

Professor JC (Kay) De Villiers (1928-2018): a life in medicine

By John Richard Cowlin



Dissertation presented for the degree of “Doctor of Philosophy (History)” in the Faculty of “Arts & Social Sciences” At Stellenbosch University.

Supervisor: Prof Albert M. Grundlingh

Co-Supervisor: Dr Anton Ehlers

March 2023

Declaration

By submitting this thesis electronically, I declare that the entirety of the work contained therein is my own original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe on any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

4 November 2022

Signature:

Copyright © 2023 University of Stellenbosch

All rights reserved.

Abstract

Jacquez Charl (Kay) De Villiers was born into a poor home in Klerksdorp, South Africa in 1928. His upbringing was very similar to thousands of other young Afrikaans boys and girls who were being exposed to the rising nationalism of their people. Yet in many respects Kay De Villiers was strikingly different – intellectually brilliant, deeply religious, puritanical, ambitious and a social conformist, characteristics that he retained throughout his life. He also had a troubled relationship with his father. His exceptional school career led to a bursary which helped him to study Medicine at the English speaking University of Cape Town (UCT) in 1946. Here his results were above average but more importantly, he developed an abiding interest in neuroanatomy and in particular the functional structure of the brain and nervous system.

After graduating MB ChB in 1951, he married Kina (née Botha) the following year and practised as a country doctor in Swellendam for four years. This was followed by two years as an anatomy lecturer at the new Stellenbosch Medical School. In the absence of any pre-arranged work arrangements, the young couple travelled to the United Kingdom in 1959. Here Kay De Villiers was able to demonstrate his ability as a clinician, neurosurgeon and academic and succeeded in graduating with an MD from UCT and Fellowships from the Royal Colleges of London and Edinburgh. The couple also adopted a young South African boy named Charl. A Research Scholarship followed in the USA and when his wife developed cancer, the couple returned to Cape Town early in 1966. After their arrival, Kay De Villiers was appointed as a specialist neurosurgeon at Groote Schuur Hospital early in 1966 and became a full professor ten years later. Kina died in 1977 and Kay De Villiers later married a medical colleague, Jeanne Du Plessis. They then adopted a daughter, Elfrida. Kay De Villiers' successful career in South Africa soon became international, along with an enhanced status and a very demanding schedule. This left little time for his growing family. Even after his retirement in 1994 his children felt ignored and unloved. This led to considerable unhappiness which was fortunately resolved between Kay De Villiers and his daughter, albeit late in life. It seems that a fractured relationship remained between Kay De Villiers and his son until his death in 2018.

Opsomming

Jacquez Charl (Kay) De Villiers is in 1928 in 'n arm huishouding in Klerksdorp, Suid Afrika, gebore. Sy opvoeding was soortgelyk aan ander jong Afrikaanse seuns en meisies s'n wat aan die groeiende nasionalisme van hul mense blootgestel is. Kay De Villiers was egter in baie opsigte anders; intellektueel briljant, diep gelowig, puriteins, ambisieus en 'n sosiale konformis, eienskappe wat hy sy lewe lank behou het. Hy het ook 'n moeilike verhouding met sy pa gehad. Sy uitsonderlike skoolloopbaan het tot 'n beurs gelei wat hom in staat gestel het om Medies by die Engelstalige Universiteit van Kaapstad (UCT) in 1946 te studeer. Op Universiteit het Kay bo-gemiddeld presteer en dit was hier waar hy 'n blywende belangstelling in neuroanatomie en spesifiek in die funksionele struktuur van die brein en senuweestelsel ontwikkel het.

Nadat hy sy MB ChB graad tussen 1951 - 1952 verwerf het, is Kay getroud met Kina (nee Botha) en het hy as dokter in Swellendam praktiseer vir die volgende vier jaar. Daarna was hy vir twee jaar 'n anatomie dosent by die nuwe Mediese Skool in Stellenbosch. In 1959 het die jong egpaar na die Verenigde Koninkryk gereis, sonder enige voorafgereëde werk. Hier kon Kay De Villiers sy vaardighede as klinikus, neurochirurg en akademikus demonstreer. Hy het verder daarin geslaag om sy MD graad van UK en *Fellowships* van die *Royal Colleges of London and Edinburgh* behaal. Die egpaar het gedurende hierdie tyd ook 'n jong Suid-Afrikaanse seun genaamd Charl aangeneem.

'n Navorsingsbeurs in die VSA het gevolg, maar toe sy vrou kanker ontwikkel het, het die egpaar vroeg in 1966 na Kaapstad teruggekeer. Na hulle aankoms in Suid Afrika, is Kay De Villiers in 1966 aangestel as 'n spesialis-neurochirurg by Groote Schuur Hospitaal. Hy het 10 jaar later as professor gekwalifiseer. Kina is in 1977 oorlede en Kay De Villiers is later met 'n mediese kollega, Jeanne du Plessis getroud. Saam het hulle 'n dogter, Elfrida, aangeneem. Sy sukses in Suid-Afrika het hom vinnig internasionaal ook bekend gemaak, en dit, gesamentlik met 'n verhoogde status, het beteken dat Kay De Villiers se skedule baie veeleisend geword het. Dit het min tyd vir sy groeiende gesin gelaat en het sy familie-lewe begin affekteer. Selfs na sy aftrede in 1994, het sy kinders afgeskeep en vervreemd gevoel. Dit het aansienlike ongelukkigheid veroorsaak, maak gelukkig is die verhouding tussen Kay en sy dogter later in sy lewe herstel. Dit blyk egter dat sy verhouding met sy seun tot met sy dood in 2018 gebroke gebly.

Dedication

This thesis could not have been written without the help and insight of Dr Paul Cluver of De Rust Farm, Grabouw. Paul met Kay De Villiers when he was a medical student, trained under him to become a successful neurosurgeon and later became a loyal colleague and lifelong friend. Paul had the remarkable ability to see beyond Kay's odd idiosyncracies and occasional histrionics and recognise his inherent brilliance and essential humanity. I have been honoured to have had Paul guide me through this very challenging journey that I embarked upon. Without Paul's clear vision this project could have ended "in shallows and in miseries." (Julius Caesar, Shakespeare)

I am deeply grateful to you, my friend.

Table of Contents

| | |
|--|------------|
| <u>Declaration</u> | i |
| <u>Abstract</u> | ii |
| <u>Opsomming</u> | iii |
| <u>Dedication</u> | iv |
| <u>List of Acronyms</u> | 8 |
| <u>1 Introduction</u> | 9 |
| Literature Review | 10 |
| Relevant Aspects of Biographical Theory | 13 |
| Methodological Issues and Challenges | 14 |
| Chapter Layout | 18 |
| <u>2 Early Life, Education and Marriage (1928-1952)</u> | 19 |
| Early Life with his Family | 19 |
| Junior School Years | 20 |
| High School Years | 22 |
| The University of Cape Town | 25 |
| Student Politics | 28 |
| Medical School | 29 |
| Kina - The Love of his Life | 35 |
| Conclusion | 36 |

| | |
|---|-----------|
| <u>3 From General Practitioner to Neurosurgeon (1953-1965)</u> | 39 |
| General Practice | 39 |
| A Well Loved Doctor | 43 |
| The Anatomy Department at Stellenbosch | 45 |
| Training in the UK | 47 |
| Neurosurgery Established as a Speciality | 49 |
| Neurosurgical Training | 50 |
| Research in the USA | 54 |
| Conclusion | 56 |
| <u>4 Building a Department (1966 – 1976)</u> | 58 |
| The Early Days of South African Neurosurgery | 58 |
| Building a Presence | 61 |
| Neurosurgery in the Second Half of the 20th Century | 64 |
| Kay De Villiers Explores New Skills | 66 |
| Consolidating His Position | 69 |
| The Conflict Over Neuropathology | 71 |
| The New Department of Neuroradiology | 73 |
| The Neurosurgeons and Brain Death | 77 |
| The Mauerberger Chair of Neurosurgery | 82 |
| Conclusion | 88 |

| | |
|---|------------|
| <u>5 Kay De Villiers as Researcher, Teacher and Doctor</u> | 92 |
| A Confluence of Events | 92 |
| Research Projects Before 1966 | 93 |
| Research Projects After 1966 | 94 |
| Other Research and Publications | 100 |
| Teaching Nursing Staff | 100 |
| Radiographers and Others | 104 |
| Undergraduate Teaching | 105 |
| Kay De Villiers and his Registrars | 107 |
| Kay De Villiers and his Patients | 120 |
| Conclusion | 122 |
| <u>6 Leadership through Service</u> | 127 |
| Addresses at Conferences and Symposia | 127 |
| The South African Medical Association (SAMA) | 128 |
| The South African Academy for Arts and Science | 128 |
| The Medical Research Council | 129 |
| The Colleges of Medicine of South Africa | 130 |
| The Society of Neurosurgeons of South Africa (SNSA) | 132 |
| The De Villiers Commission | 136 |
| Hypertension and Cardiac Failure | 138 |
| Conclusion | 139 |

| | |
|--|------------|
| <u>7 Footprints around the World</u> | 142 |
| Maintaining his UK Connections | 142 |
| Old and New Friends in the USA | 143 |
| The European Circuit | 148 |
| Making Friends in Africa | 151 |
| World Federation of Neurosurgical Societies | 155 |
| Australia and New Zealand | 156 |
| Saying Goodbye | 157 |
| A Comparative Study – Neurosurgery at Johns Hopkins (1970-1994) | 158 |
| Conclusion | 160 |
| <u>8 Kay De Villiers and His Close Family</u> | 164 |
| Kina and Charl | 164 |
| Jeanne and Elfrida | 173 |
| Christine Loukakis | 176 |
| Conclusion | 177 |
| <u>9 Life after Retirement (1995- 2018)</u> | 178 |
| The Emeritus Professor | 178 |
| The Merging of Cape Medical Schools (1994- 1995) | 179 |
| Medical Director of the Colleges of Medicine (1995-1996) | 180 |
| Neurosurgeons and the Law | 181 |
| Kay De Villiers and Medical History | 182 |

| | |
|---|------------|
| The Baton Passes, Yet Again | 185 |
| Declining Standards | 186 |
| Life at Evergreen (2012-2018) | 189 |
| The Last Months | 195 |
| Conclusion | 196 |
| <u>10 Final Conclusion</u> | 198 |
| A Complex Person | 198 |
| Curiosity, Memory and Intelligence | 202 |
| Kay De Villiers's legacy | 203 |
| The Price of Success | 207 |
| <u>Sources</u> | 210 |
| <u>Annexure I</u> - Summarised time line | 226 |

List of Acronyms

| | |
|---------------------|---|
| ADHD | Attention Deficit Hyperactive Disorder |
| AKO | Afrikaanse Kultuur Organisasie |
| AMH | Atkinson Morley Hospital |
| ANC | African National Congress |
| ASB | Afrikaanse Studente Bond |
| ASK | Afrikaanse Studente Klub |
| B Cur | Bachelor of Nursing |
| BA LLB | Bachelor of Arts and Law |
| BA | Bachelor of Arts |
| BSc | Bachelor of Science |
| ChM | Master of Surgery |
| CMM | Cape Medical Museum |
| CPD | Continuing Professional Development |
| CSIR | Council for Scientific and Industrial Research |
| CT | Computerised Tomography |
| CV | Curriculum Vitae |
| DNA | Deoxyribonucleic Acid |
| DRC | Dutch Reformed Church |
| DSc (Honoris causa) | Honorary Doctor of Science |
| ECFMG | Educational Council for Foreign Medical Graduates |

| | |
|------------|--|
| EEG | Electro – encephalogram |
| FC Path | Fellow of the College of Pathology |
| FCS | Fellow of the College of Surgeons |
| FRCS | Fellow of the Royal College of Surgeons |
| GSH | Groote Schuur Hospital |
| HHH | Healers, Helpers and Hospitals |
| ICU | Intensive Care Unit |
| M Med Path | Master of Medicine Pathology |
| MASA | Medical Association of South Africa |
| MB ChB | Bachelor of Medicine and Surgery |
| MD | Doctor of Medicine |
| MER | Maria Elisabeth Rothmann |
| MRC | Medical Research Council |
| MRI | Magnetic Resonance Imaging |
| MSc | Master of Science |
| NP | National Party |
| NUSAS | National Union of South African Students |
| PAANS | Pan African Association of Neurosurgeons |
| PhD | Doctor of Philosophy |
| RSA | Republic of South Africa |
| SACS | South African College Schools |

| | |
|-------|---|
| SAMDC | South African Medical and Dental Council |
| SAMJ | South African Medical Journal |
| SANC | South African Nursing Council |
| SAW | South African War |
| SNSA | Society of Neurosurgeons of South Africa |
| SRC | Students Representative Council |
| TRC | Truth and Reconciliation Commission |
| UCT | University of Cape Town |
| UK | United Kingdom |
| USA | United States of America |
| US | University of Stellenbosch |
| UWC | University of the Western Cape |
| WWII | World War Two |
| WFNS | World Federation of Neurological Surgeons |
| ZAR | Zuid Afrikaanse Republiek |

1 Introduction

For some 30 years after the Second World War, the University of Cape Town (UCT) Medical School produced a number of widely respected medical academics. The Professor of Surgery from 1955 until 1980, J.H. (Jannie) Louw, was an internationally respected paediatric, head, neck and vascular surgeon.¹ Prof C.N. (Chris) Barnard, head of the department of cardiac surgery, achieved worldwide fame for performing the first human heart transplant in 1967.² The subject of this dissertation, Professor J.C. (Kay De Villiers), became the head of the department of Neurosurgery in 1970 and full professor in 1976. He was widely considered to be the father of neurosurgery in South Africa, as well as being a highly regarded member of the international neurosurgical community.³ These three men had much in common. Louw was born in Middelburg, Cape in 1915,⁴ Barnard in Beaufort West in 1922⁵ and Kay De Villiers in Klerksdorp in 1928, all with Afrikaans as their home language.⁶ The three men underwent undergraduate training at the UCT Medical School, completed their internships at Groote Schuur Hospital (GSH) and received specialist training both locally and abroad. These Afrikaans speakers were in the minority amongst the medical staff at UCT and GSH during this period.

After qualifying with a MB ChB in 1951, Kay De Villiers practised as a family doctor in Swellendam for four years before joining the new Stellenbosch University Medical School as an anatomy lecturer. It was during this time that he completed a dissertation on the inheritance of polycystic kidney disease, which he had discovered in five generations of a family living in the Swellendam area. It was later accepted for an MD by UCT in 1961. He then spent six years in the United Kingdom (UK) training as a neurosurgeon and ultimately became the first assistant to Dr Wylie McKissock at the Atkinson Morley Hospital in London. While in the UK, he passed both the London and Edinburgh Fellowship of the Royal College of Surgeons in 1961. He then spent a year in the United States conducting research into head injuries at the University of Pennsylvania as a Hartford Research Fellow. He

¹ J.C. De Villiers, L.A. Munnik, R. Luyt & D. McKenzie: "Jan Hendrik Louw," *South African Medical Journal*, (57), (16), 19 April 1980, p. 605.

² C. Logan: *Celebrity Surgeon: Christiaan Barnard – A Life*, p. 145.

³ Prof. G. Fieggen: Emeritus Professor Jacques Charl "Kay" De Villiers, *South African Journal of Surgery*, (57) (1), 29 March 2019, pp 61-62.

⁴ J.C. De Villiers, L.A. Munnik, R. Luyt, & D. McKenzie: "Jan Hendrik Louw", *South African Medical Journal*, (57), (16), 19 April 1980, p. 605.

⁵ C. Logan: *Celebrity Surgeon: Christiaan Barnard: A Life*, p. 15.

⁶ Prof G. Fieggen: Emeritus Professor Jacques Charl "Kay" De Villiers, *South African Journal of Surgery*, (57), (1), March, 2019, pp. 61 – 62.

returned to South Africa at the beginning of 1966 and joined the fledgling department of neurosurgery. He retired in 1994 and devoted much of the rest of his life to his passions for history and public service.⁷

The central challenge of this study is to analyse the major influences during his upbringing, schooling, university education and postgraduate training, which contributed to his life as a medical academic, neurosurgical professor, public benefactor, husband and father. In considering this question one needs to try and understand what drove young Afrikaners to venture into the English dominated medical profession, particularly to study at a liberal university such as UCT. To what extent was medicine considered to be an elitist and highly paid profession, attractive to a young man from a family of modest means? By all accounts, Kay De Villiers was a successful general practitioner in Swellendam, treating both white and coloured patients, at a time when apartheid was in the ascendancy. He is on record for being staunchly opposed to the introduction of the Group Areas Act of 1953 and the disenfranchising of the coloured people in 1956. Armed with the quintessentially British Fellowship qualification, why did he return to follow a career at UCT in a speciality which hardly existed in South Africa at the time? These questions will be foremost when reflecting on his career as a doctor, neurosurgeon and member of society. His professional career, locally and internationally, will be placed in a historiographical context from the primary sources and secondary literature which is described at length in this introduction.

Literature Review

A search of international medical historiography will reveal many biographies of prominent medical scientists and colourful practitioners. In the United States, “*Halstead of Johns Hopkins: the Man and his Men*” records the life of William Halstead, who developed the radical mastectomy for treating breast cancer in females.⁸ *The Life of Sir William Osler* describes the life of the Founding Professor of Medicine at Johns Hopkins University.⁹ The life of Dr Harvey Cushing of the USA, a general surgeon who established neurosurgery as an independent discipline in the early part of the 20th century, is described in “*Harvey Cushing – a Life of Surgery*.”¹⁰ Professor Yasargil, who spent much of his professional life at the

⁷ Prof. G. Fieggen: Emeritus Professor Jacques Charl “Kay” De Villiers, *South African Journal of Surgery*, (57), (1), pp, 61-62, 29 March 2019.

⁸ S.J. Crowe: *Halstead of Johns Hopkins: the Man and his Men*. C.C. Thomas: Springfield Illinois, 1957.

⁹ H. Cushing: *The Life of Sir William Osler*. Severus Verlag, Hamburg, 2016.

¹⁰ M. Bliss: *Harvey Cushing A Life of Surgery*, Oxford University Press: Oxford, 2005.

University of Zurich in Switzerland, is considered to be the father of modern neurosurgery. The story of his remarkable achievements can be found in the book “*M Gazi Yasargil - Father of Modern Neurosurgery.*”¹¹ In particular, Cushing and Yasargil were nominated as the neurosurgeons of the 20th C respectively.

In the United Kingdom, G.J. Fraenkel published a biography of *Hugh Cairns: First Nuffield Professor of Surgery, University of Oxford.*¹² Cairns initially trained as a general surgeon but much like Cushing, later specialized in neurosurgery. *A History of Neurosurgery in its Scientific and Professional Context* by S.H. Greenblatt, published in 1997, deals with the history of neurosurgery from a more scientific perspective.¹³ *The History of the World Federation of Neurosurgical Societies* by A.E. Walker is useful in understanding the early years of this important body.¹⁴ Grauer and Brem’s book, *The Special Field*, on the Johns Hopkins Department of Neurosurgery published in 2015 offers a useful benchmark of professional medical excellence.¹⁵ J.C. De Villiers wrote “The History of Neurosurgery in South Africa” as a supplement to the programme for the Society of Neurosurgeons of South Africa conference in 1976.¹⁶ These books provide some context for this study of Kay De Villiers, particularly when there is a paucity of medical biography in this country. Although medical history in the South African context is an expanding field, biographies on medical doctors remain few, in stark contrast to the position in the USA and Great Britain. Of the many South African surgeons trained at UCT, only Barnard’s life has been recorded in biography in three books; *One life, Celebrity Surgeon: Christian Barnard: A Life and Heartbreaker.*¹⁷ His brother, Marius, wrote an autobiography called *Defining Moments*, which was published many years after the transplant.¹⁸ These publications are essentially biographies written for the mass market rather than academia. Nevertheless these books do provide the layman some insight into the drama and challenges of caring for critically ill

¹¹ L. Rogers: *M Gazi Yasargil - Father of Modern Neurosurgery.* Koehler Books: Virginia, 2010

¹² G.J. Fraenkel: *Hugh Cairns: First Nuffield Professor of Surgery, University of Oxford.* Oxford University Press, Oxford, 1991.

¹³ S.H. Greenblatt, *A History of Neurosurgery In Its Scientific and Professional Contexts*, The American Association of Neurological Surgeons: Park ridge, Illinois, 1997.

¹⁴ A.E. Walker, *The History of the World Federation of Neurosurgical Societies*, World Federation of Neurosurgical Societies,: USA, 1984.

¹⁵ N.A. Grauer and H.Brem, *The Special Field A History of Neurosurgery at Johns Hopkins*, Johns Hopkins University: Baltimore, 2015.

¹⁶ J.C. De Villiers, “The History of Neurosurgery in South Africa,” Society of Neurosurgeons of South Africa, 1976.

¹⁷ C.N. Barnard & C.B. Pepper: *One Life.* Howard Timmins: Cape Town, 1969; C. Logan: *Celebrity Surgeon: Christiaan Barnard – A Life.* Jonathan Ball : Cape Town, 2003; JB Styan. *Heartbreaker.* Jonathan Ball: Cape Town, 2017.

¹⁸ Dr Marius Barnard with Simon Norval: *Defining Moments.* Zebra Press, Cape Town, 2011.

transplant patients. In reality the first heart transplant was very much a team effort but until recently there has been a paucity of biographical material dealing with the anaesthetists, cardiologists, immunologists, nurses and medical technologists, without whom the transplant would never have been possible. This year a masters thesis by J.B. Styan, entitled “The hidden history of the first human – to- human heart transplant. c.1958-1967 ” was accepted by Stellenbosch University, which focuses a new light upon this dramatic event.¹⁹ Another is the paper “*The Cardiac Clinic: Groote Schuur Hospital 1951-1972. The Schrire Years.*”²⁰ This book describes the crucial role of Dr Velva Schrire, the brilliant cardiologist who assessed the patients who would benefit most from a transplanted heart. It is very much a publication for medical professionals.

Prof J.H. Louw contributed to South African medical historiography by publishing “*In the Shadow of Table Mountain,*” describing the history of the UCT Medical School from inception in 1912 to 1950.²¹ “*At The Heart of Healing*”, by A. Digby and H. Phillips, describes the history of Groote Schuur Hospital from 1938 to 2008.²² It touches upon the many remarkable doctors, nurses, support staff and administrators who made the hospital the world-class icon it became in the 70s and 80s. It is not biographical, but describes the important role played by a large teaching hospital in training doctors and specialists. Howard Phillips wrote a history of the University of Cape Town, of which the first volume is entitled *The University of Cape Town, 1918 to 1948, The Formative Years*, and the second entitled *UCT under Apartheid, Part One, from Onset to Sit-In: 1948 to 1968.*²³ These publications provide a context for analysing the influence of a liberal educational institution on a person born into a modest home and growing up in a conservative Afrikaans environment. Kay De Villiers had a lifelong interest in history, particularly that of the South African War. This interest, combined with his professional training must have led to him writing his magnum opus, “*Healers, Helpers and Hospitals,*” which describes in considerable detail the medical history of the South African War.²⁴ Soon after his death on 5 June 2018, the University of Cape Town published a faculty announcement recording his significant contribution to the

¹⁹ James- Brent Styan, The hidden history of supporting actors in the first human- to- human heart transplant, c.1958-1967, Unpublished M.A. thesis, University of Stellenbosch, April, 2022, pp 63-77.

²⁰ W. Piller: *The Cardiac Clinic: Groote Schuur Hospital 1951-1972. The Schrire Years*, The Cardiac Clinic, 2000.

²¹ J.H. Louw: *In the Shadow of Table Mountain*. Struik: Cape Town, 1969.

²² A. Digby & H. Phillips: *At the Heart of Healing*. Jacana Media: Auckland Park, 2008.

²³ H. Phillips: *The University of Cape Town 1918-1948: The Formative Years*. The University of Cape Town: Cape Town, 1993 & H. Phillips: *UCT Under Apartheid from Onset to Sit- In 1948-1968*. Jacana Media: Auckland Park, 2019.

²⁴ J.C. De Villiers: *Healers, Helpers and Hospitals*. Protea Book House: Pretoria, 2008.

university and the country, a summary of his life, teaching, publications and research. It also mentioned in some detail his extraordinarily wide range of interests.²⁵ His passing was also referred to in several local newspapers and the *South African Journal of Surgery*.²⁶ There is currently no academic study focused on Professor Kay De Villier's life in medicine. This study is an attempt to fill this historiographical lacunae and in the process to contribute to South African medical history.

Relevant Aspects of Biographical Theory

In this dissertation, an attempt will be made to understand the circumstances under which the subject lived and worked, and the nature of his interaction with professional colleagues, family, friends and competitors. In this regard, the candidate is a medical doctor with four years of post-graduate surgical experience, including neurosurgery. There are some historians who consider that biographies cannot be taken seriously as there is always the potential for subjective bias in assessing a single person's lifetime's achievements or failures. To some extent, this can be offset through the careful interrogation of the accuracy and relevance of the primary sources. From a historical perspective, a biography may facilitate a better insight into an individual's motives and intentions. These in turn are influenced by an individual's upbringing, education and cultural prejudices. It is therefore advisable for the biographer to examine the subject from birth to death and in this way interrogate their private lives as well as their public persona.²⁷

Sir Stephen Lee, when delivering a lecture on the "Principles of Biography" argued that "Biography exists to satisfy a natural instinct in man – the commemorative instinct."²⁸ In this type of biography, the subject is seen as a person worth remembering, either for good or bad. This runs the risk of becoming a hagiography which tends to discount matters of context such as environment, social standing, education or economic circumstances.²⁹ In the case of Kay De Villiers, the bulk of the primary sources used are written by the subject. In this regard, it is helpful that the sources are all dated, located geographically and describe his participation and/or vocational interest at the time. A more modern approach seeks to derive from the

²⁵ Prof. G. Fieggen: Emeritus Professor Jacques Charl "Kay" De Villiers, *South African Journal of Surgery*, (57), (1), 29 March 2019, pp 61-62.

²⁷ J. Tosh: *The Pursuit of History*, pp. 121-122.

²⁸ S. Lee: *Principles of Biography: The Leslie Stephen Lecture*, Senate House, Cambridge, on 13 May 1911, p. 23.

²⁹ H. Renders & B. De Haan: *Theoretical Discussions of Biography: Approaches from History, Microhistory, and Life Writing*, p. 8.

sources evidence regarding upbringing, political environment, friends, family and economic circumstances, combined with more subjective issues such as “other minds.” Here it is argued that “I can have direct knowledge of my own experiences and that I cannot have direct knowledge of anyone else’s”.³⁰

Methodological Issues and Challenges

Primary Written Sources

Prof J.C. (Kay) De Villiers was known to colleagues and friends as “Kay” or occasionally as “Kay De Villiers.” To his family he was known as “Oom Kay” (Uncle Kay). For the purpose of this dissertation the more formal ways of describing the subject could be Prof Kay De Villiers, Kay De Villiers, De Villiers, Prof J.C. De Villiers or Prof J.C. (Kay) De Villiers. For 23 years he was Mr Kay De Villiers, for a further 25 years Dr Kay De Villiers and from 1972 Prof Kay De Villiers. In Kay De Villiers’s early childhood, his brother called him “Jakkals” and later nicknamed him “Kay”, being an abbreviation of his first name Jacquez.³¹

In order to cover all the phases of his life, show respect and remain consistent, in this dissertation he will be referred to as Kay De Villiers. Where his name appears in footnotes a different approach has been adopted. The largest archival source of Kay De Villiers’s letters, housed in the Special Collections at the University of Stellenbosch, has been named the J.C. (Kay) De Villiers Collection Ms 392. According to the Kay De Villiers curriculum vitae at the UCT Administrative Archives, all his published papers are written by “J.C. De Villiers” when a sole authorship or by “J.C. De Villiers” along with the names of the other authors in the event of a joint project.³² In order to maintain a semblance of consistency it had been decided by the candidate, in consultation with the supervisors that footnotes in this dissertation should be credited to J.C. De Villiers for publications, non - published papers, memoranda, speeches and letters sent or received. In the case of joint publications the co-authors will be acknowledged as a matter of course.

The candidate was fortunate to find copious written sources in various archives which were all readily accessible. Fortunately, Kay De Villiers realised from childhood his handwriting was appalling. By the time he was undergoing neurosurgical training in London, he had

³⁰ H.Renders and B.De Haan: *Theoretical Discussions of Biography: Approaches from History, Microhistory and Life Writing*. p. 44.

³¹ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

³² UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, pp. 23-27.

purchased a small typewriter. Since then, received correspondence was attached to a copy of his typewritten reply. These were always dated, with the name and the address of the recipient clearly annotated at the beginning of the letter. Kay De Villiers was meticulous about separating his personal correspondence from his professional communications. For example, the collection of correspondence with a vast number of international neurosurgeons, now housed in the Special Collections of the J.S. Gericke Library at Stellenbosch University, was filed according to the country of residence of the neurosurgeon and then further separated according to the individual neurosurgeon. These were delivered by Kay De Villiers to Stellenbosch University and named “J.C. (Kay) De Villiers Collection Ms 392.” This collection has, at the time of writing, not been finally catalogued.³³ As a result the library is still using Kay De Villiers’s own system which does not distinguish between country and correspondent in a number of cases.

His daughter has provided the candidate access to the original school reports, some important letters, degrees, testimonials, certificates and official documentation accumulated by Kay De Villiers during his life. The subject of this dissertation was a prodigious correspondent. The candidate has in his possession the late Kay De Villiers’ personal correspondence. This material was given to the candidate by his son as a source for this biography, thereafter to be donated to a suitable university archive. In this dissertation it is referenced as “J.C. De Villiers, Personal Correspondence” and catalogued chronologically from 1950 to 2018 or in the case of his correspondence with Dr Nigel Legg as “File Legg.” The UCT Department of Neurosurgery inherited much of Kay De Villiers’s professorial correspondence from the time that he was made head of department in 1970 and in some cases until after his retirement in 1994. This material has been made available to the candidate and for purposes of this dissertation is referenced as “UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, J.C De Villiers, Speeches and Papers or J.C. De Villiers, Certificates.” The filling for this correspondence therefore starts in 1970 and ends with his death in 2018. Prior to this it is referenced as “Pre 1970 Documents.” The University of Cape Town Administrative Archives and Special Collections have some of the records of Kay De Villiers’s time both as a medical student and as an academic. The brochure of the Society of Neurosurgeons of South Africa (SNSA) 1976 conference contains a brief “History of Neurosurgery in South Africa” written by J.C. De Villiers.

³³ Ms Marita Buys, E mail from Special Collections, University of Stellenbosch, 11 May, 2022.

Oral Sources

Three important interviews were conducted with Kay De Villiers in the last few years of his life. The first of these was with Prof Howard Phillips in October 2015, as part of his research into the history of the University of Cape Town. The discussion between the two men focused upon his time at medical school and was largely concerned with his opinion of the various lecturers he was exposed to during his years as an undergraduate. The second was with the daughter of Mrs Annami Jonker, a relative of Kay De Villiers second wife, Dr Jeanne du Plessis, who was conducting research for a school project into the Group Areas Act during the apartheid era. Miss Jonker conducted this interview with Kay De Villiers in September 2016. The third was arranged by Dr Paul Cluver, who was trained by Kay De Villiers and remained very close to him until his death in 2018. Paul Cluver was anxious to record as much of his life as possible and pressed him to write some autobiographical essays. Kay De Villiers consistently refused on the grounds that such writing could be considered to be egotistical. Paul Cluver then gave him a book written by the previous German Chancellor Helmut Schmidt, which was called “*Was Ich Noch Sagen Wolite*” (What I Still Wanted to Say), which Kay De Villiers read in German.³⁴ He was so impressed by Schmidt’s arguments that he then agreed to an interview with Mrs Ruda Landman. This interview took place at the Vineyard Hotel in Cape Town in April 2018. She encouraged Kay De Villiers to reflect on important aspects of his training as a neurosurgeon, his life with his wives, Kina and Jeanne and his family in general. The candidate has been given transcripts of these interviews.³⁵

During his time as head of department and later professor of neurosurgery, Kay De Villiers trained 20 registrars (the name given in South Africa and the UK to a trainee specialist) over a period of 22 years, who later qualified as neurosurgeons. Of the 20 registrars, the author has been able to interview eleven, of whom only three are still in practice. The interviews were conducted according to a fixed protocol. The initial record sought to establish the registrar’s background, basic qualifications and experience before joining the department of neurosurgery at UCT. There followed a series of questions regarding the interviewee’s perception of the quality of training received, exposure to mentorship and career guidance, practical surgical experience, and opportunities for further study and experience. Towards the end of the interview, the discussion focused on Kay De Villiers as a professor and his personal attributes. All were asked their opinion of his ongoing legacy and stature.

³⁴ H Schmidt: *Was Ich Noch Sagen Wolite*. Pantheon Random House: Munich, 2016.

³⁵ Dr Paul Cluver: Telephonic discussion with author, 10 April 2020.

A number of medical colleagues who worked with Kay De Villiers at various times of his career were interviewed in addition to the registrars. In each case, a slightly modified protocol to the one above was used. Various members of his family and the good friends who socialised with Kay De Villiers were also interviewed. Unfortunately his son, Charl De Villiers, was reluctant to talk extensively about his father, although the few comments he did make have been included with his consent. His daughter, Mrs Elfrida Bothma, has been most helpful to the extent of assisting the candidate to find the family holiday home in Rooi Els, Cape Town.

All the interviews conducted by the candidate that were used in this dissertation received the written consent of the interviewee in accordance with the rules of the Stellenbosch University - Social, Behavioural and Education Research committee as per the notice of approval number 22199 of 9 September 2021.

Other Sources

In addition to the primary sources described above, a number of secondary sources have been consulted in order to expand upon various aspects of the life and times of Kay De Villiers. These include general South African histories and genealogies.

Journal Articles

A fair number of academic papers used in this thesis appeared in the *South African Medical Journal (SAMJ)*. A number have been useful in developing a clearer view of certain matters. The obituary of Dr De Villiers Hamman, (January 1975 edition of the *SAMJ*),³⁶ supplemented by papers in the UCT Neurosurgical Collection sheds some light on the subjects early years in the Department of Neurosurgery. The farewell to Prof Jannie Louw, written by Kay De Villiers in the April 1980 edition of *SAMJ*, was particularly appropriate, given the influential role he played in establishing his early career.³⁷ The publication in the December 1982 edition of the *SAMJ* of “Medical, Legal and Administrative aspects of Cadaveric organ donation in the RSA” must be considered a triumph of cooperation over conflict – it was co-authored by a multidisciplinary team of doctors, all involved in transplant

³⁶ Dr P. Keet & Dr J.P. van Niekerk: “Herman Lochner De Villiers Hamman”, *South African Medical Journal*, (49), (4), 25 January 1975, p. 127.

³⁷ J.C. De Villiers: “Jan Hendrik Louw”, *South African Medical Journal*, (57), (16), 19 April 1980, pp. 605 – 606.

surgery. It effectively established the national standard.³⁸ The obituary for Dr Jeanne Du Plessis, written by the emeritus professor of anaesthetics, Prof Peter Gordon, in the 2017 edition of the *SAMJ*,³⁹ supplements the material on her gleaned from the MD thesis on the “Department of Anaesthetics 1920 - 2000, A History”, by Dr N Pharbhoo, which is available in the UCT Medical School Library.

Newspaper Cuttings

A fair number of newspaper cuttings were used to illustrate aspects of this thesis. These were predominantly from local publications, spanning a period of some 50 years.

Chapter Layout

The authenticity and provenance of all these primary sources are not in doubt. In the main body of this work, the approach will be chronological. The dissertation comprises 10 chapters, of which the first will be the Introduction and the last the Final Conclusion. Each intervening chapter will end with its own conclusion relating to the material therein. Chapters 2 to 7 describe Kay De Villiers’s life from birth to retirement chronologically. Chapter 8 deals with his close family. Chapter 9 covers his life from retirement to his passing in 2018. The Final Conclusion looks at his legacy and in particular the overall relevance of his life.

³⁸ D.K.C. Cooper, J.C. De Villiers, L.S. Smith, Y. Croombie, S.T. Boyd, J.E. Jacobson, C.N. Barnard: “Medical, legal, and administrative aspects of cadaveric organ transplantation in the R.S.A”, *South African Medical Journal*, (62), 1982, pp. 933-938.

³⁹ Dr P. Gordon: “Dr Jeanne Du Plessis”, *South African Medical Journal*, (107), (2), February 2017, p. 94.

2 Early Life, Education and Marriage (1928-1952)

Early Life with his Family

Kay De Villiers was born in Klerksdorp on 7 March 1928.⁴⁰ His parents were Carel van der Merwe de Villiers (Callie) and Susanna Johanna Joubert. His father was born in Paarl on 16 November 1892 and his mother in Jacobsdal on 3 December 1896. His paternal grandparents had also grown up in Paarl. The couple were married in Kimberley on 27 September 1917.⁴¹ Callie had graduated with a junior schoolteacher diploma from Wellington Teachers Training College.⁴²

Kay De Villiers had an older sister, Mercia Joubert de Villiers who was born on 21 July 1918 in Kimberley. She was thus 10 years older than him. He also had an older brother, Jan Abraham (called Jean Abe) who was born 9 November 1919.⁴³ Shortly after Kay De Villiers's birth, his mother was thought to have had a stroke, which left her partially paralysed in her right arm. As a result of this incapacity, his mother struggled to rear him and ultimately the responsibility was left to his elder sister, Mercia. When she was 20, Mercia left home to study teaching at the Potchefstroom College of Education, where she met and later married Henry Hurn on 16 December 1944. The couple would go on to have four children. Jean had wanted to study geology, but due to financial restraints, had to be satisfied with a high school science teacher qualification from the University of Potchefstroom. He married Susanna Elizabeth Scheepers on 15 December 1945.⁴⁴

As a child, Kay De Villiers readily accepted the stroke diagnosis as the cause of his mother's disability. As he grew older, however, he began to question this assumption. His subsequent training as a neurosurgeon made him thoroughly sceptical. He remembered that as a child, she never darned clothes or baked cakes. He would often make apologies for his mother as he had been told that it was not her fault. Much later in life, he discovered that the cause of his mother's paralysis was a hysterical reaction to the relationship with her father, who was an obsessive perfectionist. Evidence of Kay De Villiers's intellect emerged early in life. He related how, as a pre-school child, his brother decided that he should be taught how to spell. Jean soon discovered that his pedagogic efforts were wasted, as his younger brother had

⁴⁰ Mrs Elfrida Bothma Records no. 198957, File Certificates: Extract of original birth record, 1945.

