

The history of the formation of Soviet cardiology as an independent scientific discipline and medical speciality, and the role of cardiac surgery in this process

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Abstract. The emergence of cardiology in the USSR in the second half of the 20th century is analyzed. Its key, discipline-defining factors were: the presence of prominent leaders in domestic therapy, heading the field at the Department of Internal Medicine; the creation of specialized cardiological research institutions (the All-Russian Society of Cardiology and the All-Union Society of Cardiology); the journal “Cardiology”; and the solving of a number of major theoretical and practical problems by Soviet cardiology. This process can be divided into two stages: the 1950s and 1960s, during which cardiology formed as a scientific and training discipline; and the 1970s and 1980s, when it became a recognized medical specialty. The founder of cardiology as an independent clinical discipline was A.L. Myasnikov, and the founder of cardiology as a medical specialty was E.I. Chazov. One of the important factors that influenced the formation of domestic cardiology during this period was the emergence in the 1950s and subsequent further development of surgical methods of diagnosis and treatment of defects and heart disease. Since the 1990s, surgical treatment of heart disease has become widespread in medical practice; at the junction of cardiology and cardiac surgery, endovascular treatments for diseases of the heart and blood vessels have emerged and developed.

Keywords: history of medicine, cardiology, cardiac surgery, stages of the USSR cardiology development

For quotation: *Borodulin V.I., Glyantsev S.P., Topolyanskiy A.V. The history of the formation of Soviet cardiology as an independent scientific discipline and medical speciality, and the role of cardiac surgery in this process. History of Medicine. 2015. Vol. 2. № 3. P. 277–284.*

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The second half of the 20th century is characterized in the modern world by the process of urbanization, high levels of incidence of illness, disability and death from cardiovascular diseases, the achievements of the scientific and technological revolution, in particular the associated rapid development of the theoretical and methodological basis for clinical medicine, and the rapid growth of the pharmaceutical and

medical industries. Clinical science’s leaders and organizers, groups led by them, and their successful scientific developments dealing with major problems in heart disease and blood vessels, led to the introduction of national cardiology as an independent clinical discipline. The authors believe that the rapid development of national cardiac surgery should also be included among those factors have had a significant impact on the formation of cardiology in the period under review. In the first half of the 20th century, cardiology and surgery of the heart and vessels developed as important research areas in clinical medicine, in

Received: 31.03.15

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correspondingly parallel fashion in the framework of medical and surgical clinic practice, without crossing over. Since the 1950s, changes in surgery began to exert a direct and increasing influence on the development of cardiology.

The development of cardiology in the USSR in the 1950-1980s

Cardiology as a new area of medical knowledge in the USSR originated in the 1920-1930s, but its isolation from the clinical practice of internal medicine into an independent scientific and academic discipline and medical specialization took place only in the second half of the 20th century. Markers of cardiology's institutionalization as a new scientific and teaching discipline and medical specialization were as follows: the presence in the country in the 1940-1950s of the brightest leaders capable of formulating new ways to research, form creative research teams and concentrate their efforts on critical areas; the occurrence (mostly in the 1960s) of specialized research institutes and clinics (due to the authority and energy of these leaders who overcame all the organizational period's difficulties and complexities); the establishment in the early 1960s of scientific societies and specialized magazines, the beginning of regular cardiology congresses and scientific conferences; solving major scientific problems in the diagnosis and treatment of heart disease; the creation of the USSR cardiology service.

The work of Alexandr Leonidovich Myasnikov (1899–1965) – a student of G.F. Lang, one of the leaders of Soviet internal medicine in the 1920–1940s – played a crucial role in the institutional formation of domestic cardiology. In 1948, having been elected a member of the Academy of Medical Sciences (AMS) of the USSR, Professor Myasnikov led the academic Institution of Therapy, which was created in 1944-1945 by full member of the Academy of Medical Sciences of the USSR V.F. Zelenin. Myasnikov was simultaneously elected head of the Department of Hospital Therapy at The 1st Moscow Medical Institute (MMI). It was under his leadership of the USSR Academy of Medical Sciences Institute that the fundamental problems of cardiology at the time – atherosclerosis, hypertension, chronic and acute coronary insufficiency – began to be worked on.

