RECOGNITION OF A REMARKABLE LIFE

Andries Brink was an exceptional man – a truly remarkable person.

I was 5 years old when I met our new neighbours, Andries Brink and wife Rusty, while driving past their house on my tricycle for the first time. But my first professional contact with Prof Brink, dates back to my days as undergraduate medical student on ward rounds at Karl Brermer Hospital, with Brink heading a massive entourage of co-consultants, junior doctors, nursing staff, postgraduate and undergraduate medical students. He commanded his troops like a little Napoleon and we were all in awe of his knowledge, his wisdom and his superb command of his subject.

As a junior doctor, I became more and more aware of his constant striving for perfection and intolerance of mediocrity. Although Professor Brink qualified as physician and specialist cardiologist, he always aspired to master whatever task was at hand. No wonder that he was Co-founder and Dean of the Faculty of Medicine at the University of Stellenbosch, Head of the Department of Medicine at that university, and the first President of the South African Medical Research Council, all at the same time, yet fulfilling each task in a most skillful and masterly fashion. Once, during a ward round with a patient who presented with a rather complicated set of neurological symptoms and signs following an apparent stroke secondary to a cardiac lesion, he asked the students to comment on the localisation of the neuropathology - they were clueless, as were the registrars and junior consultants on the round, me included. Undeterred, Brink tackled the senior consultant and when he too failed to provide a satisfactory explanation, Prof Brink asked the visiting American cardiologist for his opinion, and was totally perplexed when the latter proclaimed that he was a cardiologist and not a neurologist and therefore bereft of any opinion! This pursuit of excellence was not confined to the practice of clinical medicine, but also involved top international research at both a clinical and basic science level, medical education, and establishing and editing more than one top medical journal in this country. In fact, in later years, Andries started painting and recently developed into a recognised wine maker of repute. Like Picasso and Dan Margulis, Brink truly believed that “professionalism, like age, is a state of mind.”

Later, as a registrar, I got to appreciate Prof Brink’s remarkable and provocative teaching abilities. He was always ready to debate an issue and detested mere regurgitation of book knowledge. He taught us to question dogma and to never accept the obvious. I had just completed a HonsBSc degree in Biochemistry with Wieland Gevers, with a research project examining the harmful effects of catecholamines on myocardial function. When a patient was admitted to the cardiac unit at 04h00 with an infarct, Prof Brink was quick to point out the apparent irrelevance of adrenergic over-activity in the pathophysiology of ischaemic heart disease, during the next morning’s ward round. Fortunately, I had read up somewhere that REM sleep was associated with a massive adrenergic surge, and could counter with some resilience. Brink was always appreciative of a good argument and detested submissive capitulation. This obviously had to be done within the framework of mutual respect and fortunately I was never involved in any serious altercation with this strong-willed individual.

After completing nearly 3 years of training in Endocrinology and Metabolism in St Louis, USA, I returned to Cape Town in the early eighties and now got to know yet another side of this remarkable man’s personality, namely his kindness, humility, and recognition and deep appreciation for effort and hard work. As a newly qualified endocrinologist, a number of cases with complex metabolic-endocrine problems were referred to me by Prof Brink, most of whom I could contribute very little to the thorough assessments already performed. Yet, he was always meticulous in thanking me and congratulating me on the rare occasion where I did in fact make a small contribution. Subsequently, he followed my career with interest and was always complementary on the modest achievements accomplished. Like with most great mentors and leaders, one not infrequently felt slightly awkward in Prof Brink’s presence, never totally at ease. This he however seemed to understand better than most and invariably he tried to defuse the situation with kindness or quick-witted humour.
Andries Brink’s contribution to clinical cardiology and to research and education in this field is legendary and will no doubt be applauded by many. To me, Andries Brink was however much more than a cardiologist or medical doctor, and more than a researcher or educationalist. But most remarkable of all, was his ability to master each of these diverse activities in such an accomplished way – always methodical with a minimum of fuss, logical, evidence-based and scientifically sound – a true professional.

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REFLECTIONS ON HIS ROLE AS HEAD OF THE DIVISION OF CARDIOLOGY AT THE UNIVERSITY OF STELLENBOSCH AND TYGERBERG HOSPITAL

Prof Andries Jacob Brink has left an indelible mark on our profession. His endeavours in the field of cardiology in South Africa are now a part of the history of the profession, but at the same time he has left us with a legacy that makes him a part of our future.

His name is synonymous with the Faculty of Medicine and Health Sciences at the University of Stellenbosch in general and the Division of Cardiology in particular. Prof A.J. Brink, tasked with developing the Internal Medicine Department, automatically became the first head and founder of the Unit for Cardiology at Karl Bremer Hospital. He was trained as an adult cardiologist at the Faculty of Medicine, University of Witwatersrand, as well as the Graduate School of Medicine, Hammersmith London and as paediatric cardiologist under the supervision of Helen Taussig at the Johns Hopkins Hospital, Baltimore, USA. The cardiology unit of the University of Stellenbosch had its origin in Karl Bremer Hospital when it was put into service in 1956 as the Training Hospital for that university’s Faculty of Medicine. In those days fluoroscopy and simple right heart catheterisation with Haldane and Van Slyke oxygen analyses still formed the basis of invasive cardiology examinations. Ventriculography involved an X-ray exchanger, whereby 2 people quickly fed the radiographic plates underneath the patient while contrast media was injected. Cine-angiography only emerged at a later stage. In 1966, Prof. Brink implemented the technique of left heart catheterisation and coronary angiography following a sabbatical at Johns Hopkins.

Prof Brink was also on the forefront of basic research and was responsible for the establishment of a MRC (Medical Research Council of South Africa) unit of excellence at the University of Stellenbosch, known as the Research Unit for Molecular and Cellular Cardiology. Prominent researchers for this unit who have subsequently made major contributions towards this field, include Lionel Opie and more recently his son, Paul Brink.


Prof Brink was also a founder member of the Cardiac Society of Southern Africa (1957). In 1966, the Stellenbosch Cardiology Unit organised the first bi-annual congress of the Cardiac Society of South Africa at Stellenbosch while Prof Brink was President of the Society. He became founder and editor of the Cardiovascular Journal of South Africa (CVJSA) in 1979, a task he persevered with until his death.

Andries Brink served as head of the Division of Cardiology at the University of Stellenbosch until 1979, a period of 23 years.

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