In Memoriam

Professor Andries Jacob Brink
29 August 1923 – 17 October 2012

It has been my privilege to have known the late Prof Andries Brink for almost 50 years. We first met early on in my career, and I had dinner with him only a few months before he died.

Andries' career has been highly distinguished. Although of a quiet and humble nature, his thinking and actions have always been clear and direct. Born in 1923, he graduated from Medical School at the University of Witwatersrand with a first-class honours M B B Ch degree in 1946. Thereafter he worked his way up at Pretoria University to become senior lecturer in Internal Medicine in 1953.

From 1956 to 1961 Andries was head of the Department of Internal Medicine at the University of Stellenbosch and from 1956 to 1969 he was director of the Molecular and Cellular Cardiac Research Unit at the University of Stellenbosch. He was chief physician at the Karl Bremer Hospital from 1956 to 1973. Thereafter he became chief cardiologist at the Tygerberg Hospital from 1973 to 1979. From 1970 to 1976 he was president of the South African Medical Research Council, while from 1971 to 1983 he was dean of the Faculty of Health Sciences. He was the personal cardiologist of John Vorster when Vorster was the president of the Republic of South Africa.

In his lifetime, Andries received more than 30 major awards, including the prestigious Havenga Prize for Medicine from the South African Academy of Arts and Science. He also received gold medals from the University of Stellenbosch, South African Medical Research Council, Wellcome Trust and South African Heart Association.

Andries' many publications are equally meritorious but what caught my eye was a series of seven articles on electrocardiographic studies, published in the South African Medical Journal in 1959. He and I had a number of conjoint studies on basic cardiac research, together with Amanda Lochner, all published in top-ranking journals such the Lancet in 1964, Clinical Science in 1965 and Circulation Research in 1967. He was founder and editor in chief of the Cardiovascular Journal of South Africa, which later became the Cardiovascular Journal of Africa, in keeping with his personal trans-Africa vision.

But how did I meet Andries and what influence did he have on me? My first meeting with this remarkable man was in 1962, over 40 years ago. I was a young research fellow at Harvard Medical School, trained in basic heart research, and wanting to return to South Africa. I was aiming to be a physician-scientist.

During a holiday in Cape Town, I went to sound out the professors of Medicine at Groote Schuur Hospital, Cape Town, and the Karl Bremer Hospital, run by the University of Stellenbosch. Andries Brink was a cardiologist with a vision and he encouraged me. ‘Heart metabolism’, he said ‘is the direction of the future, and that is what you should do’. Accordingly, when I eventually returned to South Africa, he welcomed me to his laboratory at the Karl Bremer Hospital.

Andries had many remarkable talents. In addition to his job as professor of Internal Medicine and head of the hospital medical wards, he was completely at home with laboratory work. He personally oversaw the development of the heart metabolism laboratory and recruited Amanda Lochner, with whom I worked closely for many years.

A part from undertaking weekly ward rounds on a variety of general medical patients (not just cardiology) and always giving a concise summary and pertinent recommendation for the house staff to carry out, he really loved laboratory work. When I went to climb Kilimanjaro he lent me his rucksack and, what is more, took over the job of perfusing hearts in the laboratory while I was away.

Later, when I came back from further training in London and Oxford, he offered me a job as head of both clinical endocrinology and his heart research laboratory. That was a big challenge. Soon Andries and I came to realise that to really excel, I would need further training in biochemistry. I then went to work with Nobel Prize winner, Sir Hans Krebs at Oxford.

Eventually, after the first Chris Barnard heart transplant, I returned to the University of Cape Town Medical School. When visiting the new Tygerberg Hospital, I had frequent contact with
Andries. By then he had risen to be the dean but despite these many honours, he bore his senior positions with dignity and humility, always keeping a human touch, which warmed him to both his co-workers and visitors.