⁴¹ J. Malherbe & A. Malan: *Genealogy of the De Villiers Family in South Africa*, p. 819.

⁴² Mrs Hetty Esselen: Interview by Dr J.R. Cowlin, 14 November 2019.

⁴³ *Ibid.*

⁴⁴ J. Malherbe & A. Malan: *Genealogy of the De Villiers Family in South Africa*, p. 819.

already taught himself to read and write. His family had been completely unaware of what he had achieved.⁴⁵

Junior School Years

At the age of five, Kay De Villiers was enrolled at the Presidents Laerskool where his father was a science teacher. During April 1979, Kay De Villiers received a letter from his sister Mercia, to say that Presidents Laerskool was planning to publish a souvenir album and had asked if well-known past pupils would contribute. In a revealing reply, Kay De Villiers reminisced about his schooling in Klerksdorp and the influence his father had had on his upbringing.⁴⁶ He described his father as creative by making things and being intensely curious about his surroundings. He had encouraged his son to read in order to learn about his environment. However, there were occasions when his father did not fully approve of his choices. In the main, these were books of poetry, which his father considered a waste of time. Despite his father's disapproval, Kay De Villiers became entranced by rhyming verse, a passion which he pursued throughout his life. He described poetry as being able to "crystallise human behaviour far better than prose." He could never understand why his father did not share his interest in poetry, but conceded that Callie taught him many other skills. In the same letter, he became nostalgic about the simplicity of his childhood in Klerksdorp. Their most mischievous activities were stealing fruit or smoking. Anything more egregious would have been detected by an adult in their close community. Kay De Villiers goes on to recall an outstanding teacher at Presidents Laerskool, a Mr Fanie Le Roux, also known as "Mnr Konsies." He taught Kay De Villiers to take an interest in his surroundings and above all, to try to understand what he was experiencing. He stressed the importance of reading everything that he came across, even if it was the wrapping on a tin of fish! This would ensure the accumulation of much general knowledge.⁴⁷

From his junior school reports it is clear that Kay De Villiers was, from an academic perspective, exceptional. In the Standard IV (Grade 6) report, interspersed with the "Goed en Baie Goed" (good or very good) remarks, was a comment that he did not participate in sport. In Standard V (Grade 7) he was considered by his teacher to be "...die ligstraal van die klas" (...the shining light of the class). However, in several of his junior school reports,

⁴⁵ Miss Kina Joubert: Interview by Dr J.R. Cowlin, 8 October 2019.

⁴⁶ J.C. De Villiers, Personal Correspondence, File 1971-1980: J.C. De Villiers - Mrs M.J. Hurn, 23 April 1979.

⁴⁷ *Ibid.*

handwriting and neatness was “swak” or “redelik” (poor or reasonable) compared to everything else which was “goed” or “baie goed.”⁴⁸

Well after his retirement, Kay De Villiers received a letter from a junior school classmate called Ansie Raubenheimer, born Gous. She described her married life briefly and in particular, her interest in South African history – she had noticed a newspaper article in the *Rapport* newspaper on his forthcoming book on the medical history of the South African War. As he was delighted to hear from her, he included a copy of his booklet on Jacobsdal, published in 1998. On the first page of his typewritten reply is inscribed in pencil:

“Sy was Ansie Gous van Klerksdorp. Op Laerskool was sy die eerste “Prinses van my drome”⁴⁹ (She was Ansie Gous of Klerksdorp. At junior school, she was the first princess of my dreams).

Kay De Villiers’s niece, Hetty Esselen, describes his father Callie as being exceptionally gifted, with a passion for animals and nature. Strangely enough, he was also very good at embroidery, making exquisite table decorations and small garments. Hetty surmises that his son must have inherited the skill for the precise work he did as a neurosurgeon from his father. Kay De Villiers was also inclined to use his hands when talking. Both Hetty and Annami Jonker described his hands as “beautiful.”⁵⁰

However, there were times when Kay De Villiers’s father was harsh and intolerant. On one such occasion, he insisted that Kay and Jean assist him in building rock gardens for their school. They toiled in the heat for days and at the end of it, all their father could say to them was “Baie dankie” (Thank you very much). Jean retorted that he could not buy a packet of cigarettes with only an expression of thanks. Their father expected everyone to work without reward or recognition. One must bear in mind that the family were poor, given the economic circumstances of Afrikaners during the early part of the 20th century.⁵¹

In 1979, soon after Kay De Villiers had been appointed Professor of Neurosurgery at UCT, he received a postcard from a school friend who had attended President Laerskool with him. The communication was prompted by Kay De Villiers’s appearance on a television programme in his capacity as a neurosurgeon. He congratulated Kay De Villiers on his

⁴⁸ Mrs Elfrida Bothma Records, File School Reports: 1940 and 1941.

⁴⁹ *Ibid.*, File 1991-2000: J.C. De Villiers- Mrs Ansie Raubenheimer, 30 July 1999.

⁵⁰ Mrs Hetty Esselen: Interview by Dr J.R. Cowlin, 14 November 2019.

⁵¹ *Ibid.*

remarkable achievements and asked if he remembered his neighbours as a child. Kay De Villiers responded with a very nostalgic letter to his old school friend. He vividly described the walks to school with his father in the morning, riding bicycles and playing with his friends in the afternoons. He commented that sometimes the pressures he experienced in his career made him yearn for the peaceful days of childhood.⁵²

High School Years

Kay De Villiers was enrolled in Klerksdorp High School at the age of 14. It appears that the junior school taught the pupils until the end of Standard 6, i.e. Grade 8. At this time, urbanised Afrikaners were still considered educationally inferior to English speaking South Africans. A study in 1933 concluded that only 44% would complete the eighth grade, 17% the 10th grade and only 8% would matriculate. By 1939, only one third of all white students at universities were Afrikaans speaking.⁵³

At some stage in his high school career, Kay De Villiers befriended Issy Eisenberg, who would much later become a medical colleague in Cape Town. An article written by Kay De Villiers on C. Louis Leipoldt prompted Dr Eisenberg to write a congratulatory letter to his old school friend on 6 July 2004. In his letter, he describes Kay De Villiers as follows:

“I have followed your career with interest. You are a man of many parts, a compassionate, talented doctor, scientist, writer and historian. You experienced the depth of despair in your personal life and suffered the agonies that can drive a man mad, or provide him with unusual insight into the sufferings of others. I’m aware that behind your brusqueness, worn for everyday use, lies a sensitive soul, filled with understanding and compassion.

You are multitalented, the attributes of a Universal Man, who flourished in art and culture in the Italian Renaissance of the 15th and 16th centuries. It is strange that this flow of talent is often found amongst Afrikaners, perhaps because of their history of struggle and adversity, the origins of the European refugees, such as the Huguenots who sought these shores as a sanctuary in their search for personal, religious and political freedom. Yet such talent does

⁵² J.C. De Villiers, Personal Correspondence, File 1971-1980: J.C. De Villiers - Mr Hannes Nysschen, 21 September 1979.

⁵³ H. Giliomee: *The Afrikaners*, pp. 405-406.

not often come to fruition because of the antipathy and jealousy that such talent and success arouses in others. I suppose this is why the medical profession remains divided and unsuccessful in promoting their interests.”⁵⁴

Kay De Villiers responded in writing to Issy the following day, thanking him for being a “voice from the past”, especially since Issy knew his background and circumstances at high school. Kay De Villiers described their schooldays as “distant from where we are today.” He concluded his letter as follows:

“Suddenly I am humbled and filled with deep gratitude. Thank you for opening that door to the heart on a cold, winter’s day.”⁵⁵

Kay De Villiers was at high school during the Second World War. He considered himself extremely fortunate to be taught by an exceptional man by the name of Koos du Plessis. He was primarily a history teacher and used events that had taken place during the war to illustrate historical principles. By the time Kay De Villiers was in matric, he had learnt that if he asked Mr du Plessis a question about some historical event, he would be lent a book so that he could find the answer for himself. He relished those opportunities and read prodigiously. When he had completed his year-end examinations and matriculated with distinction, Mr du Plessis invited him to enjoy a beer with him whenever he felt inclined. They developed a great friendship, with Kay De Villiers consulting his old teacher frequently. In many respects, he became a mentor for Kay De Villiers and helped him grow up. He also paid tribute to Koos’s wife, Mrs du Plessis, who was an inspirational English teacher: “Wat ‘n boerseun onderskeiding laat kry in Engels...” (...who assisted a young Afrikaans boy to get a distinction in English...) He also recalled being chastised by Koos for his dreadful handwriting, as he had struggled to read Kay De Villiers’ scrawl written by candlelight. Despite this shortcoming, he was told by his guidance teacher that he was sufficiently intelligent to pursue any career he chose. ⁵⁶

During his second last year at school, Kay De Villiers earned academic colours.⁵⁷ In his final year he was appointed Head Boy.⁵⁸ His subjects were history, mathematics, science, English

⁵⁴ J.C. De Villiers, Personal Correspondence, File 2001-2018: Dr Issy Eisenberg - J.C. De Villiers, 6 July 2004.

⁵⁵ *Ibid.*, J.C. De Villiers – Dr Issy Eisenberg, 7 July 2004.

⁵⁶ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

⁵⁷ Mrs Elfrida Bothma Records, File Certificates: J.C. De Villiers Academic Honours Colours Award, 29 September 1944.

(First language), Afrikaans (First language) and German. At the end of the first term his class teacher commented in his report as follows: “Die handskrif! Hy moet iets aan die saak doen.”⁵⁹ (The handwriting! He must do something about it). He matriculated with distinction in December 1945.⁶⁰ His school reports from grade 3 to 12 and his final year testimonials were inherited by his daughter, Elfrida. They were stored in an A 4 envelope on which was printed “University of Cape Town, Universiteit van Kaapstad” – some 73 years after matriculating!

His father generously praised the boy who came second – not his son. Jean asked Callie why he ignored his younger brother’s fine achievement. His father’s response was that he naturally expected the very best results from his son! Later, Kay De Villiers told Annami Jonker that his father would never acknowledge his achievements, which was why he had difficulty accepting recognition from others.⁶¹ His final school testimonial described Kay De Villiers as being exceptionally intellectually advanced and articulate. The vice-headmaster considered him conscientious, diligent, well behaved, refined and widely read, such that the teachers and pupils thought highly of him. He was heavily involved in extra mural activities, playing tennis, swimming and was a member of the Christian School Association. He was described as honest, reliable and of good character. Finally, Kay De Villiers was someone who could be recommended for financial assistance for further studies.⁶² Just before he retired for the “first time”, Kay De Villiers received “a voice from the past”. The letter was from the wife of one of his teachers at Klerksdorp High, whose late husband had taught Kay De Villiers history. Her husband had described Kay De Villiers as gifted and bright and his father as enthusiastic, meticulous and determined, “qualities he must have passed on to his son”.⁶³

Despite Callie’s apparent lack of appreciation of his son’s impressive school career, he soon started making arrangements for his future education. Early in 1945 Callie wrote, in English, to the University of Cape Town (UCT) requesting information regarding the prospectus,

⁵⁸ Mrs Ria van Vuren, School Secretary, Klerksdorp High School, email correspondence with author, 5 February 2020.

⁵⁹ Mrs Elfrida Bothma Records, File School Reports, 1945.

⁶⁰ *Ibid.*, File Certificates: J.C. De Villiers Matriculation Exemption Certificate, Transvaal Department of Education, January 1946.

⁶¹ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

⁶² Mrs Elfrida Bothma Records, File Klerksdorp High School: J.C. De Villiers Matriculation Testimonial, 18 October 1945.

⁶³ J.C. De Villiers, Personal Correspondence, File 1999 - 2000: Mrs Audrey du Toit – J.C. De Villiers, 20 September 1994.

rules, bursaries, and accommodation facilities for his son.⁶⁴ Soon afterwards, Callie received a detailed reply to his request, including a range of bursaries and scholarships, subject to final matriculation results.⁶⁵ For reasons which are unclear, the application forms remain, to this day, incomplete in the file with “C.v.d.M. De Villiers” written on the front cover. Some months later Callie wrote to Dominee Kotze, the Chairman of the Free State Helpmekaar Society, for financial assistance for Kay De Villiers’s studies. He explained that his son was working for his matriculation examinations and only once in his school career had failed to come first in class. At the end of the previous term, he had achieved distinctions in all eight subjects. Callie told him that his son wished to study medicine, but he was not in a position to fund his studies. He advised Ds Kotze that he had taken out a thousand pound policy to act as security for the loan and he would personally make monthly payments to Helpmekaar if the loan was approved.⁶⁶ The request was turned down on the grounds that Kay De Villiers and his family did not live in the Free State.⁶⁷ Similar applications to the Afrikaanse Taal en Kultuurvereniging, Reddingsdaadbond and the Cape branch of the Helpmekaarvereniging were unsuccessful. Callie was not to be deterred. In November he applied for his son to be accepted at UCT without funding having been approved.⁶⁸

The School Annual of 1946 congratulates Kay De Villiers on winning the Debating Cup for boys during the previous year. In the “Oudleerling Rubriek” section of the magazine, Kay De Villiers is thanked for his help with publishing the school magazine.”⁶⁹ At some stage after his schooling, Kay De Villiers must have sought professional advice about career choices. He described in an interview with Ruda Landman “the brilliant insight of a person who was advising him about university courses”. He was not very helpful, however, telling Kay De Villiers that with his intellect he could study anything.⁷⁰

The University of Cape Town

Kay De Villiers received final approval for admission to UCT in February 1946, advising him to present himself early in March armed with his matriculation results.⁷¹ He registered

⁶⁴ Mrs Elfrida Bothma Records, File UCT Application: Mr C. De Villiers - Registrar UCT, 3 April 1945.

⁶⁵ *Ibid.*, Registrar UCT- Mr C. De Villiers, 13 April 1945.

⁶⁶ *Ibid.*, Mr C. De Villiers - Ds. Kotze, 27 August 1945.

⁶⁷ *Ibid.*, Mr S.J. Naude, Secretary of the OVS Helpmekaar – Mr C. De Villiers, 30 August 1945.

⁶⁸ Mrs Elfrida Bothma Records, File UCT Application 1945: Mr C. De Villiers - Registrar UCT, 12 November 1945.

⁶⁹ Klerksdorp High School Magazine, 1946, p. 71.

⁷⁰ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

⁷¹ Mrs Elfrida Bothma Records, UCT Application - 1945: Registrar UCT – J.C. De Villiers, 7 February 1946.

for an MB ChB degree soon thereafter.⁷² Kay De Villiers choice of medicine was heavily influenced by a desire to make a difference to peoples' lives. Later in life, he acquired a reputation for being a caring and compassionate doctor who could communicate very effectively with his patients. Furthermore, the process of making a diagnosis was an intellectual exercise, a challenge which Kay De Villiers could not resist.⁷³ It must be borne in mind that doctors, along with the Dutch Reformed clergy, advocates and lawyers, formed an esteemed grouping within the Afrikaner elite in the early 20th century. This could have influenced his father in encouraging his brightest and youngest to study medicine.⁷⁴

Kay De Villiers was awarded a De Villiers bursary for his first year in 1946.⁷⁵ On the basis of his second year results he won a Julius Petersen Scholarship, which paid £35 a year for three years, starting in 1948.⁷⁶ His older brother, Jean, also assisted financially from time to time, despite his own at times, straitened circumstances.⁷⁷ His first year subjects were chemistry, physics, zoology and botany and at the end of the year, Kay De Villiers achieved a first for physics, a second for chemistry and zoology and a third for botany.⁷⁸ The first year MB ChB lectures took place on the main campus.

The medical school at which Kay De Villiers first registered evolved into a very different institution by the time he was employed as a specialist neurosurgeon in 1966.⁷⁹ After World War Two, approximately 1500 ex-servicemen and women decided to study at UCT. The South African government contributed generously to the costs of their education. Needless to say, it placed a huge burden on the University's teaching capacity, facilities and accommodation. During the war, almost 40% of the students were Afrikaans speaking, mainly studying medicine or engineering. The influx of the ex-service men and women resulted in a proportionate reduction in the number of Afrikaans speaking students at UCT, particularly as the University of Stellenbosch had by this time, established a faculty of engineering.⁸⁰ Afrikaans speaking students could elect to attend lectures in the first year in their home language. Kay De Villiers stated that there was no need for him to attend lectures

⁷² UCT Administrative Archives: UCT Registrations, 1946-1951.

⁷³ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

⁷⁴ C.F.J. Muller: *Sonop in die Suide*, p 54.

⁷⁵ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 2.

⁷⁶ Mrs Elfrida Bothma Records, UCT Application - 1945: Registrar UCT – J.C. De Villiers, Julius Petersen Award, 3 February 1948.

⁷⁷ J.C. De Villiers, Personal Correspondence, File 1981-1990: J.C. De Villiers - Mrs S. De Villiers, 17 February 1984.

⁷⁸ UCT Registrars Office: Student Records, Official Transcript, 19 November 2019.

⁷⁹ UCT Administrative Archives: Personal file, J.C. De Villiers, Curriculum Vitae, p. 2.

⁸⁰ H. Phillips: *UCT 1918-1948 The Formative Years*, p. 225.

in Afrikaans, as he was fluent in English, having matriculated at a dual medium school in Klerksdorp.⁸¹ Those who had fought in the war were generally more mature than those who had remained in South Africa. Generally, the ex-service men and women were committed and hard-working students but were still quite capable of having a party.⁸²

Their wartime experience of fighting fascism led to a more liberal approach to South African politics on the UCT campus. As a result of the National Party winning the general election in 1948, ideological differences between some of the older and younger students emerged.⁸³ The returning ex-servicemen soon dominated the Students' Representative Council (SRC) and gradually the influence of Afrikaners on campus lessened. Furthermore, the new SRC supported UCT's affiliation to the National Union of South African Students (NUSAS), which, in 1948, insisted upon a non-racial dispensation for all its members. This was the start of its conflict with the apartheid policies of the incoming National Party government. Furthermore, UCT's support for Smuts' war policy did not sit well with some of the Afrikaans speaking students. During the war, they established an Afrikaanse Taal en Kultuur Vereeniging, a residence in Mowbray for Afrikaans speaking students, as well as a "Jukskei Club".⁸⁴

In some unexpected ways, conversations with ex-service men about military medicine activated Kay De Villiers's innate curiosity. He was astonished to find that whilst there was much literature on the medical history of the two World Wars, there was little on the South African War, other than R.J.S. Simpson's "Medical History of the South African War."⁸⁵ Prof Howard Phillips, the UCT historian, interviewed Kay De Villiers as part of his research into his second volume of UCT history spanning the period 1948 to 1968. He learnt that the ex-servicemen had made a deep impression on Kay. He had found them to be incredibly hard working, driven by a sense of "lost years" due to the war. "They never stopped working. We benefited from sticking to them and following their example".⁸⁶

Lectures were very overcrowded and if students did not arrive timeously, they were not admitted. Between 1946 and 1948, the state subsidised the building of several additional

⁸¹ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 1.

⁸² H. Phillips: *UCT 1918-1948 The Formative Years*, p. 230.

⁸³ *Ibid.*, p. 221.

⁸⁴ H. Phillips, *UCT 1918-1948 The Formative Years*, p. 238.

⁸⁵ J.C. De Villiers: *Healers, Helpers and Hospitals*, p. 13.

⁸⁶ Prof Howard Phillips Records: Transcript of interview of J.C De Villiers by Prof Howard Phillips, 30 October 2015, p. 4.

laboratories and lecture theatres. The increased accommodation did not solve the problem of bedside teaching for students in their clinical years. Patients at the Victoria, Somerset and Peninsula Maternity Hospitals were included in the pool of patients at Groote Schuur Hospital (GSH) for teaching purposes. The Medical School instituted a program of evening tutorials to broaden the training of the large number of clinical year students. By 1948, the report of an examiner of the South African Medical Council of UCT final year medical students, found that the standards of practical training left a lot to be desired. Many students were “quite unfit for unsupervised practice”.⁸⁷

Student Politics

In his first year Kay De Villiers became intrigued by an initiative of a class mate, Edward (Ted) Burrows, to establish a Student Health Service. The service proposed was to offer students regular medical check-ups to detect illnesses requiring further treatment by qualified doctors. In order to see this project to fruition, Kay De Villiers campaigned for election to the SRC. His manifesto included the time he spent managing the Afrikaanse Kultuur Organisasie (AKO), his role as a member of the editorial committee of *Varsity*, treasurer of the Inter-Varsity Committee, the organiser of the Afrikaanse Studente Bond (ASB) camp in 1949 and his ongoing involvement with its management. It should be noted that the ASB and NUSAS were in opposite political camps during the time of National Party dominance. He also drew attention to his earlier role in establishing a Student Health Service. Kay De Villiers strongly supported unity with students at other universities, free of political affiliation and was therefore opposed to the establishment of political organisations on campus.⁸⁸ Kay De Villiers was duly elected to the SRC. At a later meeting on 14 September 1949, the SRC appointed a Student Health Service committee to be chaired by Ted Burrows and assisted by Kay De Villiers.⁸⁹ At a subsequent meeting, a motion, proposed by J.C. De Villiers and seconded by Miss J. Strauss, was passed unanimously supporting the establishment of a Student Health Service. The motion requested that the university administration levy an additional one pound charge on the fees of all students in order to fund such a service. The president thanked E.H. Burrows and J.C. De Villiers for the work they had done in connection with the Students Health Service.⁹⁰

⁸⁷ H. Phillips: *UCT 1918- 1948 The Formative Years*, p. 322.

⁸⁸ UCT Special Collections: *Varsity*, 2 August 1949, Front Page.

⁸⁹ UCT Administrative Archives: SRC Minutes, Box 173, 14 September 1949, p. 2.

⁹⁰ UCT Administrative Archives, SRC Minutes, Box 173, 5 June 1950, p.2.

In an edition of *Varsity* published in 1950, a photograph of Kay De Villiers appeared followed by a description of his activities at UCT. Somewhat sceptically, it questions whether “anything good could come out of Klerksdorp”.⁹¹ It goes on to describe Kay De Villiers as a quiet, retiring person who worked in the background, but nevertheless achieved a great deal. In addition to the activities mentioned above, the article describes Kay De Villiers’s interest in writing and journalism and in particular, his role in starting a writer’s circle at the University. The purpose of this organisation was to encourage students to produce articles that could then be submitted to the writers circle for adjudication. If suitable they would be included in a repository of information on university activities. It also described his role as an observer of the Afrikaanse Studentebond Congress at Stellenbosch University. Kay De Villiers was an enthusiastic promoter of greater co-operation with Stellenbosch University, to the extent that he spent almost every weekend in that town.⁹²

The edition of the *Varsity* newspaper published on 15 June 1950 carried a report on the SRC meeting described above. The one pound levy was opposed by a number of students and Kay De Villiers pointed out that there were many students who were unable to afford conventional medical treatment. In his opinion however, the contribution of one pound per student per year was justified.⁹³ At a meeting of the UCT Senate on 13 September 1950, the Student Health Service Fund was approved, including the compulsory levy of one pound.⁹⁴ The edition of *Varsity* which appeared on 5 June 1950 carried an announcement that Kay De Villiers had been elected the chairman of the Student Medical Benefit Scheme. In the same edition, there was a photograph of the outgoing SRC committee and the Chancellor of UCT, Field Marshal J.C. Smuts.⁹⁵

Medical School

At the beginning of 1947, Kay De Villiers registered as a medical student with the South African Medical and Dental Council (SAMDC) which allowed him to commence the second year of the course which was the study of anatomy and physiology.⁹⁶ Most medical students find both subjects challenging, particularly anatomy where the dissection of human cadavers

⁹¹ UCT Special Collections: *Varsity*, 31 March 1950, p. 3.

⁹² *Ibid.*

⁹³ UCT Special Collections, *Varsity*, 15 June 1950, p. 6.

⁹⁴ UCT Administrative Archives: Senate Minutes, March 21 to December 12, 1950.

⁹⁵ UCT Special Collections: *Varsity*, 20 September 1950, p. 3.

⁹⁶ Mrs Elfrida Bothma Records, Certificates: Certificate of Registration as Medical Student no. 5143, 7 May 1947.

forms a large part of the teaching programme. From the beginning of second year, all tuition took place at the Medical School in Observatory. Kay De Villiers nevertheless found time to befriend a young lady who lived some way from the Medical School and therefore when visiting her, he travelled by train. At the time of one such visit, he was preparing for an examination in physiology and used the time travelling to study the recommended textbook. He left the book at the young lady's home when they departed on their "date". Upon their return, Kay De Villiers was accosted by the young lady's mother, who expressed her disgust at the pictures and drawings in the textbook, in particular those dealing with human reproduction. Kay De Villiers did his best to explain that he was a medical student and the textbook was prescribed by the UCT Medical School. The mother prohibited her daughter from seeing him again.⁹⁷

At the end of that year, Kay De Villiers passed anatomy with a first, but barely passed physiology.⁹⁸ His comments to Howard Phillips on his lecturers at Medical School may shed some light on his academic results. His views on the head of physiology, Prof Irving, were revealing: Kay De Villiers considered him "adequate, but not inspiring".⁹⁹ One will never know whether it was the girlfriend's mother or Prof Irving who was to blame for Kay De Villiers's mediocre physiology results.

The legendary Prof Maxie Drennan was Kay De Villiers' anatomy lecturer. Being a Scotsman, his teaching followed the Edinburgh model, which was to draw coloured chalk diagrams of human structures during the lecture. According to Kay De Villiers, the drawings "lived for him – it was absolute gospel that his pictures should be clear and understandable".¹⁰⁰ He often remained after the lecture in order to complete Drennan's anatomical drawings. Drennan always started his lectures with the following: "The clavicle.... The clavicle.... The clavicle... is the most important bone in the body".¹⁰¹

During the anatomy course, the class received three lectures from Dr Mark Horwitz on the anatomy of the brain, which inspired the young man.¹⁰² In 1944, Dr Horwitz had won the

⁹⁷ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

⁹⁸ UCT Registrar's Office: Student Records, Official Transcript, 19 November 2019.

⁹⁹ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 1.

¹⁰⁰ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 2.

¹⁰¹ *Ibid.*, p.3.

¹⁰² *Ibid.*, p.1.

University Council Scholarship and Gold Medal in his final year.¹⁰³ This early fascination with the anatomy of the brain had an important influence on Kay De Villiers' choice of neurosurgery as a future career.¹⁰⁴ In a letter written by him at the age of 71 to Dr Graham Louw of the UCT Medical School Department of Anatomy, he describes how the demonstration of three characteristic neurological cases in his second year had so impressed him that he had decided to pursue a future career in the neurological sciences.¹⁰⁵

Now at Medical School, contact with the rest of campus was limited because of the domicile of the students and their workload. Kay De Villiers felt that the medics "were in a self-contained world and their experience of death separated them from other students. The medical students no longer made flippant remarks about death. Very few non-medical students were aware of human vulnerability".¹⁰⁶ The fractious nature of discussion and debate so prevalent on the main campus was muted at the Medical School. "By this stage formal political discussion was minimal, but informal dialogue took place. Some students became attracted to communism".¹⁰⁷ Kay De Villiers's sympathies lay elsewhere and he had a greater affinity for the causes of the Afrikaner Studente Organisasie.¹⁰⁸

He duly entered the third year to study pharmacology, bacteriology / virology and pathology, the latter being central to the understanding of disease. Kay De Villiers passed pathology and bacteriology / virology with a 3rd and pharmacology with a 2nd. Many of the students found the pharmacology lecture at 2 pm in the afternoon problematic. The departmental head, Prof Norman Sapeika, was not an inspirational lecturer so the students tended to nod off.¹⁰⁹ Under the circumstances, Kay De Villiers's results for pharmacology were surprisingly good! The fourth year was devoted entirely to pathology, which included bacteriology and virology. Kay De Villiers passed pathology, bacteriology and virology with a 2nd.¹¹⁰

¹⁰³ J. Louw: *In the Shadow of Table Mountain*, p. 390.

¹⁰⁴ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 1.

¹⁰⁵ J.C. De Villiers, Personal Correspondence File 1991-2000: J.C. De Villiers - Dr Graham Louw, 3 March 1999.

¹⁰⁶ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, pp. 4-5.

¹⁰⁷ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p.4.

¹⁰⁸ *Ibid.*, p.5.

¹⁰⁹ Prof Howard Phillips Records: Transcript of interview of J.C. de Villiers By Prof Howard Phillips, 30 October 2015, p. 6.

¹¹⁰ UCT Registrar's Office: Student Records, Official Transcript, 19 November 2015.

Again, his comments on the lecturers were illuminating. The head of pathology was Prof J.G. Thompson, supported by Dr Golda Selzer. The head of bacteriology and virology was the legendary Prof van den Ende.¹¹¹ Kay De Villiers considered them all to be very good lecturers, particularly the latter, “who prepared students well for the roads they would have to face”.¹¹² The students, having never been exposed to bacteriology and virology, had “no idea how important the subject was for the practice of medicine - it was all new to us. Only afterwards did we realise what cutting-edge stuff this was”.¹¹³ During Kay De Villiers’ fourth year at medical school, he joined the British Medical Association. This is a somewhat unusual step for a medical student and in the context of where he was training it is difficult to understand, unless he already planned to study overseas at a later stage.¹¹⁴

The fifth year of study was devoted to medical sub-specialties such as public health, psychology, medical jurisprudence, paediatrics, anaesthetics, dermatology, ear nose and throat illnesses, ophthalmology and venereal diseases. Kay De Villiers managed a second for public health and medical jurisprudence and a third for psychology. The rest he qualified with passes.¹¹⁵ Kay De Villiers was very impressed by the head of medical jurisprudence, Dr Reuben Turner. The subject was, in his words “the end of the story”.¹¹⁶

The ophthalmology lecturer, Dr J. Luckoff was very cultured and erudite. The head of dermatology was Dr R. Lang “of Africa”. This nickname arose from his arrogant claim that he was the best dermatologist in Africa. He was considered an insufferable little man who told the students stories that were openly critical of Prof Frankie Forman, the Professor of Clinical Medicine at UCT. Kay De Villiers recalls that one of the students carved “Lang is a pig” into his desk.¹¹⁷

The students who made it to the sixth year had to cope with a formidable program, being medicine, surgery, obstetrics and gynaecology. In the early years of the medical school, these three divisions of the faculty were led by “The Big Three”: Professors Falconer, (medicine) Saint, (surgery) and Crichton (obstetrics and gynaecology) - nicknamed “Oubaas”, “Charlie”

¹¹¹ J.H. Louw: *In the Shadow of Table Mountain*, p. 312.

¹¹² Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 1.

¹¹³ *Ibid.*, p. 2.

¹¹⁴ UCT Administrative Archives: Personal file, J.C. De Villiers, Curriculum Vitae, p. 4.

¹¹⁵ UCT Registrar’s Office: Student Records, Official Transcript, 19 November 2019.

¹¹⁶ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 2.

¹¹⁷ Prof Howard Phillips Records: Transcript of Interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p.3.

and “Cuthbert” respectively.¹¹⁸ By 1951, when Kay De Villiers reached sixth year, these divisions were well staffed with outstanding clinicians and teachers. The department of medicine had two professorial heads, being the Practice of Medicine, led by Prof J.F. Brock and Clinical Medicine, led by the iconic Prof Frankie Forman. Obstetrics and gynaecology was still led by the redoubtable Prof Cuthbert Crichton, the last survivor of “The Big Three.”¹¹⁹

Once again, Kay De Villiers’s opinions of his sixth-year lecturers are enlightening. He considered Prof Brock a poor communicator with a diffident attitude towards students.¹²⁰ Having been educated in England, he was uncomfortable with Afrikaans, particularly the double negative, to the point of “incomprehensibility.” He also had a poor memory for people. On the other hand, he considered Prof Forman a good communicator with both students and patients. He found his lectures to be lucid and understandable. He was always available for his colleagues, including registrars and interns.

The head of the division of surgery, Prof Erasmus, was philosophical and theoretical in his approach to surgery, quite unlike the forceful Dr J.H. Louw, colloquially known as “Jannie,” presumably because of his short stature. Prof Erasmus was a retiring person who seemed unhappy with his lot in life. His wife was an alcoholic and Kay De Villiers became aware of sniping remarks made behind his back by his professional colleagues. Jannie Louw stood in stark contrast to Prof Erasmus. He was a meticulous surgeon and always well prepared. His lectures were systematic, lucid and structured.

Prof Crichton was a forceful lecturer, but his teaching was fragmented and disorganised. He was often rude to students, on occasions describing them “as a menace and they would never amount to much.”¹²¹ It was therefore hardly surprising that he was unpopular with the students. Kay De Villiers achieved a second for Medicine and Surgery and a third for Obstetrics and Gynaecology.¹²²

Kay De Villiers mentioned the unfortunate position of the coloured medical students at UCT who trained with him during their clinical years. The racist prejudice of the Cape Provincial

¹¹⁸ J.H. Louw: *In the Shadow of Table Mountain*, p. 165.

¹¹⁹ *Ibid.*, p. 312.

¹²⁰ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 2.

¹²¹ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October, 2015, pp. 2-3.

¹²² UCT Registrar’s Office: Student Records, Official Transcript, 19 November 2019.

Administration would not allow white patients to be examined by coloureds. A gentleman's agreement existed whereby they would quietly leave the lecture theatre when a white patient was presented to the class. Somewhat bitterly, he commented that it seemed that only the coloured students were expected to be gentlemen.¹²³

Kay De Villiers graduated with an MB Ch B on the 14th December 1951.¹²⁴ In order to start his houseman year it was a legal requirement for him to register as an intern.¹²⁵ Based on his final year results, he was employed in 1952 as a houseman at Groote Schuur Hospital (GSH), in the Department of Internal Medicine under Prof J.F. Brock for the first six months of the year and thereafter in the Department of Surgery under Prof J.F.P. Erasmus.¹²⁶ Prof Brock described Kay De Villiers as "a good student who was hard working and conscientious".¹²⁷ Prof Erasmus considered him "to be one of the good students of the year who was keen, intelligent, reliable and a pleasant colleague".¹²⁸ Working for Erasmus, Kay De Villiers was exposed to the rising star in the Department of Surgery, Jannie Louw, who would later succeed Erasmus as Professor.¹²⁹ In the years to come, he and Kay De Villiers would together form a formidable partnership at GSH and in medical politics generally. Kay De Villiers was registered as a Medical Practitioner on the 6 January 1953.¹³⁰

Towards the end of Kay De Villiers's time as an intern, Dr Alex Gonski joined the department of neurosurgery as a specialist having completed his training in Edinburgh under Prof Norman Dott. To Kay De Villiers's great surprise, Gonski visited him in the ward and suggested that he join the department of neurosurgery as a registrar the following year. "I was somewhat overwhelmed by this unexpected offer as it was the one thing, I would have liked to do most of all. For a number of reasons, I could, however, not accept and when I explained

¹²³ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 6.

¹²⁴ Mrs Elfrida Bothma Records, File Certificates: MB. Ch. B. Graduation Certificate, UCT, Jacques Charl De Villiers, 14 December 1951.

¹²⁵ *Ibid.*, Certificate of Registration as Intern no 1658: The South African Medical and Dental Council, 20 December 1951.

¹²⁶ UCT Administrative Archives: Personal File, J.C De Villiers, Curriculum Vitae, p. 2.

¹²⁷ Mrs Elfrida Bothma Records, File Testimonials: Testimonial, J.C. De Villiers, by Prof. Brock, 14 November 1952.

¹²⁸ Mrs Elfrida Bothma Records, File Testimonials: Testimonial, J.C De Villiers by Prof. Erasmus, 29, November 1954.

¹²⁹ J.H Louw, *In the Shadow of Table Mountain*, p. 364.

¹³⁰ UCT Department of Neurosurgery: J.C. De Villiers, Certificates, South African Medical and Dental Council, Registration Certificate no. 5838, 6 January 1953.

my dilemma to Dr Gonski, he fully understood and wished me well in my plans. I left Cape Town to follow a long road which brought me back to GSH as a neurosurgeon in 1966".¹³¹

Kina - The love of his life

Kay De Villiers met his first wife Kina (born Christina Metha Botha) at Stellenbosch when he was in his 5th year at Medical School. According to his son Charl, it was at a hockey game at the University. She was studying for a BA in order to become a teacher.¹³²

Her father, Christiaan Lourens Botha, (Chris) was born in Kroonstad in 1869. After the death of his first wife (Helena Gardner), Botha married Mina Freund in 1927¹³³ and they had two girls - Kina was born on the 15 March 1930 and Betty on 12 August 1931.¹³⁴ Both girls were born on the farm Linden, 15 km outside Bloemfontein on the Jagersfontein road.¹³⁵ Mina died of cancer in 1938. Judge Botha retired in 1939 and the family moved to Stellenbosch.¹³⁶ He purchased a home at 5 van der Stel Street from Prof Hendrik Verwoerd, later Prime Minister of South Africa.¹³⁷ Botha employed a German governess, called Tant Annagret, to care for the girls. Betty and Kina attended Bloemhof High School where they both matriculated. Betty married Jan de Wet and had four children, of whom one was Christine. She describes her aunt as kind, compassionate and caring, qualities that would have attracted Kay De Villiers.¹³⁸ Kina was perhaps the reason for Kay De Villiers' frequent visits to Stellenbosch.

Kay De Villiers and Kina were married by Dr A.P. Treurnicht (Andries)¹³⁹ on the 12th December 1952 in Stellenbosch.¹⁴⁰ It is quite surprising that Kay De Villiers's family did not attend the wedding.¹⁴¹ By the time of the wedding, Kina's father had died, but Betty, Jan and

¹³¹ J.C. De Villiers, Personal Correspondence, File 2001-2018: J.C. De Villiers - Prof. Graham Fieggen, email correspondence, 25 March 2013.

¹³² Mr Charl De Villiers: Interview by Dr J.R. Cowlin, 31 October 2019.

¹³³ C.J. Beyers (ed): *Suid- Afrikaanse Biografiese Woordeboek*, Vol IV, p. 42.

¹³⁴ Mrs Christine Loukakis, email correspondence with author, 28 January 2020 & Mrs Elfrida Bothma Records, File Certificates: Abridged Birth Certificate no. A 997577, Christina Meta Botha, 15 March 1930.