In 1954, Myasnikov published the monograph "Hypertensive heart disease," which developed Lang's idea of the neurogenic nature of the disease. It specified its clinical manifestations and treatment approaches, and detailed proposals by his teacher for the classification of the disease. In 1960, in the monograph "Atherosclerosis" Myasnikov made significant amendments to N.N. Anichkov's classical cholesterol theory for the origin of atherosclerosis, adding to it a neurometabolic character. According to his ideas, the basis for atherosclerosis is both neurogenic disorders of lipid metabolism, as well as violations of the structure and metabolism of the vascular wall. It was Myasnikov who first proposed and developed the concept of common origin ("natural history", "unity in the general biological and social relations") of hypertension, atherosclerosis and coronary circulation insufficiency – "a severe triad of diseases, affecting humanity today to the greatest extent," the teaching of which is included in his third fundamental work published in 1965 entitled "Essential hypertension, and atherosclerosis" [1]. In the same year, Myasnikov was awarded the "Golden Stethoscope" (he was the only Soviet cardiologist to receive the award) – the highest award of the International Heart Foundation – for his world-class research and the results in this area. E.I. Chazov, Z.M. Volynsky, N.N. Kipshidze, N.M. Mukharlyamov, N.R. Paleev, V.S. Smolensky, I. K. Shkhvatsabaya and others belong to the scientific school of cardiology that he created.

In 1967, on the initiative of Professor Chazov, who had been appointed director of the Institute of Therapy at the USSR Academy of Medical Sciences in 1965, the institute was redeveloped and renamed as the A.L. Myasnikov Institute of Cardiology, Academy of Medical Sciences of the USSR. It was not the first Cardiology Research Institute in the country: the first Soviet specialized Institute for Clinical and Experimental Cardiology was founded back in 1946 in Tbilisi; in 1957 it received the name of its founder and first director, academic of the Academy of Sciences of the Georgian SSR, Professor M.D. Tsinamdzgvrishvili. In 1961, in Yerevan, on the basis of the cardiology division of the Institute of Physiology, the Institute of Cardiology at the Academy of Sciences of the Armenian SSR was opened, and in 1972

it received the name of its founder and first director – academic of the Academy of Sciences of the Armenian SSR, Professor L.A. Oganessian. Later, there were other scientific research institutes of cardiology, among them: the N.D. Strazhesko Scientific Research Institute of Cardiology at the Academy of Medical Sciences of Ukraine in Kiev (on the basis of the N.D. Strazhesko Ukrainian Institute of Clinical Medicine) and the Institute of Cardiology at the Health Ministry in Leningrad, created in 1980 on the initiative of Professor V.A. Almazov (in 2006, this institution was redeveloped and renamed the Federal Center of Heart, Blood and Endocrinology, named after its first director – academic Almazov).

The All-Russian Scientific Society of Cardiology was established in 1962 in Moscow. Its chairman was E.E. Fromgold's student, the head of the department of propaedeutics internal medicine at the pediatric faculty of The 2nd MMI, Professor Alim Matveevich Damir (1894-1982). The First All-Russian Congress of Cardiology was held in 1968 in Voronezh.¹ In 1963, the All-Union Society of Cardiology was organized, uniting the Republican Society of Cardiology, becoming the Soviet Union's representative in the International and European Associations of Cardiology. Its founding conference took place on February 1, 1963, in Leningrad. It was assumed that Myasnikov would be elected chairman of the society; it was on his initiative that the conference was prepared. However, the Ministry of Health in coordination with party authorities nominated P.E. Lukomsky. The subsequent events were described by Chazov: "A good doctor, previously the main therapist at the Ministry of Health and Kremlin's Medical-Sanitary Department, professor of The 2nd Moscow Medical Institute, actively working on the problems of cardiovascular diseases, [Lukomsky] could not, of course, compete with such a leader in cardiology recognized by the international cardiology community as Alexandr Leonidovich [Myasnikov]. In only one way was Pavel Evgenyevich [Lukomsky] superior to Alexandr Leonidovich [Myasnikov] – he was a

member of the Communist Party... Contrary to their opinion (not to mention conscience), many delegates, while behind the scenes expressing their dissatisfaction with the situation, publicly supported the proposal of the Ministry of Health to elect Lukomsky. Among them were former students of Alexandr Leonidovich [Myasnikov]. I saw how he suffered the betrayal of those closest to him. Naturally, in this situation, he withdrew his candidacy and proposed to elect Lukomsky. Thus he was elected the first chairman of the [All-Union] Society of Cardiology, which became [after Myasnikov's demise in 1965] the leader of cardiology in the country..." [2]

