

Surgery by Dorothy Kay

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The oil-on-canvas painting, entitled *Surgery*, was painted by Eastern Cape artist, Dorothy Kay, in 1937 and donated to UCT by her daughters. The original, depicting a patient undergoing a cholecystectomy, hangs in the UCT department of surgery.^a The surgery depicted in the painting was performed by Dr Bruce Macrae, and assisted by Dr T Oates. The anaesthetist was Major “Pom” Moore-Dyke, who, in 1943, was instrumental in the foundation of SASA. In the completed work, the artist portrays members of her family. Her husband, Hobart (Dr WHA Kay, FRCS, Ireland) is clearly seen facing the viewer. The artist’s daughter, Patricia, poses as the nurse on the left, and the scrub sister on the right depicts the artist herself.¹

The painting graphically captures the care and vigilance exhibited by the anaesthetist in his caretaker role as the guardian between life and death during anaesthesia, and depicts in detail the anaesthetic equipment that was used in Port Elizabeth at the time.

The anaesthetic consisted of oxygen, warm ether and chloroform, administered by means of a Shipway apparatus and a Schimmelbusch mask. The carbon dioxide canister, seen on the anaesthetic trolley, was used to administer

carbon dioxide to hasten the induction with ether. The glass syringe would have been used to administer atropine to decrease the copious secretions caused by ether, and morphine for analgesia. The Shipway apparatus consisted of a Thermos flask and two bottles: a larger one for ether, and a smaller one for chloroform (Junker’s pattern). The ether bottle was surrounded by a metal container for hot water. Oxygen from a cylinder, or air via bellows, was passed into the apparatus and directed through ether, chloroform, both or neither. A second regulator directed gas, either over, or below the surface of the ether. Vapours from the vaporisers were then warmed

by passing through a tube in the vacuum flask containing water heated to 120°F. However, the putative advantage of warming the vapour as a means to prevent hypothermia, originally claimed by Shipway, was illusory as the heat was quickly lost to the atmosphere, and the vapour reached the patient at the environmental temperature.

Major Pom Moore-Dyke, MRCS (Eng), LRCP (Lond), was born in Morija, Basutoland, in 1901, of missionary stock. Educated at Kingswood College, Grahamstown, he commenced his medical studies at UCT and qualified at Guy’s Hospital, London, in 1926. After a brief stint in South Africa, he returned to London to specialise in anaesthesia. Returning to South Africa in 1930, he practised as a specialist anaesthetist in Port Elizabeth, where apart from the war years, he worked until his death in 1961.

During World War II, while serving at Baragwanath Hospital, Moore-Dyke was instrumental in the foundation of SASA. At a regular informal meeting of anaesthetists in the Johannesburg area, he proposed the formation of a national society. He was offered the chair of the new society, but declined in favour of his senior, Dr Benjamin Weinbren. At

the inaugural meeting held at the Johannesburg Hospital on 1 August, 1943, Weinbren was elected President, and Moore-Dyke, Secretary/Treasurer. He served his country with distinction in North Africa, the Western Desert and Italy, and was mentioned in dispatches. Dr Moore-Dyke was elected President of SASA in 1956 and represented the Union of South Africa at the 1st World Congress of Anaesthesiologists in Holland in 1956.

Dorothy Kay (born Elvery) was born in County Wicklow, Ireland, in 1886, and early in life showed considerable artistic talent. She received formal training in art and sculpture at the Dublin Metropolitan School of Art and the Royal Hibernian School of Arts. In 1909, she travelled to South Africa to marry her fiancé, Dr William Hobart Ashburner Kay. They moved to Port Elizabeth in 1918, where Hobart became District Surgeon. Kay developed an international reputation as portrait painter and war artist. Her technical paintings are renowned for their attention to detail. In preparation for *Surgery*, she made 27 pages of sketches, recording detailed

information on the instruments and technical equipment used. Two similar paintings by Kay, commissioned by the Union Government during the war, entitled *Operation in a Base Hospital* and *Blood to Save Lives* can be seen in the Ditsong Military Museum, Saxonwold, Johannesburg.

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^aA high-definition photographic reproduction of the unusually large painting, hangs in the Nagin Parbhoo Museum in the Department of Anaesthesia, New Groote Schuur Hospital, together with examples of the various anaesthetic equipment depicted in the painting.

References

1. Parbhoo NP. Five Decades. The South African Society of Anaesthetists, 1943-1993. National Book Printers; 1993.
2. Parbhoo NP. The South African Society of Anaesthetists, 1943-1993. South African Medical Journal. 1993;83:283-285.
3. Wright J. Dorothy Kay: portrait, figurative artist and illustrator, 1886-1964. Supplement to The South African Art Times; March 2010.
4. Shipway FE. The advantages of warm anaesthetic vapours and an apparatus for their administration. Lancet. i.70.

The Publisher would like to apologise to Prof Gordon for omitting the photograph in the previous edition.

Letter to the Editor

To the Editor: We welcome the anonymous letter published in the last issue of SAJAA [2011;17(2):167], thank the individual for taking the time to engage in correspondence, and would like to express our views and respond to this.

There are two separate issues that are being discussed in the letter:

- Funding for research in South Africa; and
- MMed research projects.

I would like to respond to the second issue first, by explaining the goal of the MMed research requirement. It has been made compulsory, so that registrars will engage in the research experience and can be taught the methodology thereof. A registrar will hopefully gain the opportunity to learn the basics of research, statistical formularies and analysis and critical evaluation of research hypothesis, and experience the rewarding effort that gives into the final publication of a paper.

SASA has actively pursued the goal of making resources available to support all researchers in anaesthesia in South Africa. The Jan Pretorius Research Fund was established for the express purpose of addressing the needs of South African researchers. SASA is currently addressing the need to change the time frame for successful application to this fund. As anaesthesia registrars need to engage in research early in their careers, this has been a matter of necessity. The two-year SASA membership requirement is currently

under review, so that registrars who are SASA members of good standing can apply for financial support for approved research protocols. Registrars are advised to obtain the latest rules with respect to applications for financial support to the Jan Pretorius Research Fund.

As the ability of SASA to support research is simple a function of economics, there being limited funds available, a number of criteria are evaluated with respect to applications. An applicant with a proven research track record will be favoured. The best way for new researchers to establish a reputation is through the completion of smaller successful projects, leading to publication in peer-reviewed journals. The novice researcher can also form part of an established researcher's projects, facilitating the process of mentorship.

We, SASA, do not want to discourage registrars that want to do research. Our goal is exactly the opposite; that of facilitating research. We invite the author of the letter to reapply to the Jan Pretorius Research Fund committee for re-evaluation of the application in the light of the new criteria that are to be set.

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