¹³⁵ Mrs Christine Loukakis, email correspondence with author, 28 January 2020.

¹³⁶ C.J. Beyers (ed): *Suid- Afrikaanse Biografiese Woordeboek*, Vol IV, p. 42.

¹³⁷ Prof Andreas van Wyk: Interview by Dr J.R. Cowlin, 29 May 2020.

¹³⁸ Mrs Christine Loukakis, email correspondence with author, 4 February 2020.

¹³⁹ Dr A.P. Treurnicht later became a National Party Member of Parliament and left to form the Conservative Party with 21 other MP's in 1982.

¹⁴⁰ Mrs Elfrida Bothma Records, File Certificates: Marriage Certificate no. B 845299, J.C. De Villiers & Christina Meta Botha, Rev. A.P. Treurnicht, Marriage Officer.

¹⁴¹ Mrs Hetty Esselen, email correspondence with author, 28 April 2020.

Tant Annagret were amongst the guests.¹⁴² On the 4th December, his mother wrote to “Boet en Kina”:

“Wel ek wens julle alles wat loflik is alles wat lieflik is alles wat edel is toe. Mag julle baie geluk en voorspoed smaak en mag julle lank vir mekaar gespaar bly vir ‘n soete samelewe.”¹⁴³

(I wish you everything holy, everything lovely and everything noble. May you enjoy happiness and progress and may you be spared for each other for a happy life together)

Apparently, Kay De Villiers’ mother had received the telegram telling them of their intended wedding that morning. She was very sorry they could not attend, but at the time of the wedding, they would sit quietly in the sitting room and pray for them. There are very few references to their courtship and nothing about wedding arrangements or honeymoon.

Conclusion

It is evident from Kay De Villiers’s letters to friends and relatives that he considered himself fortunate to have been taught by a number of fine teachers during his schooling in Klerksdorp. Koos du Plessis seems to have made a great impression on Kay De Villiers and contributed to his growing interest in history. He frequently mentioned Koos to Prof Graham Fieggen, the current professor of neurosurgery. It is also clear that his relationship with his mother was limited by her so-called paralysis with the result that, for much of his schooling, he was brought up by his oldest sister, Mercia. His relationship with his father was complex and troubled. On the one hand, Callie encouraged him to read and expected outstanding academic results from his son. On the other, it is clear that his father was incapable of praising him for his achievements. Was storing his school reports and testimonials for so long a way of compensating for the lack of praise from Callie? Yet Callie demonstrated remarkable determination in trying to secure funding for his son’s studies during 1945, extolling his ability, diligence and outstanding results to others. In one respect, Callie was influential by somehow understanding that curiosity was crucial for the accumulation of knowledge. The need to observe and try to understand one’s surroundings was also encouraged by one of his teachers, Mr Le Roux. It is also worth considering Kay De Villiers’

¹⁴² Mrs Christine Loukakis: email correspondence with author, 24 February 2020.

¹⁴³ J.C. De Villiers, Personal Correspondence File 1950-1970: “Pappie en Mammie”- J.C. De Villiers, 4 December 1952.

participation in the Klerksdorp High School Debating Society. Not only was he a member but won the Debating Cup in his last year at school. Did this prepare the talented young man for his later ability as a public speaker and pedagogue of note?

The comments in high school that he was intelligent enough to “excel at anything” must have been a boost to his confidence in the light of his father’s lack of encouragement. It is clear that during his school years, Kay De Villiers was exposed to music, poetry and literature, a love for which he retained for the rest of his days. Throughout his life, Klerksdorp seems to have been in the back of his mind. He made frequent references to his schooling and later in life, felt that he had been forgotten. Yet he continued receiving letters from old school friends, which did little to ameliorate the profound nostalgia he felt for his youth.

The exposure to the ex-servicemen that Kay De Villiers met during his six years at university was likely to have had an influence on his thinking in a number of ways. This group of students had been exposed to the horrors of military conflict and the fear of death or injury. As a result of both age and experience, they were a lot more mature than the medical students who entered the university directly from high school. From 1946, the university became considerably more liberal as a result of the ex-servicemen’s loyalty to General Smuts and many opposed the strong segregationist tendencies of the opposition Nationalist party under Dr D.F. Malan. Given Kay De Villiers’ upbringing and affinity for Afrikaans orientated cultural organisations, settling in at UCT might have been difficult given the strong liberal bias brought by the ex-servicemen. It also seems that the ex-servicemen must have interested Kay De Villiers because of their exposure to the risk of injury with the likelihood of hospitalisation, surgery and rehabilitation. A good number of Kay De Villiers’s undergraduate years were spent in student politics. His record as a member of the Students Representative Council and as vice-chair of the Inter-Varsity Committee over a period of two years, reaffirms the leadership skills he displayed at school. Kay De Villiers supported Zach De Beer’s motion recommending that the university authorities establish on-campus residential facilities for ‘non-white’ students. Yet his views on race seem ambivalent - from Kay De Villiers’s comments in *Varsity*, he did not support unrestricted racial integration or political organisations on campus.

Prof Roland Eastman, a neurologist, became a close friend of Kay De Villiers at GSH. He was asked by the candidate to comment on Kay De Villiers’s university results. Prof Eastman was not at all surprised that Kay De Villiers performed poorly with lecturers he considered

second rate. He considered curiosity as being the most important factor driving knowledge accumulation, in combination with intelligence and discipline.¹⁴⁴ This view is shared by Prof Robert Kaplan, a Forensic Psychiatrist of the Graduate School of Medicine of Wollongong, Australia.¹⁴⁵

It seems that the two lecturers who made the greatest impression on Kay De Villiers were Frankie Forman and Jannie Louw. As a clinician, Forman stressed meticulous history taking and careful physical examination as a pre-requisite for making sound diagnoses at a time when special investigations were limited. Despite the steady emergence of progressively more advanced investigative technology, Kay De Villiers relied on the clinical skills taught to him by Forman for the rest of his life.

Jannie's ambition, energy, surgical skills and erudite lectures impressed Kay De Villiers. It was obvious to all that he was being groomed to succeed Erasmus. Jannie was after all a UCT graduate, had trained in the UK and fitted the mould of the first professor of surgery at UCT, Professor Charles Saint. The next chapters will describe the profound influence that both men had on Kay De Villiers's career.

Kay De Villiers' reluctant rejection of Dr Alex Gonski's offer is unsurprising. He came from a relatively poor home where his father had struggled to secure financial support for his medical training, to the extent that Jean assisted as far as he could. The MB ChB degree is a six-year course and it is likely that Kay De Villiers had incurred debt during his training. His marriage to Kina at the end of 1952 opened the door to a period of happiness and achievement which would occupy his thoughts and emotions for the rest of his life.

¹⁴⁴ Prof. Roland Eastman: Interview by Dr J.R. Cowlin, 9 December 2019.

¹⁴⁵ Prof. Robert Kaplan: Interview by Dr J.R. Cowlin, 19 September 2019.

3 From General Practitioner to Neurosurgeon (1953-1966)

General Practice

Kay and Kina De Villiers moved to Swellendam at the beginning of 1953 where he joined the general practice of Dr Frikkie Malherbe. Medical practice was infinitely more formal in those days compared to the present. The doctors wore suits to work and if invited to dinner would never forget to bring their medical bag, as they were quite likely to be called to see a patient after hours.¹⁴⁶ Dr Malherbe was much older than Kay De Villiers and had practiced in the area for years. He spoke slowly with a very deep voice and loved telling amusing stories about medical problems and events that took place in his practice, although he was very strict about preserving patient confidentiality. He used to walk from his home to their consulting rooms and in the morning would meet the telephone exchange operator on his way home from night duty. They fell into the habit of discussing the telephone calls of the previous night in order that Dr Malherbe could plan for any emergencies he may have to cope with during the day.¹⁴⁷ Such was Malherbe's sense of humour that on one occasion a mother accompanied her daughter to see him complaining "about water on the stomach." According to the mother, this was a common condition in their family. He carefully examined the daughter and confirmed that she certainly had water on the stomach, but that there was a little fish swimming around in it! It took a while before the mother realised that the good doctor was saying that her daughter was pregnant.¹⁴⁸

One of Kay De Villiers' first patients was Mr Johan Voorhuis, a well-known farmer in the area, who consulted him about his recurrent tonsillitis. He was a difficult man and was not prepared to have a tonsillectomy performed by this "seuntjie".¹⁴⁹ His daughter, Mrs Kate Steyn, still living in Swellendam, recalls however, that her father became very attached to Kay De Villiers. Many years later when Kay De Villiers was Professor of Neurosurgery, he operated on Mr Voorhuis for a back condition and never sent an account. (It must be borne in mind that as a full-time employee of the Cape Provincial Administration at this time, he was not allowed to charge patients whom he had treated in hospital.¹⁵⁰) Kay De Villiers established enduring friendships with his patients in Swellendam. Another such family was

¹⁴⁶ Mr Adriaan and Mrs Louise Mocke: Interview by Dr J.R. Cowlin, 7 October 2019.

¹⁴⁷ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

¹⁴⁸ *Ibid.*

¹⁴⁹ *Ibid.*

¹⁵⁰ Mrs Kate Steyn: Interview by Dr J.R. Cowlin, 7 October 2019.

that of Kiep and Bettie du Plessis. He successfully operated on Kiep in 1987 at GSH and later received a letter from them including a cheque, which he never deposited. He later wrote to them explaining that, as a full-time salary earner, he could not accept remuneration for outside work. He acknowledged that he had been poor in his younger life, but felt that this did not justify receiving remuneration for curing illness. He quoted his old Swellendam partner, Dr Malherbe, as follows: “You must never smile when you see money; it is very bad”.¹⁵¹ With their somewhat reluctant agreement, he finally deposited the cheque into the neurosurgical departmental account.¹⁵²

It seems that Kay De Villiers learnt the art of storytelling from Dr Malherbe. Many years after leaving Swellendam, Kay De Villiers told Dr Paul Cluver about Tant Miem (Maria Elizabeth Rothmann or M.E.R.) who consulted him about a pain in her foot. After taking a careful history and doing a thorough examination, he suspected gout. Knowing the kind of response that he may get, he took blood in order to confirm the diagnosis. When the tests results were available, he explained that she had gout and assured her that she could take some tablets and she would soon get better. She responded as follows:

“Dokter, dit kannie wees nie! Gout is ‘n siekte van ryk mense wat baie vleis eet. Ek eet nie vleis nie. Dit is ook ‘n siekte van mense wat baie port drink. Ek drink niks nie. En Dokter, gout is ‘n siekte van die Engelse, en ek haat die Engelse!”¹⁵³ (Doctor, this cannot be! Gout is a sickness of wealthy people who eat lots of meat. I do not eat meat. It is also a sickness of people who drink lots of port. I do not drink at all. And Doctor, gout is a disease of the English, and I hate the English!)

On other occasions, the younger ladies of the town went out of their way to consult their good-looking young doctor. In order to get his attention, they would try to simulate a measles rash on their arms and legs in order to get him to examine them.¹⁵⁴ Despite such distractions, Kay De Villiers was always extremely respectful of patient confidentiality in discussions with laypeople, including his wife Kina. On one occasion, a family friend had consulted him and after taking a complete history and conducting a thorough examination, Kay De Villiers diagnosed the patient with infectious hepatitis. As this was a transmissible disease, he

¹⁵¹ J.C. De Villiers, Personal Correspondence, File 1981-1990: J.C. De Villiers - Mr Kiep and Mrs Bettie Du Plessis, 17 August 1987.

¹⁵² *Ibid.*

¹⁵³ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 10 August 2019.

¹⁵⁴ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

confined her to bed, even though he knew she was due to have dinner with them that night. It was only when she did not arrive, that Kay De Villiers reluctantly advised Kina that the expected guest was ill and would not be joining them for dinner. On another occasion, a patient consulted him about a painful ear. Once again, Kay De Villiers took a careful history and examined the patient. He found that he had a tick in his ear, which he removed surgically. Some weeks later, the same patient arrived with the identical complaint. Kay De Villiers then remembered what Prof Frankie Forman had taught him some years before about the need for careful history taking. He realised that something was amiss and once again, interrogated the patient about his activities. It turned out that the patient was a local farmer who milked his own cows. When doing so he lent his head against the cow's buttock and inadvertently allowed ticks to enter his ear. Once again, a tick was found in the ear and again removed. It was a lesson that Kay De Villiers would never forget.¹⁵⁵

One Sunday afternoon, Kay De Villiers was asked to see a wealthy patient who normally consulted his partner, Dr Malherbe. Whilst Kay De Villiers did not know him personally, he was aware that his family were prominent citizens of the town. As usual, Kay De Villiers took a careful history and did a meticulous examination, but he remained uncertain of the diagnosis, as it did not fit with the patient's social position. The next day, Dr Malherbe asked him whether he had seen this particular patient because he had noticed his motorcar outside their surgery – he was interested in Kay De Villiers' diagnosis. Kay De Villiers replied that he thought the patient had tuberculosis, but the diagnosis did not fit with the patient's social status. His partner agreed and pointed out that the diagnosis of tuberculosis was never spoken about in that family and the patient was in denial. It occurred to Kay De Villiers that social aspirations, such as acceptance and status, influenced the way in which patients regard their own illness. It taught him a lesson that diagnoses should be based upon scientific criteria and that social status, wealth and race should not influence the doctor.¹⁵⁶

During his time in Swellendam, Kay De Villiers was exposed to the harsh reality of illness and death within the community. At one stage, he was treating a young boy who clearly had a terminal illness. During a consultation, the young fellow asked Kay De Villiers about the nature of death. In trying to answer the question honestly, Kay De Villiers became deeply

¹⁵⁵ Miss Kina Joubert: Interview by Dr J.R. Cowlin, 8 October 2019.

¹⁵⁶ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

disturbed. When he tried to explain the problem to the child's parents, he got the impression that they were holding him responsible. This made Kay De Villiers very depressed.¹⁵⁷

While Kay De Villiers was in general practice, Kina became friendly with one of his patients, Marea Joubert. After Kina's death in 1967, Marea named her newborn daughter after Kay De Villiers's late wife. Baby Kina was born in 1969 in Riversdale. As the young girl grew up, her mother frequently spoke about her wonderful late friend, Kina De Villiers. After graduating with a BA Honours in History at Stellenbosch University, Kina Joubert qualified as a teacher. She took up her first position in 1993 in Montagu, a small town not far from Swellendam. It was here that Tannie Tolla, a retired district midwife, put her in touch with Kay De Villiers. After a short while, Kina received a letter and a photograph of her namesake. She met Kay De Villiers and Jeanne (his second wife) in 1999 and they became very close friends. Whilst on holiday in the United Kingdom, Kina Joubert contacted Nigel Legg's daughter, also named Kina and they met socially in London. In 1999, when Kina was the curator of the Montagu Museum, Kay De Villiers delivered an unforgettable lecture on the history of the South African War.¹⁵⁸

During his time in Swellendam, Kay De Villiers developed an interest in polycystic renal disease as a result of diagnosing the condition in three related patients. He then drew up a family tree and traced nearly all the members of the family that were still alive. He investigated these patients and found the condition in a further 28 individuals. In a paper published in the *South African Medical Journal* in March 1959, Kay De Villiers described the features of the illness as being usually due to a dominant gene, which could be inherited from mother or father and passed on to son or daughter. Ultimately, he traced the disease back for another four generations. By early in 1958, Kay De Villiers had left Swellendam and was teaching anatomy at Stellenbosch University in preparation for the Fellow of the Royal College of Surgeons (FRCS) Primary examination.¹⁵⁹ When one considers the advances in modern human genetics, his analysis of the Mendelian type of inheritance of polycystic renal disease remains remarkably accurate. In his paper, the description of the anatomical

¹⁵⁷ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

¹⁵⁸ Miss Kina Joubert: Interview by Dr J.R. Cowlin, 8 October 2019.

¹⁵⁹ J.C. De Villiers, "Die Erflikheid van Polikisteuse Niere", *South Africa Medical Journal*, (33), (3), 7 March 1959.

distribution of the cysts in the kidneys, liver, pancreas and spleen, is little different from what you would find in a modern medical textbook today.¹⁶⁰

A well loved doctor

Clearly, Kay De Villiers had made an impression in Swellendam. Many years later, he arranged for an old patient, Manie Muller, to see Dr Roland Eastman for his recurring headaches. Kay De Villiers was delighted when his old patient gave him a bottle of Swellendam Braambrandewyn. From his letter of thanks, it is clear that this brandy was a local concoction, which he used to enjoy when living in the town.¹⁶¹

During Kay De Villiers's years in Swellendam, he befriended the well known Afrikaans author and personality Maria Elizabeth Rothmann. (M.E.R.) One explanation for the attraction was their common interests in literature, history and Afrikaner culture. On Kay De Villiers's departure from Swellendam in 1957, he went to say goodbye to M.E.R. and her two sisters. The one, Annie van Zyl, who was a non-believer in medicine and God, had the last word: "Ja, ou Kay De Villierstjie, nou dat jy hier weggaan, is jy darem'n baie beter dokter as toe jy hier aangekom het!"¹⁶² (Yes, young Kay De Villiers now you are leaving you are a better doctor than when you arrived!)

Kay De Villiers visited M.E.R. in 1973 and found her to be in good health, having just published her autobiography. She turned one hundred years old on 28 August 1975 and soon thereafter, died in Swellendam. Kay De Villiers attended her funeral and renewed his many friendships in the town. He spent some time with Annie van Zyl who bequeathed the sisters' library to Kay De Villiers. He recalled being very happy to be back amongst the people of Swellendam and commented that it was almost as if time had stood still.¹⁶³

Kay De Villiers continued to correspond with his old patients from Swellendam until his death. He received a card for his 66th birthday from Kobus and Yvonne van Eeden who had been patients and were still living in Swellendam. He answered in writing and invited them to

¹⁶⁰ D.L. Kasper, E. Braunwald, A.S. Fauci, S.L. Hauser, D.L. Longo & J.L. Jameson: *Harrison's Principles of Internal Medicine*, pp. 1694-1695.

¹⁶¹ J.C. De Villiers, Personal Correspondence, File 1991-2000: J.C. De Villiers - Mr Manie Muller, 23 June 1992.

¹⁶² Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

¹⁶³ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Burrows, J.C. De Villiers- Dr E. Burrows, 24 January 1973.

join him and Jeanne for a weekend in Cape Town.¹⁶⁴ A few years later Kay De Villiers received birthday wishes from Eben and Tolla Joubert. He responded with great appreciation and wrote that Swellendam was always in his thoughts, but that sadly there was no longer any one with whom he could share it. He recalled what Kina's father had once said when he got old: "... is my lus vir my eie storie ook sommer uit."¹⁶⁵ (My interest in my own story has also vanished.)

When Kay De Villiers turned seventy-five, he received another letter from the Jouberts. Tolla suggested a reunion of about twenty Swellendam residents, some of whom had been Kay De Villiers's patients some fifty years previously. The guest list included Kina Joubert and her mother, Marea. Kay De Villiers was asked to make a speech, in which he recalled the happy memories he had of his time in Swellendam and how wonderful it was to be back.¹⁶⁶ Soon after the reunion, Kay De Villiers wrote to his old friends, Frieda and Almero, saying how special it was to have seen everyone again and apologising for not having spent sufficient time talking to them. He explained that Tolla had taken responsibility for the food and drinks and that it was his responsibility for ensuring that the guests socialised together. As it happened, it was almost as if they had never been apart.¹⁶⁷

M.E.R.'s daughter's adopted child died in 2014. The funeral was held in Swellendam. When it became known that Kay De Villiers would be attending, the excitement amongst the residents reminded Annami Jonker of a visit from "a famous film star".¹⁶⁸ In a similar vein, Marea Joubert considered Kay De Villiers a legendary figure in the town of Swellendam, being remembered with "such sincere affection, gratitude and pride."¹⁶⁹

In the years after leaving Swellendam, Kay De Villiers frequently referred to M.E.R. In a letter of condolence that he wrote to Prof and Mrs Jan De Villiers of Stellenbosch to console them about the death of a loved one, he quoted M.E.R. as follows: "Somtyds is daar niks anders te doen nie as om net naby aan mekaar te staan sodat onse warmte kan voel."¹⁷⁰

¹⁶⁴ J.C. De Villiers, Personal Correspondence, File 1991- 2000: J.C. De Villiers - Mr Kobus and Mrs Yvonne Van Eeden, 10 March 1994.

¹⁶⁵ *Ibid.*, J.C. De Villiers - Mr Eben and Mrs Tolla Joubert, 15 April 1997.

¹⁶⁶ *Ibid.*, File 2001- 2018, Swellendam Reunion, 26 May 2002.

¹⁶⁷ *Ibid.*, J.C. De Villiers - Mrs Frieda and Mr Almero De Villiers, 13 July 2002.

¹⁶⁸ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019. Her husband Andries was Jeanne du Plessis, Kay De Villiers's second wife's nephew.

¹⁶⁹ Mrs Marea Joubert: Interview by Dr J.R. Cowlin, 7 October 2019.

¹⁷⁰ J.C. De Villiers, Personal Correspondence, File 1991-2000: J.C. De Villiers - Prof. & Mrs De Villiers, 11 August 1995.

(Sometimes all one can do is stand next to one another so that we can feel each other's warmth.)

Kay De Villiers's last visit to Swellendam was late in 2015, when he was asked by the family of the late M.E.R. to catalogue her collection of Boer War memorabilia and arrange for it to be donated to the Boer War Museum in Bloemfontein. Much of this material had been the possessions of prisoners of war, incarcerated at sites outside of South Africa, namely Ceylon, India and St Helena. Kay De Villiers spent a very happy week sorting out the collection during the day and enjoying evenings with his old patients, Adriaan and Louise Mocke, with whom he stayed. Jeanne was already coping with treatment for her malignant renal condition and chose to spend the week with her niece, Annami Jonker on their farm near Bonnievale.¹⁷¹

The Anatomy Department at Stellenbosch

Kay De Villiers joined the department of anatomy as a junior lecturer at Stellenbosch University at the beginning of January 1957. Co-incidentally, this was the first year that the medical school accepted students. Most of the staff had been recruited from Prof Raymond Dart's renowned department of anatomy at the University of the Witwatersrand. They included Dr Jan Toerien as the senior lecturer, Mr N.J.F. Harrington as the anatomical technician and Miss Linda Le Roux as secretary/technical assistant. In January 1958, Prof J.F. Kirsten became head of the Department of Anatomy, having been trained at the Royal College of Surgeons of England.¹⁷² With the encouragement of Prof Kirsten, Linda became familiar with the work of Dr D.H. Tompset of the Royal College, who had developed technology for injecting vascular structures and other tubular parts of the human anatomy with a plastic mixture, which ultimately eroded the natural tissue. In this way, anatomically correct models of human structures were created. While she and Kay De Villiers were working together, Linda made him a model of the ventricles inside the human brain, which remains in the Department of Neurosurgery at UCT to this day.¹⁷³ Kay De Villiers thanked her profusely for the "plastiek breine" (plastic brains), saying that they were very handy when teaching the nurses neuroanatomy.¹⁷⁴

¹⁷¹ Mr Adriaan and Mrs Louise Mocke: Interview by Dr J.R. Cowlin, 7 October 2019.

¹⁷² Mrs Elfrida Bothma Records, File Medical Research Council: Prof. A Brink – J.C. De Villiers, 30 October 1956.

¹⁷³ J.C. De Villiers, Personal Correspondence, File 1981- 1990: Miss Linda le Roux – J.C. De Villiers, 8 March 1981.

¹⁷⁴ *Ibid.*, J.C. De Villiers- Miss Linda le Roux, 23 November 1981.

Kay De Villiers was obviously drawn to Linda and described her as a warm, friendly person with a great interest in music, graphic art, literature, drama, history and antiques. She was physically attractive, despite having to wear a full-length leg calliper as a result of having contracted polio as a child. Kay De Villiers kept in touch with her, writing that “tenspyte van die omstandighede, dit tog goed was om jou weer Vrydag te kan sien.” (...despite the circumstances, it was good to see you again on Friday). He promised to stand by the undertaking that he had given her, that he was available to help and she only needed to ask.¹⁷⁵ Soon thereafter, for reasons that remain unclear, she took her own life.¹⁷⁶

Dr Berthold Hellberg is an Honorary Life Vice-President of the Society of Surgeons of South Africa and trained in the same era as Kay De Villiers. He describes the rigours of the entrance exam to the surgical fellowship qualifications as follows: “The examination offered as the Primary Examination of the Fellowship of the College of Surgeons of South Africa covered the basic sciences which were taught to undergraduates, being anatomy including embryology, physiology and pathology, but at a much higher standard”.¹⁷⁷ This was the same nature and standard as the primary examinations of the various Royal Colleges of Surgeons in the United Kingdom, with whom it enjoyed full recognition and reciprocity. In both countries, the attrition rate was very high, with a maximum of a quarter of the candidates passing the examination at any one time. For this reason, candidates for the primary often elect to spend a few years working in either of the departments of anatomy, physiology or pathology in order to gain working experience in at least one of the subjects. In these departments, the responsibility of the staff is primarily teaching and research. As a result, there is very little after-hours emergency work and thus surgical primary candidates should have the time to prepare adequately for the challenging examinations which lay ahead.¹⁷⁸ By the time Kay and Kina De Villiers left for the UK in 1958, the South African College of Surgeons had just been established in 1956.¹⁷⁹ Kay De Villiers elected to sit the primary and final exams at the Royal College of Surgeons in Britain.¹⁸⁰

The gathering of material into the genetic, clinical and radiological aspects of polycystic disease of the kidneys in adults was conducted, as mentioned earlier, while Kay De Villiers

¹⁷⁵ J.C. De Villiers, Personal Correspondence, File 1981-1990: J.C. De Villiers- Miss Linda le Roux, 23 August 1986.

¹⁷⁶ *Ibid.*, File Legg: J.C. De Villiers –Dr Nigel Legg, 20 March 2008.

¹⁷⁷ Dr Berthold Hellberg MB ChB, FRCS, email correspondence with author, 11 February 2020.

¹⁷⁸ *Ibid.*

¹⁷⁹ I. Huskisson: *The History of the Colleges of Medicine of South Africa*, p 42.

¹⁸⁰ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman on 18 April 2018.

was in practice in Swellendam. During his time at the Stellenbosch Medical School, he wrote the MD thesis, which was submitted to UCT before he left for the UK at the end of 1958.¹⁸¹ In the same year, Kay De Villiers was awarded the F. du Toit van Zijl Medal for research and teaching excellence.¹⁸² Towards the end of his time at Stellenbosch, he asked Prof Van Zijl, the Professor of Surgery and Dean of the Faculty of Medicine, for a testimonial to support his application for the John Adams Memorial Trust Fellowship. He described Kay De Villiers as a doctor who “examined his patients with so much care and knowledge that nothing went unrecognised. De Villiers is an outstanding student and research man. In addition to this he is able to present his case logically and clearly. As a teacher of anatomy, he is adored by his students”.¹⁸³ There is no record in the sources that he won the fellowship.

Training in the UK

Before embarking for the UK, Kay De Villiers applied for registration as a medical practitioner in his new domicile.¹⁸⁴ Kay and Kina De Villiers left South Africa by ship early in December 1958 for him to undergo training as a neurosurgeon in the United Kingdom. They crossed the equator with all the usual pomp and ceremony in tropical conditions. On arrival in Britain they were faced with a particularly cold winter – rain, sleet and snow. He received confirmation of registration in February.¹⁸⁵ Some months after arriving, Kay and Kina De Villiers decided to adopt a child born in their home country. The young couple clearly had no idea of the legal problems they would soon encounter.¹⁸⁶

Kay De Villiers must have considered it prudent to enrol in the Course in Basic Sciences offered by the Royal College of Surgeons from January to May 1959. This course is designed for working doctors planning to write the primary with the lectures presented after hours.¹⁸⁷ He passed the challenging FRCS Primary examination in June 1959.¹⁸⁸ As a young doctor from the “colonies”, he had to accept some junior positions before he could secure the

¹⁸¹ J.C.De Villiers, Personal Correspondence, File 1971-1980: J.C. De Villiers - Dr Tickey Walsh, 24 February 1971.

¹⁸² UCT Administrative Archives: Personal file, J.C. De Villiers, Curriculum Vitae, p. 4.

¹⁸³ Mrs Elfrida Bothma Records, File Testimonials: Testimonial of J.C. De Villiers from Prof F.D. du Toit Van Zijl, 29 October 1958.

¹⁸⁴ Mrs Elfrida Bothma Records, File Certificates: Certificate of Full Registration as a Medical Practitioner in the Commonwealth List of the Register, no. 4467, 10 February 1959.

¹⁸⁵ US Special Collections: J.C. De Villiers Collection 392, File United Kingdom, Griffith - McKissock, Folder Mall A., J.C. De Villiers - Mr Anwar Mall, 4 July 1985.

¹⁸⁶ This is further discussed in Chapter 8, “Kay De Villiers and His Close Family”.

¹⁸⁷ UCT Administrative Archives, Personal File: J.C. De Villiers, Curriculum Vitae, p. 3.

¹⁸⁸ Mrs Elfrida Bothma Records, File Training in the UK: Notice from the Royal College of Surgeons of England, 26 June 1959.

training that he wanted. His first post was that of a casualty officer at the West Middlesex Hospital from August until the end of 1959.¹⁸⁹ Kay De Villiers was later appointed as a senior house surgeon in the Department of General Surgery at the same hospital until July 1960.¹⁹⁰

From August 1960, he worked as a house surgeon in general surgery for Prof Ian Aird at the well-known Hammersmith Hospital.¹⁹¹ Early in 1961 Kay De Villiers wrote to Jannie Louw to advise him of the progress in his training. Jannie soon replied and said he was glad that Kay De Villiers enjoyed working for Aird as he was probably one of the best teachers of surgery in Britain. He added that he was certain that Kay De Villiers would receive excellent neurosurgical training in the UK and when he was qualified, there would be a position for him at GSH.¹⁹²

The training that Kay De Villiers had received up to this time had been largely theoretical, with little practical surgical experience. In the United Kingdom, the FRCS examination was regarded as an entree to a surgeon's theoretical training, followed by exposure to practical surgical technique. In this respect, the UK was somewhat different to South Africa, where the Fellow of the College of Surgeons of South Africa (FCS) qualification was designed to be an exit examination, after which they were expected to be fully competent surgeons.¹⁹³

Early the following year, Kay De Villiers attended a course in General Surgery at the Royal College in preparation for the final FRCS examination. He sat for the FRCS in both London and Edinburgh towards the end of 1961 and became a fellow of both colleges.¹⁹⁴ In the same year, he received news from UCT that his MD dissertation on the inheritance of polycystic kidney disease had been accepted by his alma mater. Thus, within one year he had passed two fellowships and gained a medical doctorate.¹⁹⁵ From the middle of 1961 to July 1962, Kay De Villiers worked as a research assistant to Dr Tickey Walsh, an ex-South African, in a registrar's position at the Atkinson Morley's Hospital and National Hospital for Nervous

¹⁸⁹ Mrs Elfrida Bothma Records, File Training in the UK: Letter of Appointment, West Middlesex Hospital, 14 July 1959.

¹⁹⁰ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 2.

¹⁹¹ Mrs Elfrida Bothma Records, File Training in the UK: Letter of Appointment, The Hammersmith and St Mark's Hospitals, 21 March 1960.

¹⁹² Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: Prof Jannie Louw – J.C. De Villiers, 13 February 1961.

¹⁹³ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

¹⁹⁴ Mrs Elfrida Bothma Records, File Training in the UK: Royal College of Surgeons, England (Undated) and Edinburgh – J.C. De Villiers, 18 October 1961.

¹⁹⁵ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 1.

Diseases in Queens Square in London.¹⁹⁶ This research involved stereotactic surgical techniques in order to record electrical discharges from various ganglia deep in the brain. The intention was to find better ways of treating Parkinson's disease and other dyskinesias in humans. In collaboration with D. Coleman, the results of these studies were published in the journal *Anaesthesia and Stereotactic Surgery*.¹⁹⁷ From the correspondence, it appears that Kay De Villiers and his family were able to visit South Africa on vacation at the end of 1961. On hearing of their plans, Jannie Louw wrote to congratulate him on his outstanding achievements and expressed the wish to meet Kay De Villiers while he was in Cape Town.¹⁹⁸

Neurosurgery Established as a Speciality

When Harvey Cushing began his neurosurgical career in 1901, the mortality rate for intracranial surgery was between 30 to 50%. Cushing identified three factors that were crucial to the future success of neurosurgical procedures – anaesthetics, control of sepsis and cerebral localization. To this, he later added the management of raised intracranial pressure.¹⁹⁹ At the time, very few surgeons understood the relationship between raised intracranial and systemic blood pressure. Cushing persisted with his research into methods of dealing with the problem, particularly in cases of cranial tumours and haemorrhage. By 1910, his mortality rate had fallen to 13%.²⁰⁰ Cushing soon realised that neurosurgical procedures were so complex and outside of the normal general surgeon's knowledge that he began promoting the idea of "The Special Field of Neurological Surgery." He continued to advocate the concept of neurosurgical specialization during WWI. In 1920, he presented a paper on the results of a thousand tumour surgery cases which he called the "Special Field." When he had finished, the chairman of the session, William J. Mayo, announced that "we have this day witnessed the birth of a new speciality – neurological surgery." This statement led to formation of The Society of Neurological Surgeons in the same year.²⁰¹

"Specialization could not develop in medicine until a number of conditions were fulfilled. (1) a medically valid body of knowledge and techniques had

¹⁹⁶ UCT Administrative Archives, Personal File, J.C. De Villiers, Curriculum Vitae, p. 2.

¹⁹⁷ J.C. De Villiers & D.J. Coleman: "Anaesthesia and Stereotactic Surgery", *Anaesthesia*, (19), 1964, pp. 60-90 and see Chapter 6, "Kay De Villiers as researcher, teacher and mentor".

¹⁹⁸ Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: Prof Jannie Louw – J.C. De Villiers, 13 November 1961.

¹⁹⁹ S.H.Greenblatt, "Harvey Cushing's Paradigmatic Contribution to Neurosurgery and the Evolution of His Thoughts on Specialisation," *Bulletin of the History of Medicine*, 2003, 77: 789 – 822, p. 790.

²⁰⁰ *Ibid.*, pp. 809 – 810.

²⁰¹ *Ibid.*, pp. 815 - 816.

to develop in a given specialty; (2) urban population aggregates had to be sufficiently large to support a specialist in the practice of his speciality; and (3) institutions and arrangements within the profession had to make it financially rewarding for a physician to restrict his practice to a speciality.”²⁰²

The future professor of neurosurgery at the Radcliff Infirmary in Oxford, Dr Hugh Cairns, spent a year working for Cushing in 1926.²⁰³ Dr Wylie McKissock and Dr Norman Dott would follow Cairns some 10 years later.”²⁰⁴ The three men would contribute greatly to developing neurosurgery as a specialty in the United Kingdom during and after the Second World War. Up to that time, general surgeons performed most neurosurgical procedures.²⁰⁵ Cushing’s contribution to his profession was later recognised by his colleagues when he was chosen as the most influential neurosurgeon of the first half of the 20th century.²⁰⁶ By this time Kay De Villiers had undergone part of the training typical of a general surgeon. Furthermore, the FRCS was still considered a suitable qualification for many of the surgical sub specialities, both in the UK and more widely afield, including South Africa.²⁰⁷ Nevertheless, neurosurgery as a separate speciality would follow the example of the USA and UK in the rest of the world.

Neurosurgical training

By July 1962, Kay De Villiers began to receive some recognition for his hard work and academic achievements and was appointed as a registrar at the National Hospitals of Nervous Diseases, Queens Square, under the redoubtable Dr Wylie McKissock. McKissock qualified as a doctor in 1931, passed the FRCS the following year and began his training as surgeon. In 1936 he was accepted for a Rockefeller Foundation Fellowship and was able to work for Harvey Cushing for a year. He later referred to this time with great pride as “he was received and entertained most graciously by Dr Harvey Cushing.”²⁰⁸ McKissock was the quintessential

²⁰² S.H. Greenblatt, “Harvey Cushing’s Paradigmatic Contribution to Neurosurgery and the Evolution of His Thoughts on Specialization,” *Bulletin of the History of Medicine*, 2003,77: 789-822, pp. 175 - 176.

²⁰³ M.Bliss, *Harvey Cushing A Life in Surgery*, p. 416.

²⁰⁴ US Special Collections, J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Ambrose-Gibson, Dr John Garfield, May 1994- Obituary, Sir Wylie McKissock.

²⁰⁵ Prof Roland Eastman: Interview by Dr J.R. Cowlin, 9 December 2019.

²⁰⁶ L. Rogers: M Gazi Yasagil, *The Father of Modern Neurosurgery*, p 194.

²⁰⁷ Dr Berthold Hellberg, MB Ch B, FRCS, e mail correspondence with author, 11 February 2020.

²⁰⁸ US Special Collections, J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Ambrose-Gibson, Dr John Garfield, May 1994 – Obituary, Sir Wylie McKissock.

outsider and even for those who admired him, he was not above criticism. He was an autocratic administrator whose routines in the ward and operating theatre had to be adhered to scrupulously. If certain registrars were considered inadequate, they would face immediate dismissal. He was contemptuous of other neurosurgical units and certain neurosurgeons. At that time, neurosurgical operations were lengthy procedures, having a high mortality. By training dedicated staff, reducing the number of instruments used and eliminating unnecessary movement, he was able to perform a craniotomy in less than 2 hours. Most neurosurgeons took 6 – 8 hours.²⁰⁹ He relied totally on the clinical and surgical skills of his first assistant (senior registrar) who had to be available at all times, “with the possible exception of his wedding day and brief honeymoon”.²¹⁰ McKissock was known for lunching and imbibing with his staff at a nearby hostelry, even though they were expected to be on duty 24 hours a day. For those on the outside, who despised his ruthless style, there was little appreciation for McKissock’s total commitment to his patients, staff and department. In 1971, he was knighted for his services to neurosurgery and retired later that year.²¹¹

At the end of 1962 Kay De Villiers had been promoted to the position of second assistant to McKissock and from January 1964, worked for him as the first assistant.²¹² He recalled his early exposure to McKissock: the senior registrar was expected to do a late-night ward round and then ‘phone McKissock or the consultant in charge and discuss every patient from one end of the ward to the other. He quickly learnt that you could not obfuscate if there was uncertainty. It was far better to say, “Sir, I am worried, I can’t remember that. I will phone you back”. If McKissock was in any doubt about the veracity of their evidence, he would perform his own ward round without the registrar knowing. He soon learnt to trust Kay De Villiers and realised that UCT and GSH produced fine doctors who took comprehensive histories and examined their patients thoroughly. On the strength of this, he allowed Kay De Villiers to care for his private patients.²¹³

This matter of private patients ultimately led to an ethical nightmare for Kay De Villiers. He became aware that one of the consultants in the Department was trying to induce McKissock’s private patients to rather consult him. Kay De Villiers agonised about this and

²⁰⁹ Prof Roland Eastman: Interview by Dr J.R. Cowlin, 9 December 2019.

