ВОПРОСЫ ИСТОРИИ МЕДИЦИНЫ

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EPONYMOUS AND NO LONGER ANONYMOUS: HARD LIFE AND LONG FAME OF RUSSIAN PHYSICIANS. PROCEEDING I: WHO WAS DOCTOR ZIVERT?

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The article is devoted to biographies of three Russian physicians of the Silver Age (a period in the History of Russian culture between 1890 and 1917). They made an early, significant and internationally recognized contribution to medical science and became eponymous, although the social disasters of the twentieth century were to deeply impact their subsequent lives and careers, and so their role has been obscured in the global medical community. The proceeding is devoted to biography and academic achievements of A-F. K. Siewert (Zivert) (1872–1922), known for the first description of the hereditary dyskinesia of cilia (as a triad of: situs inversus of the viscera, abnormal frontal sinuses producing sinusitis and bronchiectasis). The subsequent proceedings will cover also biographies of his contemporaries: S. S. Abramov, the discoverer of primary idiopathic myocarditis, and N. I. Taratynov, who was the first to describe a local form of histiocytosis X (solitary eosinophilic granuloma). The contribution of these scientists to Medicine is reviewed in context of a historical epoch, against the background of their different individual social choices and the fates of their families. Besides their eponymous descriptions, other medical priorities of these scholars are analyzed. Some previously unpublished materials from their family archives are presented, which witness to the possibility of a hitherto unknown prototype for the main hero of the novel *Doctor Zhivago* novel by Boris Pasternak and for the probable priorities of doctor Zivert in the formulation of the active diastole concept, or doctor Abramov in the description of dilated cardiomyopathy. The factors facilitating rapid development of theoretical and practical Medicine in imperial Russia of late 20th and early 21st centuries are discussed. One of them definitely was the factor of broad contacts between Russian physicians of that period and their Western European colleagues, free from any linguistic, economical, political or bureaucratic restrictions. The conclusion of the author is that in any epoch, even the most cruel and unfavorable one, creative activity is a path to social immortality.Refs 30. Figs 2.

Keywords: Alfons-Ferdinand-Julius Karlovich Siewert, Nikolai Ivanovich Taratynov, Sergei Semionovich Abramov, Zivert–Kartagener triad, Taratynov's disease, Abramov-Fiedler myocarditis, History of Medicine, Kiev school of internists, Germans in Russia.

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ЭПОНИМИЗИРОВАННЫЕ, НО БОЛЕЕ НЕ АНОНИМНЫЕ: ТРУДНАЯ ЖИЗНЬ И ДОЛГАЯ СЛАВА РОССИЙСКИХ ВРАЧЕЙ. СООБЩЕНИЕ I. КТО БЫЛ ДОКТОР ЗИВЕРТ?

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Статья посвящена биографиям российских врачей Серебряного века (период в истории русской культуры между 1890 и 1917 гг.). Они сделали ранний, значительный и международно признанный вклад в медицинскую науку и были увековечены в эпонимах, хотя социальные бедствия XX века глубоко и пагубно воздействовали на их последующую жизнь и профессионально-научную карьеру, поэтому их роль оказалась в дальнейшем скрыта от мирового медицинского сообщества, до сих пор задававшего вопрос: «Кто они?». В первом сообщении анализируются биография и научные достижения терапевта А.-Ф. К. Зиверта (1872–1922), известного первым описанием наследственной дискинезии ресничек (как триады: обратного расположения внутренних органов, аномальных лобных пазух с синуситом и бронхоэктазами), далее будут освещены биографии и достижения патологов С. С. Абрамова (1875–1951), первооткрывателя первичного идиопатического миокардита, и Н. И. Таратынова (1887–1919), который первым описал локальную форму гистиоцитоза X (одиночную эозинофильную гранулему). Вклад этих врачей в медицину рассматривается в контексте исторической эпохи, на фоне их различных личностно-социальных выборов и судеб их семей. Кроме эпонимических описаний, проанализированы и другие приоритетные медицинские достижения этих отечественных ученых. Некоторые ранее не публиковавшиеся материалы их семейных архивов представлены впервые, в частности свидетельства возможного существования неизвестного прототипа главного героя романа «Доктор Живаго» Б. Л. Пастернака, а также вероятных приоритетов доктора Зиверта — в формулировке концепции активной диастолы, а доктора Абрамова — в описании дилатационной кардиомиопатии. Обсуждаются факторы, способствовавшие быстрому развитию теоретической и практической медицины в имперской России конца XIX — начала XX столетия, в частности обширные и свободные от языковых, экономических, политических и бюрократических ограничений научно-профессиональные связи русских врачей того времени с их западноевропейскими коллегами. Вывод автора в том, что в любую эпоху, даже самую жестокую и неблагоприятную, творчество открывает путь к социальному бессмертию. Библиогр. 30 назв. Ил. 2.