Andries’ hobbies included cycling, walking and, most intriguingly, making boutique wines in his retirement. The initial pressing was achieved literally by his feet pressing the grapes. The brand name of the wines is Galleon and in John Platter’s book *South African Wines* (2012) he is, I believe, the only listed cardiologist winemaker, with the intriguing appellation of a ‘garagiste winemaker’. Platter quotes Andries as saying that ‘the life extension of people who drink wine daily in moderation with food increases by 30%’.

I treasure two cases of Andries’ first vintage. His first major distinction in wine making was a Michelangelo Gold for his Cabernet Sauvignon 2005. His 2009 Sauvignon Blanc achieved four stars.

Above all, and despite his major professional commitments, Andries participated actively in a happy and harmonious family life. His wife Rusty was equally remarkable in her personal qualities, and in her devotion to the family and their many friends. Socially, Andries and Rusty were seldom seen apart.

Professionally, Andries also worked with his elder son, Prof Paul Brink, to promote the group PACE Africa (Prevent Arrhythmia Cardiac Events), as part of Paul’s flourishing co-operative projects with the renowned Italian electrophysiologist, Prof Peter Schwartz. His younger son, Tinus, is a trained medical specialist in neurology. There are two daughters; Maryna Johnson is a psychologist and has two sons and one daughter. Annaliese Brink has her own school (Natural Learning Academy) and has one daughter and one son. Andries leaves a rich heritage of four children, 10 grandchildren and two great grandchildren.

The last time I had contact with Andries was at the South African Heart Association meeting at Sun City in July 2012. We shared a dinner table and a bottle of good red wine at the social event. As ever, he was sympathetic and alert, and asked me about my work and my latest concepts and publications. He told me he was planning a book to encompass cardiology in Africa. He invited me to write a chapter and only his untimely passing on at the age of 89 halted the development of that unique book.

Lionel Opie
Tribute to the late Professor Oluwole Ademola Adebo

Oluwole Ademola Adebo was born in Lagos on 16 August 1944, the first son to Chief Simeon and Regina Adebo. As his father was the former head of the Civil Service of the old western region of Nigeria and later United Nations Under-Secretary General, he had the opportunity of travelling extensively around the world and had access to the best education in Nigeria, Europe and the USA.

Prof Adebo started at the University of Ibadan staff primary school and at the age of 11 he moved to the UK for further schooling, where he attended Leighton Park School, Reading and lived with English guardians during the holidays. This perhaps contributed to his being ‘different’ and he was often referred to as ‘oyinbo’ by others.

Prof Adebo came back home in 1963 for his undergraduate studies in Medicine at the University of Ibadan, graduating with Bachelor of Medicine and Bachelor of Surgery (MB BS) degrees in 1968. He did his internship at the University College Hospital (UCH), Ibadan between 1968 and 1969, after which he preceded to Strong Memorial Hospital, New York where he undertook his residency in general surgery. Thereafter he went to the Providence Rhode Island where he took residency in cardiothoracic surgery. He then became lecturer and director of Emergency Medical Services at Highland Hospital, Rochester, New York.

A turning point in Prof Adebo’s life may be traced back to a recent entry from his journal which reads, ‘a spiritual rebirth in 1976 altered my life, goals and perspectives. Working for God became the defining motivation for my endeavours. My motivation for diligence, integrity and excellence was to please God, who gave me purpose.’

In 1979 he returned to Nigeria and first took up the position of senior registrar in cardiothoracic surgery at the UCH and later lectureship in cardiothoracic surgery at the College of Medicine of the University of Ibadan and honorary consultant cardiothoracic surgeon to the University College Hospital, continued on page 23...
Ibadan. In 1987 he was promoted to professor of Cardiothoracic Surgery and then became head of the Department of Surgery, and dean of the Faculty of Clinical Sciences and Dentistry. He was appointed chairman of the Medical Advisory Committee and director of Clinical Services of the University College Hospital. It will be recalled that as part of his passion for promoting excellence, he initiated the delivery of the faculty lecture, which has persisted till now.