²¹⁰ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

²¹¹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Ambrose-Gibson, Dr John Garfield, May 1994- Obituary, Sir Wylie McKissock.

²¹² Mrs Elfrida Bothma Records, File Training in the UK: Letter of Appointment, St George’s Hospital - J.C. De Villiers, 26 November 1963.

²¹³ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

eventually could stand it no longer. He walked into McKissock's office one day and said "Sir, I would like to follow an unusual procedure this morning. Please forgive me." He then closed the door, turned to McKissock and said, "I ask of you for the time that that door is closed, that I shall interact with you on an equal footing. When I open it again, it will be like before." Kay De Villiers then addressed his boss, McKissock as follows: "We are landed with a situation from which we have no escape. We are required to behave in an ethical fashion over which we have no say. And I don't think it is fair".²¹⁴ He stood up and opened the door. McKissock was silent for a few seconds and then said "De Villiers, I'm deeply grateful to you".²¹⁵

In December 1962 Kay De Villiers received a visit from a young medical student from Stellenbosch University by the name of Paul Cluver. At this stage, Paul Cluver had completed his third year and he and a cousin, Miss Liselatter Andrag had decided to tour the UK and Europe. Paul Cluver's father suggested that he contact Kay De Villiers while in London to find accommodation. He very kindly arranged rooms for them and one evening Paul visited him at the Atkinson Morley Hospital in London. Paul Cluver remembers a small apartment in the attic of the hospital where Kay De Villiers slept when he was not working.²¹⁶ Paul Cluver then visited Kina who lived in Richmond with their son, Charl. He remembers meeting Charl for the first time as a toddler and it was only many years later that Paul Cluver became aware that he had been adopted.²¹⁷

Towards the end of 1964, his time as a registrar was coming to an end. The registration requirement in South Africa for his specialty was four years of training as a neurosurgical registrar in a teaching hospital, approved by the South African Medical and Dental Council (SAMDC), in addition to 6 months casualty work and a year spent in general practice, emergency surgery or as a senior house officer or registrar in another specialty.²¹⁸ By the end of the year, he would comply with all these conditions and proactively set about applying for registration. In December 1964, Kay De Villiers was advised by the SAMDC that his name had been submitted to the Specialist's Committee for consideration on 30 January 1965²¹⁹

²¹⁴ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 October 2018.

²¹⁵ *Ibid.*

²¹⁶ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 7 October 2019.

²¹⁷ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 7 October 2019.

²¹⁸ Mrs Elfrida Bothma Records, File Training in the UK: The SAMDC, R1084 of Act 33, Medical Practitioners, July 1960.

²¹⁹ *Ibid.*, SAMDC - J.C. De Villiers, 22 December 1964.

and in March, received a letter from the Registrar to advise him that the specialty of “Neurosurgeon” had been registered against his name.²²⁰

McKissock was a brilliant surgeon and a very hard taskmaster. The first assistant would prepare the anaesthetised patient, open the skull and do the preparatory dissection and only then, would McKissock enter the theatre and perform the definitive procedure. The first assistant would then complete the operation. In this way, he would be able to do five craniotomies a day, when most surgeons could barely manage one or two. McKissock considered that if you aspired to be a fine neurosurgeon you also had to be a gentleman. He was a lover of fine wines and soon after dressing in the morning, would select the bottle that he planned to drink with dinner that night. McKissock regularly invited his registrars and consultants for dinner at his home. The seats around the table were allocated according to seniority. At the end of the evening, McKissock would arbitrarily ask one or other junior doctor to deliver an impromptu speech on whatever subject came to mind. The registrars soon learnt that in order to avoid embarrassment, it was wise to prepare for several topics relevant to the events of the day. McKissock had a wide range of interests outside of neurosurgery, which included plants and flowers, particularly orchids. When he was retired, he wrote a number of books on the subject. It seems that Kay De Villiers, despite his strong Afrikaner upbringing, became imbued with the British neurosurgical culture and traditions.²²¹

McKissock’s deputy was Dr Lawrence Walsh, known to his friends and family as Tickey. He was born and grew up in East London in South Africa where he attended Selborne College. He registered at UCT in 1939 and graduated MB ChB in 1944. After his housemanship at GSH, he travelled overland to the UK and graduated with an FRCS in 1950. He was fortunate enough to be employed as a trainee neurosurgeon in McKissock’s department at the Atkinson Morley Hospital in London. His intellect and ability were soon recognised by McKissock and he very quickly rose through the ranks and became his deputy. He made Kay De Villiers’s acquaintance for the first time in 1959 and was delighted to meet a fellow South African. In due course, they became very good friends and continued a correspondence and friendship over many years. During Kay De Villiers’ time at Atkinson Morley he had met Dr George Udvarhelyi who had just been appointed an associate professor of neurosurgery at Johns

²²⁰ Mrs Elfrida Bothma Records, File Training in the UK: SAMDC - J.C. De Villiers, 1 March 1965.

²²¹ Prof Roland Eastman: Interview by Dr J.R. Cowlin, 9 December 2019.

Hopkins Medical School in Baltimore, USA. In later years they would find much in common and become close friends.²²²

Research in the USA

By the end of 1964, Kay De Villiers had been awarded an 18 month Hartford Research Fellowship in Neurology and Neurosurgery at the Pennsylvania Hospital in Philadelphia under Dr Tom Langfitt.²²³ Around that time, Kay De Villiers wrote to Jannie Louw expressing his desire to return to GSH at the end of his contract in June 1966. Jannie Louw replied that he had already kept a post “open” with him in mind, which could be elevated from Grade VI (specialist) to Grade III (Principal Specialist) in a short time.²²⁴ Jannie Louw would have a word with Dr Burger, the superintendent of GSH. In the interim, Kay De Villiers should write to Burger, in Afrikaans, and set out his qualifications and experience. He should mention that Prof Louw had indicated that a full-time post may be available. Jannie Louw expressed the view that there was a good future for Kay De Villiers in Cape Town as De Villiers Hamman was reaching retirement age and there was an Associate Professorship in the offing. If nothing else, the hospital administration would pay the relocation costs for him and his family. The letter was signed “Jou Vriend, Jannie” (Your Friend, Jannie).²²⁵

On the 8th March 1965, Kay De Villiers wrote to Prof Fransie Van Zijl, the Dean of the Stellenbosch Medical Faculty to advise him that he planned to return to Cape Town and enquired about the possibility of a post at the Karl Bremer Hospital.²²⁶ Van Zijl replied on the 20 March to say that unfortunately, the posts at the hospital were full, but he could certainly be given a position at the new Tygerberg Hospital due to open in 1969. He had taken the liberty of contacting Prof Jannie Louw, who advised him that Kay De Villiers had already been offered a position at GSH.²²⁷ In a subsequent letter, Jannie Louw urged him to apply immediately as the post had already been advertised and that he should not be too concerned about the current head of department as he would be retiring in a few years. In the meantime,

²²² US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA, Folder Udvarhelyi 1984, Prof G Udvarhelyi – J.C. De Villiers, 29 February 1984.

²²³ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 2.

²²⁴ Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: J.C. De Villiers - Prof Jannie Louw - J.C. De Villiers, 14 December 1964 and 2 March 1965.

²²⁵ *Ibid.*, Prof Jannie Louw - J.C. De Villiers, 2 March 1965.

²²⁶ *Ibid.*, J.C. De Villiers- Prof Fransie Van Zijl, 8 March 1965.

²²⁷ Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: Prof Fransie Van Zijl– J.C. De Villiers, 20 March 1965.

Jannie Louw would ensure that Kay De Villiers would take over the organisation and planning of the department immediately. Jannie Louw was determined to have an outstanding department of neurosurgery at GSH and he was quite sure that Kay De Villiers was the person who could bring it about.²²⁸

The correspondence between Prof Jannie Louw and Kay De Villiers from December 1964 until April 1965 indicates a steely determination on Louw's part to secure his commitment to UCT/GSH. In October of 1965, Jannie Louw visited Kay and Kina De Villiers while in Philadelphia for a conference. In a subsequent letter, he thanked them for their hospitality and expressed his delight that Kay De Villiers' return would make a "wonderful difference to their department of neurosurgery".²²⁹ Yet things could have turned out very differently had van Zijl been in a position to offer Kay De Villiers a position at Stellenbosch immediately. It is possible that his first preference was the new Stellenbosch Medical School with a more Afrikaans culture than UCT/GSH. Perhaps he was hedging his bets. The shrewd and determined Jannie Louw eventually prevailed. By year end, the appointment of Kay De Villiers to a Grade IV post at GSH with an agreement with the Administration to upgrade to III in a few months was consummated. The Provincial Administration would reimburse him for their relocation expenses from Pennsylvania. Jannie had "advised" De Villiers Hamman to divide the department into two "firms", with Kay De Villiers the head of one.²³⁰

Kay De Villiers was initially appointed to a non-clinical position in the Department of Neurosurgery at the Pennsylvania Hospital, subject to him passing the Educational Council for Foreign Medical Graduates (ECFMG) Examination and receiving permission from the State Board Medical Education and Licensure. In order to train as a graduate anywhere in the medical field in the USA, foreigners were required to qualify as being competent in English. Kay De Villiers therefore had to pass the ECFMG examination, which he did in April 1965.²³¹ In July of that year, Kay De Villiers received notification from the State Board that the program he was employed under did not have the approval of the American Medical Association and that he should "cease and desist" immediately.²³² In order to satisfy the State requirements, he was transferred from Neurosurgery to Neurology, retroactive to 1 July 1965

²²⁸ Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: Prof Jannie Louw – J.C. De Villiers, 19 March 1965.

²²⁹ J.C. De Villiers, Personal Correspondence, File 1950-1970: Prof Jannie Louw - Kay and Kina De Villiers, 20 October, 1965.

²³⁰ *Ibid.*

²³¹ Mrs Elfrida Bothma Records, File Philadelphia USA: ECFMG Examination Results, 24 March 1965.

²³² *Ibid.*, Letter from the State Board of Medical Education and Licensure, USA- J.C. De Villiers, 9 July 1965.

for one year.²³³ During his time in Pennsylvania, Kay De Villiers conducted laboratory research into the origin of tremors in monkeys. These were experimentally induced by implanting electrodes in the basal ganglia of monkeys' brains. The results were published in the *Journal of Neurological Science*.²³⁴

In December 1965, Kay De Villiers discovered that Kina was ill, probably due to a malignant tumour in her abdomen.²³⁵ The couple decided to return to South Africa immediately, six months before the expiry of his contract with the Pennsylvania Hospital.²³⁶

Conclusion

It is clear that Kay De Villiers's patients from Swellendam eventually respected him despite him initially being called a "seuntjie" (young boy). By the end of 1956, he had established himself as a successful general practitioner and felt confident to move on to the next phase of his life, which was neurosurgery. Paul Cluver considers that Kay De Villiers's empathetic connection with patients was what contributed to his success as a general practitioner and later as a world-famous neurosurgeon.²³⁷ It seems that Kay De Villiers was happy in Swellendam and developed close friendships with many of his patients. From his copious correspondence with his old patients and frequent visits to Swellendam over many years, it is evident that the town occupied a special place in his memories. Kay De Villiers' high regard in Swellendam society was that of the quintessential small-town doctor and was almost "Godlike". In future chapters, different aspects of Kay De Villiers's persona will be revealed.

It is reasonable to assume that Kay De Villiers went into general practice to make some money and pay off debt. After all, MB Ch B is a long degree, Kay De Villiers came from a very modest home, his father struggled to secure financial assistance and even his brother had to contribute. It is therefore likely that the reason he had to reject Gonski's offer at the end of his intern year was financial. When one considers that the structure of DNA was only elucidated by Watson and Crick in 1953, it is clear that modern human genetics was still in its infancy.²³⁸ His research was largely based on the clinical methods taught to him by Prof

²³³ Mrs Elfrida Bothma Records, File Philadelphia USA: Vice President, Pennsylvania Hospital, USA - J.C. De Villiers, 22 September 1965.

²³⁴ *Ibid.*, J.C. De Villiers, T.W. Langfitt, S.T. Chostine & S.M. Peacock: "Stimulus-induced tremor in chronic monkeys", *Journal of Neurological Science*, (5), (3), (1967), pp. 555-574.

²³⁵ This is discussed further in Chapter 8, "Kay De Villiers and his close family".

²³⁶ Cluver Family Records: Transcript of Interview of J.C. De Villiers by Mrs Ruda Landman on 18 April 2018.

²³⁷ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 10 December 2019.

²³⁸ S. Mukherjee: *The Gene*, p. 152.

Frankie Forman at the time when investigative facilities, such a pathology and x- rays, were practically non-existent in Swellendam. A combination of curiosity, determination and sound clinical training led Kay De Villiers to the MD from the University of Cape Town in 1961 for this thesis.²³⁹

In hindsight, this period in Kay De Villiers' life must be considered as a mixture of triumph and despair. To be awarded an MD and two surgical fellowships within the period of one year is in itself a remarkable achievement. Furthermore, his academic successes and diligence were rewarded by being trained by one of the greats in neurosurgery at that time. It is possible that the impromptu speeches at Wylie McKissock's dinner parties may have added to Kay De Villiers's expertise as an after dinner speaker.

Kina's sudden illness, following soon after the adoption of Charl, must have been a tremendous shock to both of them. It appears from the interview with Ruda Landman that the decision to return to South Africa with his seriously ill wife was urgent and was based upon a desire to be amongst familiar surroundings, not least of which was the medical expertise of Jannie Louw and GSH. A letter to Kay De Villiers from his old boss, Wylie McKissock, in 1965, seems to confirm the desire of Kay and Kina De Villiers to return to Cape Town at some stage.²⁴⁰ Paul Cluver considers that it was always his intention to return to his roots.²⁴¹

The next chapter will focus on the extent to which Kay De Villiers met Jannie Louw's expectations for neurosurgery and was thereby able to build his own successful national and international career. The clandestine manoeuvring around the future Mauerberger Chair of Neurosurgery will be described in some detail - once again the influence of Jannie Louw would prove crucial.

²³⁹ UCT Administrative Archives, Personal File: J.C. De Villiers, Curriculum Vitae, p. 1.

²⁴⁰ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith-McKissock, Dr Wylie McKissock - J.C. De Villiers, 15 May 1965.

²⁴¹ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 10 April 2020.

4 Building a Department (1966 – 1976)

The Early Days of South African Neurosurgery

Roland Krynauw was born in 1907 in Johannesburg and matriculated at King Edward College. He graduated as a doctor at Edinburgh in 1931 and then did his internship at the Johannesburg General Hospital. He was one of the first neurosurgeons who trained at the Radcliff Infirmary under Prof Hugh Cairns and Dr Joe Pennybacker. (1938-1939) At the outbreak of war he was made a major in the South African Medical Corps and returned to the Johannesburg General Hospital where he was appointed head of the department of neurosurgery. He was the first trained neurosurgeon in South Africa. He was also able to conduct a private practice from the adjacent Princess Nursing Home.²⁴² Roland Krynauw trained a number of neurosurgeons during his time at the “Joburg Gen”, as it was known, including Dr J.F.P. Erasmus who would become the head of surgery at GSH from 1950-1955.²⁴³

In 1948, a USA trained neurosurgeon, Dr A. Gamsu, started a practice at the Florence Nightingale Hospital in Johannesburg. Both Gamsu and Krynauw were joined from time to time by general surgeons who had an interest in neurosurgery.²⁴⁴

In 1950, Krynauw published a paper about an operation he had performed for the treatment of spastic hemiplegia, epilepsy and a variety of mental changes. Over a period of 5 years he had performed 12 hemispherectomies (removing almost a half of a person’s brain) at the Johannesburg Hospital. The treatment was controversial, to say the least.²⁴⁵ He retired in 1951, due to ongoing conflict with the Provincial Authorities who did not accept the need for a specialised neurosurgical unit at The Johannesburg General Hospital.²⁴⁶

Dr K Lewer Allen later re - established the Johannesburg department at the Princess Nursing Home with Drs Kerr, Mendelow, Law, Ritchkin and Rosenberg. A neurosurgical unit was

²⁴² UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1971 – 1980 and 1981-1990, Curriculum Vitae, Dr Roland Krynauw.

²⁴³ J.C. De Villiers, “The History of Neurosurgery in South Africa” (Unpublished), Brochure of the 1976 SNSA Conference, p.19.

²⁴⁴ *Ibid*, p. 20.

²⁴⁵ Dr R Krynauw, “Infantile hemiplegia treated by removing one cerebral hemisphere,” *Journal of Neurology, Neurosurgery and Psychiatry*, 1950, 13, 243,p.243-6.

²⁴⁶ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1981 – 1990 and 1981-1990, Curriculum Vitae, Dr Roland Krynauw.

established at Baragwanath Hospital in 1956 under Prof R Lipchitz.²⁴⁷ Prof J.F.P. Erasmus resigned as head of surgery at GSH/UCT to become the Professor of Neurosurgery at Pretoria University in 1955.²⁴⁸ A new medical school was founded at Stellenbosch University in 1957 with Dr De Villiers Hamman as the part time neurosurgeon. A few years later a department of neurosurgery was started at the Wentworth Hospital in Durban in 1961.²⁴⁹

When Kay De Villiers returned from the USA in January of 1966 with his ill wife and young son, the head of neurosurgery was Dr H.L. De Villiers Hamman. He matriculated at Wynberg Boys High in 1929 and studied for a Medical BA at the University of Cape Town, which he completed in 1932. As his father was the Honorary Consul for Germany, he furthered his studies in Germany and received the degree of MD in 1938. His surgical training was that of a generalist, only specialising in neurosurgery at a later stage.²⁵⁰ When applying for the position at GSH, De Villiers Hamman felt it wise to explain his absence from South Africa during the war years. In a letter to the Secretary of the Cape Hospital Board, he explained that because of the conflict, he was unable to leave Germany and were it not for the efforts of the professor of surgery in Munich, he would have been interned. He was paroled and obliged to work as a general surgeon from 1941 to 1945, during which time he also performed a considerable amount of neurosurgery. Following the war, he spent a further six months doing additional neurosurgical training in the USA and Canada before returning to Cape Town and opening his private practice in 1946.²⁵¹ When De Villiers Hamman, his wife and young family arrived, they were for all intents and purposes financially destitute. To complicate matters further, there was profound antagonism towards anything to do with Germany. As a result, they struggled to become accepted in Cape Town's English-speaking community.²⁵²

At this time, neurosurgery was being performed at GSH by the general surgeons resulting in De Villiers Hamman facing some resistance to being appointed as a part - time neurosurgeon at GSH. He fortunately discovered the unused Private Block operating theatre, which he

²⁴⁷ J.C. De Villiers, "The History of Neurosurgery in South Africa" (Unpublished), Brochure of the 1976 SNSA Conference, p. 21.

²⁴⁸ J.H. Louw, *In the Shadow of Table Mountain*, p.371.

²⁴⁹ J.C. De Villiers, "The History of Neurosurgery in South Africa" (Unpublished), Brochure of the 1976 SNSA Conference, p. 21.

²⁵⁰ Drs P. Keet and J.P. van Niekerk, "Obituary H.L. De Villiers Hamman," *South African Medical Journal*, 25 January 1975, p 127.

²⁵¹ UCT Department of Neurosurgery: Pre 1970 Documents, Letter of Application to the Cape Hospital Board, Dr De Villiers Hamman, 18 October, 1949.

²⁵² UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers III, History of the Department of Neurosurgery, (unpublished), August 1988, p. 3.

converted into two neurosurgical theatres and a number of wards, later known as the J Block. He appointed and paid for his own secretarial assistant until the provincial authorities provided him with a dedicated budget for this new department of neurosurgery, of which he became head in 1947.²⁵³ It took some time for the medical profession to accept that there may be some benefit to their patients from the services of specialist neurosurgeons. Dr Gonski joined the department for year in 1952 after receiving neurosurgical training under Prof Norman Dott in Edinburgh.²⁵⁴ Eventually Dr J.P. Van Niekerk became a registrar in the new department and in 1957 became the first neurosurgeon to graduate with the highly regarded ChM degree. Dr Peter Keet qualified as a neurosurgeon under Dr De Villiers Hamman in 1960 and Dr Rose Innes in 1966. He would become Professor and head of department at Stellenbosch University in 1972.²⁵⁵

In the 60s, a group of Johannesburg based neurosurgeons led by Dr K. Lewer Allen felt there was a need for an organisation to represent the new speciality of neurosurgery. Up until that time, they had been members of the South African Medical Association (SAMA) affiliate entitled the National Group of Neurologists, Psychiatrists and Neurosurgeons. Fourteen registered neurosurgeons from around South Africa expressed their support for such an initiative in writing. With their approval, an interim Committee was formed comprising Drs Lewer Allen (President), Law (Vice President), Kerr (Secretary) and three additional members - Lipschitz, Rosenberg and Mendelow. The Committee was entirely from Johannesburg. One of the important decisions was to join the World Federation of Neurosurgical Societies (WFNS) as soon as possible.²⁵⁶ By 1965, the Society of Neurosurgeons of South Africa (SNSA) had been listed as a member of the WFNS.²⁵⁷ Kay De Villiers must have joined upon his return from the USA in 1966.²⁵⁸

Much later in his career, Kay De Villiers decided to write a biographical and historical description of the early days in the J4 neurosurgical theatre. He enlisted the support of a senior theatre sister, Jackie Mellors, who had started her training in the neurosurgical unit as

²⁵³ UCT Department of Neurosurgery, J.C. De Villiers, Speeches and Papers III, "History of the Department of Neurosurgery" (Unpublished), August, 1988, p.3.

²⁵⁴ *Ibid.*

²⁵⁵ J.C. De Villiers, "The History of Neurosurgery in South Africa" (Unpublished), Brochure of 1976 SNSA Conference, p.20.

²⁵⁶ Dr Freddie Kieck Personal Records: Dr E.M. Kerr - Neurosurgical Colleagues, 14 July 1964.

²⁵⁷ Prof A.E. Walker: *The History of the World Federation of Neurosurgical Societies*, p. 124.

²⁵⁸ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 1 April 2021.

a staff nurse.²⁵⁹ Sister Jackie offers a revealing insight into the working life of the J4 theatre complex during Hamman's time. She describes De Villiers Hamman as:

“...very kind and patient at the table. Never got mad, just patiently waited with his hand open for the required instrument. I can still see his hand with the tapering fingers and broad palm and extraordinarily long angled thumb. His technique was superb and it was a real joy to watch him work. With Dr Freddie van Niekerk assisting and me as the theatre sister, it must have been like an orchestra. We knew what the other wanted and worked in perfect harmony.”²⁶⁰

She describes De Villiers Hamman as a very good teacher who demonstrated to her how and why to hand instruments in the correct manner. She once asked him how he knew so much about theatre technique and he replied by saying that when he was training in Germany, the students had to work as theatre sisters in order to better understand their role. Whilst De Villiers Hamman said very little, he was always intensely concerned about his patients. He was very generous and provided the staff with “kitty money” in order to buy coffee and snacks to eat at lunchtime. After very long neurosurgical operations, which often continued into the evening, De Villiers Hamman would order dinner for everyone from the top restaurant in Cape Town, the Cafe Royale, with a waiter in attendance!²⁶¹

Building a Presence

From the outset, Kay De Villiers and De Villiers Hamman did not get on. Kay De Villiers had just returned from abroad where he had undergone world-class training in neurosurgery and had been exposed to top neuroradiologists, neuropathologists and neurologists. His theoretical knowledge was extensive and up-to-date.²⁶² In the UK, the emphasis during his registrar years was on accumulating theoretical knowledge and learning by assisting established surgeons. Practical surgical technique was usually taught in the years after registration as a specialist.²⁶³ When De Villiers Hamman arrived back in South Africa in 1946, he had been in charge of the neurosurgical unit in Munich for four years. During this

²⁵⁹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1981-1990, Memorandum on J4 and its people: Sister Jackie Mellors, 19 July 1988.

²⁶⁰ *Ibid.*

²⁶¹ *Ibid.*

²⁶² Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2019.

²⁶³ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

time, he had performed over 200 major neurosurgical operations on both the brain and the spinal cord.²⁶⁴ De Villiers Hamman was for many years the only neurosurgeon in Cape Town. By the time the young and ambitious Kay De Villiers arrived in 1966, De Villiers Hamman was already an extremely experienced and competent neurosurgeon.

Within a few months, Kay De Villiers' misgivings about his new boss became apparent, as indicated in a letter to McKissock. He described De Villiers Hamman as "... An odd fellow by all definitions of the word who has allowed things to slide to such an extent that hardly anyone has any respect for the subject of neurosurgery."²⁶⁵ He went on to criticise the lack of organisation in the department and considered it fortunate that De Villiers Hamman had done little to oppose the improvements that Kay De Villiers had made. He also had "the support of the Head of the Division of Surgery (Prof Jannie Louw) and other people whose influence will be important in the long run".²⁶⁶ In the first few years, Kay De Villiers spent much of his time working at the Red Cross Children's Hospital in order to avoid contact with De Villiers Hamman.²⁶⁷

Given the short time that Kay De Villiers had spent in the department, it would normally be considered most unusual to be promoted after two months. Nevertheless, Prof Jannie Louw was good for his word and with effect from 1 September 1966 Kay De Villiers was promoted to Senior Specialist.²⁶⁸ Within a short while, he was appointed Principal Specialist with effect from 1 November 1966.²⁶⁹ Towards the year end, Kay De Villiers was approached by the young Dr Paul Cluver who was completing his year as an intern at the Karl Bremmer Hospital. They had dinner at a restaurant on the Foreshore and Paul Cluver explained that he was planning to go to Gottingen to study neurophysiology and hopefully graduate with an MD. Kay De Villiers realised that the German university term started in October and offered Paul Cluver a registrar post in neurosurgery until then. He was delighted and promptly accepted.²⁷⁰

²⁶⁴ UCT Department of Neurosurgery: Pre 1970 Documents, Letter entitled "Application for post of honorary neurosurgeon to Groote Schuur Hospital", Dr De Villiers Hamman - Cape Hospital Board, 18 October 1949.

²⁶⁵ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith – McKissock, J.C. De Villiers - Dr Wylie McKissock, 23 May 1966.

²⁶⁶ *Ibid.*

²⁶⁷ Dr Freddie Kieck: Interview by Dr J.R. Cowlin on 19 September 2019.

²⁶⁸ Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: Director of Hospital Services – J.C. De Villiers, 15 November 1966.

²⁶⁹ *Ibid.*, 22 December 1969.

²⁷⁰ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 6 October 2019.

Dr Peter Keet was a part-time consultant at GSH at that time and was allowed to admit his private patients to the neurosurgical unit. The State President of South Africa, Mr C.R. Swart was due to retire on 1 June 1967 and with this in mind, a National Party stalwart, Dr Eben Donges was chosen to succeed Swart. He started experiencing visual disturbances and headaches and consulted a number of doctors, including an ophthalmologist, a physician and an ear, nose and throat surgeon. The latter doctor x-rayed Donges's sinuses which, when carefully examined, showed some erosion of a part of the skull known as the pituitary fossa. Under the care of a top physician in Cape Town, the State President elect suddenly became comatose and paralysed on one side. On 11 May, he was admitted urgently to the neurosurgical unit at GSH with a provisional diagnosis of sub-arachnoid haemorrhage, under the care of Dr Keet.²⁷¹ Donges' family instructed Keet that the State President elect was not to be examined and treated by De Villiers Hamman because "he never spoke".²⁷² The phalanx of police cars, ambulances and security officers were too much for Keet, who referred Donges to Kay De Villiers. In the manner in which he had been taught by Frankie Forman, he took a careful history from the family and then examined Donges with meticulous care. Kay De Villiers noticed a slight loss of pubic hair, atrophy of the testicles, a loss of the light reflex in both eyes in addition to neck stiffness and the typical paralysis associated with sub-arachnoid haemorrhage. Once Kay De Villiers looked at the x-ray, the diagnosis was obvious - a total pituitary apoplexy or haemorrhage.²⁷³

The young Dr Paul Cluver was assigned to "special" Donges, which he did until he left for Gottingen in September. Donges's one daughter was married to a wealthy businessman and ex-Springbok rugby player by the name of Jan Pickard. Kay De Villiers was asked by the family to find the best neurosurgeon in the world to operate on the State President elect. He duly contacted Dr Joe Pennybacker, an American, who occupied the Chair of Neurosurgery at Oxford University.²⁷⁴ When Kay De Villiers was undergoing neurosurgical training in the UK, he had wanted to work for Pennybacker. However, he had already been offered a registrar position with McKissock, which he disclosed to Pennybacker, who advised him as follows: "Go to Wylie. He will teach you things that I cannot teach you. I believe there are things I can teach you, but we complement each other, we have a lot in common. Send me a

²⁷¹ *Die Burger*, 19 May 1967, "Donges toegelaat by GSH."

²⁷² Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

²⁷³ Telephonic discussion between Dr J.R. Cowlin and Dr Paul Cluver, 10 April 2020. Total pituitary apoplexy is a haemorrhage into the pituitary fossa, which destroys the pituitary gland.

²⁷⁴ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 7 October 2019.

Christmas card so that I always know where you are”.²⁷⁵ He agreed to attend to Donges and arrived at the then D.F. Malan airport in Cape Town at 5 pm on 12 June 1967. Such was the public interest in the matter that the Afrikaans morning newspaper *Die Burger* carried an article and a number of photographs of Dr Pennybacker being met by Kay De Villiers at the airport.²⁷⁶ Within a short time, Pennybacker had operated on Donges with Kay De Villiers assisting. The pituitary gland had been destroyed by the haemorrhage and there was nothing more that could be done. Donges remained in a coma and died in the following January.²⁷⁷ Needless to say, there was some unhappiness amongst the local surgical community with Kay De Villiers inviting a foreign neurosurgeon to operate on the State President elect.²⁷⁸

Neurosurgery in the Second Half of the 20th C

Up to this time, the special investigations available to neurosurgeons were restricted to x rays, pneumoencephalography, myelography and cerebral angiography. In the hands of Dr Leo Davidoff (1898- 1975), a disciple of Harvey Cushing, angiography became an extremely accurate investigation. Over a number of years he was able to share his expertise with many neurosurgeons and radiologists. This led ultimately to the emergence of neuroradiology as a new specialty. The addition of the rapid film changer in the late 1950’s improved the images significantly.²⁷⁹ It was not long before radioisotope scans evolved and by using technetium good images could be obtained. There is still a limited role for isotope scanning today.²⁸⁰ The positron emission scanner (PET) became very useful until about 1975, when it was largely superseded by the computed tomographic scanner (CT) originally developed by EMI in 1972.²⁸¹ This was the type of scanner acquired by the department of neurosurgery at UCT in 1977. For a long time the diagnostic potential of magnetic resonance scanning (MRI) was well known. The early machines were slow and required special screening because of the powerful magnetic field it created. These problems have since been overcome and today it is the scanning technique of choice in neurosurgery.²⁸²

It has been said that modern neurosurgery started in the 1970’s with the use of non-invasive scanning, described above, and the operating microscope. The CT and MRI scanners allowed

²⁷⁵ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

²⁷⁶ *Die Burger*, 12 June 1967, “Pennybacker by GSH.”

²⁷⁷ Telephonic discussion between Dr J.R. Cowlin and Dr Paul Cluver, 10 April 2020.

²⁷⁸ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

²⁷⁹ S.H. Greenblatt, (Ed.):, *The History of Neurosurgery in its Scientific and Professional Contexts*, p. 230.

²⁸⁰ *Ibid.*, p. 234.

²⁸¹ *Ibid.*, p. 238.

²⁸² Dr Freddie Kieck: Interview by Dr J.R. Cowlin on 19 September 2019.

neurosurgeons to look directly at space occupying lesions, such as tumours, rather than the effects of such masses on the surrounding brain structures. Anaesthetists were now able to monitor the patient more accurately, control blood pressure and respiration, reduce brain swelling and replace lost blood if required. A better understanding of infection and antibiotic use reduced the danger of intra cerebral sepsis.²⁸³

The surgery of cerebral aneurysms was made possible by the development of the removable clip and an effective applicator. When MRI imaging began, the magnetic field could adversely affect many of the clips, requiring them to be re-developed. This improvement, along with many others, gave rise to the field of microvascular neurosurgery, which in due course would become a new subspeciality.²⁸⁴

This is what happened when a group of neurosurgeons with an interest in paediatrics met in New York in 1969. This was followed by the formation of a Paediatric Section within the American Association of Neurological Surgeons in 1971. This group now operates on tumours, vascular malformations and hydrocephalus, which can still test paediatricians and neurosurgeons to this day.²⁸⁵

The pituitary gland has been a challenge for surgeons since the end of the 19 th C. Harvey Cushing was the first surgeon to operate on a patient with a pituitary adenoma in 1909.²⁸⁶ He experimented with various approaches to the pituitary gland and after 338 cases, decided that the transcranial method was superior to the trans - sphenoidal. This did not deter one of his pupils, Prof Norman Dott of Edinburgh, from later developing the trans - sphenoidal technique further. Dott then demonstrated his method to Prof Gerard Guiot of Paris who made it his approach of choice. He in turn taught his protégé, Dr Jules Hardy of Montreal, the technique and in this way it was widely adopted elsewhere in the world, including the USA.²⁸⁷ Prof Ed Laws, a pituitary surgeon from the University of Charlottesville, would later form the Society of Pituitary Surgeons in 1992, which included Kay De Villiers as a member.²⁸⁸

Much the same pattern would be followed by other branches of neurosurgery such as spinal, tumour and epilepsy surgery.

²⁸³ S.H. Greeblatt, Ed., *The History of Neurosurgery in its Scientific and Professional Contexts*, pp. 256-257.

²⁸⁴ *Ibid.*, pp. 267- 268.

²⁸⁵ *Ibid.*, p. 354.

²⁸⁶ *Ibid.*, p. 385.

²⁸⁷ *Ibid.*, p. 391.

²⁸⁸ See Chapter 7- “Old and New Friends in the USA” for more details.

Kay De Villiers Explores New Skills

A few years later, Kay De Villiers enrolled for a short course in microvascular surgery with Prof M. Gazi Yasargil in October 1970. In 1971, Dr Daan De Klerk, a Pretoria trained neurosurgeon, followed Kay De Villiers to Zürich where he worked for Yasargil for a year.²⁸⁹ Yasargil was one of the first neurosurgeons to use the operating microscope for a wide variety of surgery, including spinal, microvascular and tumour surgery.²⁹⁰ He was remarkably creative person to the extent of making his own instruments. He was later voted “Neurosurgery’s man of the century” by his neurosurgical colleagues along with Harvey Cushing. Their pictures appeared on the front cover of the journal *Neurosurgery* in 1999.²⁹¹

The practice of using the operating microscope had been resisted by South African neurosurgeons, ostensibly because they were concerned about the risk of infection.²⁹² As it happened, they were not unique in this respect. Prof C.B.T. Adams, who was Head of Neurosurgery at the Radcliffe Infirmary from 1975 to 1994, recalls the resistance he experienced in getting the operating microscope accepted. The senior theatre sister there stated that, “If Joe Pennybacker did not need a microscope then who did?”²⁹³ After training in Zurich, Daan joined the department and found that Kay De Villiers had already installed an operating microscope in the J4 theatres.

Kay De Villiers was initially uncomfortable with using the microscope as he had become familiar with the head light and loupe (a bifocal magnifying glass). Yet Daan De Klerk was able to demonstrate that the neurovascular techniques and the use of the microscope that he had been taught in Zurich would lead to a dramatic improvement in the mortality and morbidity of certain neurosurgical procedures. As a result, many of the registrars were determined to become proficient in using the operating microscope, such as Paul Cluver, Freddie Kieck and Roger Melvill. The general acceptance of this new technology led to a certain degree of tension between Kay De Villiers and Daan De Klerk. Both men were confident extroverts with their own views, to the extent that Daan left the department at end of 1972. Eventually, Kay De Villiers was forced to accept the overwhelming benefit of the operating microscope. Within a month of Daan De Klerk leaving, Kay De Villiers stood up in

²⁸⁹ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

²⁹⁰ S.H. Greenblatt, Ed.: *The History of Neurosurgery in its Scientific and Professional Contexts*, p. 362.

²⁹¹ J.M. Trew: “M Gazi Yasargil: Neurosurgery’s man of the Century,” *Neurosurgery*, p. 110.

²⁹² Dr Paul Cluver: Interview by Dr J.R. Cowlin, 14 April 2020.

²⁹³ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1971-1980, Speech delivered by Prof C.B.T. Adams, Head of Neurosurgery at Radcliffe Infirmary, May 1972.

a meeting and declared that he would testify in court that should a complication arise from a neurovascular surgical procedure without the use of the microscope, the surgeon would be guilty of negligence.²⁹⁴ Later, he would also become a corresponding member of the British Society of Neurological Surgeons.²⁹⁵

Daan De Klerk returned to Pretoria and established a very successful private practice. As a result of his conflict with Kay De Villiers, he later resigned from the Society of Neurosurgeons of South Africa. It was many years before the two were reconciled. Daan De Klerk considered that Kay De Villiers was a brilliant and yet very complex person. He recalled that Kay De Villiers was a fine and compassionate clinician, yet his greatest ability lay in being able to teach and debate complex neurosurgical and neurological problems. Daan De Klerk recalls with pleasant surprise an occasion when he and some of the registrars and their families were invited for lunch on an Easter weekend. Kay De Villiers had spent a lot of the time hunting for Easter eggs with the children.²⁹⁶

Prof Gerhard Guiot in Paris had refined Harvey Cushing's original operation for approaching the pituitary gland and by 1975 it had been widely accepted by European neurosurgeons. Kay De Villiers asked Prof Yasargil to introduce them. He followed this up with a letter to Guiot explaining that he would like to consider using the transsphenoidal approach to the pituitary gland for his patients at GSH but would require the necessary training. He apologised for not writing in French with a name like his: "unfortunately, we must blame history for that".²⁹⁷ Within 10 days, Kay De Villiers had received a reply from Guiot who was based at the Hospital Foche in Paris, inviting him to join them in April.²⁹⁸ It was finally agreed that he would spend two weeks with Guiot in April to study this technique.²⁹⁹ While in Europe, Kay De Villiers took the opportunity of spending some time with Dr Alex Landolt in Zurich to examine his approach to the pituitary and make comparisons with what he had learnt in Paris.³⁰⁰

²⁹⁴ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

²⁹⁵ UCT Administrative Archives: J.C. De Villiers, Personal File, Curriculum Vitae, p. 3.