Ключевые слова: Альфонс-Фердинанд Юлиус Карлович Зиверт, Николай Иванович Таратынов, Сергей Семенович Абрамов, триада Зиверта—Картагенера, болезнь Таратынова, миокардит Абрамова—Фидлера, история медицины, киевская терапевтическая школа, немцы в России.

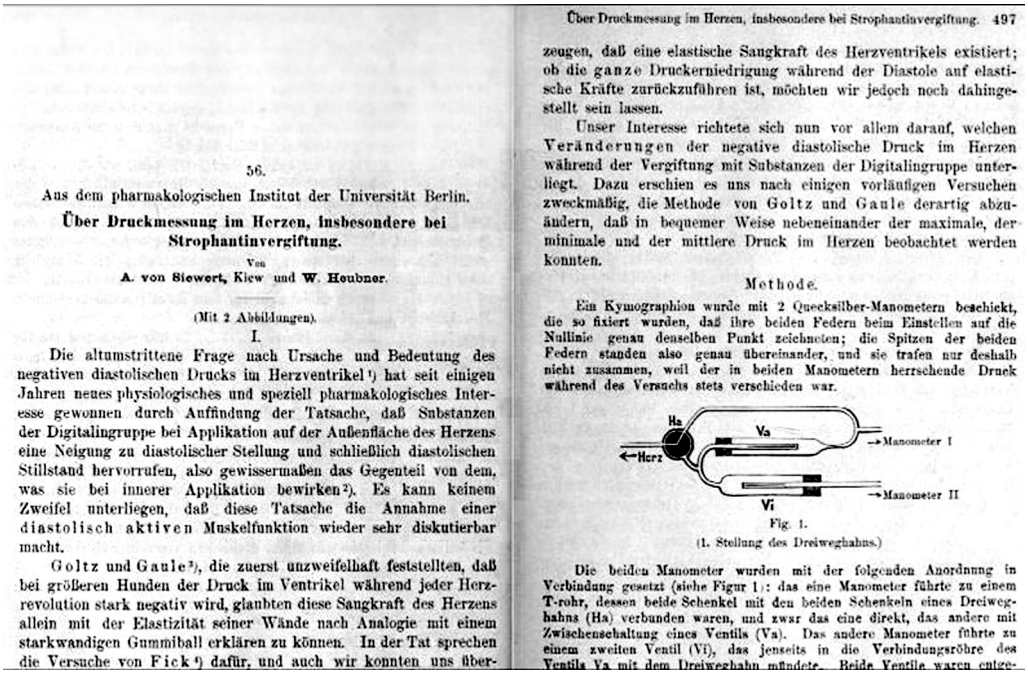
The period between 1890 and 1917 in the history of Russian science and culture is called the "Silver Age". Within the terms of culture studies, it is defined as the archeo-modern, when Russian society went into modernity, still keeping many cultural archetypes from the pre-modern Past [1]. It was a time of rapid progress and dramatic innovations not only in the domestic arts, but in literature and science as well. It brought global fame to many Russian intellectuals, beginning with Nobel Prize winners in Medicine such Ivan Petrovich Pavlov (1849–1936) and Ilya Il'ich Mechnikov (1945–1916) and ending with coryphaei of Russian ballet and the forerunners of the world Visual Arts. The passionate overheating of that epoch resulted in three Russian revolutions. Finally, World War I and the Russian Civil War stopped or redirected this rise of Russian thought, crushed the Russian Empire, and gave birth to the Soviet Republic. For many creative intellectuals these events were fatal or resulted in them redirecting their energies to mere survival, so after brilliant and early debuts in creative work their footprints were later lost in history, and sometimes the West knows only their surnames, if it remembers them at all. At the same time, they hold undoubted global priority in many areas, including Medicine. I am writing to fill this gap.