Professor Lukomsky (1899-1974), a student of D.D. Pletnev, from 1953 headed the Department of Hospital Therapy at The 2nd MMI. His main works were devoted to the pathogenesis, diagnosis, prevention and treatment of atherosclerosis and acute myocardial infarction (AMI). Lukomsky's first work was published in 1925 and dealt with in vivo diagnosis of coronary thrombosis. His last work was published in 1974 and was devoted to the pathogenesis of acute myocardial infarction. He wrote the first Soviet work on the role of chest leads with electrocardiogram in the diagnosis of acute myocardial infarction (1938). In 1943, Lukomsky's monograph "Electrocardiogram in diseases of the myocardium" was published. In 1957, at the 14th All-Union Congress of Physicians, Lukomsky in conjunction with E.M. Tareev presented material about clinical practice, diagnosis and treatment of acute myocardial infarction based on the observation of 1,000 patients. His keynote presentation at the 2nd All-Union Congress of Cardiology in 1973 was devoted to the pathogenesis of myocardial infarction and its complications (cardiogenic shock, cardiac arrhythmias, and conduction). Under Lukomsky's leadership new treatments were tested for various forms of coronary heart disease (CHD) and their complications – thrombolytic therapy for acute myocardial infarction, antithrombotic therapy for unstable angina, the use of propranolol and verapamil with stable angina, and furosemide and spironolactone in heart failure. Lukomsky trained a plethora of well-known cardiologists, among whom were Y.B. Belousov, N.A. Gratsiansky, E.I. Zharov, V.A. Lusov, L.A. Myasnikov, R.G. Oganov, L.L. Orlov, B.A. Sidorenko and others [3].

¹ Official site of the All-Union Scientific Society of Cardiologists. Available at: http://www.scardio.ru/about_vnok/about/default.asp

As regards the organization of the first Soviet journal of cardiology, according to the memories of Chazov, “the journal *Cardiology* was largely the scientific and organizational ambition of my teacher, Myasnikov, who, unlike his competitors – V.N. Vinogradov (chief editor of *Therapeutic Archives*), V.Kh. Vasilenko (chief editor of *Clinical Medicine*) and Tareev (chief editor of *Soviet Medicine*²), did not have “his” magazine. An important role was played by his friend, Paul White³ who convinced Myasnikov to create a cardiology journal and a cardiology society in the Soviet Union. It was his letter that Myasnikov attached to his appeal to the Ministry of Health – it played an important role in the creation of the journal *Cardiology*; Myasnikov was its first editor-in-chief” [2].

The separation of cardiology from general therapeutic clinical practice at the beginning of the second half of the 20th century contributed to the successful development of its methodological framework. In addition to the improvement of the clinical, histological, physiological (functional), radiographic and electrocardiographic methods for studying the cardiovascular system, an important role was played by histochemical and electron microscopy techniques, which allowed the relationship between structure and function of the heart at the subcellular and molecular levels to be studied; also, invasive methods introduced by surgeons into cardiology greatly increased the diagnosis and treatment of diseases and heart defects.

A change in the treatment policy for AMI played a special role in the development of cardiology at this stage. Its revision began in the late 1950s on the initiative of academic Vinogradov and his collaborator Professor V.G. Popov. The theoretical justification for this was the understanding of the pathogenesis of the disease as a chain of pathological processes unfolding over a greater length of time than previously imagined. It became apparent that patients with AMI should be hospitalized as soon as possible after symptoms’ onset (and not in 10 days’ time, as in accordance with the instructions of the time), because without skilled care, many patients died

during the first hours after a coronary thrombosis. The idea of the need for cardiac emergency teams was expressed for the first time by Professor B.P. Kushelevsky in 1956 at the 14th All-Union Congress of Physicians [4]. In 1959, the USSR Ministry of Health issued an instruction according to which AMI patients could be hospitalized at any period of time after the start of an attack. Soon, under the leadership of Popov, in one of the wards of the therapeutic department of the clinic of faculty therapy at I.M. Sechenov First Moscow Medical Institute, patients began being treated in the first days or even hours after the onset of AMI. This “collapse” department (as it was then called) became the first infarct department in the country with an intensive care unit [5]. Following this, specialized departments for the treatment of patients with AMI were established at the Therapy Institute at the USSR Academy of Medical Sciences (Chazov) and other institutions with a similar profile⁴.