Undaunted by the fact that the facilities available in the country for the most part only permitted palliative intervention for many of the conditions he had spent the better part of his life training to manage through definitive intervention, it was noteworthy that he returned to the country’s fledging healthcare delivery services. He resisted the lure to ‘check out’ and leave for greener pastures in the lean years of our economy.

No wonder he had such a passion for training a critical crop of indigenous cardiothoracic surgeons who will provide the much-needed services to the country. It is to his credit that he was instrumental and to a large measure the driving force for the establishment of a training curriculum for cardiothoracic surgery in both the West African College of Surgeons and the Faculty of Surgery of the National Postgraduate Medical College of Nigeria.

Locally, against many odds, he would unfailingly be in the operating room, ‘knife to skin’ at 7.30 am. He was part of the team of cardiothoracic surgeons that pioneered open-heart surgery in Ibadan. Others included Profs Grillo, Adebonojo and Osinowo. They spent out-of-pocket funds in organising and training perfusionists and operating room and intensive care nurses, using canine models in collaboration with the veterinary faculty, for performing cardiopulmonary bypass procedures. Between 1979 and 1980 the team went on to perform five cardiopulmonary bypass interventions, four of which were successful.

Other surgeons who had been on the scene earlier included Profs John Weaver, Fabian Udekwu and Michael Bankole. Others who participated included Prof Olufemi Jaiyesimi (paediatric cardiologist), Prof Ayodele Falase (adult cardiologist), Prof Olufunsho Akinwumi (anaesthetist) and Prof Taiwo Kolawole (radiologist). The government of the day unfortunately did not accord this priority attention and it was not possible to sustain this noble venture. Prof Adebo worked with the renowned French cardiac surgeon in Paris, Prof Carpentier in making mitral valve repair a viable option to replacement in the management of patients with mitral valve disease, especially from chronic rheumatic heart disease.

Prof Adebo retired from the University of Ibadan in September 2009 after several years of meritorious service but such was the demand for him that the newly established Bowen University went all out to get him as provost of their College of Health Sciences in Iwo as well as chief medical director of their teaching hospital in Ogbomoso. It is to his credit that the University secured the necessary Nigerian University commission as well as the Medical and Dental Council of Nigeria accreditations for its MB BS programme.

In the ‘external cardiovascular healthcare arena’ Prof Adebo was one of the delegates from 24 African countries in attendance at the conference in Badagry, Lagos, Nigeria in 1981 when the Pan-African Society of Cardiology (PASCAR) was born. He was therefore a foundation member of PASCAR. Along with Prof Ayodele Falase, Femi Jaiyesimi, Asoquo Antia, Adebonojo, Peter Odiambo and Quarte, to mention but a few, he worked assiduously within the organisation from its infancy to ensure that it took firm roots in as many African countries as possible. This organisation was formed in response to the near total lack of interest in cardiovascular disorders by many health authorities on the continent. The aims and objectives set out in 1981 were to:

- promote activities relating to the prevention and treatment of cardiovascular disease
- promote the education and training of cardiovascular disease personnel
- pursue health education programmes relevant to the field of cardiology
- encourage cardiovascular research by the formation of an African Heart Foundation, which will ultimately fund and coordinate relevant research activities on the continent. These were very much in line with his aspirations and passion for cardiovascular healthcare development on the continent.

When PASCAR suffered some setbacks and was in need of reviving, again he was part of the team that gathered in Accra, Ghana in 2004 to put the organisation back on track. Sometimes self-effacing, he was unlike most surgeons I know, very humble despite his well-known reputation as a meticulously careful and successful surgeon. He was elected Vice President West of PASCAR that year and in 2009 elected president, a position he held until he departed this world on 22 September 2012.