The most characteristic figures in this long list of Silver Age medical contributors, nowadays almost forgotten are Doctor Nikolay Ivanovich Taratynov (1887–1919), Doctor Sergei Semionovich Abramov (1875–1951) and Doctor Alfons-Ferdinand Julius Karlovich Zivert, who is a central figure of this proceeding. The triad of *situs inversus of the viscera, early chronic sinusitis* and *bronchiectasis* is known all over the medical world as Zivert (Siewert)-Kartagener syndrome (a variant of primary dyskinesia of cilia), and its pathogenesis related to systemic cytoskeleton abnormality and immobility of the cilia is well understood. One hundred fourteen years after the description of the Kartagener-Zivert syndrome the medical community still knows much more about the Swiss physician, an emigrant from Austrian Galicia, Manes Kartagener (1897–1975), than about Zivert, who described the syndrome 31 years prior. And for an author of *The Lancet* this Russian physician still looks "anonymous" [2]. Even in very trustworthy explanatory dictionary of medical eponyms, used online by the global medical community, Zivert was for a long time just mentioned by last name as an "Ukrainian" physician, but without any biographical data or his correct initials [3]. Now, I think, the question put by Dr. Chris McManus in *The Lancet* [2] finally has got a complete answer.

Alfons-Ferdinand–Julius Siewert (9 August 1872–1922) (aka*: Alfons (Aleksandr) Karlovich Zivert* in his everyday life) was a Russian internist, physiologist, toxicologist and military physician, who was born and died in Kiev, descendant of a German family sworn to the Russian Empire. His father, privy councilor (since 28 March, 1904) Karl-Ferdinand Zivert (6 May 1843 –after 22 August 1917) was a remarkable figure in the history of the intelligence service and Russian censorship. He was born in Byałystok, left gymnasium just after 4 years of studies and started his labor career at Wilno (Vilnius) as a junior telegrapher. Later he worked as an interpreter for local administration and as a post official at Wilno, Kowno (Kaunas), Grodno; and on the top of his career became a chief of the "Black Cabinet" (censorship and intelligence service division) at the Kiev Communication District. His main job was to organize a secret perusal of letters. A skillful investigator, he invented the unique device to read letters secretly without leaving a trace, introduced a special system of secret letter exchange with doubled and even tripled envelopes and was associated with infiltration of the mail of diplomats and state officials, for example before and after the assassination of Prime Minister P. N. Stolypin in Kiev (1911). For his merits in 1898 he was awarded the Order of St. Vladimir (4^{th} degree) and attained hereditary nobility status for himself and his family by the Tsar's edict of 12 February 1901 [4]. After the fall of the Empire, at the end of such a long and successful career of a scout and censor (March, 1917) he was accused by local commissars of the Provisional Government of being a double (Russian-German) agent, although justified. The case was dismissed, however, in August, 1917 the new authorities of the Russian Republic rejected his application for a pension equal to his salary (2400 rubles per year), which he based on privileges guaranteed by old law [4–5]. K. F. Zivert married Johanna-Ludwiga-Emilia Dreyer. They had 4 sons and 2 daughters. Alfons Zivert was the senior to his 3 brothers (Pavel, Erich and Richard) and 2 sisters (Elena and Gertruda). One of his brothers — Erich Karlovich Zivert — inherited the father's occupation. After graduation from gymnasium he also became a post official, censor and was involved in secret post infiltration. As an officer of the Russian Army, during World War I E. K. Zivert was mobilized and fought in Galicia. In June, 1915 he was captured by the Austrians. His later fate is unknown [4–5]. The elder son of Ziverts, Alfons-Ferdinand Julius Zivert, chose a medical career. He studied