In the 1960s, a multi-tiered system of organizing medical care for AMI was formed, including specialized ambulance services for the pre-hospital stage, and intensive care units, followed by treatment in specialized departments of hospitals and rehabilitation centers or spas for patients with myocardial infarction. In 1969, professors Vinogradov, Kushelevsky, Lukomsky, Chazov and Z.I. Yanushkevichus were awarded the USSR State Prize for the development of new methods and the organization of treatment for patients with AMI.

The leading direction of treatment for patients with AMI in the 1970s was thrombolytic therapy. On June 5, 1974, Chazov together with co-workers, for the first time in the world, after analyzing the state of the blood fibrinolytic system with acute violation of coronary circulation, introduced a fibrinolytic agent to patients with AMI in the “infarcted” coronary artery. In 1976, their article about intracoronary thrombolysis using fibrinolysin was published [6]. That year is considered the birth of thrombolytic therapy for acute coronary insufficiency. In 1980, Soviet cardiologists’ achievement was awarded the Lenin Prize.

² E.M. Tareev was deputy editor of the magazine.

³ Paul Dudley White (1886-1973) was a highly prominent US cardiologist.

⁴ The official website of the Russian Cardiological Research and Production Complex. History of Cardiology. [Electronic resource]. Available at: <http://www.cardioweb.ru/history>

By the 1970s, specialized departments of cardiology were divided from the therapy departments at postgraduate medical institutes. The start of systematic training for cardiology staff began in 1969 with the establishment of the first chair of cardiology at Novokuznetsk (G.A. Goldberg), Leningrad (M. S. Kushakovsky) and Kiev (A.L. Mikhnev) postgraduate medical institutes. In 1976, after the creation of the All-Union Cardiology Research Center (VKNC) Academy of Medical Sciences of the USSR (1991-1997 – Cardiological Research Center) on the initiative and under the leadership of Chazov, the A.L. Myasnikov Institute of Cardiology joined into its composition as the Institute of Clinical Cardiology, together with the Institute of Experimental and Preventive Cardiology, with a view to an integrated development of methods and means of combating cardiovascular disease. In 1997, the Cardiology Center was transformed into the Russian Cardiological Research and Production Complex at the Ministry of Health, which was headed by academic Chazov.

Chazov, combining leadership of VKNC with work as a deputy minister in 1968-1986 and in 1987-1990 as minister of health, and having become the leading domestic cardiologist after Lukomsky, completed the cardiology service's organization in the Soviet Union. Minister of Health B.V. Petrovsky's order No. 1038 of October 30, 1978, introduced the specialization "cardiologist" into the range of medical specializations in the USSR and approved the provisions for cardiology clinics, cardiology departments for hospitals, and cardiorheumatologists' rooms in medical clinics. Overall, by the end of the 1980s, the country has created a harmonious system to help cardiac patients.

The role of surgical diagnosis and treatment methods in the development of Soviet cardiology in the 1950-1980s

In the first half of the 20th century, therapeutic clinical practice and surgery approached heart disease from two sides. Soviet therapists (Pletnev, Lang, Strazhesko, Zelenin and others) developed traditional diagnosis and conservative treatment of heart disease, and physiologists and surgeons (S.S. Bryukhonenko, N.N. Terebinsky, N.P. Sinitsyn and others) were looking for approaches to diagnosis and treatment

using invasive methods. From the late 1940s, the separation of heart (cardiological) surgery from thoracic surgery began to exert an important influence on the development of cardiology: surgeons began to treat and cure patients who therapist-cardiologists could not cure.