²⁹⁶ Dr Daan De Klerk: Interview by Dr J.R. Cowlin, 5 December 2019.

²⁹⁷ J.C. De Villiers, Personal Correspondence, File 1971-1980: J.C. De Villiers- Prof G. Guidot, 4 February 1975.

²⁹⁸ *Ibid.*, Prof G. Guiot - J.C. De Villiers, 14 February 1975.

²⁹⁹ *Ibid.*, Prof G. Guidot - J.C. De Villiers, 14 March 1975.

³⁰⁰ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers II, Official Overseas Visit, J.C. De Villiers, 6 April to 23 May 1975.

Soon after returning to South Africa, he wrote a letter of appreciation to Guiot thanking him profusely for giving up some of his own vacation time to be with him while he was in the department. Kay De Villiers added that the image intensifier required for the surgery was in the process of being installed.³⁰¹ Soon thereafter, he wrote to the Secretary of the Department of Information asking that they send Prof Guiot copies of the *South African Panorama* magazine, (published to promote South Africa internationally), as he was an influential person in French medical circles. Within days, Kay De Villiers had received a reply saying that the embassy in Paris would be instructed to deliver the publication to Prof Guiot.³⁰² After successfully performing the first transsphenoidal pituitary operation in South Africa, Kay De Villiers sent a telegram to Guiot advising him accordingly. There was an immediate reply from Guiot saying “Bravo!”³⁰³ Over the years, they continued their friendship and according to Graham Fieggen, Kay De Villiers acquired a taste for fine French cognac while in Paris being trained by Prof Guiot.³⁰⁴ Kay De Villiers soon became proficient in using this technique on patients with pituitary tumours, but never shared this expertise with his colleagues until very late in his career.³⁰⁵

In 1979, Kay De Villiers published the results of using the transsphenoidal approach to the pituitary that he had learnt in France from Prof Guidot.³⁰⁶ Between 1975 and 1978, 14 patients were operated on by using the old transcranial approach and 71 using the transsphenoidal route. In all cases, the operating microscope was used. He concluded that under different circumstances, either approach has advantages and disadvantages. The selection of the surgical approach was based upon the size and shape of the tumour, the situation relative to the pituitary fossa and whether it was secretory or non-secretory.³⁰⁷ In the conclusion to the paper, Kay De Villiers thanked his colleagues in the pituitary clinic for adopting a multidisciplinary approach to treating this difficult condition.³⁰⁸

³⁰¹ J.C. De Villiers, Personal Correspondence, File 1971-1980: J.C. De Villiers - Prof G. Guiot, 25 June 1975.

³⁰² J.C. De Villiers, Personal Correspondence, File 1971- 1980: Prof De Villiers - Department of Information – J.C. De Villiers, 16 July 1975.

³⁰³ *Ibid.*, Prof Guiot –J.C. De Villiers, 10 July, 1975.

³⁰⁴ Prof Graham Fieggen: Interview by Dr J.R. Cowlin, 18 November 2019.

³⁰⁵ See chapter 5 – “Kay De Villiers as researcher, teacher and doctor”.

³⁰⁶ J.C. De Villiers: “Evolution of the management of pituitary tumours at Groote Schuur Hospital from 1966 to 1978”, *South African Medical Journal*, (56), 24 November 1979, pp. 959-961.

³⁰⁷ This statement means whether it was producing a hormonal substance or not.

³⁰⁸ *Ibid.*

Consolidating his Position

In May 1970, Kay De Villiers wrote to Wylie McKissock to tell him that he would soon be appointed Head of the Department of Neurosurgery, “It has been a long wait but I think a worthwhile one”.³⁰⁹ He asked Wylie McKissock if he could visit Atkinson Morley in order to refresh his memory about the organisation of the department. Much of what he had learnt during his time with Wylie McKissock he had introduced at GSH.³¹⁰ McKissock replied promptly to congratulate Kay De Villiers on his new appointment: “I am sure you will make an excellent job of this and any help that Tickey and I can give you when you are here in September will certainly be forthcoming”.³¹¹ The appointment was confirmed when Kay De Villiers received a letter from the Registrar of UCT advising him of his promotion to department head effective, 1 June, 1970.³¹²

This appointment was announced in the GSH Monthly Bulletin. Mrs De Villiers Hamman did not take kindly to her husband’s ousting as departmental head. On 27 June, she wrote a letter to the Principal of UCT, Sir Richard Luyt, stating that by the time that Kay De Villiers’s new appointment was announced, De Villiers Hamman had already resigned from his part time position because he felt that a full-time person was needed to run the department.³¹³ This fact and his long and diligent years of service had been ignored in the announcement. Prof Jannie Louw replied to her letter as Luyt was abroad. He acknowledged De Villiers Hamman’s contribution in building up neurosurgery at GSH but pointed out that he had not yet announced his resignation as department head. The tone of his letter was unsympathetic.³¹⁴ On his return, Luyt wrote to Mrs De Villiers Hamman on the 21 July 1970, apologising for the manner in which it was handled and promised to make the appropriate announcement when De Villiers Hamman actually did retire.³¹⁵ Corroborating the university’s position is a letter to Dr De Villiers Hamman from the medical superintendent of GSH, Dr J.G. Burger, which acknowledges receipt of his resignation. It goes on to thank him for his many years of

³⁰⁹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith – Mc Kissock, J.C. De Villiers- Dr Wylie McKissock, 19 May 1970.

³¹⁰ *Ibid.*

³¹¹ US Special Collections, J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith – McKissock, J.C. De Villiers – Dr Wylie McKissock, 27 May 1970.

³¹² Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: Registrar UCT - J.C. De Villiers, 7 October 1970.

³¹³ UCT Administrative Archives: File Neurosurgery, Med 24, Mrs De Villiers Hamman - Sir Richard Luyt, 29 June, 1970. Sir Richard Luyt was the Principal and Vice Chancellor of the University of Cape Town at the time.

³¹⁴ *Ibid.*, Prof Jannie Louw - Mrs H.L. De Villiers Hamman, 1 July, 1970.

³¹⁵ *Ibid.*, Sir Richard Luyt - Mrs De Villiers Hamman, 21 July 1970.

service to the hospital and the fine neurosurgical unit he was able to establish and grow.³¹⁶ Many years later, Kay De Villiers was able to recall the feeling of antagonism from De Villiers Hamman. He received no documentation from his predecessor whatsoever.³¹⁷ In March 1970, Kay De Villiers was appointed the visiting Professor of Neurosurgery at the University of the Witwatersrand.³¹⁸

Soon after becoming departmental head in 1970, Kay De Villiers laid down a number of rigid procedures and policies regarding the care of the neurosurgical patients: registrars were expected to shave the patient's heads after they were anaesthetised; the scalp could only be sutured using interrupted stitches of black silk; all stitching of the scalp had to be done with a round bodied needle, which proved very difficult to push through the skin of both white and black patients who had grown up in Africa. Kay De Villiers also had a pathological obsession with the use of Elastoplast when it was used to secure the dressings on the patient's scalp. Yet he was silent about procedures and policies concerning complex intracranial surgery such as clipping aneurysms and removing large brain tumours. Many of these policies were pedantic and sometimes impractical. As the years went by, he became more flexible and many of these rules were ultimately relaxed.³¹⁹

On 1 October 1971, Kay De Villiers was appointed Chief Specialist Neurosurgeon at GSH.³²⁰ The promotion to Associate Professor promised him by Prof Jannie Louw in 1965, finally came to fruition in 1972, when he received a letter from the Registrar of UCT, PG McDonald, confirming this appointment effective 1 April, 1972.³²¹ Within days Kay De Villiers wrote an effusive letter to Prof Jannie Louw to thank him for:

“.... believing in me when I was totally unknown and not a particularly useful candidate. During the years, you had confirmed your faith in me through your constant support and help. I would have achieved nothing in the Department of Neurosurgery were it not for your advice and mentorship.

³¹⁶ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1970-1979, Dr J.G. Burger - Dr De Villiers Hamman, 28 December 1970.

³¹⁷ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman on 18 April 2018.

³¹⁸ UCT Administrative Archives: J.C. De Villiers, Personal File, Curriculum Vitae, p. 3

³¹⁹ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 4 November 2019.

³²⁰ UCT Administrative Archives: J.C. De Villiers, Personal file, Curriculum Vitae, p. 2.

³²¹ Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: Registrar UCT - J.C. De Villiers, 1 March 1972.

Lastly, all I can do was pledge my loyalty and commitment to you for the future”.³²²

By this time, Stellenbosch University Medical School was advertising for a professor for the new department of neurosurgery at Tygerberg Hospital. Both Dr De Villiers Hamman and Dr Peter Rose Innes applied for the position. Kay De Villiers lobbied frantically to support Rose Innes’ application for the post. Ultimately, he was successful and, in this way, he eliminated another strong competitor from his future career path.³²³

In December 1974, Kay De Villiers expressed his concern to Dr Nigel Legg about the workload he was carrying in order to provide a service to “members of the community who cannot provide for themselves for a lack of private means”.³²⁴ He felt that his children had a reasonable claim on at least some of his time, but his response to them was unreasonable because he was tired, tense and distracted. He was interested in academic medicine, and for this reason, had never been tempted to go into private practice. By this time, Kay De Villiers was the Head of Department and an associate Professor and in addition to his departmental duties, was expected to be involved with policy matters and meetings pertaining to the Division of Surgery, Faculty and Senate. He was hoping that things would improve in the following year.³²⁵

The Conflict over Neuropathology

As Kay De Villiers consolidated his position at GSH, he became aware of the absence of a specialised neuropathological service, which by this time was considered essential for any world-class neurosurgical service. He turned to another graduate of the 1951 class, Prof C.J. (Dirk) Uys for help.³²⁶ Uys had been groomed to succeed the legendary Professor of Pathology, J.G. Thompson, who was due to retire in 1971. Kay De Villiers arranged with Uys for interdepartmental brain cutting sessions to be conducted on patients suspected of having died from brain pathology with a view to encouraging one or two of Uys’ registrars to specialise in neuropathology.³²⁷ Uys supported the need for such a service and asked him to

³²² Mrs Elfrida Bothma Records, File Jannie Louw Correspondence: J.C. De Villiers - Prof Jannie Louw, 7 March 1972.

³²³ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

³²⁴ J.C. De Villiers, Personal Correspondence, File Legg: J.C. De Villiers - Dr Nigel Legg, 11 December 1974.

³²⁵ *Ibid.*

³²⁶ UCT Special Collections: File, BUZV- Staff, Medical School Graduates Class Photographs.

³²⁷ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1971-1980, J.C. De Villiers - Prof C.J. Uys, 6 July 1971.

provide a motivation to the Western Cape Department of Health for the creation of a specialist post of a neuropathologist within the department.³²⁸

Dr Richard Hewlett qualified with an MB ChB from UCT in 1963. He joined the Department of Pathology as a registrar in 1965. He switched to internal medicine in 1971 and graduated with a PhD at the end of that year. In 1972, he returned to the Department of Pathology with the intention of becoming a neuropathologist.³²⁹ As he had completed a year of anatomical pathology in 1965, he saw no point in having to do a further four years when he wanted to specialise in neuropathology. It was hardly surprising that there was soon conflict between Hewlett and Uys. Despite this mutual antagonism, Hewlett was asked to lead the brain cutting sessions. They were normally attended by Kay De Villiers, neurosurgical registrars and consultants, as well as Uys. Hewlett was as brilliant as he was abrasive, yet even as a registrar he had an exceptional knowledge of neuropathology. During the brain cutting sessions, Hewlett delighted in leading the two professors to a point where they contradicted each other. It was not long before they realised what Hewlett was up to and at the end of the year his contract as a registrar was not renewed. At the time, Kay De Villiers supported Uys's decision. Hewlett is reported to have said to Uys on his departure: "You have a first-class department, but a second-class brain".³³⁰

Hewlett continued his training at the Stellenbosch University Medical School and thereafter worked as a senior registrar in neuropathology at the Frenchay Hospital in Bristol, United Kingdom. He returned to South Africa in 1977 as the Consultant Neuropathologist and Senior Lecturer in Clinical Neuroscience at the University of Stellenbosch Medical School.³³¹ Within a year of returning to South Africa, Hewlett started agitating for the recognition of neuropathology as a separate sub-specialty. He addressed the matter directly to the Medical Council proposing that: "Neuropathology be recognised as a subspecialty within anatomical pathology and that the FC Path (Anatomical Path) and the MMed Path Degrees be offered in neuropathology to any candidate who wishes to confine itself to this area of pathology".³³²

³²⁸ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1971-1980, J.C. De Villiers - Dr Burger, Medical Superintendent, GSH, 17 December 1971.

³²⁹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 2001-2018, Curriculum Vitae, Dr Richard Hewlett, 2011.

³³⁰ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 6 October 2019.

³³¹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence File 2001-2018, Curriculum Vitae of Dr Richard Hewlett, 2011.

³³² *Ibid*: File 1971-1980, Dr R. Hewlett – J.C. De Villiers, 24 June 1980.

He asked Kay De Villiers to support his request who replied as follows: “You have no doubt remembered my feelings about the neurosciences being a stepchild of medicine in South Africa, hence your approach to me. I appreciate that and I’m glad that there are others who also plan to get something off the ground”.³³³ He went on to suggest that the matter be raised at the Society of Neurosurgeons of South Africa conference in Durban at the end of the year.³³⁴ Hewlett immediately replied by addressing him as “Dear JC”:

“Thank you for your sympathetic letter. A good many years have passed since that fateful and traumatic year (1972) and yet here we are, pursuing exactly the same objectives. I’m always sorry that events in that year led to my being permanently resected from the GSH/UCT Corpus. (I’m only prepared to take 50% of the blame).”³³⁵

He thanked Kay De Villiers for suggesting that the matter be discussed at the neurosurgical conference. Hewlett went on to become a member of the Royal College of Pathologists (1983) and later a Fellow in 1994. Despite Kay De Villiers’s support, Hewlett never succeeded in having neuropathology registered as a subspecialty in South Africa.³³⁶

The New Department of Neuroradiology

During his time in the UK and the USA, Kay De Villiers had learnt the importance of a dedicated neuroradiological service in supporting the work of the neurosurgeon. He was determined not to be left behind.³³⁷ Len Handler qualified with an MB ChB at UCT in 1959. After having worked as an intern, senior house officer and general practitioner, he returned to GSH and joined the Department of Radiology as a registrar in 1961. He qualified as a general radiologist in 1965. By this time, he had developed an interest in neuroradiology and joined the Wessex Neurological Centre in Southampton in order to specialise in this field. Here he worked for an old friend of Kay De Villiers, Dr Ted Burrows. They became very friendly and Burrows helped Len Handler get a position in Rochester, New York for further training. After 2½ years, he resigned and spent some time travelling Europe in order to study leading radiological facilities before returning to South Africa. He concentrated especially upon the

³³³ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1971- 1980, J.C. De Villiers - Dr R. Hewlett, 15 July 1980.

³³⁴ *Ibid.*

³³⁵ *Ibid.*, Dr R. Hewlett - J.C. De Villiers, 23 July 1980.

³³⁶ *Ibid.*, File 2001-2018, Curriculum Vitae of Dr Richard Hewlett, 2011.

³³⁷ Prof Roland Eastman: Interview by Dr J.R. Cowlin, 9 December 2019.

design of the facility, the equipment used, the population demographics supporting the unit and optimal staffing levels. Throughout this time, he received a salary from the Cape Provincial Administration, which Len Handler suspects must have been arranged by Kay De Villiers.³³⁸ Len Handler is convinced that Burrows was instrumental in convincing Kay De Villiers about his ability to build a first rate neuroradiological department for him at GSH.³³⁹

After returning to Cape Town, Kay De Villiers continued to correspond with a number of his colleagues and staff from the Atkinson Morley Hospital where he had trained. One of the senior secretaries, Miss Maureen Barnes, worked for Mr Jason Brice, a neurosurgeon who had just taken over the unit at the Wessex Neurological Centre in Southampton. As Len Handler was training there at the time, Kay De Villiers asked her to send his kindest regards to him.³⁴⁰ It appears that by this time Kay De Villiers and Len Handler were discussing the establishment of a specialised neuroradiological service at GSH. Len Handler was keen that the head of the new Department should be Ted Burrows himself, with him as the second-in-command. It turns out that Ted Burrows was not prepared to return to South Africa so Kay De Villiers persuaded Len Handler to take the position. He later wrote to Ted Burrows that he would now have to “... toue trek en die sake manipuleer.” (Pull the right ropes and manipulate the situation). As radiology was a different department to neurosurgery, he had to be diplomatic. Kay De Villiers explained that everything that he now did was seen to be empire building, but he was certain he would prevail and that Len Handler could be assured of a great future at GSH.³⁴¹ In due course, Len Handler returned in 1970 to establish a neuroradiological service in the J Block, Kay De Villiers’s home turf. The existing radiology suite was primitive and Len Handler is quite certain that Kay De Villiers used his influence with his old friends, L.A.P.A. Munnik and Hannah Reeve-Sanders to get the facility enlarged in order to accommodate an angiography theatre.³⁴² In 1970, Dr Mike Wright joined the Department of Neurosurgery. By the end of the year, he was working round-the-clock as he and Peter Rose Innes were the only registrars in the department. His newly acquired father-in-law, a Col. W. Jeffery, took a dim view of Mike Wright’s future career and pressurised him to find an alternative to neurosurgery. He approached Len Handler who offered him a

³³⁸ Prof Len Handler: Interview by Dr J.R. Cowlin, 23 October 2019.

³³⁹ Prof Len Handler: email correspondence with author, 5 January 2020.

³⁴⁰ J.C. De Villiers, Personal Correspondence, File 1950-1970: J.C. De Villiers- Miss M. Barnes, 26 October 1966.

³⁴¹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Burrows, J.C. De Villiers- Dr E Burrows, 4 March 1969.

³⁴² Prof Len Handler: Interview by Dr J.R. Cowlin, 23 October 2019. At the time, Munnik was the Administrator of the Cape Province and Reeve Sanders was the Deputy Medical Superintendent of GSH.

position in the neuroradiology unit the following year. During the next five years, Len Handler and Mike Wright built up the neuroradiological service to the point where it compared favourably with the facilities Len Handler had visited in Europe.³⁴³ Len Handler would invite neuroradiologists from Queens Square in London and elsewhere, to spend time in his unit. Ted Burrows would say to him, “They all know what’s in the journals, especially the latest ones, but haven’t done enough practical neuroradiology. You show them how”.³⁴⁴

By the 1980s, hospital budgets throughout the country were under pressure. As a result of increasing political unrest with an often violent response by the authorities, the workload of the department escalated. Len Handler and Mike Wright continued to share the responsibility, with the latter overseeing all the scanning services and the former the angiography, myelography and air encephalograms.³⁴⁵ Although Mike Wright considered his colleague a fine neuroradiologist, they differed when it came to embracing new technology. Towards the end of the 80s, the GSH authorities had managed to raise sufficient money to purchase a magnetic resonance imaging (MRI) scanner. Len Handler suggested that it should be operated by the Department of Nuclear Medicine. Mike Wright put his foot down and insisted that it remain under the control of the Department of Neuroradiology.³⁴⁶

In stark contrast to Len Handler, Kay De Villiers embraced technological innovation and encouraged its adoption in his department. He furthermore insisted that his registrars undergo at least six months training in the department of neurology, the understanding of which, he regarded, was essential for the training of a competent neurosurgeon. Mike Wright considered Kay De Villiers a good administrator, an inspirational leader, a fine neurologist and a good teacher, who had the fundamentals of academic neurosurgical practice at his fingertips. In his opinion, Kay De Villiers’ one weakness was his poor surgical technique. He felt that his occasional outbursts of temper were due more to his frustration with certain operations which may have been slightly beyond his ability. Nevertheless, the department of neurosurgery at GSH had been neglected for many years and building it into a first-class teaching and academic unit would have been a challenge for anyone. Through the force of his personality and his undoubted intellect, Kay De Villiers was able to develop his department into the best in the country. Above all, what Mike Wright liked the most about Kay De

³⁴³ Dr Mike Wright: Interview by Dr J.R. Cowlin, 5 November 2019.

³⁴⁴ Prof Len Handler: Interview by Dr J.R. Cowlin, 23 October 2019.

³⁴⁵ *Ibid.*

³⁴⁶ Dr Mike Wright: Interview by Dr J.R. Cowlin, 5 November 2019.

Villiers was his ability as a philosopher and historian. This was the situation until Mike Wright retired in 1991 and Len Handler some 10 years later.³⁴⁷

As Kay De Villiers was largely instrumental in persuading Len Handler to establish a neuroradiological unit at GSH, their relationship early in his career was cordial. Soon after arriving at GSH, it began to dawn on Len Handler that Kay De Villiers was the classical “Alpha Dominant male” and was determined to always get his way.³⁴⁸ The first signs of this were his ongoing criticism of De Villiers Hamman in order to undermine him. This suspicion was confirmed when Kay De Villiers was appointed head of the department at the end of 1970 under somewhat controversial circumstances (see above). Soon after, Len Handler felt that Kay De Villiers and the Prof of Neurology, Frances Ames, were ganging up on him in the joint neurology/neurosurgical x-ray meetings held on a Wednesday morning. Eventually, Len Handler insisted that the meetings between neuroradiology, neurology and neurosurgery be held separately.³⁴⁹

The J4 tearoom was the “social centre” of the department and almost always exuded a convivial relaxed atmosphere. Mrs Beverly Gerhardt, one of the radiographers at the time, recalls enjoying an early morning cup of tea, watching the sunrise over the Hottentots Holland Mountains as a good way to start a busy day.³⁵⁰ Kay De Villiers would always converse easily to whoever happened to be in the tearoom before starting his operating “list.” She remembers Kay De Villiers becoming very angry when a group of maintenance staff arrived in the theatres in order to paint over the glass panels overlooking Devil’s Peak. He chased them out and insisted that the clear glass be retained in order that the surgeons could occasionally rest their eyes by watching the animals peacefully grazing on the slopes of Table Mountain.³⁵¹

The conflict between Len Handler and the neurosurgeons became legendary. At one stage, he fleetingly considered that Kay De Villiers’ dislike of him was either as a result of anti-Semitism or because he was short, bearded and had an odd gait. Where they did find common ground however, was through their abiding interest in religion. Len recalls Kay De Villiers as being a profoundly religious Calvinist, but yet, surprisingly tolerant of other people’s beliefs.

³⁴⁷ Dr Mike Wright: Interview Dr J.R. Cowlin, 5 November 2019.

³⁴⁸ Prof Len Handler: Interview by Dr J.R. Cowlin, 23 October 2019

³⁴⁹ *Ibid.*

³⁵⁰ Mrs Beverly Gerhardt, Interview by Dr J.R. Cowlin, 20 December 2019.

³⁵¹ *Ibid.*

He never proselytised. On one occasion, Len Handler was surprised at his deep understanding of religious scriptures.³⁵² On the strength of this, he gave Kay De Villiers a copy of the “Pentateuch and Haftorahs”, a Hebrew/English translation of the Old Testament. He was extremely grateful for the gift. Len Handler confessed to being deeply religious himself and it appears that he and Kay De Villiers shared an interest in the book of Job. He believes that Kay De Villiers turned to this biblical text in order to find solace for his profound personal grief following the death of Kina. If nothing else, Len Handler is adamant that Kay De Villiers was never antisemitic.³⁵³

The Neurosurgeons and Brain Death

Kay De Villiers and Chris Barnard were without doubt the two rising stars in the division of surgery at UCT. Barnard led the team who performed the first heart transplant on Louis Washkansky on Sunday the 3 December 1967. Kay De Villiers recalled the occasion vividly. Barnard described to him how he felt when he removed the diseased heart from Washkansky. He said to Kay De Villiers: “Here was this huge space in the patient’s chest. How was I going to fill it?”³⁵⁴ Paul Cluver was enjoying a beer with a fellow student at Gottingen on that Sunday and remembered his companion’s mother excitedly telling them that a heart transplant had been done in South Africa. Paul Cluver responded by saying that it had to be Chris Barnard, as he was both a physician and cardiac surgeon and was supported by world class specialists like Prof M.C. Botha, the immunologist and Dr Velva Schrire, the cardiologist. By Monday, the banner headlines in the local newspapers had proved Paul Cluver correct.³⁵⁵

One would be forgiven for asking why the world’s first heart transplant took place at Groote Schuur Hospital and not Peter Bent Bingham, Johns Hopkins or the Radcliffe Infirmary. In the opinion of Dr Raymond Hoffenberg, a highly respected physician who had worked at GSH and was served a banning order by the National Party government, the standard of medicine at GSH was “...advanced and sophisticated. There were well equipped laboratories and an ethos in which research and initiative were encouraged.” The department of surgery, in particular, had developed a culture of experimental research going back some 30 years before the transplant. The transplant was the culmination of a programme of open - heart

³⁵² Prof Len Handler: Interview by Dr J.R. Cowlin, 23 October 2019.

³⁵³ *Ibid.*

³⁵⁴ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

³⁵⁵ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 12 April 2020.

surgery started by Barnard in 1958 after he returned from the USA and was made director of surgical research.³⁵⁶

At the time of the first heart transplant, the legal position in South Africa concerning the moment of death was uncertain.³⁵⁷ This was very different to the position in the United States where death was determined by a cessation of the heartbeat. Heart transplants are more likely to be successful if the donor heart is removed whilst beating. A limiting factor on extending the transplant program was the availability of healthy hearts from younger donors who were brain dead. In 1969, Prof Chris Barnard was asked to appear before a Select Committee of Parliament who was appointed to bring clarity to the debate on what constitutes death. When he was asked his opinion, he said “A person is dead when the doctor says he is dead.”³⁵⁸ At GSH, the Department of Neurosurgery was mandated to determine the presence and time of brain death.³⁵⁹ Kay De Villiers had gained experience in the UK through his involvement with a cadaver renal transplant programme, where the legal position was more clear than in South Africa – organ donation could legally only be performed after the determination of brain death by a neurosurgeon. As the heart transplant program evolved, it became necessary to develop a policy and protocol to be followed, before beating hearts could be removed from brain-dead cadavers.

Chris Barnard’s younger brother Marius, who was part of the transplant team, felt that he should be part of the team which determined brain death. Kay De Villiers objected very strongly to his participation in what was a neurosurgical decision, pointing out that Marius Barnard’s influence in the decision would discredit the whole transplant program. In comparison to Chris, whom Kay De Villiers considered to be exceptionally intelligent, he thought Marius was stupid.³⁶⁰ Kay De Villiers expressed his frustration with the consequences for the department of neurosurgery of the heart transplant programme. In a letter to Wylie McKissock, he complained that as the team that had to decide brain death, they were seen to be the “provider of donor material”. Kay De Villiers put his foot down and eventually got the hospital authorities to agree to the protocol prepared by the department of

³⁵⁶ Dr Raymond Hoffenberg, “Christiaan Barnard: his first transplants and their impact on concepts of death”, *British Medical Journal*, Vol 323, 22-29 December 2001, p. 1478.

³⁵⁷ Prof S.A. Strauss: *Doctor, Patient and the law*, p. 328.

³⁵⁸ *Ibid.*, p. 325.

³⁵⁹ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

³⁶⁰ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

neurosurgery for the determination of brain death.³⁶¹ In 1968, Kay De Villiers was asked to participate in a symposium entitled “Experience with Human Heart Transplantation.” He delivered a paper, which he called “Moment of Death”.³⁶²

Dr Roger Melvill was the first neurosurgeon trained by Kay De Villiers. Roger Melvill remembers the numerous occasions in the 70s and 80s when the cardiac surgery registrars would enter the department of neurosurgery and examine the patients with head injuries in order to identify potential donors for the transplant programme. Kay De Villiers took a dim view of this uninvited intrusion into neurosurgical departmental matters, which led to conflict between him and Barnard.³⁶³ In Kay De Villiers’s words, the cardiac surgeons had no business “wandering round the wards looking for potential donors.”³⁶⁴

Towards the end of 1980, Kay De Villiers received a letter from the head of the Department of Neurosurgery at the University of Glasgow, Prof Bryan Jennett. He referred to the controversy generated by a recent BBC television program concerning the definition of brain death.³⁶⁵ Bryan Jennett was particularly interested in Kay De Villiers’s opinion on the use of the electroencephalogram (EEG) as an important criterion for making the diagnosis. It seemed to Bryan Jennett that internationally, it was not regarded as a mandatory component of determining brain death. By this time, the heart transplant program at GSH had received international media exposure and Bryan Jennett considered that Kay De Villiers would probably have had more experience in this field than many others.³⁶⁶ Kay De Villiers replied to him as follows:

“Thank you very much for your letter about brain death – a subject which by force of circumstance landed on the plate of the Cape Town neurosurgeons rather precipitously in December 1967. As you know, we had little to guide us at that stage and in the initial phases we were just extremely conservative in making the diagnosis of brain death”.³⁶⁷

³⁶¹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith-McKissock, J.C. De Villiers - Dr Wylie McKissock, 27 August 1967.

³⁶² UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 10.

³⁶³ Dr Roger Melville: Interview by Dr J.R. Cowlin, 29 September 2019.

³⁶⁴ C. Logan: *Celebrity Surgeon*, p. 181.

³⁶⁵ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith-McKissock, Prof Bryan Jennett - J.C. De Villiers, 23 December 1980.

³⁶⁶ US Special Collections: J.C. (Kay) De Villiers Ms 392, File United Kingdom, Folder Griffith-McKissock, Prof Bryan Jennett – J.C. De Villiers, 23 December 1980.

³⁶⁷ *Ibid.*, J.C. De Villiers - Prof Bryan Jennett, 15 January 1981.

Kay De Villiers went on to explain how the general public had difficulty reconciling the idea of a vital organ such as the heart, being able to continue beating after brain death. This concept seemed to be particularly difficult for individuals with “more emotion than insight into the problem”. He explained how the criteria for determining brain death had evolved over a period from 1968 until the present time. In the beginning, the EEG was a mandatory requirement but it was then dispensed with. The most important criterion was the clinical assessment of the progressive loss of brainstem reflexes from above downwards, whilst the blood circulation and body temperature remained normal. The guideline given to the registrars was that they could not consider anyone brain dead whilst there was any “vestige of spontaneous respiration.” Most of the other transplant centres in the country had now adopted the GSH criteria. Despite the unambiguous criteria developed by the neurosurgeons, differences with the interpretation of brain death persisted.³⁶⁸

On a more positive note, this led to the publication of a paper in 1982 entitled the “Medical, Legal and Administrative Aspects of Cadaveric Organ Donation in the RSA”.³⁶⁹ It was co-authored by Kay De Villiers, Chris Barnard and a second cardiac surgeon, an urologist, a forensic pathologist and a transplant coordinating nursing sister. It established the criteria to determine brain death, the legal position in South Africa, consent for both donor and recipient, management of the donor and the preservation and transportation of donor organs. It is clear from the introduction that the authors considered the shortage of cadaveric donors as a severe limiting factor to the extent that transplantation could be more widely used to assist patients with end stage cardiac and renal disease.³⁷⁰ The paper drew a distinction between the classical definition of clinical death, which had been accepted by doctors for centuries, and the newer concept of “brain death.” Clinical death is defined as the absence of heartbeat and spontaneous respiration. This definition of death can only be accepted if the patient is in a deep, non-responsive coma, with the absence of cranial reflexes and spontaneous breathing. The clinical criteria for making this diagnosis are set out in the paper. Organ donation in South Africa is regulated by the Anatomical Donations and Post-mortem Examinations Act of 1970. The Act lays down six criteria that require fulfilment before an organ transplant can take place:

³⁶⁸ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith - McKissock, J.C. De Villiers - Prof Bryan Jennett, 15 January 1981.

³⁶⁹ D.K. Cooper, J.C. De Villiers, L.S. Smith, Y. Crombie, S.T. Boyd, J.E. Jacobson & C.N. Barnard: “Medical, Legal and Administrative Aspects of Cadaveric Organ Donation in the RSA”, *South African Medical Journal*, (62), (25), 11 December 1982, pp. 933-938.

³⁷⁰ *Ibid.*

“Certification of the fact of death; who may donate; the purpose of the donation; who may be the donee; who is required to give authority for the removal of the donated heart or kidney; and certain administrative matters pertaining to such donation and use”.³⁷¹

Brain death has to be confirmed in writing by two medical practitioners, neither of whom may be a member of the transplant team.³⁷² As this paper was written by a multidisciplinary team of medical specialists engaged in transplantation programs and the determination of brain death, it went a long way to establish consensus on these critical definitions and criteria.³⁷³

Dr Kobus Brits described the conflict that existed between the registrars of different departments at the hospital during his time as a neurosurgical registrar.³⁷⁴ The policy was that if a patient with multiple injuries also had a head injury, the patient should be the responsibility of neurosurgery. These patients were generally far too ill to be accommodated in a general ward and normally required intensive care treatment. The neurosurgical intensive care unit (ICU) only had four beds. Kay De Villiers was understandably protective of the limited number of beds in his ICU and would chastise the registrars if patients were “dumped” there. On one occasion, Kobus Brits was being pressurised by the respiratory unit registrar to take a patient with a head injury. The dispute almost came to blows. Kobus Brits was a big man and did not like to be pushed about. Once he had explained to the registrar’s senior that his position might be compromised by accepting the patient, the matter was resolved. Kobus Brits completed his neurosurgical training in 1987.³⁷⁵

³⁷¹ D.K. Cooper, J.C. De Villiers, L.S. Smith, Y. Crombie, S.T. Boyd, J.E. Jacobson & C.N. Barnard: “Medical, Legal and Administrative Aspects of Cadaveric Organ Donation in the RSA”, *South African Medical Journal*, (62), (25), 11 December 1982, p. 936.

³⁷² Prof S.A. Strauss: *Doctor, patient and the law*, p. 325.

³⁷³ D.K. Cooper, J.C. De Villiers, L.S. Smith, Y. Crombie, S.T. Boyd, J.E. Jacobson & C.N. Barnard: “Medical, Legal and Administrative Aspects of Cadaveric Organ Donation in the RSA”, *South African Medical Journal*, (62), (25), 11 December 1982, pp. 933-938.

³⁷⁴ Dr Kobus Brits: Interview by Dr J.R. Cowlin, 11 February 2020.

³⁷⁵ *Ibid.*, See Chapter 5 for more details of Dr Brits’ time in the department of neurosurgery.

The Mauerberger Chair of Neurosurgery

During the term of Sir Richard Luyt as Principal and Vice Chancellor of the University of Cape Town, the Mauerberger Foundation Fund became aware of the brilliant young neurosurgeon who had joined the department in 1966. The Fund represented the philanthropic interests of the late Morris Mauerberger, a wealthy Jewish industrialist. Sometime after Kay De Villiers was appointed as the Associate Professor of Neurosurgery, there were concerns in UCT circles that he may be offered a more attractive position at another university. In this regard, Sir Richard received a letter from a director of the Fund, Mr J. Pothier, reminding him of a discussion that had taken place at the last meeting of the board of directors at which the retention of Dr Kay De Villiers was discussed:

“... if therefore, the fund is able to achieve anything in this regard, it will lead to the fame of the fund and by reflection, to that of its Founder. On a lower plane, success in this move will be highly gratifying to the two of us”.³⁷⁶

Sir Richard replied on 14 March in a letter addressed to the Chairman of the Fund, that he had discussed the matter with the Dean of the Medical Faculty, Prof Bromilow-Downing and the head of the Department of Surgery, Prof Jannie Louw and was able to advise as follows: “The current Head of the Department of Neurosurgery has the rank of Associate Professor, which is a position awarded by the University to an individual with outstanding merit. Currently, the department at GSH had trained most of the neurosurgeons currently practising in South Africa, including the heads of the departments of neurosurgery at the Tygerberg Hospital and the King Edward VIII Hospital in Durban. Chairs of neurosurgery were in the process of being created at both the Universities of the Witwatersrand and Stellenbosch. Prof De Villiers was under constant pressure to accept one of these chairs.”³⁷⁷ The letter goes on to propose certain funding arrangements, which, under the Joint Medical Scheme between the Cape Provincial Administration and the University of Cape Town, would require the University to fund 51% of a full professor’s salary, as well as additional benefits. Sir Richard

³⁷⁶ UCT Administrative Archives: File Mauerberger Fund, January to July 1975, Mr J. Pothier- Sir Richard Luyt, 2 July 1975.

³⁷⁷ UCT Administrative Archives, File Mauerberger Fund, January to July 1975, Sir Richard Luyt - Chairman, 14 March 1975.

attached a memorandum from Prof Jannie Louw setting out the merits of a full chair of neurosurgery at GSH/UCT in great detail.³⁷⁸

The department of neurosurgery had grown from its inception in 1945, with an ever-increasing workload. By 1974, the number of neurosurgical operations had exceeded 1000. The limiting factor on treating more patients was a shortage of beds, which they were hoping to rectify in the short term. In 1971, a dedicated neurosurgical intensive care unit was established which further improved the care of the patients. In the same year, an Intermediate Care Unit for paraplegics was opened at the Conradie Hospital. The department had trained nine neurosurgeons who were now practising in Cape Town and Durban. GSH was the only neurosurgical training facility where registrars could receive exposure to related disciplines such as neurology, neuroradiology, neuropathology and paraplegic services. The department of neurosurgery at GSH was considered the best in the country and to maintain its position, required a full professorial chair.³⁷⁹

Applications for the Helen and Maurice Mauerberger Chair of Neurosurgery were then advertised.³⁸⁰ Later in the year, Kay De Villiers was informed by Prof Bromilow–Downing that he had been shortlisted for the appointment to the Mauerberger Chair of Neurosurgery and that he should submit any personal requirements or requests to the Registrar of the University which he might require, should he be appointed.³⁸¹ In his letter to the Registrar, Kay De Villiers requested additional funding for secretarial services and the creation of neurosurgical registrar posts at the Red Cross Children’s Hospital. He also felt it was essential for the university to consider the establishment of an Institute of Neurological Sciences. He went on to state:

“Neurological science is the stepchild of medicine in this country and we are far behind other allegedly, underdeveloped countries, such as, for instance India, where the Institute of Neurology of Madras celebrated its 25th anniversary last year! In this country, there is no institution where individuals with neurological illness can be treated in an environment which is really of world standard, where all the staff are specialised in various

³⁷⁸ UCT Administrative Archives: File Mauerberger Fund, January to July 1975, Sir Richard Luyt - Chairman, 25 July 1975.