Medicine at the Emperor's St. Vladimir University at Kiev, successfully graduated from this prestigious school (20 September 1899) and was admitted to the Clinic of Propedeutics as an "supernumerary intern" (22 February 1903), also being a practitioner at the local private clinic of K. E. Wagner. The therapeutic school in Kiev was at that time one of the strongest in Europe. Its leading figures were: the first to account for the various clinical forms of myocardial infarction: Vasiliy Parmenovich Obraztsov (1849–1920) and Nicholay Dimitrievich Strazhesko (1876–1952); an outstanding internist Theophil Gavrilovich Yanovskiy (1860–1928), an inventor of quantitative urine analysis, renown internist and homoeopathist Anton Fomich Kakovskiy (1871–1953), and many others. All these brilliant clinicians were contemporaries, teachers and/or colleagues of A. K. Zivert, who had the pleasure of working closely with them. In that period there were many ethnically German Russian scholars among the faculty members. June 1, 1903 Zivert was officially staffed at the University clinic for 2 years (for preparation of his doctoral thesis with perspective of professorship). After defending the thesis and staging abroad (see below) in 1909 Zivert became Privatdozent (Adjunct Associate Professor) of Internal Medicine Department at St. Vladimir University. Since 18 January 1909 till 1912 he served as a military doctor of Kubanskiy and later — of Mirgorodskiy infantry regiments, in the end of his military service he was Chief Physician of the 12th Clinic of Internal Medicine at Kiev Clinical Military Hospital [6–8]. Finally from 1920 to 1921, he achieved the position of the Chairman of the Internal Medicine Department at his alma mater.

A paper which immortalized his name was published quite early, in 1902, when the doctor was 30 years old and had not yet any academic appointments. A. K. Zivert published in a national weekly medical periodical (*Russkiy Vrach* ("The Russian Physician")) at Saint Petersburg a description of the case of a young man with sinusitis, congenital bronchiectasis and situs inversus viscerum [9], later this original Russian paper was republished in Germany [10]. This later German version of his article is referred to by Western specialists as the first description of the Siewert-Kartagener triad [2–3], although in fact it was published by Zivert in Russian 2 years earlier. He defended his doctoral thesis (17 May 1906) and on this basis published a monograph in Toxicology [11]. As a toxicologist, Zivert experimentally studied the effects of various alcohols (ethanol, methanol, fusel oil components), especially on isolated heart function [12]. We can conclude that, like other leading physicians of that era, he was not merely a medical practitioner, but also was engaged in natural science, or as we would say today "Biomedicine". Moreover, it was a kind of "Translational Medicine" of that period, if one will use the modern term: After publication of experimental data he published one more clinical article on the subject correlated to laboratory findings under the noteworthy title: "The therapeutic value of alcohol" [13]. As it was commonly accepted among young Russian doctors and researchers of the time, he received a governmental scholarship for overseas internships and during 1906–08 studied in Germany for professional improvement. While being in Germany, he published together with the well known pharmacologist Wolfgang Huebner a paper in experimental Strophanthinum intoxication of isolated heart [14]. This article (fig. 1) was published in a special issue of *Archiv für experimentelle Pathologie und Pharmakologie* among the selected papers of the most outstanding biomedical scientists of Europe, dedicated to the 70th anniversary of Oswald Schmiedeberg (1838–1921), patriarch of pharmacology and leading researcher of cardiac glycosides, whose life and career were closely related to Russian Empire (he was born in Talsy, Courland, graduated from Yurievskiy



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Aus dem pharmakologischen Institut der Universität Berlin.

Über Druckmessung im Herzen, insbesondere bei Strophantinvergiftung.

Von

A. von Siewert, Kiew und W. Heubner.

(Mit 2 Abbildungen).

I.

Die altumstrittene Frage nach Ursache und Bedeutung des negativen diastolischen Drucks im Herzventrikel [1]) hat seit einigen Jahren neues physiologisches und speziell pharmakologisches Interesse gewonnen durch Auffindung der Tatsache, daß Substanzen der Digitalingruppe bei Applikation auf der Außenfläche des Herzens eine Neigung zu diastolischer Stellung und schließlich diastolischen Stillstand hervorrufen, also gewissermaßen das Gegenteil von dem, was sie bei innerer Applikation bewirken [2]). Es kann keinem Zweifel unterliegen, daß diese Tatsache die Annahme einer diastolisch aktiven Muskelfunktion wieder sehr diskutierbar macht.