The founder of national cardiac surgery is considered to be Alexandr Nikolaevich Bakulev (1890-1967), who after the death of his teacher, academic S.I. Spasokukotsky, led the Department of Faculty Surgery at The 2nd Moscow Medical Institute in 1943. As one of the leaders of Soviet lung surgery, Bakulev in 1948 performed the first operation for congenital heart disease in the USSR, and in 1952 he performed the first surgery for acquired defects, thus turning a new page in national cardiology. In 1953, E.N. Meshalkin, a student of Bakulev, defended his doctorate dissertation in angiocardiology, initiating the beginning of invasive diagnostic methods for heart disease in the USSR. In January 1955, at the 16th Congress of the Union of Surgeons, chaired by Bakulev, surgery for heart defects was discussed for the first time in the nation's medical history. In the summer of the same year, Bakulev and Meshalkin published guidelines on surgery for congenital heart disease [7].

In September 1955, the Council of Ministers of the USSR issued a decree to open in 1956 the specialized Institute of Thoracic Surgery at the Academy of Medical Sciences of the USSR on the basis of surgical units of the 1st City Hospital, which housed Bakulev's department. In March 1956, in this institute, the theme "Surgery of the heart and major vessels" became one of the planned research topics, and a cardiac surgery department (head – S.A. Kolesnikov) and a cardiology department were established. From 1957, the Institute of Thoracic Surgery began to regularly organize scientific sessions – the forerunners of future cardiac conferences and congresses. In the same year, academic Bakulev was awarded the Lenin Prize "for the organization of scientific research on acquired and congenital diseases of the heart and major vessels, the development of methods of surgical treatment and their introduction into practice at medical institutions". In 1958, the "Surgical treatment of mitral stenosis" guide for physicians was published under his editorship [8]. In 1961, the Institute of Thoracic Surgery

was restructured, redeveloped and renamed the Institute of Cardiovascular Surgery at the Academy of Medical Sciences of the USSR (from 1967 named after Bakulev). Bakulev's school in the field of heart surgery can count the following of his students among its members – academics Meshalkin, V.S. Savelyev, Y.Y. Bredikis and K.T. Tadjiev. The academics V.I. Burakovsky, V.A. Bukharin and G.A. Ryabov, professors S.A. Kolesnikov, I.A. Medvedev, Y.S. Petrosyan, V.S. Rabotnikov and other well-known surgeons can also be considered its members [9].

P.A. Kupriyanov and F.G. Uglov (Leningrad), A.A. Vishnevsky and Petrovsky (Moscow), Meshalkin (Novosibirsk), N.M. Amosov (Kiev), and B.A. Korolyov (Gorky, present-day Nizhny Novgorod) can also be considered pioneers in the development and implementation of surgical methods of diagnosis and treatment in cardiology. Academic of the USSR Academy of Medical Sciences Burakovsky, a student of Kupriyanov, Vishnevsky and Bakulev, was the leader of Soviet cardiosurgeons in the 1970-1980s and director of the A.N. Bakulev Institute of Cardiovascular Surgery. In addition to Bakulev, winners of the Lenin Prize for the development and implementation of surgical methods for the diagnosis and treatment of heart disease included Amosov, Vishnevsky, Kupriyanov, Meshalkin, Petrovsky, and Uglov. Professors Damir, V.Kh. Nezhlin, L.M. Fitileva, N.S. Buslenko, G.G. Gelshteyn contributed to the creation of cardiology services in cardio-surgery clinical practice. M.A. Ivanitskaya became the founder of cardio-radiography; Y.L. Rapoport – cardiomorphology; V.P. Smolnikov, V. A. Kovanev and T.M. Darbinyan – cardioanesthesiology and cardio-intensive-care medicine.

In 1955, heart surgery using hypothermia (Kupriyanov) began in the Soviet Union. In 1957, the first surgical intervention took place using cardiopulmonary bypass (Vishnevsky). In 1961, operations began using prosthetic heart valves (Kolesnikov) and surgical intervention in complex congenital heart diseases of older children (Burakovsky and Amosov). In 1964, the country's first operation on a six-month-old baby with a heart defect was performed (Burakovsky). In was in those years that the production of mechanical heart valve prostheses began for the treatment of acquired heart disease in Kirovo-Chepetsk.

In the early 1960s, Soviet surgeons started to treat cardiac arrhythmias. The first implantation of domestic external and implantable pacemakers was conducted by Bredikis (1961) and Savelyev (1962).

