardiovascular assistance personnel (Gisela Teichmann (Rostock)), pacemaker treatment

(Joachim Witte (Berlin)), electrocardiographic training (Hermann Fiehring (Erfurt)), intensive care (Wilhelm Teichmann (Halle)), hemodynamics (Wilhelm Urbaszek (Rostock)), cardiovascular ultrasound (Bernhard Graf (Rostock)), rehabilitation (Wolfgang Geißler (Berlin)), tradition (Dieter Schwartze (Halle)), recommendations for treatment (Hans-Dieter Faulhaber (Berlin)), hypertension and heart (Karl-Heinz Günther (Berlin)), preventive cardiology (Joachim Knappe (Erfurt)) and several others (2).

Meetings and congresses of the Society of Cardiology and Angiology of the GDR

The first meeting of the "Cardiovascular working group" was held in May 1965 in Leipzig. The main topics were diagnostics of the activity of endocarditis and drug treatment with glycosides. A second meeting of the working group took place in Erfurt on May 12–14, 1966 focusing on coronary artery and valvular heart disease. The third meeting of the "Society of Cardiology and Angiology" was held in Rostock-Warnemünde on May 20–22, 1968 focusing on arterial hypertension and electrotherapy of cardiac arrhythmias. The fourth meeting of the Society was held together with the "Society of Rheumatism of the GDR" on July 5–7, 1969 in Bad Elster. Fifty-three presentations focused on all aspects of rheumatic heart disease. The Society organized its fifth congress on May 7 – 9, 1970 in Halle. The main points of the debate of the 300 participants in 108 presentations were electrolyte imbalance, peripheral arterial disease and recent results of epidemiologic research. The sixth congress of the Society in 1972 discussed problems in heart failure and aspects of vein diseases. From myocardial infarction to the epidemiology of coronary bypass surgery was discussed at the seventh congress from May 13–16, 1974 in Dresden. Further topics were the diseases of the aortic arch in 150 presentations. The eighth congress of the Society was held in Berlin from June 8–11, 1976 and focused on aspects of hypertension and hypertensive heart disease. The prevention of cardiovascular diseases was the main subject of the ninth congress, held in Karl-Marx-Stadt (Chemnitz) from May 22–25, 1978. A symposium focused on cardioselective beta blocker treatment with talinolol. The tenth congress was held in Erfurt on May 28–31, 1980. Focus sessions on valvular heart disease, congenital heart disease, cardiomyopathies, vascular diseases and thromboses were held. The myocardial infarction was debated at the 11th congress in Leipzig, March 31–April 3, 1982. Experimental and clinical results, diagnostics and treatment, conventional, interventional and surgical data were discussed in 115 presentations and 89 posters. Cardiovascular diagnostics from noninvasive to invasive techniques were presented and discussed in 78 reports and 145 posters at the 12th congress of the Society, held in November, 1984 in Rostock. The 13th congress focused on cardiomyopathies and inflammation and was held in Gera in November, 1987. Further topics were heart failure and the cardiologic view on prevention and health. A total of 130 lectures and 104 posters were presented. The 14th and last regular congress of the Society was held March 5–8, 1989; 152 reports and lectures and 163 posters focused on aspects of arterial hypertension. Various educational meetings were held in Dresden and in Rostock and further discussions were organized by the working groups of the Society on rehabilitation, pacemaker treatment or preventive cardiology. Special meetings for assistance personnel in cardiology were well received by nurses.

An honorary membership to the Society was presented to 24 cardiologists. The Society had presented the "Werner Porstmann Award" since 1983, which was dedicated to young cardiologists (2).

Education, publication policy and journals

Many activities of the Society aimed at the education of physicians, including internal medicine and pediatrics. The 2-year educational program with final examination for the "Subspecialist for cardiology and angiology" was prepared by the Society in 1977. This was an early attempt of quality control in cardiology, not so far from that practiced today.

There were 44 medical journals in 1972 and 53 regular medical journals in 1978 in the GDR. Reports on cardiovascular diseases were published in "Das Deutsche Gesundheitswesen" (since 1985: "Zeitschrift für Klinische Medizin", founded 1946 by Otto Warburg, Karl Lohmann, Hermann Stieve, Robert Rössle, Gustav von Bergmann, etc.) or in the "Zeitschrift für die gesamte Innere Medizin und ihre Grenzgebiete" (founded 1946 by Theodor Brugsch) (1). An eastern German cardiovascular journal was discussed several times, but it was never realized. Submission of manuscripts to international journals was restricted for most physicians. But these journals were available in numerous scientific and public libraries as, well as in libraries of hospitals.