Goltz und Gaule [3]), die zuerst unzweifelhaft feststellten, daß bei größeren Hunden der Druck im Ventrikel während jeder Herzrevolution stark negativ wird, glaubten diese Sangkraft des Herzens allein mit der Elastizität seiner Wände nach Analogie mit einem starkwandigen Gummiball erklären zu können. In der Tat sprechen die Versuche von Fick [4]) dafür, und auch wir konnten uns über-

Über Druckmessung im Herzen, insbesondere bei Strophantinvergiftung. 497

zeugen, daß eine elastische Sangkraft des Herzventrikels existiert; ob die ganze Druckerniedrigung während der Diastole auf elastische Kräfte zurückzuführen ist, möchten wir jedoch noch dahingestellt sein lassen.

Unser Interesse richtete sich nun vor allem darauf, welchen Veränderungen der negative diastolische Druck im Herzen während der Vergiftung mit Substanzen der Digitalingruppe unterliegt. Dazu erschien es uns nach einigen vorläufigen Versuchen zweckmäßig, die Methode von Goltz und Gaule derartig abzuändern, daß in bequemer Weise nebeneinander der maximale, der minimale und der mittlere Druck im Herzen beobachtet werden konnten.

Methode.

Ein Kymographion wurde mit 2 Quecksilber-Manometern beschickt, die so fixiert wurden, daß ihre beiden Federn beim Einstellen auf die Nullinie genau denselben Punkt zeichneten; die Spitzen der beiden Federn standen also genau übereinander, und sie trafen nur deshalb nicht zusammen, weil der in beiden Manometern herrschende Druck während des Versuchs stets verschieden war.

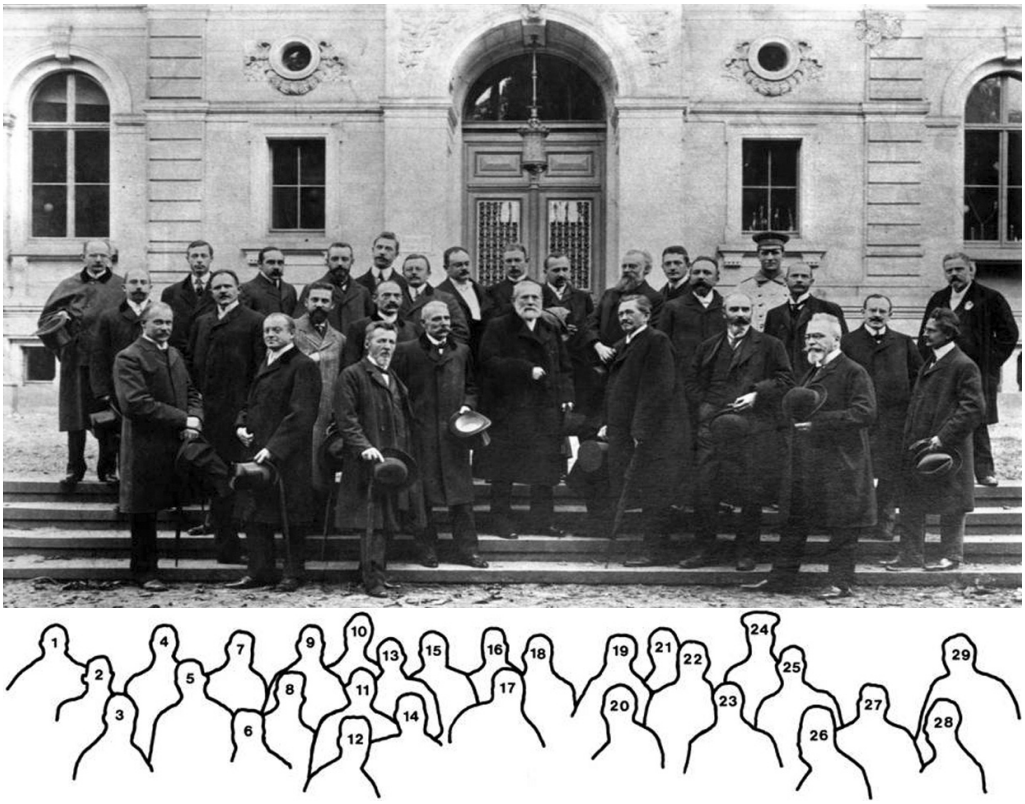
Fig. 1.

