



Chris Barnard – a personal tribute to a gifted heart surgeon and a great intellect

To the Editor: Donald McRae's failure to adequately acknowledge Barnard's brilliance, leadership and great contributions in his book entitled *Every Second Counts: The Race to Transplant the First Human Heart*¹ is disappointing. This and Peter Folb's thoughtful and well-researched 'Special Review' on the book² led me to document some of my personal experiences with Barnard in the 40th anniversary year of his great achievement of the first human heart transplant operation.

Folb acknowledges McRae's contributions (including to history) and concludes: 'What McRae has failed to do is sufficiently portray Chris Barnard as a brilliant doctor who unflinchingly cared for his patients with exemplary determination and dedication. He had novel and imaginative ideas, and was ever ready to apply them. Chris Barnard's results at the time in human cardiac surgery were unsurpassed anywhere. Above all, he was creative and courageous. That is quite enough for one life.'² I agree!

I was privileged to know Barnard very well and have documented some of our associations.³ After my internship in 1959, I spent 18 months working with Barnard, as his research Fellow in the animal laboratory, then as clinical registrar. I assembled the 'heart lung' pump, prepared and started opening the patient, assisted the team as junior assistant when Barnard arrived, and closed the patient. After the operations the ward registrar 'specialised' the patient overnight at Groote Schuur Hospital, while at Red Cross Children's Hospital I spent the night with the patient (before the advent of intensive care units). In the laboratory I worked with Barnard on profound hypothermia (deep cooling) for cardiac surgery and initial transplant research.³ In 1961 I spent the first 6 months as cardiothoracic registrar, then trained as a general surgeon. At Barnard's invitation I returned full time to the animal laboratory in 1964 to start a kidney transplant programme and we also performed heart transplant experiments on dogs.

It is not true that Barnard had no transplant background when he performed the first human heart transplant in 1967, and that he 'stole' the idea from those working in the field in the USA. I worked with him on transplant research in 1960 and 1964, including heart transplantation. Some 3 years before the first human heart transplant, Barnard established a human kidney transplant programme and performed the first long-term successful human kidney transplant in South Africa.

Barnard was not always easy to work for, and we had a major fall-out in 1964.³ The first part of the statement McRae attributed to me: 'While Terblanche considered Barnard easily the most obnoxious man he had ever met, he also thought him brilliant,¹ is untrue. Barnard was difficult, yes, but obnoxious (a word I do not use), no. The second part is true. McRae's

misquote from his interview with me is concerning, and one wonders about other inaccuracies.

I am immensely grateful to Barnard for introducing me to the wonderful life of academic surgery. He was one of two truly great intellects I was privileged to work with closely, both in the transplant field. The other was Tom Starzl. The 1960 and 1964 Friday afternoons, when Barnard reviewed my research with me, were remarkable intellectual experiences. Barnard was a great clinician and a highly competent and innovative surgeon.² Many adult and paediatric congenital heart disease cases I assisted him with in 1960 were unique at that time, and his results were outstanding. If any of our three sons born while I was working in England in the mid-1960s had been unfortunate enough to have a heart defect, we would have returned to Cape Town. Barnard was the only surgeon I would have trusted, particularly if a complicated operation were required.

After returning to Cape Town in mid-1967, Barnard and I worked well together as colleagues. I performed a number of general surgical emergency operations on his long-term surviving heart transplant patients and we collaborated on some exciting research.³ In the 1980s and 1990s our relationship changed again when I was appointed head of surgery and Barnard then reported to me. I supported his request to retire early, due to ill health and his frequent absences and commitments overseas.³ I salute a gifted surgeon and a great intellect who played a major role in influencing my career. Barnard deserved to be the surgeon to perform the world's first human heart transplant operations.

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1. McRae D. *Every Second Counts. The Race to Transplant the First Human Heart*. London: Simon & Schuster, 2006.
2. Folb P. The race for the first heart transplant. Special Review. *S Afr Med J* 2007; 97: 255-256.
3. Terblanche J. Reminiscences from Registrar to Chairman. In: Cooper D, ed. *Chris Barnard by Those Who Knew Him*. Cape Town: Vlaeberg Publishers, 1992: 340-347.

The future of Hib vaccines

To the Editor: Before the introduction of an effective vaccine, *Haemophilus influenzae* type b (Hib) was the leading cause of bacterial meningitis and other invasive bacterial disease among children younger than 5 years of age; approximately 1 in 200 children in this age group developed invasive Hib disease.

Hib vaccines have been around since the early 1990s, and since June 1997 the World Health Organization has recommended the inclusion of Hib vaccine, as appropriate to national capacities and priorities, in routine infant immunisation programmes.

Despite this there are still over 3 million infections worldwide, and over 400 000 deaths per year.¹ Part of the