³⁷⁹ UCT Administrative Archives: Motivation for Full Chair, Prof Jannie Louw, File Neurosurgery, Med 18.

³⁸⁰ J.C. De Villiers Personal Correspondence, File 1950-1989: J.C. De Villiers- Registrar UCT, 24 June 1976.

³⁸¹ UCT Administrative Archives: File Mauerberger Fund, January to July 1975, Registrar UCT - J.C. De Villiers, 30 July, 1976.

branches of the neurological sciences, and where the clinical material and the experience of local disease conditions would form the basis of the academic activity”.³⁸²

Sir Richard then advised the Dean of the Faculty of Medicine that the Fund was committed to the establishment of a chair of neurosurgery at GSH/UCT and asked him to obtain formal approval from the board of the medical faculty at its forthcoming meeting on 12 August 1976.³⁸³ He also pointed out that a firm commitment from the Cape Provincial Administration to fund the balance of the cost of the chair was necessary before seeking the approval of the University Senate and Council.³⁸⁴ At this time, Kay De Villiers’s former classmate and rugby friend, Dr L.A.P.A. Munnik, was the Administrator of the Cape Province.

On 7 October 1976, Kay De Villiers received a letter written on the University of Cape Town letterhead, marked Registered, Private and Confidential advising him as follows, “I have great pleasure in offering you the appointment to the Chair of Neurosurgery at this university with effect from a mutually acceptable date”.³⁸⁵ On 19 October, Kay De Villiers replied to the registrar accepting the appointment and expressing his gratitude to the University Council in this regard. He confirmed the effective date of his appointment as being 1 December 1976.³⁸⁶ Soon thereafter, Kay De Villiers received a letter from the Registrar advising him that as he was about to assume duty as a full professor of the University, he had the right to deliver an inaugural lecture. Generally, these inaugural lectures should take place within the first year of appointment, as the University regarded these lectures “as important academic occasions”.³⁸⁷

In November 1976, the University of Cape Town and the Mauerberger Foundation issued a joint press release announcing the establishment of the chair and the appointment of associate Prof J.C. De Villiers as its first incumbent. It stated that this chair was made possible by a decision taken by the Chairman and Directors of the Mauerberger Foundation in consultation

³⁸² J.C. De Villiers Personal Correspondence, File 1971-1980: J.C. De Villiers - Registrar UCT, 2 August 1976.

³⁸³ UCT Administrative Archives: Neurosurgery Med /24, Sir Richard Luyt - Dean of the Faculty of Medicine, 31 July 1975.

³⁸⁴ *Ibid.*

³⁸⁵ J.C. De Villiers Personal Correspondence, File 1971-1980: Registrar UCT – J.C. De Villiers, 7 October 1976.

³⁸⁶ *Ibid.*, J.C. De Villiers- Registrar UCT, 19 October 1976.

³⁸⁷ J.C. De Villiers, Personal Correspondence, File 1971-1980: Registrar UCT - J.C. De Villiers, 29 October 1976.

with the University of Cape Town and the Cape Provincial Administration. The Chair of Neurosurgery was now the second chair to be supported by the Foundation at the University of Cape Town, following that of the Chair of Ophthalmology. A number of doctors who had graduated at UCT since 1961 were able to study medicine, thanks to the generosity of the late Mr Mauerberger. Having arrived in South Africa in 1905 at the age of 15, he founded the Ackerman's group of stores and Consolidated Textiles Ltd, a blanket manufacturer.³⁸⁸ During the second half of November 1976, a number of newspapers both, local and national, covered the announcement, including *Die Burger*.³⁸⁹ The following month the appointment of Kay De Villiers to the Chair of Neurosurgery at UCT was announced in the *South African Medical Journal*. At the time, Kay De Villiers was a member of the British Society of Neurological Surgeons, a member of the Federal Council of the Medical Association of South Africa and the President of the Society of Neurosurgeons of South Africa.³⁹⁰ Kay De Villiers's appointment to the Helen and Maurice Mauerberger Chair of Neurosurgery became effective on 1 December 1976.³⁹¹

On 3 December, Kay De Villiers wrote a long letter to Prof Jannie Louw in Afrikaans, headed by the formal means of address being "Geagte Professor Louw" (Dear Prof Louw). He described his appointment as the pinnacle of his academic career.³⁹² He went on to say that Jannie Louw had achieved much more than he had and would therefore understand that many people contribute, consciously or unconsciously to one's advancement, going back to one's days as a child. Kay De Villiers recalled an occasion, some 25 years previously, when he went to visit Jannie Louw on a visit to London and realised that he, for whatever reason, believed in Kay De Villiers. Thereafter, Jannie Louw had always been available to help and give advice when requested. Kay De Villiers thanked Jannie Louw for smoothing the road ahead and creating a future for him in Cape Town. He wrote that he was extremely grateful for Jannie Louw's help some 11 years previously when Kina was ill and they had had to return home. Jannie Louw had not only made a bed available for her in his ward, but had also provided financial help. The idea of a chair of neurosurgery was entirely Jannie Louw's, a product of his vision for the division of surgery. He pointed out that it would be difficult for

³⁸⁸ UCT Administrative Archives: Neurosurgery Med /18, Press Release, November 1976.

³⁸⁹ *Die Burger*, Donderdag 18 November 1976, "J.C. Kay De Villiers."

³⁹⁰ "University of Cape Town: Chair of Neurosurgery", *South African Medical Journal*, 11 December 1976, p. 212.

³⁹¹ *Cape Times*, 18 November 1976, "Kay De Villiers awarded Mauerberger Chair."

³⁹² J.C. De Villiers, Personal Correspondence, File 1971-1980: J.C. De Villiers - Prof Jannie Louw, 3 December 1976.

those who succeeded Jannie to follow in his footsteps and Kay De Villiers thanked him for becoming his “academic father”.³⁹³

Three days later, Kay De Villiers received a handwritten letter from Jannie Louw thanking him for his letter, which Jannie Louw said, he would treasure to the end of his days. He said that Kay De Villiers had already made a great success of his work and that he expected great things in the future. The letter was signed, “Jou vriend, Jannie Louw” (Your friend, Jannie Louw).³⁹⁴ A particular letter, received from a classmate from medical school, Dr Kolie Strauss, is quite revealing. He wrote to congratulate Kay De Villiers on his appointment as the professor of neurosurgery. He also expressed his concerns about a deterioration of standards at the UCT Medical School over the last few years as a result of too many “old school tie old men”.³⁹⁵ Soon the medical school would lag behind its “younger sister”, presumably Stellenbosch. Kolie said that he would be watching Kay De Villiers’ future career, sincerely hoping that he could bring about improvements at their joint Alma Mater.³⁹⁶ Kay De Villiers soon replied and agreed with the concerns that Kolie had expressed. He said that he felt that the problem lay near the top of the academic hierarchy where there appeared to be individuals with little imagination. In the years ahead, he would do his best to restore the medical school to its previous high standard. Kay De Villiers also complained that to some extent, he felt he was a stranger in the UCT academic environment. His colleagues were well intentioned, knowledgeable and reasonably friendly. Nevertheless, his relationships at the university lacked depth and he felt unable to truly open his heart to many of them.³⁹⁷

Kay De Villiers’ appointment to a full chair of neurosurgery and the forthcoming inaugural lecture must have caused him to reflect on his career since leaving Swellendam. He wrote to his mentor as follows:

“My dear Wylie,

It has been a long time since I’ve written to you and I’ve intended to do so for quite a while. One does keep on putting things off and months rush by

³⁹³ J.C. De Villiers Personal Correspondence, File 1971-1980: J.C. De Villiers- Prof Jannie Louw, 3 December 1976.

³⁹⁴ *Ibid.*, Prof Jannie Louw - J.C. De Villiers, 5 December 1976.

³⁹⁵ *Ibid.*, Dr Kolie Strauss - J.C. De Villiers, 20 December 1976.

³⁹⁶ J.C. De Villiers, Personal Correspondence, File 1971-1980, Dr Kolie Strauss – J.C. De Villiers, 20 December 1976.

³⁹⁷ *Ibid.*, J.C. De Villiers - Dr Kolie Strauss, 18 January 1977.

with essential tasks still undone... The reason why I'm writing to you is to say these things that one never had the insight or experience to say adequately before. It is really an attempt to express my gratitude for the sound training in a very stimulating environment and also for the opportunity to have shared my training with so many people of excellent quality who continue to show a great measure of professional goodwill, not only to me, but also to my trainees. This has gone far beyond the range of your personal activity, but you were instrumental in creating the system, which has borne this kind of fruit. For me not to tell you that this is happening, you may not know it and that I would think, would be a loss".³⁹⁸

Early in 1977, Kay De Villiers began preparing for his inaugural address as the Mauerberger Prof of Neurosurgery at the University of Cape Town. Somewhat unsurprisingly, he chose the pituitary gland as the topic for his lecture. The Latin name for the pituitary fossa is the "sella turcica" and translated into English means the "Turkish saddle." Kay De Villiers styled the title of his inaugural address as "Assailants of the Sella Turcica" which was delivered in the Beattie Theatre on 15 September 1977.³⁹⁹ As part of the introduction, Kay De Villiers predicted the deterioration of medical practice due to hyper-specialisation. The complexity of treating diseases of the pituitary could not be left to one super-specialist alone. It was for this reason that at GSH, the pituitary clinic had been established, which was multidisciplinary and included endocrinologist, radiotherapists, ophthalmologists and neurosurgeons.⁴⁰⁰ The pituitary is a pea-sized gland connected to a part of the brain called the hypothalamus, which lies directly above it. The front part of the gland produces certain hormones, which control critical bodily functions such as the thyroid gland, the adrenal cortex, control of bodily growth and the level of the two sex hormones in both males and females. The back half of the gland has an influence on the urine output and in females, lactation. Kay De Villiers described the gland as being

".... enveloped in membranes, encased in bone, surrounded by large arteries, veins and nerves underneath the brain. Hidden inside a Chinese

³⁹⁸ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith - McKissock, J.C. De Villiers - Dr Wylie McKissock, 1 April 1977.

³⁹⁹ J.C. De Villiers: *Assailants of the Sella Turcica*, "Inaugural Lecture, 15 September 1977.

⁴⁰⁰ *Cape Argus*, 16 September 1977, "Report on Inaugural Address."

puzzle, is how the great neurosurgeon Harvey Cushing described it in the previous century”.⁴⁰¹

Kay De Villiers then reviewed the surgical assailants - surgical techniques and approaches - in order to gain access to the gland to remove tumorous growths, which could interfere with normal bodily functions. He then compared these with the results of the radiation assailants - the use of x-rays and other forms of radiation to destroy growths in the pituitary gland. Kay De Villiers concluded his lecture with the following:

“Clinical science is alive and well and living in Cape Town. I say this with some reservation because I have at times expressed open doubt about its viability. May it remain alive. There is much yet to do. No disease has ever been exhaustively described. Not every facet is known about every clinical condition. A great deal has still to be seen, correlated and integrated to improve clinical care not necessarily by increased electronic sophistication, but by sophisticating our physicians and surgeons again as clinicians.”⁴⁰²

The next day, a picture appeared of his old friend L.A.P.A. Munnik, Administrator of the Cape, congratulating Kay De Villiers on his appointment to the Mauerberger Chair with the Chairman of the Fund, a beaming Mr Solly Yach, looking on.⁴⁰³

Conclusion

To an outsider, Kay De Villiers’ progression from the lowest rank of the medical specialist hierarchy at GSH to the position of full professor within 10 years would be considered remarkable. When he arrived in 1966, De Villiers Hamman was a part-time head of Department, sharing his time between GSH in Observatory and the Karl Bremmer Hospital, some 20 km away in Bellville. He also practiced as a private neurosurgeon in Cape Town. It seems that he was an experienced and competent neurosurgeon, but lacked the interpersonal skills to be fully accepted into the liberal UCT/GSH, post Second World War medical fraternity. We will never know if he really had Nazi sympathies, but given his provenance, there would be those who would embrace such a rumour. Kay De Villiers on the other hand, had undergone first-rate neurosurgical training in the United Kingdom and the USA, having

⁴⁰¹ J.C. De Villiers: *Assailants of the Sella Turcica*, Inaugural Lecture, 15 September 1977.

⁴⁰² *Ibid.*

⁴⁰³ *Cape Times*, 16 September 1977, “Safe Tumour cure possible soon”, Article and picture, L.A.P.A. Munnik, J.C. De Villiers and Mr Solly Yach.

achieved an MD and double FRCS in the process. Under Wylie McKissock, Kay De Villiers had become steeped in the British tradition of neurosurgery, which resonated with the founding history and ethos of the UCT Medical School. Most importantly, he was a product of the UCT system, having graduated and completed his internship at GSH.

The training that Kay De Villiers had received from Frankie Forman had obviously stood him in good stead in the UK, given the grudging respect he eventually received from Wylie McKissock. The manner in which Kay De Villiers diagnosed Dr Donges's pituitary apoplexy was based on primarily clinical grounds, being a comprehensive history and meticulous examination. In a similar vein, the criteria that were developed by Kay De Villiers and his colleagues in the department of neurosurgery for the determination of brain death were based almost entirely on clinical grounds. By the time the consensus paper was published in the *South African Medical Journal* in 1982, the last remaining special investigation, being the EEG, was dispensed with.

Kay De Villiers's determination to build a world-class neurosurgical department can be gauged by the effort he devoted to establishing specialised neuropathological and neuroradiological services at GSH. In this regard, his efforts to co-opt Richard Hewlett ended in disaster - not only was he forced out of the department of pathology at UCT, he ended up as a senior consultant neuropathologist at Stellenbosch University Medical School. One suspects that if Kay De Villiers had succeeded in gaining this recognition for Hewlett, he may have returned to GSH. During the early years of the department of neuroradiology at GSH, Kay De Villiers and Len Handler seemed to have had a good working arrangement. Gradually, the relationship deteriorated between the two men. Kay De Villiers on the one hand wanted to be the final arbiter of what type of case should be investigated by the department of neuroradiology and Len Handler on the other hand, resisted what he considered interference in his domain. Yet throughout this internecine conflict, both men retained a grudging respect for the other person's ability. Kay De Villiers's comments on empire building turned out to be remarkably prescient - he was determined to build a world class department and in this regard was backed by Prof Jannie Louw. If others thought he was empire building, he seemed unconcerned.

In a similar vein, the attempt by the heart transplant surgeons to bypass the neurosurgeons regarding the determination of brain death was one of Kay De Villiers's great victories. The neurosurgeons emerged as the final arbiter of brain death for all transplant surgery, not only

cardiac. Kay De Villiers clearly had respect for Chris Barnard's intellect and ability, which did not extend to his brother. The consensus paper published in the *South African Medical Journal* in 1982 must be considered as a triumph of common sense and cooperation over egotistical competition.

It is not surprising that before Kay De Villiers had returned from the USA, Jannie Louw grasped the opportunity to promote his career and thereby build a world-class department of neurosurgery, within the broader division of surgery at GSH/Red Cross Children's Hospital. In 1980, Prof Jannie Louw retired. It was decided to mark this auspicious occasion with a history of his life and professional achievements, which was written by Kay De Villiers and published in the *South African Medical Journal*. Kay De Villiers drew particular attention to Jannie Louw's far-reaching vision for the division of surgery by establishing separate departments of surgical subspecialties such as ophthalmology, cardiac surgery, thoracic surgery, neurosurgery and paediatric surgery. Each of these subspecialties would eventually have dedicated departmental heads who were either associate or full professors.⁴⁰⁴

Soon after retirement, Jannie Louw wrote to Kay De Villiers thanking him for writing the Festschrift in the *South African Medical Journal* and for "the magnificent write-up as I appreciate it greatly especially coming from a man of your stature".⁴⁰⁵ Much later, Kay De Villiers reminisced about the good times when Jannie Louw was in charge soon after he returned from the USA. "He was an authoritarian figure who kept everything in order. It meant things were done according to his likes and everybody tried to avoid his dislikes and as authoritarian it may be, in the shadow of such a power, there was always apparent peace".⁴⁰⁶ It is fitting that it was Kay De Villiers who succeeded the legendary Jannie Louw, as head of the division of surgery at GSH/Red Cross Children's Hospital, for a period of two years.⁴⁰⁷

From the correspondence presented above, it becomes clear that the incentives of the Mauerberger Fund and those of the University of Cape Town were in full alignment. The letter, which was found in the UCT Archives, in which Sir Richard replied to the Fund, was filed under a pink cover sheet marked: "Not to be released or copied without my permission." Signed: Sir Richard Luyt, March 1975. It was only given to the candidate when the chief

⁴⁰⁴ J.C. De Villiers, L.A. Munnik, R. Luyt & D. McKenzie: "Jan Hendrik Louw", *South African Medical Journal*, (57), (16), April 1980, pp. 605-606.

⁴⁰⁵ J.C. De Villiers, Personal Correspondence, File 1971-1980: Prof Jannie Louw - J.C. De Villiers, 24 April 1980.

⁴⁰⁶ *Ibid.*, File 1991- 2000: J.C. De Villiers- Miss I. Black, 13 May 1991.

⁴⁰⁷ UCT Administrative Archives: J.C. De Villiers Collection, Personal file, Curriculum Vitae, p. 3.

archivist had received permission from his superior. From the contents, it is quite clear that Sir Richard and Jannie Louw were concerned about the possible departure of Kay De Villiers from UCT/GSH and that the creation of a full chair, financially supported largely by the Mauerberger Fund would be an effective way of ensuring his retention. The advertising and short listing of the position was largely an exercise in window dressing. After Kay De Villiers's appointment to the Mauerberger Chair of Neurosurgery, his letter to Jannie Louw was almost obsequious in tone. It must be remembered that Jannie Louw must have been aware that Kay De Villiers had contacted Van Zijl before him.

The wishes that Kay De Villiers expressed in his letter to the registrar concerning the neuroscience centre finally came to fruition some 44 years later. On 10 March 2020, the candidate was privileged to attend the official opening of the Neuroscience Institute in the refurbished building on the site of the old J Block, where neurosurgery in Cape Town was born. The Director of the Institute is now none other than the Professor of Neurosurgery, Graham Fieggen, who started his training with Kay De Villiers. Prof Fieggen thanked the representatives of the Mauerberger Fund in attendance for their great foresight and generosity and making it possible to retain a visionary like Kay De Villiers at UCT. The next chapter will describe the manner in which Kay De Villiers trained the personnel to staff a world class department of neurosurgery. Nevertheless a long and difficult road lay ahead for the newly appointed and ambitious professor of neurosurgery.

5 Kay De Villiers as Researcher, Teacher and Doctor

A Confluence of Events

Kay De Villiers must have realised that to build a world class neurosurgical department, well trained nursing staff, radiographers and physio- and occupational therapists would be just as important as talented neurosurgeons. Furthermore, in order to attract the best staff, academic research and publications in leading journals could position the department favourably, both locally and abroad. In this regard, the first heart transplant performed in 1967 by Prof Chris Barnard could not have come at a better time for Kay De Villiers and his growing department of neurosurgery. There is no doubt that this single event focussed worldwide attention on the UCT/GSH medical complex from both the media as well as the international medical profession for many years.⁴⁰⁸ From 1955 until 1975 state funding for staff and equipment was readily available, particularly at the UCT affiliated teaching hospitals.⁴⁰⁹ The National Party government quickly recognised the transplant as a propaganda Godsend for an increasingly beleaguered administration. For example, Chris Barnard was officially congratulated by the Prime Minister, B.J.Vorster and the Cabinet.⁴¹⁰ Unfortunately such good fortune did not last. Kay De Villiers's appointment in 1976 to the Mauerberger Chair of Neurosurgery coincided with youth unrest in South Africa, later known as the Soweto Riots. The response from the security forces was violent, leading to a more or less ongoing state of conflict in the country which continued until 1994.⁴¹¹

Kay De Villiers spoke frequently and openly of his Calvinist upbringing. As a person well versed in South African history, he must have been aware of the connection between the Dutch Reformed Church, Afrikaner ethnicity and racism. W.A. De Klerk writes that "the key to the Afrikaners is Calvinism."⁴¹² Other writers have argued that "religion has provided the Afrikaner with a necessary vision of the black man as fit only for labour."⁴¹³ By 1976, it seems that the dominant role of Calvinism was being displaced by more secular movements and imperatives arising from Afrikaner business and professional interests. Nevertheless, the influence of the type of upbringing experienced by Kay De Villiers has been said to transmit

⁴⁰⁸ J.B. Styan: *Heartbreaker*, pp. 113-116.

⁴⁰⁹ A. Digby & H. Phillips: *At the Heart of Healing*, p. 38.

⁴¹⁰ C. Logan: *Celebrity Surgeon*, p 162.

⁴¹¹ H. Gilomee: *The Afrikaners*, pp. 578 - 580.

⁴¹² H. Adams and H. Gilomee, *Ethnic Power Mobilized*, p. 17.

⁴¹³ *Ibid.*, p. 20.

and reinforce rigid racial views.⁴¹⁴ By this time Kay De Villiers was the head of a department of neurosurgery in an essentially racially segregated hospital. Even at that stage, the Dutch Reformed Church, the National party and the Afrikaners themselves were closely connected.⁴¹⁵ Afrikaans civil servants dominated the administration. They had enormous influence and it was said that they “could make or break a minister.” Their power was enhanced by the cabinet’s policy of “reform by permit.” Thus, at GSH there were situations where wards were segregated and operating theatres not.⁴¹⁶ As it happened, 1976 was also the year that Dr Hannah Reeve Sanders succeeded Dr Robbie Nurock as the Chief Superintendent of GSH. She adopted a policy of doing what was best for the patients and delegated authority to senior nurses and officials to bypass the racial segregations imposed by government policy where necessary.⁴¹⁷ This policy assisted in a small way to the eventual demise of segregation at GSH, as indeed the Soweto Riots contributed to the end of apartheid.⁴¹⁸

Up to this time, the UCT/GSH Medical School teaching unit was considered to be a world class teaching institution, attracting top international specialists on exchange programmes or as visiting professors. Dr Raymond Hoffenberg describes how despite the apartheid policies the standard of care was of the same high level for all races.⁴¹⁹ By 1983, the economic and political circumstances of the country had deteriorated. At Chris Barnard’s retirement party in the same year, he complained that GSH was “sliding towards third world standards.”⁴²⁰ South Africa was becoming increasingly isolated, leading Kay De Villiers to explore the need for international relationships in the face of the increasing resistance to apartheid.

Research Projects before 1966

The paper Kay De Villiers wrote on polycystic renal disease which was published in the *SAMJ* in 1959 has been described earlier in this work.⁴²¹ In 1962, while at the National Hospitals for Nervous Diseases, Kay De Villiers experimented with stereotactic surgical

⁴¹⁴ H.Adam and H.Gilomee, *Ethnic Power Mobilised*, pp. 19-20.

⁴¹⁵ H. Gilomee, *The Afrikaners*, p 580.

⁴¹⁶ H.Adam and H. Gilomee, *Ethnic Power Mobilised*, p. 224.

⁴¹⁷ A Digby and H Phillips, *At the Heart of Healing*, p. 63-64.

⁴¹⁸ H.Gilomee, *The Afrikaners*, p 580.

⁴¹⁹ Dr Raymond Hoffenberg, “Christiaan Barnard: his first transplants and their impact on concepts of death”, *British Medical Journal* 323 22-29 December 2001,p. 1479.

⁴²⁰ A. Digby & H. Phillips: *At the Heart of Healing*, p.72.

⁴²¹ J.C. De Villiers: “Die Erflikheid van Polikisteuse Niere”, *South African Medical Journal*, (33), (3), 1959, pp. 194-195.

techniques into treatments for Parkinson Disease and other dyskinesias in humans.⁴²² At the Atkinson Morley Hospital, he collected a series of cases who had suffered from intracerebral haemorrhage while taking a certain anti-depressant. The results were analysed and the syndrome was described and published in 1966.⁴²³ Kay De Villiers's time in Philadelphia in 1965 was devoted to neurological research into artificially generated tremors in primates.⁴²⁴ All this research was performed before he returned to South Africa in 1966 resulting in seven publications in the journals described in the footnotes.

Research and Publications after 1966

Head Injuries

Head injuries in adults and children comprised much of the neurosurgeon's workload, day and night. From 1970, Kay De Villiers identified this pathology as a worthwhile area of research at both GSH and the Red Cross Children's Hospital. Fractures of the base of the skull, traumatic chiasmal disruption, penetrating wounds of the head, orbit, cranio-cervical junction and direct trauma to the oculomotor nerve were the subject of many papers authored or co-authored by him. Because of the plethora of these injuries seen at GSH, extensive analysis of the various presentations and treatment options of these injuries was possible. Of the 64 post 1966 papers listed in Kay De Villiers's curriculum vitae, 14 were related to various aspects of head injuries in adults.⁴²⁵

A further aspect of neurosurgery which became a major part of Kay De Villiers's research activities during his time as professor was paediatric head injuries. Freddie Kieck suspects that soon after his return, it was more congenial to work at the Red Cross Children's Hospital than having to interact with De Villiers Hamman.⁴²⁶ In a letter to Wylie McKissock in 1966, Kay De Villiers outlined his plans to establish a neurosurgical service within the 300-bed children's hospital. He had received the full support of the professor of the division of surgery, Jannie Louw, who also performed a significant amount of general paediatric surgery

⁴²² D.J. Coleman & J.C. De Villiers: "Anaesthesia and Stereotactic Surgery", *Anaesthesia*, (19), (1), 1964, pp. 60-69.

⁴²³ J.C. De Villiers: "Intracranial Haemorrhage in patients treated with Monoamine Oxidase Inhibitors", *British Journal of Psychiatry*, (112), (483), February 1966, pp. 109-118.

⁴²⁴ J.C. De Villiers, T.W. Langfitt, S.Y. Ghostine & S.M. Peacock: "Stimulus induced tremor in the chronic monkey", *Journal of Neurological Science*, (5), (3), November-December 1967, pp. 555-574.

⁴²⁵ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, pp. 10-17.

⁴²⁶ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

in the hospital.⁴²⁷ A few years later, he was happy to report to Wylie McKissock that progress had been made with the paediatric neurosurgical unit, with the appointment of a full-time registrar who, inter alia, could organise the transfer of patients between Red Cross and GSH. He was also increasing the number of paediatric neurosurgical beds at GSH itself.⁴²⁸ In a letter to Mr Ian Bailey of the Blackstone House, Northern Ireland, Kay De Villiers described his recent trip to Charlottesville in order to review the epidemiological research that Prof John Jane was conducting on head injuries. This visit was necessary because his department in Cape Town had set up a study on paediatric head injuries and it would be helpful to learn from the people “who have been through the troubles themselves”.⁴²⁹

Dr Frances Hemp graduated with a BA Honours degree in 1971 and completed an MSc in Clinical Psychology in 1977. Her thesis on memory disorders was written whilst working in the department of neurology at GSH under Prof Frances Ames between 1974 and 1983. Her department collaborated with neurosurgery and in this way, she met Kay De Villiers. He soon became aware of her interest in the neuro-psychological consequences of head injuries in children and asked her to join a team to investigate this phenomenon at both the Red Cross Children’s Hospital and GSH. Eventually, the team consisted of a social worker, Heleda Theron, two nursing sisters, Caroline Cumpsty⁴³⁰ and Karin Hands, Frances Hemp and Kay De Villiers as team leader/supervisor. From time-to-time Dr Marian Jacobs, a paediatrician, also participated in the study.⁴³¹ Here was an opportunity for Kay De Villiers to direct a primary research project once again.

Between June 1983 and June 1985, 1134 children who were admitted to both hospitals with head injuries were assessed by the team on admission. Those meeting the selection criteria were re-assessed when they had recovered from their post-traumatic amnesia, after three months and then after one year. A control group of children was also collected from local hospitals and clinics for a further year. Interviews with the parents and family were conducted according to a pre-structured protocol and the children were given a battery of

⁴²⁷US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith-McKissock, J.C. De Villiers- Dr Wylie McKissock, 3 October 1966.

⁴²⁸ *Ibid.*, 27 August 1967.

⁴²⁹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Ambrose-Gibson, J.C. De Villiers- Mr Ian Bailey, 4 July 1983.

⁴³⁰ Caroline Cumpsty later married and became Mrs Caroline Fowler.

⁴³¹ Dr Frances Hemp: Interview by Dr J.R. Cowlin, 5 March 2020.

neuro-psychological tests. Over the two-year period, in excess of 300 children were examined to determine the extent of neuro-psychological disorders resulting from the head injury.⁴³²

Kay De Villiers decided to enlist the assistance of his friend Dr Nigel Legg to review the results of the head injury research, particularly the various scans that were done to confirm the extent of neurological damage suffered by these children. He was particularly concerned about the interpretation of the MRI scans that had been done using a new machine, which had been installed at the Medical Research Council in Bellville. It is likely that, as Kay De Villiers had been a member of this council between 1981 and 1987 and a member of the executive council between 1983 and 1985, he was aware of possible shortcomings of this equipment and possibly also the inexperience of the radiologists who were reading the scans. As it happened, Nigel Legg had been involved with the installation and commissioning of the first MRI scanner installed at the Royal Postgraduate Medical School at the Hammersmith Hospital.⁴³³ In a letter to Nigel Legg, Kay De Villiers confirmed that he had spoken to the Superintendent of GSH, Dr Reeve Sanders and that she was very happy to grant him a “clause 18 visit contract” for the duration of his stay, particularly because he would also be engaged in undergraduate and postgraduate teaching.⁴³⁴ Nigel Legg’s visit to Cape Town took place in February 1987 and was the guest of Kay and Jeanne De Villiers at their home in Newlands. Soon after leaving, Kay De Villiers wrote to him thanking him for his visit, “All I want to say is how much we enjoyed your presence here. It was, for both of us but for me in particular, a renewal: Conversation, music, laughter and the enjoyment of food. I’m not sure one could add much more than that”.⁴³⁵

Kay De Villiers was supportive of the project, ensuring that the necessary equipment and funding were in place. The team was very respectful and fond of Kay De Villiers but took care never to challenge him directly. As Frances Hemp and Kay De Villiers had both adopted children, they had something further in common. Kay De Villiers once said to her “you only have them for a short time”.⁴³⁶

Frances Hemp graduated with a PhD from UCT in 1989 having written a thesis on “The Cognitive Impairment in Children Arising from Head Injuries.” Another member of the

⁴³²Dr Frances Hemp: Interview by Dr J.R. Cowlin, 5 March, 2020.

⁴³³J.C. De Villiers, Personal Correspondence, File Legg: Dr Nigel Legg - J.C. De Villiers, 24 April 1986.

⁴³⁴*Ibid.*, J.C. De Villiers- Dr Nigel Legg, 5 June 1986. In practice, this meant that he would be paid a salary equivalent to that of a similar consultant employed at the hospital.

⁴³⁵*Ibid.*, J.C. De Villiers - Dr Nigel Legg, 23 February 1987.

⁴³⁶Dr Frances Hemp: Interview by Dr J.R. Cowlin, 5 March 2020.

team, Caroline Fowler, also received a PhD as a result of this research project.⁴³⁷ Kay De Villiers and Caroline Fowler jointly published “A retrospective study of head injured children admitted to two hospitals in Cape Town” based upon this research work.⁴³⁸ A further paper, entitled “The causes of non-natural deaths in children over a 15-year period in greater Cape Town” was published in the same journal. In this case, the lead author was the forensic pathologist Prof Deon Knobel.⁴³⁹

Frances Hemp continued her work in this field and years later contributed with others to a chapter in a book entitled “Psycholegal Assessment in South Africa.” From this publication it is clear that traumatic brain injury in children is somewhat different to that in adults. In the paediatric setting the resulting deficits occur in the context of ongoing development. Early difficulties may become cumulative and neuropsychological and psychological functioning may become increasingly problematic. Some difficulties may only emerge as the child’s brain matures. Approximately one third of these cases may still have problems in adulthood, such as poor educational outcomes, unemployment and troubled personal relationships.⁴⁴⁰

From this research, Caroline Fowler and Kay De Villiers produced a paper entitled “Facts versus folklore: an epidemiological approach to child pedestrian trauma in South Africa”.⁴⁴¹ By using the Haddon “phase factor” matrix to analyse the data from this research, it was possible to conclude that road traffic accidents involving pedestrian children were a significantly more frequent cause of head injuries than falls. Furthermore, road traffic accidents cause significantly more severe and potentially fatal injuries than falls. When head injuries are combined with multiple bodily trauma 77.2% of children die before admission to hospital. One of the conclusions of this study was that prevention of this type of accident would be far more effective than any neurosurgical cure.⁴⁴²

Unfortunately, the demand for neurosurgical care at GSH/Red Cross Children’s Hospital was such that over the years little more primary research into paediatric head injuries was

⁴³⁷ Mrs Frances Hemp: Interview by Dr J.R. Cowlin, 5 March 2020.

⁴³⁸ J.C. De Villiers, M. Jacobs, C.D.H. Parry & J.L. Botha: “A retrospective Study of Head Injured Children admitted to two Hospitals in Cape Town”, *South African Medical Journal*, (66), (21), 24 November 1984, pp. 801-805.

⁴³⁹ *Ibid.*, pp. 759 - 801.

⁴⁴⁰ S. Kaliski (ed.): *Psychological Assessment in South Africa*, p. 216.

⁴⁴¹ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers IV, C.J. Fowler and J.C. De Villiers, “Facts versus Folklore: An Epidemiological Approach to Child Pedestrian Trauma in South Africa”. Speech to Eleventh Annual Transportation Convention, Pretoria, 5-9 August 1991.

⁴⁴² *Ibid.*

undertaken. Sadly, the funding for research was not a priority of the Western Cape Department of Health.

With this background, one can understand Kay De Villiers's later appointment as a patron of the "Child Accident Prevention Foundation of South Africa." He was quoted in the Cape Town newspapers in 1992 as saying that many of these child accidents were preventable.⁴⁴³ In 1994, the City of Cape Town published its then current regulations governing roller skating, rollerblading and skateboarding in the local press. It gave notice that the council was considering repealing the current by-law governing such activities. It invited interested parties to submit suggestions as to how these activities could be accommodated by the council.⁴⁴⁴ Kay De Villiers was asked by the Regional Head of the Foundation to respond. In a forceful letter, Kay De Villiers pointed out that the department of neurosurgery had consistently opposed any legislation allowing roller skating or similar activities to be allowed on public roads within the City of Cape Town.⁴⁴⁵ Their decision was informed by the large numbers of head injuries in children who had been run over by motorcars and who ended up in his department for treatment. He went on to refer the City Council to the research on paediatric head injuries conducted by his department in 1984 at the Red Cross War Memorial Children's Hospital and GSH. One of the conclusions of this research was:

"The street is certainly not a playground for a child... If you were to persist in it and children were to die as a consequence, it would be very easy to indicate where the responsibility lies. It will not be with the drivers of the cars or the children which will be involved but with an authority which has abrogated its responsibility for its citizens, particularly those too small to have a voice of their own".⁴⁴⁶

Head injuries in children seem to have become a lifelong concern for Kay De Villiers. He presented a series of papers on subjects such as "The Head Injured Child in the Cape Peninsula" to the Fifth National Congress of the Association of Child Psychology, Psychiatry

⁴⁴³ *Cape Argus*, 4 August 1992, "Child Injuries Preventable."

⁴⁴⁴ *Cape Times*, 6 September 1994, "Cape Town City Council proposed regulations on skate boarding."

⁴⁴⁵ J.C. De Villiers, Personal Correspondence, File 1991-2000: J.C. De Villiers - Town Clerk, City of Cape Town, 12 August 1994.

⁴⁴⁶ *Ibid.*

and Allied Disciplines, Cape Town 1-2 April, 1985.⁴⁴⁷ Another member of the project, Sister C.J. Cumpsty and Kay De Villiers wrote a paper called “Movement dysfunction following a head injury in childhood” which was presented to the Physiotherapy Congress in Cape Town in 1987.⁴⁴⁸ With Sister Karin Hands, Kay De Villiers presented a talk on post-traumatic epilepsy to the Pan-African Association of Neurological Sciences in Abidjan in 1986.⁴⁴⁹ In 1993, he delivered a paper to the Child Safety and Prevention Association of South Africa Congress entitled “Injury prevention – why so little success?”⁴⁵⁰

At around the same time, he received a letter from a local high school teacher, Mrs Anzabeth Eksteen, expressing admiration for his views on boxing which had been reported in the local media. In her opinion, boxing was a cruel, un-Christian form of barbarian behaviour. She had been a schoolteacher for 23 years and every year she had tried to convince the boys in her class that boxing did not belong in the life of a Christian. As a result of her crusade, she had even antagonised the schoolgirls because she blamed them for tolerating this barbaric sport! Later in the letter, she extended her vitriol to include wrestling and rugby.⁴⁵¹ Kay De Villiers wrote her a conciliatory letter explaining how activists are seldom recognised in their own time, but hopefully a seed of doubt would be planted in the minds of the young and that when they grew up, they might remember what she had said to them. He also pointed out that in Britain and the United States boxing is a business involving billions of dollars, which fund powerful lobbies promoting the sport at government level. Kay De Villiers suggested to Mrs Eksteen she contact the Medical Association and the South African universities.⁴⁵²

⁴⁴⁷ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers II, J.C. De Villiers, “The Head Injured Child in the Cape Peninsula”. Speech to the Fifth National Congress of the Association of Child Psychology, Psychiatry and Allied Disciplines, Cape Town, 1-2 April 1985.