(1. Stellung des Dreiweghahns.)

Die beiden Manometer wurden mit der folgenden Anordnung in Verbindung gesetzt (siehe Figur 1): das eine Manometer führte zu einem T-rohr, dessen beide Schenkel mit den beiden Schenkeln eines Dreiweghahns (Ha) verbunden waren, und zwar das eine direkt, das andere mit Zwischenschaltung eines Ventils (Va). Das andere Manometer führte zu einem zweiten Ventil (Vi), das jenseits in die Verbindungsröhre des Ventils Va mit dem Dreiweghahn mündete. Beide Ventile waren entge-

Fig. 1. Facsimile of the first pages of the article by A. von Siewert & W. Huebner from selection book devoted to jubilee of O. Schmiedeberg [14]

University, Livonia and taught at this school for some time, having in Russia many pupils). Fig. 2 represents a group of contributors into this remarkable selection book, among them: O. Schmiedeberg himself (N 17) and also creator of first animal model of diabetes mellitus — Oskar Minkovski (N 26), pioneer of ultraviolet rickets prevention — K. Huldschinsky (N 24), prominent Russian pathophysiologist, creator of the first immunopathological animal model of glomerulonephritis — V. K. Lindemann (N9). We can see among them Zivert's co-author from Berlin — W. Huebner (N6) [15]. Such a bright company may give witness to the considerable scientific weight of Zivert's studies, indeed he had renowned teachers and eminent co-author. Zivert also studied the Physiology of blood pressure, which was a frontier of medical science in the time of his research [16] and uric acid excretion in relation to various diets. The data of his research he published in Russian, German and Polish literature [17–19]. That's why Zivert's name was a subject of some confusion in modern medical citations: it is spelled differently in English and in original Russian, Polish or German texts. To appreciate the academic influence and level of his studies, one needs to know that it was A. K. Zivert, whom 4th National Congress of Russian Internists invited as a speaker in Cardiology (1912). His presentation about active mechanisms of cardiac diastole was quite remarkable, because it presented the idea that energy is used by myocardium not only for contraction, but also for relaxation, a statement that sounds pretty modern even in our time, when the necessity of ATPase for the withdrawal of excessive free calcium from diastolic cardiomyocyte sarcoplasm has been demonstrated. He republished its revised version later in Germany and signed it "Professor A. Siewert" [20], and this late paper (1 December, 1922) was probably his last, or even posthumous one.



1 von Recklinghausen jr.; 2 Reeb; 3 **Cloetta**; 4 **Wallace**; 5 Siegert; 6 **Heubner**; 7 Fetzer; 8 **Herlant**; 9 **Lindemann**; 10 **Faust**; 11 **Kobert**; 12 **Meyer**; 13 **Fühner**; 14 **Cervello**; 15 **Straub**; 16 **Jacobj**; 17 **Schmiedeberg**; 18 Spiro; 19 Hofmeister; 20 **Harnack**; 21 Muffat; 22 **Heffter**; 23 **Cushny**; 24 Huldschinsky; 25 His; 26 Minkowski; 27 **Gottlieb**; 28 Bethe; 29 Zinck

Fig. 2. The leading biomedical scientists of Europe, contributors of academic selection book during selebration of Oswald Schmiedeberg's 70th anniversary (Strasbourg, 1908). See explanations in text [15]

Alfons Karlovich Zivert was also skillful clinician and gifted clinical teacher. On return from abroad to Kiev, from 13 January 1909 he lectured an Introduction into Internal Medicine, which always was (and still is) a fundamental course for physician's skills and medical professionalism. In Russian higher medical schools this introductive course traditionally is named "Propedeutics". Hence, he published a lot of methodological articles in this field, mostly related to physical examination or functional diagnosis in Gastroenterology, for example he described a rare vascular murmur over the liver and was one of the forerunners in gastrotonometry [21–23].