In the mid-1960s, surgeons “crossed the Rubicon” in solving the problems of chronic coronary insufficiency. In an atmosphere of distrust concerning the possibilities for surgical treatment of coronary insufficiency (the Plenum of the All-Union Society of Cardiology held in Leningrad in 1967 under the chairmanship of Lukomsky concluded that coronary surgery lacked prospects), Professor of Surgery at The 1st Leningrad Medical Institute V.I. Kolesov performed a suture mammaro-coronary anastomosis (MCA) for the first time in the world on February 25, 1964, thus beginning the era of treating coronary heart disease using direct myocardial revascularization methods. On February 5, 1968, Kolesov performed the world's first myocardial revascularization with a patient seven hours after the onset of AMI; in May of the same year it was performed on patients with unstable angina; and after four years patients with AMI were operated upon after being revived from a state of clinical death. The success of surgical treatment for heart diseases and ischemic heart disease was evident.

Through the development of electrophysiological methods of research in the early 1980s in the Soviet Union, the first surgery for tachyarrhythmias was conducted. The first such operation was performed in 1981 at the A.N. Bakulev Scientific Center of Cardiovascular Surgery by Professor L.A. Bokeria, a student of Burakovsky, on a patient with Wolff-Parkinson-White syndrome [10].

The establishment of a cardiac surgery department in a therapeutic institution (VKNC AMS USSR) in 1984 was evidence of the integration process of cardiology and cardiac surgery. The department was headed by a student of V.S. Krylov, Professor R.S. Akchurin. Most known heart operations are performed in this department now, but the main focus is the surgical treatment of ischemic heart disease and its complications. Several cardiology units functioned in the world's largest cardiac surgery center, the A.N. Bakulev Scientific Center of Cardiovascular Surgery; cardiology became

a full-fledged member of the cardiac surgery community.

**Instead of a conclusion: the fourth stage
in the development of cardiology**

The process of separating cardiology from the clinical practice of internal medicine in the USSR and its formation as an independent clinical scientific and training discipline and medical specialization was completed by the 1990s. By this time, an extensive cardiological and cardiac-surgery care service had been created in the country. This process can be divided into two stages: the 1950s and 1960s, during which cardiology formed as a scientific and training discipline; and the 1970s and 1980s, when it became a recognized medical specialty. The founders of cardiology as a leading field in the framework of internal medicine in the Soviet Union (first half of the 20th century) were Pletnev and Zelenin (Moscow), Lang (Leningrad), Strazhesko (Kiev), and Zimnitsky (Kazan). The founder of cardiology as an independent clinical discipline (in the second half of the 20th century) was Myasnikov, the founder of cardiology as a medical specialization was Chazov. The coming together of cardiac therapists and cardiac surgeons contributed to the success of cardiology in general and led to a decisive review of medical tactics for the major forms of cardiovascular disease.

From the 1990s, a new stage in the development of domestic cardiology began. The shift to this stage was due to the development of high-tech medical and pharmacological advances, the achievements of cardiac surgery and interventional cardiology, the implementation into wider clinical practice of evidence-based medicine, and the so-called external factors of the history of science: the collapse of the Soviet

Union, fundamental changes in the economy and politics of the state in relation to medicine and health. In many ways, cardiology – previously conservative and “burdened” with humanist tradition – is becoming more aggressive and commercialized, continuing to merge with surgery and adopting invasive methods.

In close contact with each other, cardiology and cardiac surgery develop treatments for heart disease, including with the use of cellular technology. They study the genetic basis of heart disease, fix cardiac arrhythmias with the scalpel and the catheter and are involved in the development of pharmacotherapy of cardiovascular diseases. The integration process of physicians and surgeons, which started in the middle of the last century, continues. Traditional cardiologists and radiologists began to develop endovascular technology and surgeons developed hybrid technology, combining open-heart surgery with intracardiac and intravascular interventions. Today, with the help of catheter technologies, congenital heart disease can be corrected, hearts with acquired defects can be treated with prosthetic valves, rhythm disturbances and cardiac conduction can be eliminated and coronary blood flow can be restored, as well as much more.

This modern (fourth) stage in the history of national cardiology goes beyond the scope of this study, including on methodological grounds: the authors have adhered to a common position in historical science, according to which an objective and competent historical evaluation requires a gap between the time of the events described and the time of publication. With regards to this topic it cannot be, we believe, less than a quarter-century. We hope future historians, who will use new methodological approaches, will analyze this stage of the history of cardiology from the end of 20th to the beginning of the 21st century.

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