⁴⁴⁸ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers II, C.J. Cumpsty and J.C. De Villiers, “Movement Dysfunction Following a Head Injury in Childhood”- Speech to Physiotherapy Conference, Cape Town, 1987.

⁴⁴⁹ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers II, K. Hands, and J.C. De Villiers, “Early Post- Traumatic Epilepsy”. Speech to the Pan African Association of Neurological Sciences, Abidjan, Ivory Coast, 27 April – 2 May 1986.

⁴⁵⁰ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers II, J.C. De Villiers, “Injury Prevention – Why so little success?” Speech to Child Accident and Prevention Association of South Africa, 8-10 February 1993.

⁴⁵¹ J.C. De Villiers, Personal Correspondence, File 1981-1990: Mrs Anzabeth Eksteen - J.C. De Villiers, 4 November 1985.

⁴⁵² J.C. De Villiers, Personal Correspondence, File 1981-1990: J.C. De Villiers - Mrs Anzabeth Eksteen, 11 November 1985.

Other Research and Publications

After 1966 Kay De Villiers, either alone or with co - authors published 64 journal articles, of which three arose from of the paediatric head injury research project.⁴⁵³ Other research mainly involved interesting, rare and problematic neurosurgical conditions and transplantation issues experienced at GSH and the Red Cross Children's Hospital. Some examples of these unique cases are: "Fracture dislocation of the petrous temporal bone" (1971) and "The sphenoid sinus mucocoele" (1981).⁴⁵⁴ Other publications described the knowledge gained from managing common neurosurgical problems, such as "Evolution of the management of pituitary tumours at Groote Schuur Hospital from 1966 to 1978" (1979) and "The pathophysiology of raised intracranial pressure" (1979).⁴⁵⁵ A few were based on secondary sources such as "Assailants of the sella turcica" (1977) and "Cerebral cystercosis in children in South Africa." (1984).⁴⁵⁶

One particular paper, co - authored by Daan De Klerk and Kay De Villiers, became very influential. "Microsurgery for Aneurysms on the Circle of Willis" unequivocally confirmed the superiority of micro-vascular surgical techniques performed with the operating microscope.⁴⁵⁷ This publication encouraged the wider use of this instrument in other centres and the greater application of micro-vascular surgical techniques. The use of the operating microscope became particularly popular with neurosurgeons working in Pretoria and Johannesburg after Daan De Klerk had left the department.⁴⁵⁸

Teaching Nursing Staff

Soon after his appointment in March 1966, he became aware of a critical shortage of adequately trained specialist nursing sisters, particularly in the field of neurosurgery, intensive

⁴⁵³ UCT Administrative Archives: J.C. De Villiers Collection, Personal file, Curriculum Vitae, pp. 10 - 26.

⁴⁵⁴ See J.C. De Villiers: "Fracture dislocation of the petrous temporal bone", *Journal of Neurology, Neurosurgery and Psychiatry*, (34), (1), February 1971, pp. 105-106 & S.L. Sellars & J.C. De Villiers, "The sphenoid sinus mucocoele", *The Journal of Laryngology and Otology*, (95), (5), May 1981, pp. 493-502.

⁴⁵⁵ See J.C. De Villiers: "Evolution of the management of pituitary tumours at Groote Schuur Hospital from 1966 to 1978", *South African Medical Journal*, (56), (22), 24 November 1979, pp.959-960 & J.P.van Niekerk, (ed.), *UCT Basic Medical Sciences*, 1979, pp. 289- 308.

⁴⁵⁶ See J.C. De Villiers: *Assailants of the Sella Turcica*, University of Cape Town: Cape Town, 1977 & A.J. Thompson, J.C. De Villiers, A. Moosa & J. Van Dellan: "Cerebral cystercosis in children in South Africa", *Annals of Tropical Paediatrics*, (4), (2), 1984, pp. 67-77.

⁴⁵⁷ D.J.J. De Klerk and J.C. De Villiers: "Microsurgery for Aneurysms on the Circle of Willis", *South African Medical Journal*, (48), (19), 20 April 1974, pp. 825-830.

⁴⁵⁸ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

care and neurology.⁴⁵⁹ From the correspondence available, it seems that he first turned to Mr. Jason Brice, head of the Wessex Neurological Centre in Southampton in England for assistance.

“I have spoken to the matron here and have discussed the matter with a number of people whom I thought would be interested in neurological/neurosurgical nursing. If I’d learnt anything else at Atkinson Morley Hospital then it is that one’s neurosurgery is as good as the neurosurgical nursing allows it to be. I can assure you that most of the nursing here is abysmal in the neurosurgical sphere”.⁴⁶⁰

Kay De Villiers’s proposal to Jason Brice was to send two GSH trained nursing sisters to the Wessex Neurological Centre to enrol in the neurosurgical training program which was being offered at the hospital. Once their training was complete, they could return to GSH and establish a similar course locally. Kay De Villiers and some of his colleagues would assist with the lectures. He goes on to write:

“My main problem at the moment here is to change the existing so-called unit at the teaching hospital into something that resembles a reasonable neurosurgical service. As you know, one has to move a vast mass of traditional inertia, laziness and plain stubbornness before one can accomplish anything in such a situation. I’m glad to say that there are signs of change already, but unfortunately these do not come rapidly enough for my liking.”⁴⁶¹

Jason Brice explained that they ran an intensive training course for neurosurgical nursing sisters and enclosed a copy of the first-year programme. He assured Kay De Villiers that they

⁴⁵⁹ It is worth noting the evolution of the names of this vital component of the health care professionals team. In South Africa a qualified female nurse is called a “Sister.” Just below this rank is a “Staff nurse”, ie one who has done some of the training of a sister. A nurse in training is called a student nurse. A male nurse is called a “Charge Nurse.” In the UK and Commonwealth countries the term Registered Nurse (RN) is the equivalent of a Sister. A (Male) Charge Nurse in South Africa is called a Nurse in the UK. Again in the UK a senior RN is called a Charge Nurse. In SA a Senior Nurse is called a Matron, but in the UK a Lead Nurse or Senior Nurse Manager. In this dissertation the South African vernacular will be used.

⁴⁶⁰ UCT Department of Neurosurgery: Pre 1970 Documents, J.C. De Villiers - Mr Jason Brice, 26 October 1966. In the United Kingdom, is it customary to address a surgeon with an FRCS as “Mister”.

⁴⁶¹ *Ibid.*

would receive top-level training, comparable to other specialist centres in the United Kingdom.⁴⁶²

In 1968 Kay De Villiers addressed the Nursing Education Discussion Group on “Nursing the Unconscious Patient”.⁴⁶³ Towards the end of that year, he continued with his plans to establish a neurosurgical training program for nursing sisters at GSH. He wrote to colleagues at the Hospital for Sick Children in Great Ormond Street, London, Toronto General Hospital in Ontario, Canada and Harvard Medical School in Boston, Massachusetts.⁴⁶⁴ By this time, he had succeeded in placing one nursing sister in neurosurgical nursing training at the National Hospital for Nervous Diseases in London.⁴⁶⁵

Kay De Villiers promptly received a reply from the Toronto General Hospital confirming the availability of neurosurgical nursing courses which could be available to nursing sisters from GSH.⁴⁶⁶ A similarly positive response was received from the Peter Bent Bingham Hospital, which was attached to the Harvard Medical School in Boston.⁴⁶⁷ He later received a reply from Kenneth Till, at the Hospital for Sick Children in London to advise that nursing sisters elected to spend at least six months working full time in both the departments of neurosurgery and neurology. There they received practical training supplemented with lectures and x-ray demonstrations by the neurosurgical consultants and registrars.⁴⁶⁸

In this way, several GSH trained general nursing sisters received tuition in neurosurgical and neurological nursing in both the United Kingdom and the USA. By 1970, Kay De Villiers realized that the South African Nursing Council (SANC) could be an impediment to his plans for a Diploma course in Neurosurgical and Neurological nursing at GSH. He wisely decided to approach the Chief Matron of GSH, Miss P. Brassell. He expressed his concern that a number of the nursing sisters who had already received training in the United Kingdom and the USA were having difficulty getting the diploma they received recognized by the SANC in South Africa. Kay De Villiers pointed out that, whilst the GSH trained general nurses were world class, he had seen some very poor nursing of unconscious patients suffering from

⁴⁶² US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Ambrose-Gibson, Letter from Mr Jason Brice, 27 September 1966.

⁴⁶³ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 10.

⁴⁶⁴ UCT Department of Neurosurgery: Pre 1970 Documents, J.C. De Villiers - Mr Kenneth Till, Hospital for Sick Children, 4 December 1968; J.C. De Villiers - Dr T.P. Morley, Toronto General Hospital, 3 December 1968 & J.C. De Villiers - Dr D. Matson, Harvard Medical School, 4 December 1968.

⁴⁶⁵ *Ibid*, J.C. De Villiers - Dr T.P. Morley, Toronto General Hospital, 13 March 1969.

⁴⁶⁶ *Ibid*, Dr T.P. Morley – J.C. De Villiers, Toronto General Hospital, 13 December 1968.

⁴⁶⁷ *Ibid*, Dr John Shillito - J.C. De Villiers, Toronto General Hospital, 1 January 1969.

⁴⁶⁸ *Ibid*, Dr Till – J.C. De Villiers, Hospital for Sick Children, 17 January 1969.

strokes, drug overdoses or metabolic conditions at GSH. Furthermore, the nursing of paraplegic patients in the hospital had been at times appalling. He suggested that they jointly approach the SANC to motivate for the recognition of a Diploma in Neurological and Neurosurgical nursing, both from abroad and locally. The department of neurosurgery would gladly make consultant and trainee neurosurgeons available to assist with tuition on such a course, in much the same way as they did with the general nursing training.⁴⁶⁹ In 1976, the nursing profession at GSH asked Kay De Villiers to address a Symposium on “Science with Humanity”. He spoke on “The Challenge of Neurosurgery as a field of specialisation”.⁴⁷⁰

It took some years before the GSH matrons were able to submit a proposal to the SANC. By 1980, Kay De Villiers was running out of patience. To expedite matters he wrote a very strong letter to the Registrar of the Council, pointing out that “the teaching of neurological sciences in South Africa is in an extremely poor state. This goes for medical as well as nursing staff”.⁴⁷¹ Head injuries and strokes were the cause of significant mortality in South Africa. On a national level, the departments of neurosurgery and neurology were only as good as the supporting nursing services. He urged the Council to please provide him with a speedy response to his motivation.⁴⁷² Miss Du Preez succeeded Miss Brassell as Chief Matron and turned out to be much more supportive of a Postgraduate Diploma in Neurosurgical Nursing. By 1982, Kay De Villiers and Miss du Preez had designed the course in neurosurgical/neurological nursing and by the following year it had been submitted to the Director of Hospital Services and the Nursing Council for approval.⁴⁷³ The final consent was given in 1984.⁴⁷⁴

The role played by Kay De Villiers and the department of neurosurgery in supporting and training the GSH nurses was acknowledged for years to come. In 1985, Kay De Villiers was asked to address the South African Theatre Sisters Association held at Red Cross Children’s Hospital on “Huguenot Surgeons”.⁴⁷⁵ Again in 1987, he addressed the South African Theatre

⁴⁶⁹ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, J.C. De Villiers - Miss P. Brassell, Chief Matron, GSH, 3 November 1970.

⁴⁷⁰ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 11.

⁴⁷¹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1971-1980, J.C. De Villiers- the Registrar, South African Nursing Council, 12 May 1980.

⁴⁷² *Ibid.*

⁴⁷³ *Ibid.*, File 1981 - 1990: J.C. De Villiers - Miss du Preez, Chief Matron GSH, 3 November 1981.

⁴⁷⁴ *Ibid.*, File 1981 - 1990: Miss du Preez, Chief Matron GSH - J.C. De Villiers, 16 May 1983.

⁴⁷⁵ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, South African Theatre Sisters Association, 18 November 1985, p. 16.

Sisters Association on “Maagkoors in Bloemfontein”, a form of dysentery experienced by the British soldiers during the South African War.⁴⁷⁶

At the time of Kay De Villiers’s retirement he was invited to a surprise celebration at the Conradie Hospital. The nurses read to him from the Bible a passage about “there is a time to go.” There was singing, prayers, tea and cake. Sister Nunes, the nurse in charge of A10 ward, announced that a plaque bearing Kay De Villiers’s name would be placed on the wall. In his letter of thanks, he wrote that such a thing did not exist for him even at GSH. He was overwhelmed.⁴⁷⁷

Radiographers and Others

During her time in the department as a radiographer, Beverley Gerhardt was struck by the respectful manner in which Kay De Villiers treated all members of his staff, particularly radiographers, physiotherapists and nurses. They all admired and respected him, albeit with a certain degree of awe. He was always considerate, reasonable and professional in the way in which he dealt with staff, to the extent that she considered Kay De Villiers to be “regal”.⁴⁷⁸ He went out of his way to explain to junior staff the technicalities of the surgery that was being done in the department. She considered that Kay De Villiers had a masterful technique of placing anyone he was talking to at the centre of his attention and making them feel comfortable at all times.⁴⁷⁹

By 1978, occupational and physiotherapists were increasingly being brought into the neurosurgical team by Kay De Villiers.⁴⁸⁰ In 1980, he was asked to address the 16th National Congress of Occupational Therapists on “The seven stages of man: Its Pathologies and Disabilities”.⁴⁸¹ The next year, he agreed to address a symposium organised by the UCT department of physiotherapy on “The Meaning of Neurological Illness”.⁴⁸² Kay De Villiers

⁴⁷⁶ UCT Administrative Archives, Personal File, J.C. De Villiers, Curriculum Vitae, South African Theatre Sisters Association, 18 November 1985, p.16.

⁴⁷⁷ J.C. De Villiers, Personal Correspondence, J.C. De Villiers – Sister Nunes, 31 August 1994.

⁴⁷⁸ Mrs Beverley Gerhardt: Interview by Dr J.R. Cowlin, 20 December 2019.

⁴⁷⁹ *Ibid.*

⁴⁸⁰ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 26 August 2020.

⁴⁸¹ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, Department of Occupational Therapists Conference 1980, p.13.

⁴⁸² *Ibid.*

presented a paper to a later physiotherapy congress on “Movement dysfunction following Head Injury in childhood”.⁴⁸³

Undergraduate Teaching

By the 1970s, the senior lecturers and professors at UCT/GSH seemed to fall into two distinct styles of teaching. The didactic style of the first professor of surgery, Charlie Saint, was emulated by Prof Jannie Louw. Prof Cuthbert Crichton was no different.⁴⁸⁴ A former student described Prof Louw as being able “to evoke sphincter - loosening fear and blind obedience with his angry tirades at erring students”.⁴⁸⁵ A prominent medical specialist described some of his teachers as “show business performers who understood how to make their subject memorable.”⁴⁸⁶ On the other hand, there were those teachers like Frankie Forman, Dr Mark Horwitz, Dr Bill Hoffenberg, Dr Helen Brown and Prof Stuart Saunders whose style was very different to the martinets described above. They seemed to follow a policy of “teaching by affirmation,” thereby earning the respect of their students and in some cases adoration.⁴⁸⁷

Kay De Villiers’s assessment of his undergraduate medical education provides insights into how he personally learnt clinical medicine and later taught both undergraduates and postgraduates. He considered that he had received a good general education in clinical medicine from UCT, particularly from lecturers such as Prof Frankie Forman, from whom he learnt the importance of careful history taking and examination. Frankie Forman used to say, “If you made a mistake go back to the patient again, you probably misheard him or did not understand him properly. You have missed something in his story”.⁴⁸⁸ Kay De Villiers felt that the clinical training of students at the UCT Medical School in his day was what made the graduates distinctive. When he was undergoing neurosurgical training in London, he was asked to examine a patient and provide a comprehensive differential diagnosis involving the lungs, prostate and other organs. When he presented his findings, the consultant paused and then asked, “How is Jannie Louw?” Such was the international regard for UCT medical

⁴⁸³ UCT Administrative Archives, Personal File, J.C. De Villiers, Curriculum Vitae, Physiotherapy Congress, Western Cape Branch, 7- 9 April 1987, p. 16.

⁴⁸⁴ A. Digby and H. Phillips: *At the Heart of Healing*, p. 196.

⁴⁸⁵ *Ibid.*, p.196.

⁴⁸⁶ *Ibid.*, p.197.

⁴⁸⁷ *Ibid.*, pp. 196-197.

⁴⁸⁸ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p. 3.

graduates. The only shortcomings Kay De Villiers could identify from his undergraduate training were the lack of education in time management and the care of the dying.⁴⁸⁹

A number of the future registrars trained by Kay De Villiers were inspired to do neurosurgery as a result of his lectures they received as undergraduates. One was Dr Shafik Parker, who still recalls his first encounter with Kay De Villiers in 1970 as a fourth-year medical student. Whilst attending a tutorial in the ward, Shafik Parker and his fellow students heard a booming voice from behind the curtains around a patient's bed. An unfortunate registrar had not examined the patient adequately and had missed a malignant tumour between his toes. As a result, the tumour had spread to his brain, causing a haemorrhage. Kay De Villiers was apoplectic with rage and Shafik Parker and his colleagues quickly realised the importance of thorough history taking and meticulous examination.⁴⁹⁰

Graham Fieggen registered to do medicine in 1981. Following a series of inspirational lectures from Kay De Villiers in his 5th year, he decided to specialise in neurosurgery. He qualified at UCT with a MB ChB in 1986 and completed his internship at GSH where he spent two months working in neurosurgery. As a young man, he felt that he should travel and get some life experience before specialising. He explained this to Kay De Villiers who readily understood and told him that neurosurgery was a long and challenging career and advised that he should not start his training until he was at least 30 years old. When Graham was ready, Kay De Villiers would give him a position as a registrar in neurosurgery.⁴⁹¹

Many years later, as Emeritus Professor, Kay De Villiers expressed his disappointment with the direction that the training of medical students had taken. In a letter to an ex-patient, he described how disinterested the medical students were in history taking and meticulous physical examination, preferring to rely on the latest special investigations such as Magnetic Resonance Scanning (MRI) and other sophisticated tests.⁴⁹² Before retiring, Kay De Villiers was considered to be a disciple of the teaching by affirmation school, which was recognized when he was awarded the Distinguished Teacher's Award by UCT at the end of 1993.⁴⁹³

⁴⁸⁹ Prof Howard Phillips Records: Transcript of interview of J.C. De Villiers by Prof Howard Phillips, 30 October 2015, p.3.

⁴⁹⁰ Dr Shafik Parker: Interview by Dr J.R. Cowlin, 1 October 2019.

⁴⁹¹ Prof Graham Fieggen: Interview by Dr J.R. Cowlin, 18 November 2019.

⁴⁹² J.C. De Villiers, Personal Correspondence, File 2000-2018: J.C. De Villiers- Miss Juliet Bennie, 11 October 2006.

⁴⁹³ UCT Department of Neurosurgery: J.C. De Villiers, Certificates, UCT Distinguished Teacher's Award, 3 November 1993.

Kay De Villiers and His Registrars

Kay De Villiers's registrars were generally older and more experienced doctors by the time they started training to become neurosurgeons. During their time in the department, they worked closely with Kay De Villiers and there were times of crisis and pressure due to the very nature of neurosurgery. For completeness sake, some information on the registrars who were not interviewed is also included. It should be noted that all the registrars were well qualified by the time they were able to register as neurosurgeons. Most held the FRCS (UK) and/or FCS (SA) fellowships, several had PhD's and MD's in addition to the MB ChB degree.

As mentioned above, Dr Roger Melvill was the first registrar to be trained by Kay De Villiers as a neurosurgeon. He had worked as a general surgical registrar at King Edward VIII hospital in Durban before joining the Department of Neurosurgery in 1971. He completed his time in 1974 and was the first registrar from the department to write and pass the Fellowship in Neurosurgery (FCS) of the South African College of Medicine. He left the department in 1976 and joined Dr Freddie van Niekerk in private practice.⁴⁹⁴ There were times when he felt that because he grew up in Natal, was English speaking and his father was a mine surveyor, he was an outsider. Dr Freddie Kieck, who was a co-registrar with Roger Melvill, saw the situation differently. He found Roger Melvill to be a quietly confident and self-contained individual who was his "own man" – good characteristics for a neurosurgeon. However, this somewhat independent attitude as a registrar did not always endear him to Kay De Villiers. It was widely felt amongst his registrars that Kay De Villiers had an explosive and unpredictable temper.⁴⁹⁵

Dr Paul Cluver had completed a MD qualification in neurophysiology in Göttingen, Germany in 1969. Upon his return to South Africa he registered for a PhD at Stellenbosch University. During this time he remained in touch with Kay De Villiers who invited him join the department as a neurosurgical registrar in 1971. The PhD thesis was accepted by Stellenbosch the following year. During his training Kay De Villiers suggested that Paul Cluver should register for a Master of Surgery Degree (CH M) at UCT. He wrote a thesis entitled "Normal Pressure Hydrocephalus" and qualified as a neurosurgeon in 1976. He was later joined by his colleagues Freddie Kieck and Rocco de Villiers as full-time consultants in the department of

⁴⁹⁴ Dr Roger Melville: Interview by Dr J.R. Cowlin, 29 September 2019.

⁴⁹⁵ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2020.

neurosurgery.⁴⁹⁶ Paul Cluver considers that Kay De Villiers's defining ability as an academic neurosurgeon was his commanding presence, underpinned by his communication skills, which allowed him to put his audience, colleagues and patients at ease.⁴⁹⁷ This ability made him a fine clinician and an excellent general practitioner. He said that Kay De Villiers was aware that he was not a flashy and technically brilliant surgeon, but made up for this shortcoming by applying what he learnt from Prof Frankie Forman and others by taking an accurate history and conducting a thorough neurological examination of his patients.⁴⁹⁸ He tended to be a cautious surgeon and would not undertake operations with which he was not comfortable – clipping cerebral aneurysms was but one example. Kay De Villiers's academic knowledge of neurosurgery, neurology, neuroradiology and neuropathology was excellent. Paul Cluver considered that Kay De Villiers was a better neurologist than most specialists and possessed a remarkably three-dimensional conceptualisation of neuroanatomy - well before the CT scanning technology was introduced in South Africa in 1977.⁴⁹⁹

According to Paul Cluver, Kay De Villiers had the ability to inspire others simply by the way in which he addressed them. The manner in which Kay De Villiers was able to make a person feel they were at the centre of his attention and uniquely special, Paul Cluver describes as “intellectual seduction”.⁵⁰⁰ As a registrar, he felt that somehow, he would be “looked after” by Kay De Villiers in the form of advice, guidance and mentorship. As the end of his training approached, these expectations were clouded by a sense of disappointment.⁵⁰¹

Dr Freddie Kieck studied medicine at Stellenbosch University and graduated with MB ChB in 1969. He joined Kay De Villiers's department in 1972. After qualifying in 1976, he went to Boston, USA, to study for a neurovascular fellowship. He returned to South Africa in 1979 and qualified with an MD in vascular neurosurgery and remained a full-time consultant in the Department until 1983. Freddie Kieck sheds some light on the surgical training received by the registrars of his day. Kay De Villiers continued the British tradition of senior and junior registrars.⁵⁰² Both groups of registrars were expected to assist the professor and very much in the McKissock tradition, were allowed to close the wound without further supervision. Kay De Villiers expected them to learn practical surgical technique from assisting him and other

⁴⁹⁶ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 6 October 2019.

⁴⁹⁷ *Ibid.*

⁴⁹⁸ *Ibid.*

⁴⁹⁹ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 4 November 2019.

⁵⁰⁰ *Ibid.*

⁵⁰¹ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 14 April 2020.

⁵⁰² Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

qualified neurosurgeons in the department. Junior registrars would be trained by senior registrars. Kay De Villiers would very rarely assist a senior registrar and on the few occasions when this did occur, he inevitably took over the operation. As a consequence, senior registrars would seek training in surgical technique from consultants in the department such as Paul Cluver, Freddie Kieck, Peter Keet and Peter Rose Innes. They were all patient men and prepared to let the registrar complete the operation from start to finish, providing they did not get into trouble.⁵⁰³

Prof Warwick Peacock had grown up in a very English-speaking environment in Johannesburg and had matriculated at St John's College. He then studied at Stellenbosch for a BSc in chemistry, physiology and anatomy and graduated in 1962 with distinction. In 1963, he registered for MB ChB at UCT. He did his internship at GSH, spending six months working for Jannie Louw and then spent three years working as a general practitioner in Touws River. He started his general surgical training by spending several years at the King Edward VIII hospital in Durban. By the time he joined the neurosurgical training programme in 1975 at GSH, he had passed the FRCS and was an experienced doctor.⁵⁰⁴

He completed the training in 1977 and then spent a year in paediatric neurosurgical training at The Sick Kids Hospital in Toronto, Canada. He returned to Cape Town in 1979 and worked in the paediatric neurosurgical unit at the Red Cross War Memorial Children's Hospital. Part of Warwick Peacock's work included caring for children with cerebral palsy. These patients frequently suffer from debilitating spasms in the muscles of their limbs. Warwick Peacock had read about a particular operation called a rhizotomy which involved severing certain nerves to some of these muscles, which if performed correctly, relieved the spasm. In order to familiarise himself with the complex anatomy of the area he operated on cadavers at the Salt River mortuary. After several months he was able to present his work to the department. Kay De Villiers described the research as the best he had seen during his time as head. Warwick Peacock was initially delighted by Kay De Villiers's praise, but inexplicably their relationship began to deteriorate. With hindsight he now realises that Kay De Villiers saw him as a potential threat.⁵⁰⁵ Yet, when Warwick Peacock suddenly emigrated to the USA in 1986, Kay De Villiers was devastated.⁵⁰⁶ Warwick Peacock ultimately became the Professor of Paediatric Neurosurgery at UCLA. For years, Kay De Villiers considered

⁵⁰³ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

⁵⁰⁴ Prof Warwick Peacock: Interview by Dr J.R. Cowlin, 28 December 2019.

⁵⁰⁵ *Ibid.*

⁵⁰⁶ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

Warwick Peacock's departure as an act of betrayal and their relationship deteriorated further. Yet Warwick Peacock was disappointed that he was never close to Kay De Villiers and said that he had found it very difficult to deal with his moods, which fluctuated from friendship to hostility without any apparent reason.⁵⁰⁷ He said that on a day-to-day basis, it was impossible to know what to expect from Kay De Villiers. He often wondered if his English upbringing and background may have contributed to their poor relationship. While Warwick Peacock was at UCLA, he attended a conference in Mexico, where Kay De Villiers was also a delegate. He decided to have a private discussion with Kay De Villiers with the intention of clearing the air. Kay De Villiers was unable to explain his behaviour. Eventually, they both ended up in tears. Warwick Peacock considered that Kay De Villiers was a great doctor, committed to his work and that he cared for his patients. He was a fair to safe neurosurgeon from a technical perspective.⁵⁰⁸

Kay De Villiers could not tolerate being challenged, especially in public. Warwick Peacock recalled the joint neurosurgical/neurological meetings held on a Friday afternoon. The professor of neurology, Frances Ames, was a provocative person and would challenge Kay De Villiers as a matter of principle. There were times that Kay De Villiers would storm out of the meeting in anger. Warwick describes himself as a non-confrontational person and found Kay De Villiers's domineering behaviour difficult to deal with. He was particularly sensitive to Kay De Villiers's hypercritical approach, always finding fault with his colleagues and juniors in the department. In hindsight, he wished that Kay De Villiers had been more of a mentor and father figure. Warwick Peacock also felt that Kay De Villiers had favourites amongst his registrars and was more comfortable with those from an Afrikaans background. Nevertheless, he agreed with Paul Cluver that Kay De Villiers was a better neurologist than most practising neurologists. Warwick Peacock was devastated when he heard that Kay De Villiers had died in 2018.⁵⁰⁹

Dr Jonathan Peter joined the department in 1974. He already had an FRCS and after he had completed his time as a registrar in 1977, he left the profession to pursue his love of music. He spent the next 10 years training as a concert pianist, during which time he graduated with a BMus from UCT.⁵¹⁰ During this time, he kept in touch with Paul Cluver, meeting occasionally for lunch. After several years, Paul Cluver detected a degree of uncertainty in

⁵⁰⁷ Prof Warwick Peacock: Interview by Dr J.R. Cowlin, 28 December 2019.

⁵⁰⁸ *Ibid.*

⁵⁰⁹ *Ibid.*

⁵¹⁰ Dr Freddie Kieck, email correspondence with author, 3 April 2020.

Jonathan, who was by nature a very private person. Eventually, he told Paul Cluver that he reluctantly had to accept that he would never be good enough to become an internationally acclaimed pianist. Paul Cluver suggested he join him at a few operations as an assistant. In this way, Jonathan Peter began to relearn his surgical technique. He finally approached Kay De Villiers, who welcomed him back with open arms. He returned to the department in 1985 as a full-time consultant and following Warwick Peacock's departure in 1986, was placed in charge of paediatric neurosurgery at the Red Cross Children's Hospital. He succeeded Kay De Villiers as the Prof of Neurosurgery in 1994.⁵¹¹

Dr Kobus Brits had qualified with an MB ChB from Pretoria University in 1968. He worked as a general practitioner in Namibia for a few years. After completing time in general surgery and passing the primary, he joined the neurosurgical unit at GSH at the beginning of 1974. Kobus Brits expressed the view that Kay De Villiers seemed to take little interest in the professional development of his registrars, to the extent that he resented them receiving training in areas such as neurology, ophthalmology or orthopaedic surgery, fields generally considered important for the full development of neurosurgeons. Furthermore, he recalls an occasion when he was preparing to write both the intermediate and final FCS examination at the same time. As it happened, Kay De Villiers was the examiner for both. Kobus Brits passed the intermediate, but failed the final. When he challenged Kay De Villiers, he was told somewhat high handedly that he had failed because writing both examinations at the same time was not permitted. As a result, he had to wait a further year before registering as a neurosurgeon in 1978.⁵¹²

Kobus Brits wondered whether it was because his father had been a railway worker and had grown up in modest circumstances in Namibia that Kay De Villiers favoured other registrars. He felt that he was frequently and unfairly exposed to the vagaries of Kay De Villiers's temper.⁵¹³ Often during the night, the dressing that had been applied in theatre would come loose and the nurses would reattach the bandages with Elastoplast. Kay De Villiers would become apoplectic with the registrar in charge if he discovered Elastoplast on a patient's scalp, even when it was applied by the nursing staff. In front of a grand ward round, which would include nursing sisters, physiotherapists, medical students, housemen and specialists, the registrar in charge would be chastised mercilessly and sometimes threatened with

⁵¹¹ Dr Paul Cluver, email correspondence with author, 9 November 2019.

⁵¹² Dr Kobus Brits: Interview by Dr J.R. Cowlin, 11 February 2020.

⁵¹³ *Ibid.*

dismissal.⁵¹⁴ Roger Melvill remembers an occasion on a grand ward round when one of Kay De Villiers's registrars had been rude to a nursing sister. Kay De Villiers tore a strip off the unfortunate registrar who was told in no uncertain terms, "You do that again and you can go, and don't even stop to say goodbye".⁵¹⁵ Kay De Villiers's secretary, Miss Cheryl Small, would frequently warn the registrars that "the boss was in a black mood" and they had better make sure that their patients were in order.⁵¹⁶ Kobus Brits commented that in a social situation when Kay De Villiers came across a woman who knew more than he about a particular matter, he deftly changed the subject.⁵¹⁷ Kobus Brits went into practice in 1979, and was later joined by Paul Cluver as a partner for three years.⁵¹⁸

As a young person, Dr Lorraine Lankester had always wanted to study medicine, but because of financial reasons had to be satisfied with becoming a radiographer. While working in Zambia she was able to win an Anglo- American scholarship to study medicine. She qualified MB Ch B at UCT in 1974. Kay De Villiers spotted her obvious talent and offered her a position in his department as a registrar in 1977. He soon suggested that she gain further experience in the UK and arranged a post for her at the Atkinson Morley Hospital with Dr Tickey Walsh who had succeeded Wylie McKissock. She ended up working in the UK for five years and returned to GSH in 1984.

She spent a further two years as a registrar in the department, completing her time. Her relationship with Kay De Villiers was simply not the same as it had been before she left.⁵¹⁹ On one occasion, Lorraine Lankester had worked from Friday night through the weekend until the Monday with hardly any sleep. For Kay De Villiers, Monday was a normal day, with x-ray meetings, ward rounds and theatre lists. In the afternoon, she assisted Kay De Villiers with a long operation and then asked to be excused from the evening journal club gathering where she was due to present. His response was "If you were really interested you would find a way to be there!" Almost dead on her feet, she presented a paper on hydatid cysts in the brain.⁵²⁰

⁵¹⁴ Dr Kobus Brits: Interview by Dr J.R. Cowlin, 11 February 2020.

⁵¹⁵ Dr Roger Melville, email correspondence with author, 21 March 2008.

⁵¹⁶ Miss Cheryl Small: Interview by Dr J.R. Cowlin, 5 February 2020.

⁵¹⁷ Dr Kobus Brits: Interview by Dr J.R. Cowlin, 11 February 2020.

⁵¹⁸ *Ibid.*

⁵¹⁹ *Ibid.*

⁵²⁰ *Ibid.*

Gian Marus, by this time, was a consultant in the department and recalls that Lorraine Lankester's treatment by Kay De Villiers was harsh and unyielding.⁵²¹ On another occasion, she had assisted Kay De Villiers with removing a frontal lobe tumour in a man who was married to a prominent medical practitioner. Once the tumour was removed, Kay De Villiers asked her to close and then left the theatre. Lorraine Lankester went to a lot of trouble to suture the wound in order to leave an acceptable cosmetic result. A few days post operatively, the patient complimented the doctors on the ward round on the good cosmetic appearance of the sutured wound. Kay De Villiers lifted the dressing and said "Not bad. Not bad De Villiers even if I have to say so myself".⁵²²

Lorraine Lankester began to feel that Warwick Peacock and Jonathan Peter, both of whom had considerable experience in paediatric neurosurgery, were being favoured by Kay De Villiers. She was thus disappointed that she was overlooked for the top position at the Red Cross Children's Hospital when Warwick left for the USA.⁵²³ Kay De Villiers chose to appoint Jonathan Peter instead. Soon a position as a full-time consultant in neurosurgery at the Frere Hospital in East London became available, which Lorraine Lankester successfully applied for.

Dr Gian Marus joined the department of neurosurgery as a registrar in 1978 and qualified in 1982. He considered Kay De Villiers the quintessential professor of neurosurgery who was exceptionally intelligent, passionate and a very good communicator. As a postgraduate lecturer, he was inspirational, causing many who listened to him to read further. Sadly, as a teacher of surgical technique, Kay De Villiers was poor.⁵²⁴ He was nicknamed "Slow Kay" by the anaesthetists because of his painstakingly slow surgical technique.⁵²⁵ Gian Marus, like Warwick Peacock, felt that the neurosurgical training programme was unstructured and registrars were left to find their own way. In particular, Kay De Villiers did little to guide his registrars regarding examinations and career choices.⁵²⁶

One of Gian Marus' co-registrars was Dr Alex Grant, who joined the Department in 1980. He had been the top pupil at Bishops in Cape Town and was an exceptional musician. He also

⁵²¹ Dr Gian Marus: Interview by Dr J.R. Cowlin, 13 January 2020.

⁵²² Dr Lorraine Lankester, email correspondence with author, 23 April 2020.

⁵²³ Dr Lorraine Lankester: Telephonic interview by Dr J.R. Cowlin, 23 April 2020.

⁵²⁴ Dr Gian Marus: Interview by Dr J.R. Cowlin, 13 February 2020.

⁵²⁵ Dr Norman Fisher Jeffes: Interview by Dr J.R. Cowlin, 4 March 2020. Slow K is the name of a medication used to replace potassium in a patient's body.

⁵²⁶ Dr Gian Marus: Interview by Dr J.R. Cowlin, 13 January 2020.

had a quite outstanding general knowledge. After matriculating, he attended Cambridge University where he graduated with an MB ChB. He then did neurosurgery at Oxford for a few years during which time he sat for his FRCS in London and Glasgow, which he passed at the first attempt. His wife, Helen, was quite outspoken and at a particular social occasion, publicly criticised Kay De Villiers because he did not “understand his role as a father”.⁵²⁷ Needless to say, they did not get on particularly well. Gian Marus considers that one of the main reasons Kay De Villiers did not get on with Alex Grant was because he knew much more about music than Kay De Villiers would ever know. He later left the department to practice in Johannesburg, where Gian Marus would later join him as a partner. They soon became good friends and he recalls the tragedy of Alex Grant’s murder during a motorcar hijacking in 2000.⁵²⁸

Gian Marus considers that Kay De Villiers became vulnerable when exposed to intelligent people who knew more than him on subjects in which he was interested.⁵²⁹ This led to Kay De Villiers being unable to retain exceptionally capable neurosurgeons as full-time consultants in his department such as Daan De Klerk, Roger Melvill, Paul Cluver and Freddie Kieck.⁵³⁰ Whatever the merits of Kay De Villiers and Helen Grant’s mutual dislike, he wrote to her on the occasion of her husband’s death – “the demise of a relatively young man comes as a shock at any time, but the mode in which he went, the futility of it all, is what overwhelms one”.⁵³¹

Dr Shafik Parker qualified with an MB ChB from UCT in 1974. He had started working as a general surgical registrar in 1980 and part of his training consisted of spending a few months in the department of neurosurgery. He liked the atmosphere in the department and after returning to general surgical wards, he approached Jannie Louw with a view to making a change. During their discussion, Jannie Louw contacted Kay De Villiers telephonically and informed him that he “had a young communist with him who had decided to become a neurosurgeon”.⁵³² Shafik Parker had been a radical political activist before he graduated as a doctor. Kay De Villiers duly offered him a registrar’s position and he started in the department in 1982 qualifying in 1989. Shafik Parker recalls an occasion when, as a registrar,

⁵²⁷ Dr Gian Marus: Interview by Dr J.R. Cowlin, 13 January, 2020.

⁵²⁸ *Ibid.*

⁵²⁹ *Ibid.*

⁵³⁰ *Ibid.*

⁵³¹ J.C. De Villiers, Personal Correspondence, File 2001-2018: J.C. De Villiers - Mrs Helen Grant, 15 March 2001.