Dr. A. K. Zivert married the Yulia Vladimirovna Puhal'skaya, daughter of an eminent Russian musician and art historian Prof. V. V. Puhal'sky, Director of the Kiev Imperial Conservatory. They had 2 sons (Vladimir and Georgiy) and daughter Maria (born 31 March 1904). All the family belonged to the Orthodox religion. Their elder son, Vladimir Alfonsovich Zivert (4 July 1902 — 7 May 1938) lived a dramatic life, stressful for his parents. He graduated from gymnasium at Kiev in 1919 and entered St. Vladimir's University as a student of Law faculty. From 1917 he was deeply involved in revolutionary events, and became a member (1917), later secretary (May, 1918) and one of the leaders of monarchist

Union of South-Russian Youth, opposed both to Bol'sheviks and to Ukrainian nationalists (1917–1919). He was in a military organization of this Union named "Our Motherland" (from November, 1918), although he did not take part in the battles of Civil War directly. A gifted speaker and organizer, he was anti-Soviet activist. Vladimir Zivert joined in public performances, concerts and took part in collecting of donations for the "Union". In May, 1919 the Bolshevist Cheka arrested him. But soon, through the intercession of his father, a skillful physician who possessed some influence in post-revolutionary Kiev (which was suffering from flu and typhus epidemics), the junior Zivert was liberated, although his case was not dismissed. Later Vladimir graduated from the Kiev Institute of Foreign Relations and worked as a lawyer.

All the dramatic events of the First World War and Civil War, of course, did not improve Dr. Zivert's health, historical shocks struck his father, junior brother and finally his son severely. In 1922 Professor A. K. Zivert died on the 50th year of his life. Without any doubts, this bright and fruitful representative of the Kiev therapeutic school, "standing on the shoulders" of domestic and foreign medical giants, had huge potential for a subsequent profound impact in Medicine, but the calamities of the time shortened his life. After 1922 his son Vladimir had to work as a locksmith, not able to be employed in accordance with his qualifications. Even his junior sister Maria had to work as a driver in order to support family after her father's death. At the beginning of 1929 Vladimir again was imprisoned for the same episode of belonging to a tsarist organization. In October, 1929 he was exiled to the Siberian town of Minusinsk, where he had to stay until 1932. In 1932 he returned and until 1937 again worked in Kiev as an auditor of regional financial supervision. But in 1937, with new wave of repressions in the USSR, he was once more removed from Kiev to the town of Nezhin. On 13 February 1938 Vladimir Zivert was arrested and accused of being a member of an anti-Soviet clerical pro-fascist organization. Later he was imprisoned in a GULAG in the northern Autonomous Republic of Komi. On the 28 April 1938 he was sentenced to death and shot 9 days later [24–26].

The figure of A. K. Zivert and analysis of his creative activity and biography may point towards some very important factors promoting rapid and fruitful development of theoretical and practical Medicine in the Russian Empire. Russian physicians were not separated from the European medical community. Broad contacts between Russian physicians of that period and their Western colleagues were free from any linguistic, economical, political, or bureaucratic restrictions. According the data of the National population census of 1897, 14 % of people in the Russian State (which had its borders spread far to the West compared with their current positions) were of Catholic or Lutheran origin. In Russian cities many teachers, physicians and university professors were ethnic Germans, Austrians, French, Swedes, Finns, and Poles, a few of them — English, Italians, Dutch — all having roots abroad. They tightly and fruitfully interacted with other Russian physicians and medical teachers [26–27]. Almost every graduate of medical school in Russia of that period spoke fluently at least one foreign language, learnt in childhood, but typically medical doctors were polyglots. The social and economical status of the Russian physician or university teacher was prestigious, stable and high enough to travel abroad [28–29]. Moreover, all best graduates of Imperial Universities could rely upon state support of their long academic visits to best medical labs and schools of Europe. And they were welcomed there: no visas required, Russian school and university diplomas in Germany were validated automatically, many foreign medical graduates worked in Russia — so, the way of

Dr. Zivert to the top stratum of European Medicine was quite typical for that epoch. This system and principles of zemstvo medicine established for Russia the most rapid decrease of mortality rates in its history [30] and brought 2 Nobel Prizes in Medicine for the first 9 years of its assignment. And it could bring much more, but everything was gone with the wind of wars and revolutions. It is reflected in the fate of Zivert's family, like in a small piece of a broken mirror…

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