In the conduct of the affairs of PASCAR, his principled and fair approach was well known to all. His wisdom and wealth of experience was often brought to bear in difficult circumstances. He was very down to earth in his approach to practical issues
generally, and this attribute often found useful application in the conduct of the affairs of PASCAR. In his capacity as PASCAR president he had a seat on the board of the World Heart Federation based in Geneva, Switzerland where he soon became known for his forthrightness, wisdom and candour.

I have had the honour of serving as secretary general of the Nigerian Cardiac Society for two consecutive terms with Prof Adebo as president of the Society, deputy editor with him as editor-in-chief of the Nigerian Journal of Cardiology, and until the time of his death, secretary general with him as president of PASCAR. I have also served as executive director with him as chairman of the Board of Trustees of the Save a Child's Heart Foundation of Nigeria, a non-governmental organisation. These close associations, apart from the frequent professional interactions with him in the hospital arena, afforded me the privilege of looking into the life of this great man at close range. He was at the same time president of the Christian Medical and Dental Association of Nigeria.

Prof Adebo combined all these roles very well and never to the detriment of his duties as a teacher, head of department, dean, devoted husband, father, friend and philanthropist. His role as a philanthropist was very much concealed because he believed in the words of the Bible that ‘the left hand should not know what the right hand was doing’ in that context. He funded many indigent university students through their education. His faith in Christ was never concealed and his dogged pursuit of truth in all matters was a direct result of that commitment.

I can reveal a little more about this rare breed. He lived a Spartan life and was never given to ostentation even though he could easily have afforded some of the luxuries of life. I had the opportunity of travelling with him on a number of occasions for either meetings or conferences. No matter the location, keeping fit was another passion of his. He would be up early ahead of the day’s programme of activities and go jogging for at least an hour, then stay with the full day’s programme. Such was his level of discipline.

All these other activities never caused him to neglect his much cherished wife of 43 years, Beatrice Taiwo, who he loved very much. He would go to great lengths to find a telephone where none was in the immediate vicinity, to call her, let her know he was alright and affirm her repeatedly. He would do this every day until we returned home. His family commitment also kept him in close contact with his children who were in various parts of the world, accomplished in their own rights.

Prof Adebo was at his best when in multi-tasking mode. With sterling equanimity he took challenges in his stride. He read much and would not be outdone with the use of the latest computerised gadgets, often surfing the web for updates on information. He was always well informed, very often in contemplation but never absent minded. Needless to say he was most articulate, although he would in his self-effacing way, claim he was not given to oratory. He was indeed a man of few words; but those few words were packed with deep wisdom, which I later found, even his opponents were eager to hear. At meetings, after he spoke, it was ‘end of discussion’.

He was a teacher whom students, interns and residents were eager to learn from. I never once hesitated to send my patients to him for surgery - in fact he was easily the preferred surgeon to send your patient to. Absolutely meticulous and at great sacrifice to his person, he would often get no sleep, even after the surgery was successfully undertaken, until the patient was stable and ‘out of the woods’ to use his own words. He was a great mentor, my mentor. He knew how to bring out the best in people.

Just as equally disciplined was his devotional life. His daily communion with Jesus Christ had priority of place in his daily schedules. I could go on, but in essence, he was a living epistle, a living, walking illustration of 2 Cor. 5:17 – ‘if any man is in Christ, he is a new creation; old things have passed away and all things have become new’. How he managed to keep such a well-balanced life is again a classic illustration of what the grace of God means in a man's life who is yielded to him. Prof Adebo stood tall among his peers, always playing by the rules. Many far less-deserving men have been robed with accolades and honours here on earth. He did not seek such accolades and the honour of men.

Prof Adebo will be sorely missed in many respects within the cardiovascular healthcare arena and the numerous other bodies he served meritoriously. He must be with the Lord now, whom he loved dearly and to whom he dedicated all his labour. So indeed it should be. A dieu Prof Oluwole A demola Adebo.

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