Obituary

Prof. Dr. Hartmut Hoffbauer will be memorized

With sadness we have to accept that a very special mentor, colleague and friend, who had dedicated his professional life to the development of new concepts in pre-and perinatal medicine has passed away on 22nd of April 2013 while staying at home with his family.

In his lifetime he has realized many goals for the improvement of maternal-fetal medicine and all his dreams in his private life. His humorous charm and competence made him to be loved by patients, colleagues, residents and students – whereby his striking characteristics were modesty, diligence and creativity in patient care, science and teaching. Without losing his gentleness he was fulfilled with dedication and tenacity. With this silent perseverance he has improved human, technical and organisational perinatal care in Berlin and Germany more from the background than on stage. On top of all, he was a pioneer of early prenatal ultrasound.

The family of Hartmut Hoffbauer derived from Silesia. His father Franz Joseph was a music teacher and even a conductor, choir leader, composer and piano teacher. He married one of his students Wanda Grün-peter who then converted from the Jewish to the catholic confession. Since his father accepted for some time a position near Kleve at the Dutch border Hartmut Hoffbauer was born on the 22nd of October 1914 in the lower Rhine region. When Hartmut was 2 years young, his family returned to Silesia where he grew up in Op- peln and visited the humanistic gymnasi- um until 1933.

He studied medicine in Breslau, whereby during his studies he had to serve in the Wehrmacht where he achieved the title as a medical officer. In between he even studied in Vienna but returned to Breslau where he passed his final exams. Since his mother was of Jewish origin he did not receive a final degree (Approbation) and even considered to immigrate to Brasilia. Unexpectedly, he was allowed to start to work in surgery and anaesthesiology- be- tween 1940 and 1945 in the catholic Hed- wigs Hospital in Berlin-Charlottenburg. Only after the war he could enter the speciality of his dreams: Women’s Health.

He started at the University Hospital in the Street of Artillery (today Tucholsky Street) under the leadership of Prof. Stoe- ckel. His thesis which he finished in 1949 had the title “Cardiac Diseases During Pregnancy”, which is still a hot topic and subject of meetings nowadays. In the same year he married his wife Jutta, who supported him throughout his life. Together they had six children.

After the retirement of Prof. Stoeckel Hart- mut Hoffbauer was offered the position of a senior consultant at the Hospital Fried- richshain in the former East Berlin under the guidance of Prof. Willibald Pschyrem- bel all together from 1950–1961 while he already lived in the former West Berlin. Retrospectively he regarded these years as the happiest period of his professional life.

At that time, Rhesus disease was still frequent since general diagnosis and preven- tion had not yet been introduced. This moti- vated Hartmut Hoffbauer to install in Friedrichshain (at the first hospital in Ger- many) a laboratory for blood group and antibody detection already in 1950, and to reflect about this still fatal disease. In 1954, he even performed as far as we know the first amniocentesis in Germany in order to improve the diagnosis and the- rapy of hemolytic disease of the newborn. This was still criticized at that time by the obstetric establishment.

He also introduced a “frog laboratory”. Frogs were used within the 1950ies until the 1960ies as pregnancy test by obser- ving either male or female reactions after the injection of the urine containing hu- man gonadotropin.

With the construction of the Berlin wall Prof. Pschyrembel and Hoffbauer had to decide whether to continue to work and to live in East Berlin, which was offered to them by the East Berlin officials. But they both refused and thus a fruitful period was interrupted.

After an interval of a year at West Berlin health office he was engaged by Prof. Lax at the Hospital Charlottenburg of the Free University for Women’s Disease “Puls- straße” as the Head of Obstetrics where he stayed from 1962 until his retirement in 1980. In 1965, he finished his “Habilitati- on” with the topic: „Über die Bedeutung unbekannter hämolysierender und nicht- hämosysierender Faktoren für die Blut- gruppen-unverträgliche Schwanger- schaft“ and thus he received the degree of a University teacher.

During his activities at Friedrichshain he had already met Prof. Liley who was invited by Willibald Pschyrembel to report on his findings on intrauterine therapy of Rhesus disease. Only now, in 1966, he performed the first intrauterine (intrapero- neal) transfusion under radiological control with contrast medium which was re- placed by ultrasound controlled transfu- sions in the later 1970ies. In patients with extreme high antibody concentration Hoffbauer even used plasmapheresis combined with intrauterine blood trans- fusions.

Hoffbauer also worked on coagulation dis- orders during pregnancy and was one of the first who started to apply low dose heparin to prevent intrauterine growth retardation with the idea that this might prevent placental thrombosis. And he worked on prenatal infections using am- niocentesis to diagnose toxoplasma infec- tion within the amniotic fluid.

One of his great contributions was to ear- ly recognize the enormous potential of the use of ultrasound for the diagnosis of early pregnancy, multiple pregnancy, placen- tal localization, fetal growth and malforma- tions and to systematically investigate the clinical implications. The Siemens Vi- doson was one of the newer achievements in 1968 and ultrasound early became part of the routine pregnancy controls at the University Hospital Charlottenburg. Luckily, The first author could personally work with him during this fascinating pe- riod – still as a student- and got the chance to establish growth charts for multiple fe- tal characteristics including bones of all extremities. In addition, we could corre- late the results in growth retardation and macrosomic fetuses for fetal weight esti- mation.

After his retirement in 1980 Hartmut Hoffbauer opened a private policlinic in central West Berlin, which was primarily located in the Uhlandstrasse and later at the Kurfürstendamm. At the beginning, his wife even helped him with the organi-
sation and bureaucracy, which was not his strength. He also attracted gifted younger co-workers and subsequently also geneticists were included. This specified prenatal policlinic has grown to a wellrenown Berlin institution with recognized clinical and scientific output whereby Hartmut Hoffbauer even was a co-author with the first paper from this place. Here he continued to work until 2000 until the age of 85 years. Here he also celebrated his 80th birthday whereby Prof. Saling was one of his guests ( Fig. 1 ).

Prof. Hoffbauer received quite some honors. In 1988 he became –together with Prof. G. Martius – honourable member of the Berlin Society of Obstetrics and Gynecology.

During the World Congress of Perinatal Medicine in Berlin in 2009, he received form the former president of the World Society of Perinatal Medicine, Prof. Chervenak, –together with Prof. Chaoui- the first Clara Angela Sculpture Price for his combined efforts for creativity and humanity in our field ( Fig. 2 ).

Looking back to the life of Hartmut Hoffbauer and the start of own efforts in this field thanks to him we have to confess that it is difficult to decide what was more important to fascinate a young student to start with clinical scientific work and not to give up until a project was finished: Whether is was the humanity of Hartmut Hoffbauer whom we did not want to disappoint when he asked us to work hard and to help him with congress contributions yet allowing freedom and confidence be part of the cooperation or whether it was the fascinating topic of early fetal development.

But a great mentor is not characterized by fame or vanity but his capacity to induce joy and scientific curiosity and preciseness all in favour of the maternal and fetal patient whereby career thinking and top-down hierarchy of medical structures are no topics.

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*Prof. Dr. Birgit Arabin, Prof. Dr. Eberhard Merz im Namen der DEGUM, Sektion Geburtsmedizin 2013*