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The end of the Society

At the beginning was the economic decline in the 1980s and the senile and ignorant government. Failing investments in industry and health care, the practice of electing of physicians for leading positions – with primary consideration of political and failing acceptance of medical qualification – resulted in widely incompetent leading personnel in hospitals and public health. This situation could not be compensated by physicians and nurses anymore. The young generation was, furthermore, not willing, to accept control and reprisals. They started the Monday's demonstrations in spring 1989. The political changes resulted in opening of the wall in Berlin and in Germany on November 9, 1989.

Against this background the chairman of the 11th board of the "Society of Cardiology and Angiology of the GDR" Günther Linss and his board resigned after expression of no confidence during turbulent discussions at the Dresden cardiovascular meeting in February 1990. The first democratic elections in the history of the Society were performed on March 31, 1990 in the lecture hall of the Center of Internal Medicine at the University of Leipzig. Karl-Joachim Rostock was elected as the final chairman of the board of the Society. But there was no need of a second cardiovascular society in Germany and there was no future for the Society. Therefore the 12th board informed all members about the liquidation of the Society on May 31, 1992.

What should be remembered?

Heart centers with the cooperation of cardiologists, cardiac surgeons and pediatric cardiologists were formed in Leipzig, Erfurt/Bad Berka, Rostock and Berlin beginning in the early 1950s. The centralized care of patients with congenital heart disease, advanced heart failure, arrhythmias, pacemakers and ICDs and peripheral arterial disease was a well-accepted care.

Scientific results of several members of the society are well known. Werner Porstmann (*1921–†1982) (Fig. 1) first established the closure of a ductus arteriosus Botalli persistens in 1967 using Ivalon plugs (3). Albert Wollenberger (*1912–†2000) (Fig. 2) contributed to the understanding of the energy supply of the myocardial cell using the "Wollenberger clamps" (4). Cardiovascular schools were formed in Rostock (Gisela Teichmann *1919–†2000), in Leipzig (Heinz Trenckmann *1920), in Erfurt and later in Berlin (Hermann Fiehring, *1929) and in Halle (Rudolf Zuckermann, *1910–†1995).

Fig. 1 Werner Porstmann (1921–1982) (2nd from the left) with his collaborators Drs. Wierny, Schröder, Romaniuk and Müller in front of the Institute of Cardiovascular Diagnostics at the Charité Hospital in Berlin. The 2nd person from the right is the inaugurator of cardiovascular catheterization Werner Forssmann (Nobel prize 1956)

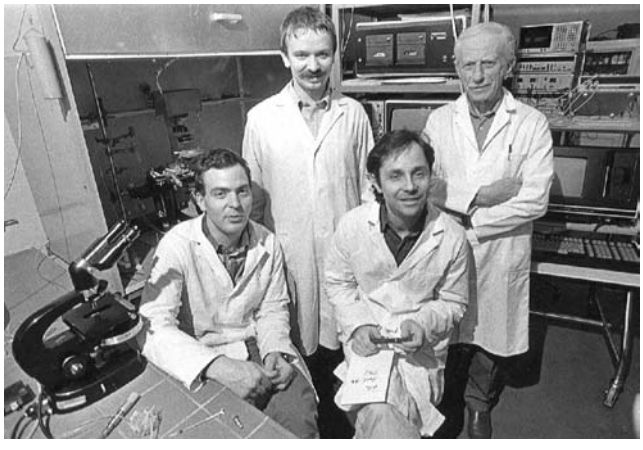

Fig. 2 Albert Wollenberger (1912–2000) (far right) with his collaborators Drs. Hering, Schubert and Bodewei in his laboratory in Berlin-Buch

Many physicians and many cardiologists left the GDR for different reasons. Horst Linke, Max Ratschow, Hellmuth Kleinsorge, Hubert Mörl and serveral others left the GDR. Gisbert Sponer left the GDR after leaving school and discovered Carvedilol in Mannheim (5), Andreas Grüntzig left Leipzig before leaving school, and we well know what followed in Zurich and Atlanta…(6).

Several cardiovascular drugs resulted from the work of members of the Society. Ajmalin (Gilurytmal®) (7), Talinolol (Cordanum®) (8), Trapidil (Rocornal®) (9), PAMBA® (10) and Hirudins (Refludan®) (11) are still used today. Repeated endomyocardial biopsies were first possible using the biotom of Siegfried Müller (12). The developments in sono-

graphy by Dr. Millner on the artificial heart of Wilhelm Urbaszek and his group (13) were steps on the long way to echocardiography and to mechanical support in end-stage heart failure. A nearly complete registry of pacemaker implants and follow-up in the GDR including 62 000 pacemakers with 92 082 events (exchange of the pacemaker, complications and death) (14) and programs for fighting hypertension and myocardial infarction have been made. The results of the infarction program should have documented the limitations of the health care system in the GDR, but the high incidence of myocardial infarction and the higher risk of dying from infarction were not published by this program, until late after the end of the GDR and its Society of Cardiology and Angiology.

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