⁵³² Dr Shafik Parker: Interview by Dr J.R. Cowlin, 1 October 2019.

he was seeing a patient as a follow-up in the outpatients at GSH. Kay De Villiers had operated on her for a myelomeningocele, some 17 years previously. When discussing the patient, Kay De Villiers asked her father if she was wearing red shoes on the first occasion that he examined her. The father could not remember, but the next day brought Kay De Villiers a 35mm slide of his daughter wearing red shoes when the original consultation took place.⁵³³

Dr Norman Fisher Jeffes qualified at Stellenbosch University in 1978 and completed his internship at the Tygerberg Hospital in 1979. He took up an anatomy teaching post at the University of the Orange Free State and found that he enjoyed teaching neuroanatomy. He duly contacted Kay De Villiers who offered him a position as a neurosurgical registrar from July 1987.⁵³⁴ When he joined the department he realised that it was only the professor who was in charge. Kay De Villiers was an intimidating figure who insisted upon strict adherence to his high standards of clinical care, surgical procedures and ward duties. Norman Fisher Jeffes recalls occasions during ward rounds that Kay De Villiers would run his finger along the top of the rail supporting the curtains between the beds. If there were any dust, the sister in charge would be reprimanded. During his time as a registrar, Kay De Villiers travelled a great deal. Upon his return, he would re-institute the strict ritual of his 7am “cockpit meetings”, where registrars were expected to present their cases, including the appropriate x-rays, scans and special investigations. No discretion was allowed to the registrar who had been on duty the previous night and had not slept.⁵³⁵

The following year, a new registrar, Zayne Domingo, joined the department. He and Zayne Domingo became close friends and towards the end of Kay De Villiers’s term as professor, they approached him with a request to be taught the transsphenoidal approach to pituitary surgery. To their great surprise, he agreed and, on several occasions, they were both allowed to perform the operation with Kay De Villiers assisting.⁵³⁶ Kay De Villiers later arranged for Norman Fisher Jeffes and Patrick Semple to receive further training in the technique from Prof Ed Laws at the University of Virginia, Charlottesville in the USA.⁵³⁷

⁵³³ Dr Shafik Parker: Interview by Dr J.R. Cowlin, 1 October 2019.

⁵³⁴ Dr Norman Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

⁵³⁵ *Ibid.*

⁵³⁶ *Ibid.*

⁵³⁷ *Ibid.*

Norman Fisher Jeffes considers that Kay De Villiers's autocratic managerial style was heavily influenced by both Wylie McKissock and Jannie Louw. He gained the impression that following the episode of malignant hypertension, (see below), Kay De Villiers softened to some extent. He did not find his later years as a registrar as harrowing as many who had preceded him. In his opinion, Kay De Villiers was a competent administrator and mentored his registrars, particularly with regard to further study and examination preparation.⁵³⁸ Kay De Villiers would frequently teach registrars and consultants on grand ward rounds and at the "cockpit meetings" in the mornings. After about two years of training, you knew that you had been accepted when you and your wife were invited for dinner at Kay De Villiers's home. Norman Fisher Jeffes's wife, Ronny, recalled being impressed by Kay De Villiers's appreciation for the support given to his registrars by their wives, because of the long hours and stressful working conditions which their husbands had to endure.⁵³⁹ Norman Fisher Jeffes and Zayne Domingo both passed the final FCS Neurosurgical qualification and completed their time in the last year that Kay De Villiers was Professor.⁵⁴⁰

The last two registrars to start their training under Kay De Villiers had experience of both his and his successor's style of leadership of the department. The first of these was Dr Patrick Semple, who qualified with an MB ChB from UCT in 1984. After doing his internship at GSH, he did a few years of general surgery and then registered for neurosurgery in 1990. He completed his training in 1994, Kay De Villiers's last year as Professor. Patrick Semple qualified with an FCS (Neuro), MMed Neurosurgery and a PhD from UCT for which he wrote a thesis on pituitary apoplexy. Towards the end of his time as a registrar, he started assisting Kay De Villiers with the transsphenoidal pituitary surgical technique and was eventually allowed to do the operation with Kay De Villiers assisting.⁵⁴¹

At the end of his training, Patrick Semple decided to remain in the department as a consultant. He was thus able to compare and contrast Kay De Villiers's leadership and managerial style with that of his successor, Jonathan Peter. He maintains that Kay De Villiers was autocratic, dominant and unquestionably in charge, very much in the Jannie Louw tradition.⁵⁴² Kay De Villiers had exceptionally high standards, was a brilliant clinician and a reasonable surgeon, was not always fair and had preferences amongst his registrars, rather

⁵³⁸ Dr Norman Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

⁵³⁹ *Ibid.*

⁵⁴⁰ *Ibid.*

⁵⁴¹ Dr Patrick Semple: Interview by Dr J.R. Cowlin, 14 May 2020.

⁵⁴² *Ibid.*

than outright favourites. As an examiner, he was meticulous, pedantic and at times ruthless. He insisted upon his consultants being generalists and resisted efforts on their part to sub-specialise, although for many years, he was the only person who did pituitary surgery in the department. Jonathan Peter, on the other hand, encouraged sub-specialisation, was consultative and supported his registrars and consultants. He was better able to grow the department with Patrick Semple's help and eventually had more full-time consultants working for him than Kay De Villiers ever did. After retirement, Kay De Villiers and Patrick Semple became increasingly friendly, to the extent that he would visit Kay De Villiers at home to discuss difficult pituitary cases. This friendship developed further as Kay De Villiers grew older.⁵⁴³

In Patrick Semple's opinion, both professors were very well suited to the remarkably different eras in which they led the department of neurosurgery. He observed that as Kay De Villiers grew older, he mellowed. He maintained his brilliant intellect, remarkable memory and strong personality.⁵⁴⁴ Not only did he build neurosurgery in South Africa, but encouraged its development in Africa as a whole. He had very good relationships with leading neurosurgeons in Nigeria, Kenya and Ghana. In fact, one of the neurosurgeons from Nigeria, Prof Adeloje, was considered by Kay De Villiers to be one of the best that he had come across.⁵⁴⁵ Patrick Semple considered Kay De Villiers's policy of encouraging private neurosurgeons to attend the Monday morning "problem" meetings as one of the highlights of his time in the department.⁵⁴⁶ As a result of this interaction, he established friendships with many of them. This ability to see the bigger picture made Kay De Villiers a great man. He was very happy that Jonathan Peter continued this tradition. Patrick Semple spoke fondly of the bonds of friendship and loyalty between him and many of Kay De Villiers's trainees.⁵⁴⁷

Dr Allan Taylor was the very last registrar to be appointed by Kay De Villiers. He completed his MB ChB at the University of Witwatersrand in 1988. Following his internship at the Somerset Hospital in Cape Town, he spent some time in neurosurgery. He soon decided to specialise in this field and started as a registrar in 1992. He completed his training in 1996 and graduated with an FCS (Neuro), M Med Neurosurgery and MSc in Neurovascular surgery.

⁵⁴³ Dr Patrick Semple: Interview by Dr J.R. Cowlin, 14 May 2020.

⁵⁴⁴ *Ibid.*

⁵⁴⁵ See chapter 7, "Footprints around the world".

⁵⁴⁶ Dr Patrick Semple: Interview by Dr J.R. Cowlin, 14 May 2020.

⁵⁴⁷ *Ibid.*

Allan Taylor found that Kay De Villiers was a very good administrator and a strong leader. He had a strong group presence and it was always clear who was the boss. Kay De Villiers always backed his staff and was protective of them from outside influences. He did however, practice tough love based largely upon fear. He was nevertheless an inspirational and remarkable academic neurosurgeon.⁵⁴⁸ Kay De Villiers had a quite unique ability to communicate with his patients, who trusted him implicitly. He would often invite interns, registrars and consultants to the pub at the medical residence on a Friday evening for a drink. Yet, at the end of their training, very few newly qualified consultants elected to stay in his department. Deep down, Kay De Villiers was threatened by competent people and was a bully by nature. From small beginnings at GSH in Cape Town, he built an international reputation and became widely respected. In this sense, he was a great man. Allan Taylor considered him a competent practical surgeon, but said that he never became fully conversant with using the operating microscope.⁵⁴⁹

From the time Kay De Villiers joined the department in 1966 until his retirement in 1994, he continued to do consultant emergency duty whenever he was in Cape Town. Allan Taylor will never forget Kay De Villiers's last night on duty. As he was leaving the hospital at about 6pm, he noticed a man carrying a young child into the trauma unit. He decided to return to the hospital and found that the child was the son of a colleague, who had fallen off a swing and lost consciousness. The father had elected to rush his child to GSH, rather than Red Cross Children's Hospital because of the urgency. It was clear to Allan Taylor that the child was "coning"- the term describing a process whereby increased intracranial pressure pushes the brain down towards the spinal cord and strangles the brain stem. Unless treated urgently, it is uniformly fatal.⁵⁵⁰

Soon thereafter the child had a cardiac arrest and was intubated and ventilated. Allan Taylor immediately began arranging for emergency surgery. The anaesthetist on call tried to insist that the patient be transferred to Red Cross Children's Hospital on the flimsy grounds that the equipment for such an anaesthetic did not exist at GSH. Although Allan Taylor, as a senior registrar, felt perfectly competent to drain the haemorrhage, he decided to call the professor - ensuring that the child received emergency decompression was his greatest priority. Kay De Villiers was at home having dinner when he received the call. The answer was short and to

⁵⁴⁸ Dr Allan Taylor: Interview by Dr J.R. Cowlin, 13 May 2020.

⁵⁴⁹ *Ibid.*

⁵⁵⁰ *Ibid.*

the point: “Tell them I’m coming and the child had better be in theatre”. Suddenly theatre time, staff and the anaesthetist became available. Kay De Villiers did a superb decompression of the haemorrhage and the child had a full neurological recovery. Allan Taylor followed the boy’s school career and was delighted to hear that some years later he was the top matriculant.⁵⁵¹

After Kay De Villiers’s retirement, the atmosphere in the department changed significantly under Jonathan Peter. Allan Taylor speculates that this may have led Kay De Villiers to regret aspects of his behaviour during his time as professor and in particular, how this affected his relationship with his children.⁵⁵² He acknowledges the strong bond of collegial friendship, which exists amongst the registrars trained by Kay De Villiers over a period of 23 years. He still works at GSH and has known three professors, Kay De Villiers, Jonathan Peter and the incumbent, Graham Fieggen.⁵⁵³

By the time Graham Fieggen joined the Department, Kay De Villiers was preparing for his retirement. The university had already selected Kay De Villiers’s successor, Jonathan Peter. Thus, the bulk of Graham Fieggen’s training occurred when Kay De Villiers was no longer the head of department. He nevertheless became close to Kay De Villiers and they continued their friendship until Kay De Villiers’s death. During one discussion, Kay De Villiers told Graham Fieggen that he was fortunate to have joined the department at a time when he, Kay De Villiers, had mellowed considerably.⁵⁵⁴ Later in his life, Kay De Villiers told Graham Fieggen that there were aspects of his behaviour during his time as head of the department that he regretted. Whilst Kay De Villiers never elaborated, he suspects that he had misgivings about how he treated his registrars in the early years.⁵⁵⁵ Graham Fieggen was the second of Kay De Villiers’s registrars who succeeded him as the Head of Neurosurgery at UCT/GSH. He recalls that Kay De Villiers radiated a presence indicative of deep intelligence and a powerful persona. As a teacher of medical students, he stood out from most of the other lecturers. With Jannie Louw and Chris Barnard, Kay De Villiers made up a triumvirate of world-class surgeons working at GSH at the time. Kay De Villiers was not only a leading neurosurgeon, but also a polymath extraordinaire. He had a fine understanding of history, music, literature, poetry and world affairs. He also had opinions on many things outside of

⁵⁵¹ Dr Allan Taylor: Interview by Dr J.R. Cowlin, 13 May 2020.

⁵⁵² *Ibid.*

⁵⁵³ *Ibid.*

⁵⁵⁴ Prof Graham Fieggen: Interview by Dr J.R. Cowlin, 18 November 2019.

⁵⁵⁵ *Ibid.*

these fields, such as sport, where his knowledge was probably not as well developed. Kay De Villiers's remarkable intellect was matched by his exceptional leadership skills.⁵⁵⁶

Of the registrars interviewed, four considered that Kay De Villiers had an exceptionally good relationship with Jannie Louw. Kobus Brits described Kay De Villiers as "Jannie's blue-eyed boy who pushed Kay De Villiers relentlessly".⁵⁵⁷ Paul Cluver's comments on Kay De Villiers's relationship with Jannie Louw are more nuanced. He recalls that Kay De Villiers was well known for his explosive temper, had preferences amongst his registrars and was occasionally egotistical. Despite these negative features, it was Kay De Villiers's commitment to his patients and the department of neurosurgery that mattered to Jannie Louw. As a result, he respected Kay De Villiers.⁵⁵⁸ According to Freddie Kieck, Jannie Louw had a good relationship with Kay De Villiers and supported him to the hilt.⁵⁵⁹

Kay De Villiers and His Patients

In the chapter describing Kay De Villiers time as a general practitioner there are a number of references to the way he was regarded by his patients. Yet, he spent the bulk of his working life as a neurosurgeon, professor and head of department. Given his work load, stress and wide responsibilities, it is worth asking whether his patients still viewed him in the same favourable light. Ultimately, it is the patient who is the recipient of the treatment decided upon by the medical staff. Frequently their opinion is influenced by the compassion and communication skills of the doctors - in some cases, a more important concern than how effective the treatment may have been.

The GSH archives store copious patient records containing their history, examination findings, special investigations, operation notes, record of outpatient visits and medication. Their opinion of the quality of their treatment and level of care is not routinely recorded.⁵⁶⁰ It would therefore be necessary to receive informed consent before interviewing them specifically for this purpose. As Kay De Villiers retired some 30 years ago, tracing these patents is likely to be very challenging, if not impossible. To obtain the hospitals permission in this regard is likely to be a difficult and protracted process. The following records have been gleaned from Kay De Villiers's personal correspondence, but are insufficient for a more

⁵⁵⁶ Prof Graham Fieggen, Interview by Dr J. R. Cowlin, 18 November 2019.

⁵⁵⁷ Dr Kobus Brits: Interview by Dr J.R. Cowlin, 11 February 2020.

⁵⁵⁸ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 6 October 2019.

⁵⁵⁹ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

⁵⁶⁰ Prof Charles Swanepoel: Telephonic interview by Dr J.R. Cowlin, 19 September 2022.

comprehensive analysis.⁵⁶¹ Generally, they tend to confirm the impressions of his Swellendam patients, albeit, in some cases, some 40 years earlier.

Mr and Mrs J.L Middelburg, Cape: Kay De Villiers had operated on their son's spine. The recovery had been slow but the child remained active. Kay De Villiers explained that due to a malformation of the bones, there was pressure on the nerves. He assured them that with time it would settle down.⁵⁶² Some eight years later a further operation was indicated. The son was admitted to J7 to receive treatment. The operation was successful and the young boy wrote to the nursing staff to thank them for their fine nursing care. Kay De Villiers commented that the nurses really appreciated the letter as they had to put up with a great deal of abuse at times, if only because they were people of colour.⁵⁶³

Mr and Mrs Paul J. Somerset West. : Kay and Jeanne De Villiers had received a present of meat, biltong and dried sausage from the grandparents of a child that had a congenital skeletal deformity. Kay De Villiers had examined him and arranged for the child to see Prof Syd Cywes for a second opinion. They were assured that it was not urgent and could wait until the child started school.⁵⁶⁴

Tannie H. Blouberg Beach: The letter was addressed to "Geagte Professor" (Honourable Professor) asking for help to find a place in a retirement facility with a frail care. Kay De Villiers had operated on her many years before. He suggested that she put her name down at as many such places as possible. He then wrote her a recommendation.⁵⁶⁵

Ms Juliet B. George: This patient, as a young girl, was admitted to J7 following a severe head injury due to a motor vehicle accident in 1972. After a long and complicated convalescence she was found to suffer from post - traumatic epilepsy with some cognitive impairment. Kay De Villiers continued to help and advise her until his retirement in 1994. All in all, there are 6 letters over a twenty year period, the last being in December 1993. She asked him the effect of Ritalin on her menstrual cycle. He explained the physiology in simple terms and then

⁵⁶¹ The full name of the patients has been withheld for reasons of confidentiality. In the case of of Mrs Jill Newton, this information was provided to the candidate in an interview.

⁵⁶² J.C. De Villiers, Personal Correspondence, File 1971 -1980, J.C. De Villiers – Mr and Mrs J.L., 25 July 1979.

⁵⁶³ J.C. De Villiers, Personal Correspondence, File 1981 -1990, J.C. De Villiers, - Mr and Mrs J.L., 17 August 1987.

⁵⁶⁴ *Ibid*, J.C. De Villiers - Mr and Mrs P.J., 22 July 1980.

⁵⁶⁵ J.C. De Villiers, Personal Correspondence, File 1981 -1990, Tannie H – J.C. De Villiers, 30 January 1981.

suggested she consult a local gynaecologist. Kay De Villiers concludes the letter with “Never refrain from asking a question. There are no such things as stupid questions.”⁵⁶⁶

Mrs Jill Newton, Evergreen: Soon after Kay and Jeanne De Villiers moved into Evergreen they met Mrs Jill Newton. She soon reminded him of an occasion some 30 years previously when her family doctor had asked Kay De Villiers to attend to her son who had been badly injured in a motor car accident. At two in the morning, Kay De Villiers arrived, clean shaven, brushed hair, suit, tie and polished shoes. Jill strongly believes that Kay De Villiers saved her son’s life.⁵⁶⁷

Conclusion

Kay De Villiers’s pre-1966 research was either original laboratory work or clinical investigations, as in the case of the polycystic kidney disease research. None of this research led to dramatic change in our understanding of human neurophysiology, neuroanatomy or neuropathology. Post-1966, the work on paediatric head injuries was based on a large series of patients, initially retrospective and later prospective with credible controls. The study was well received by Kay De Villiers’s international colleagues and made a difference to the understanding of head injuries in children. Nevertheless, the constant stream of papers, particularly those describing rare and unusual neurosurgical problems, were widely published. Kay De Villiers’s papers were always articulate, to the point and well referenced. His scientific method and rigour were impeccable. The paediatric head injury research attracted considerable attention internationally and gave Kay De Villiers the opportunity to present his work on the world stage. Furthermore Kay De Villiers’s experience with paediatric head injuries saved the lives of many young patients, notably the young son of a colleague – the emergency cerebral decompression was the last operation that Kay De Villiers performed before retirement.

Kay De Villiers was by nature a careful person who went to great lengths to protect his reputation. As a result his main research projects i.e. the polycystic kidney and paediatric

⁵⁶⁶ J.C. De Villiers, Personal Correspondence, File 1991 -2000, J.C. De Villiers – Ms Juliet B, 2 December 1993.

⁵⁶⁷ Mrs Jill Newton: Interview by Dr J.R. Cowlin, 9 October 2020.

head injury research was essentially low risk. This approach stands in stark contrast to the first heart transplant, or the groundbreaking work of Cushing, Yasargil or Jannie Louw.⁵⁶⁸

Kay De Villiers devoted an enviable amount of time to teaching junior medical staff and students who revered his teaching and hung onto his every word. He mesmerised his junior audiences with his clear explanations of complex matters, interspersed with the occasional anecdote. He spoke softly, with a slight Afrikaans accent, so that the students were forced to concentrate in order to hear every gem of information dispensed. It is hardly surprising that Kay De Villiers received the Distinguished Teachers Award in 1993.

The surgeons staffing the fledgling department of neurosurgery such as De Villiers Hamman, Peter Keet and Peter Rose Innes had not undergone the formal structured training that Kay De Villiers had received in the UK. Based on his experience aboard, Kay De Villiers had a clear vision for his future department, with much to build and achieve. Yet he must have been aware of his relative lack of practical surgical experience, given the different teaching emphasis in the UK. This might explain Kay De Villiers's "hands-off" approach to teaching surgical technique, as it was left to consultants to teach senior registrars, who in turn taught the junior registrars.

Later in Kay De Villiers's career, there was more structure, teaching and mentoring of his registrars. Before he retired, he even demonstrated the transsphenoidal approach to the pituitary to Norman Fisher Jeffes, Zayne Domingo and Patrick Semple. These registrars all agree that as he got older, he became more tolerant and approachable. Graham Fieggen recalls Kay De Villiers telling him that he was fortunate to know him when his temper had mellowed. It seems that his harsh upbringing, personal suffering and the role models he so revered, Wylie McKissock and Jannie Louw, shaped his attitude towards his registrars in stark contrast to his relationship with his colleagues, nurses, physiotherapists and radiographers. In the words of Frances Hemp, Kay De Villiers would treat his registrars more harshly than any other medical staff.⁵⁶⁹

Yet there were exceptions. A surgeon from Port Elizabeth, Dr G. Villet, called Kay De Villiers to discuss a patient who was referred to the department for a second opinion. Kay De Villiers accused the surgeon of unethical behaviour because he had not taken the trouble to

⁵⁶⁸ See Chapter 7, where this matter is explored in greater detail.

⁵⁶⁹ Mrs Frances Hemp: Interview by Dr J.R. Cowlin, 5 March 2020.

contact the neurosurgeon who was in charge of the case. The surgeon objected in writing to Kay De Villiers's "barrage of derogatory remarks.... without being fully aware of the facts."⁵⁷⁰ Kay De Villiers's response was bitterly contemptuous - "If a suitable appellation for this little essay in moralism should be sought, many possibilities come to mind but the following two are humbly offered: "The holier than thou or Holy Cowism".⁵⁷¹

Amongst the 11 neurosurgeons who were interviewed, there is absolute agreement that Kay De Villiers had an exceptional intellect, a remarkable memory, a commanding presence and beguiling charm when required. Furthermore, there was consensus that the meticulous history taking and clinical examination, academic knowledge and devotion to duty that Kay De Villiers expected of his registrars, were no more than what he expected from himself. Early in their training, his registrars soon recognised that Kay De Villiers demanded high clinical standards and excellent patient care. It is important to remember that by the time many of his registrars commenced neurosurgical training, they were mature men who had spent several years working in general practice, doing general surgery, teaching anatomy and acquiring additional qualifications. Nevertheless, they recognised Kay De Villiers's intimidating persona, especially when angry. His management style tended to be autocratic and at times, he could be egotistical. He was attracted to intelligent, capable and driven individuals, but only up to a point. A majority of the registrars, when asked directly by the candidate, regarded Kay De Villiers as a great man. In the words of Lorraine Lankester, his only female registrar, "Kay De Villiers was usually a perfect gentleman and he did have a sense of humour. There were times when he was quite intimidating, but when he walked into a room, his charisma became the focus of everyone's attention".⁵⁷²

A number of his registrars, once they had been admitted to the register of neurosurgeons, elected to specialise further in either neurovascular, spinal, paediatric or pituitary surgery. All these qualifications were at either at masters or MD level which required the completion of a thesis involving original laboratory research. In the case of Dr Paul Cluver, he had graduated with a MD and PhD before he became a registrar. By the eighties, further specialization was very much part of the international trend in neurosurgery. Kay De Villiers had obviously considered neurovascular surgery as possible field of super specialization but

⁵⁷⁰ J.C. De Villiers, Personal Correspondence, File 1991 - 2000: Dr G. Villet – J.C. De Villiers, 18 February 1992.

⁵⁷¹ *Ibid.*, J.C. De Villiers - Dr G.Villet, 4 March 1992.

⁵⁷² Dr Lorraine Lankester: Interview by Dr J.R. Cowlin, 23 April 2020.

wisely, it seems, choose pituitary surgery instead. He steadfastly refused to share his pituitary surgical skills with his registrars until late in his career while insisting that they remain generalists until qualified. This approach resulted in those of his graduates who chose to specialise further to leave the department for private practice or emigrate as was the case with Warwick Peacock. The one exception was Dr Jonathan Peter who returned from his musical career, worked at Red Cross as a paediatric surgeon and thereafter succeeded Kay De Villiers. Dr Patrick Semple and Dr Alan Taylor, who qualified as neurosurgeons under Jonathan Peter, were encouraged by him to extend their skills to pituitary and neurovascular surgery respectively. Dr Norman Fisher Jeffes is a member of the South African Spine Society of which he was president from 2002 to 2004.⁵⁷³

During Kay De Villiers term as head of the department of neurosurgery at GSH, the J4 tearoom was in many ways the centre of departmental communication between consultants, registrars, housemen, nursing sisters, radiographers and all other staff, including the all-important cleaners. Tea, coffee and light meals were available for all for most of the day. Everyone working in the J block was welcome to use the facilities. At no time was there any form of hierarchical separation between sections of the staff, including Kay De Villiers himself. For the registrars, the hours were long and the work punishing. Norman Fisher Jeffes recalls that he and Zayne Domingo had each worked up to 120 hours a week at times.⁵⁷⁴ It was not unusual for a neurosurgical operation to last up to 10 hours, involving two consultants and a registrar. Out of necessity, the surgeons would have to take a rest and refresh themselves, leaving the other members of the team to continue. The registrars, being younger, were expected to remain in position from the start to the finish. Kobus Brits commented that the unique degree of unity, comradeship and goodwill amongst the neurosurgeons trained by Kay De Villiers, was sometimes difficult to understand given the harsh treatment that many of them had had to endure at some or other time during their training. He described their time as registrars as a form of “communal suffering”.⁵⁷⁵

Paul Cluver recollects how Kay De Villiers encouraged part-time consultants to admit patients with complex neurological diseases to the department and participate in the weekly grand ward rounds, x-ray meetings and journal clubs. Registrars were encouraged to assist

⁵⁷³ Dr Norman Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

⁵⁷⁴ *Ibid.*

⁵⁷⁵ Dr Kobus Brits: Interview by Dr J.R. Cowlin, 11 February 2020.

part-time consultants when operating on their private patients in the department.⁵⁷⁶ During the 1980s, the private hospitals in Cape Town were poorly equipped for complicated neurosurgical procedures. The one exception was the old Volkshospitaal in Oranjezicht (now City Medic-Clinic), which was constantly in demand by the private neurosurgeons. Kay De Villiers realised that by offering them facilities in the department, he would promote a good relationship between the public and private neurosurgeons for the benefit of all.⁵⁷⁷

Despite Kay De Villiers's "tough love" approach and his unpredictable moods, his registrars independently developed a bond and special understanding with each other. Even after retirement, Paul Cluver, Freddie Kieck, Roger Melvill, Kobus Brits, Gian Marus, Warwick Peacock, Lorraine Lankester, Patrick Semple, Alan Taylor and Norman Fisher Jeffes keep in touch and occasionally join each other for lunch or dinner. This "band of brothers", who cherished the outstanding training that they had received, continued to celebrate with their emeritus professor at departmental occasions, birthdays and his post retirement achievements, until his death⁵⁷⁸. It seems that Lorraine Lankester was the only registrar who received the level of mentoring and career advice that Warwick Peacock, Gian Marus and Kobus Brits had wanted so badly. Yet she was equally exposed to Kay De Villiers's inconsistent behaviour and ended her training slightly disillusioned by the person who had inspired her to achieve so much. She graciously concedes that, "Kay De Villiers played a significant part in all our lives and I for one, will never forget the role he played in mine".⁵⁷⁹

There is consensus amongst the registrars that Kay De Villiers was devoted to his patients. The sample of written responses listed above supports this view. The next chapter will describe Kay De Villiers's role as a leader through service to UCT, the medical profession and ultimately the country.

⁵⁷⁶ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 6 October 2019.

⁵⁷⁷ *Ibid.*

⁵⁷⁸ See Chapter 9, "Life after Retirement."

⁵⁷⁹ Dr Lorraine Lankester, email correspondence with author, 3 May 2020.

6 Leadership Through Service

Kay De Villiers frequently referred to his “Calvinist upbringing” in his speeches and correspondence. It seems that he was inculcated with a sense of duty to serve without reward and with the importance of performing good deeds. The records of his life show that he did indeed spend a great deal of time outside of his official duties as the professor of neurosurgery by serving society, the country and the medical profession.

Addresses at Congresses and Symposia

From the sheer volume of speeches given, it is clear that Kay De Villiers was greatly sought after as a public speaker. Between 1968 and 1996, Kay De Villiers delivered over 120 speeches to a wide variety of audiences, including medical, surgical and neurosurgical colleagues, health professionals such as registered nurses, physiotherapists, occupational therapists, pharmacists and psychologists. The majority of the speeches (58) unsurprisingly focused on neurosurgical topics. A number of speeches (11) were given on historical topics to suitable audiences.⁵⁸⁰ A significant number (9) dealt with care of the dying, transplantation and determining the moment of death, most of which were delivered to Hospice and similar organisations.⁵⁸¹ One of these was Kay De Villiers’s paper on “Experience with Human Heart Transplantation” delivered to the Cape Town Symposium in 1968⁵⁸². It was read widely - a Professor of Neurosurgery, C. van der Meer, from Academisch Ziekenhuis der Vrije Universiteit in Amsterdam subsequently asked Kay De Villiers to critically review a paper he had written on the subject in 1975.⁵⁸³ Another four can best be described as philosophical, such as “The professions associated with medicine - allied or alienated” (1985) and “Concussion in Sport: How little is too much?” (1987)⁵⁸⁴ A paper he read at the conference of Occupational Therapists in 1980 entitled “The Seven Stages of Man: Its Pathologies and Disabilities” was about ageing.⁵⁸⁵

⁵⁸⁰ See Chapter 9- “Kay De Villiers and Medical history”.

⁵⁸¹ UCT Administrative Archives: J.C. De Villiers, Personal File, Curriculum Vitae, pp. 10- 17.

⁵⁸² J.C. De Villiers, *Experience with Human Heart Transplantation*, The Cape Town Symposium, 13 – 15 July, Durban: Butterworths, 1968, pp. 37 – 39.

⁵⁸³ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File M - Netherlands, Folder Netherlands, J.C. De Villiers - Prof C. van der Meer, 3 April 1975.

⁵⁸⁴ See J.C. De Villiers: “The professions associated with medicine - allied or alienated”, *South African Medical Journal*, (68), (3), 1985, pp. 167-170 & J.C. De Villiers: “Concussion in Sport: How little is too much?”, *Proceedings of the Second South African Sports Medicine Association Congress*, 1984, pp. 164-167.

⁵⁸⁵ UCT Department of Neurosurgery: J.C De Villiers, Speeches and Papers IV, Speech to the Conference of Occupational Therapists, Tygerberg Hospital, 4 September 1980.

The South African Medical Association (SAMA)

SAMA, as it represented the bulk of South African doctors' interests, was considered by Kay De Villiers to be worthy of support. He was elected to serve on the Western Cape Branch of SAMA from 1972 until 1977. During this time, he became aware that doctors in full - time provincial or state employ had little interest in SAMA matters and as a result were poorly represented at branch and federal level. In 1975, he was elected to the Federal Council with a mandate to find ways to include public sector doctors. He succeeded by forming a full - time doctors sub-committee of the Federal Council. His term ended in 1979.⁵⁸⁶ Kay De Villiers later stated that promoting SAMA in the full - time environment in which he worked was challenging. He had to use “persuasion, advice, oil on the water and fire in the belly” in order to convince the academics of the benefits of SAMA. Somewhat negatively, academics preferred to “wegdryf na ‘n esoteriese bannelingskap” (to drift off to an esoteric exile).⁵⁸⁷

Later he served as president of the Western Cape Branch of the Medical Association between 1983 and 1984.⁵⁸⁸ Kay De Villiers was awarded the Bronze Medal of the association “In Recognition of Signal Service rendered to the Medical Association of South Africa”.⁵⁸⁹

The South African Academy for Science and Arts

In 1981, Kay De Villiers was appointed a full member of the South African Academy for Science and Arts.⁵⁹⁰ Soon thereafter, he was made a member of the Work Committee of the Academy and in 1985 was elected its Chairman.⁵⁹¹ He was asked to deliver a paper at a symposium on medical training and research in Africa in 1990, which he called “How can training provide the necessary manpower and stimulus for research?”⁵⁹²

In the address, Kay De Villiers pointed out that the best matriculation candidates were selected for medicine and many became commercially successful doctors while far fewer became academics and fewer still became research scientists. Researchers must be innately

⁵⁸⁶ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers IV, “Aktiwiteite met betrekking tot die Mediese Vereniging van Suid - Afrika”, 1994, pp. 2-4.

⁵⁸⁷ *Ibid.*

⁵⁸⁸ UCT Administrative Archives: J.C. De Villiers Collection, Personal File, Curriculum Vitae, pp. 5-7.

⁵⁸⁹ UCT Department of Neurosurgery: J.C. De Villiers, Certificates, Bronze Medal Certificate from SA Medical Association, J.C. De Villiers, 22 May 1984.

⁵⁹⁰ UCT Department of Neurosurgery, J.C. De Villiers, Certificates, Certificate of Membership, Prof J.C. De Villiers, The South African Academy for Science and Art, 16 June 1981.

⁵⁹¹ UCT Administrative Archives: J.C. De Villiers Collection, Personal File, Curriculum Vitae, p. 6.

⁵⁹² UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers III, “How can training provide the necessary manpower and stimulus for research?”, 1990.

curious and seek answers to questions. Most children of normal intelligence grow up asking questions, but many seem to stop. The question Kay De Villiers posed to the meeting was why some of those children stop asking questions - the solution may solve the problem of the shortage of researchers in South Africa. The cause could have been the education system, which seemed to be more concerned with what should be learnt rather than the questions that should be asked. Kay De Villiers expressed scepticism about the actual standard of the large number of “straight A” matric pupils. This could only be explained by a lowering of the standards. Yet everyone is grateful to the educational authorities, to the teachers, to the headmaster and to the Minister of Education - “Look at how well our children are doing.”⁵⁹³

He proposed that much the same could be said of education at medical school. The students were more interested in being able to remember the words, lectures and thoughts of the professor than finding answers to the questions which abounded. This attitude needed to be replaced with an honest search for knowledge, the opportunity to make mistakes, the recognition of such mistakes and the rectification thereof, which is the only form of learning which should exist. This should be accompanied by self-criticism, both of what was new and what was old and more importantly, having the wisdom to synthesise the two. Researchers should be encouraged to publish both positive and negative results. Knowledge is flexible and should be constantly renewed. To merely recruit researchers without the necessary curiosity would be pointless. Researchers should be critical thinkers with a genuine desire to search for the truth.⁵⁹⁴ Kay De Villiers was awarded the medal of honour from the South African Academy of Science and Arts in recognition of his contribution to medicine in 1994.⁵⁹⁵

Medical Research Council (MRC)

Kay De Villiers was appointed to the Medical Research Council of South Africa in 1981.⁵⁹⁶ At the end of his first term he was reappointed for a further 3 years by his old friend, L.A.P.A. Munnik, who was the acting Minister of Health and Welfare.⁵⁹⁷ At that stage, he was already a member of the Executive Committee of the MRC and remained in that position until 1985. The President was Prof A.J. Brink and the executive comprised Professors P.D.R.

⁵⁹³ UCT Department of Neurosurgery, J.C. De Villiers, Speeches and Papers III, “How can training provide the necessary manpower and stimulus for research?”

⁵⁹⁴ *Ibid.*

⁵⁹⁵ *Ibid.*, Speeches and Papers I, Abbreviated Curriculum Vitae, 2000.

⁵⁹⁶ UCT Administrative Archives: J.C. De Villiers Personal File, Curriculum Vitae, p. 5.

⁵⁹⁷ Mrs Elfrida Bothma Records, File Medical Research Council: Prof A.J. Brink, President of the Medical Research Council – J.C. De Villiers, 7 December 1984.

van Heerden, L. Gillis, W. Prozesky and Kay De Villiers.⁵⁹⁸ Kay De Villiers's term was not renewed by the next Minister of Health and Welfare, Dr Willie Van Niekerk. His successor, Dr Rina Venter, re-appointed Kay De Villiers for an unprecedented third term in 1990.⁵⁹⁹ During this term of office, the MRC was heavily involved in AIDS research, particularly the attitude of high school children to the disease.⁶⁰⁰ Kay De Villiers was invited to a ceremonial dinner by the new President of the Medical Research Council, Prof Wally Prozesky in 1994.⁶⁰¹ He was unfortunately not able to attend as he was committed to deliver the P.C. Keet Memorial lecture on that same evening.⁶⁰²

The Colleges of Medicine of South Africa (CMSA)

By 1959, Primary and Final Fellowship examinations for Physicians and Surgeons were being offered by the College twice yearly in Cape Town and Johannesburg. Reciprocity of the primary examinations had been established with the overseas Colleges.⁶⁰³ Initially, there was some resistance to the Fellowships from the Pretoria and Stellenbosch Universities as they competed with their M.Med degrees. The Fellowships were soon regarded as internationally preferable to the local medical school specialist qualifications. In due course, more and more doctors from the Afrikaans medical schools elected to write the College examinations.⁶⁰⁴

Soon after returning from the USA in 1966, Kay De Villiers became an Associate Founding Member and Member of the Faculty of Neurosurgery at the College of Medicine of South Africa.⁶⁰⁵ Over the years, many prominent surgeons and physicians would serve on the council of the college including Professors Frankie Forman, Jannie Louw, John Brock, James Louw, Stuart Saunders and Frans Daubenton.⁶⁰⁶ These were all people that Kay De Villiers admired. Other than Kay De Villiers's membership of the Faculty of Neurosurgery of the CMSA, during his time as Head of Department and Professor, he took little part in the

⁵⁹⁸ *Medical Research Council News*, November 1983, "Executive Committee", p.1.

⁵⁹⁹ Mrs Elfrida Bothma Records, File Medical Research Council: Dr E.H. Venter, Minister of Health and Welfare – J.C. De Villiers, 30 August, 1990.

⁶⁰⁰ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers II, *Medical Research Council News*, December, 1990, "Aids education programme urgently needed", p.6.

⁶⁰¹ Mrs Elfrida Bothma Records, File Medical Research Council: Dr W.A. van Niekerk, Minister of Health and Welfare – J.C. De Villiers, 17 September 1987.

⁶⁰² J.C. de Villiers, Personal Correspondence, File 1991-2000: J.C. De Villiers - Prof W. Prozesky, 6 May 1994.

⁶⁰³ I Huskisson, *The History of the Colleges of Medicine of South Africa*, p. 87.

⁶⁰⁴ Dr Freddie Kieck: Telephonic interview by Dr J.R. Cowlin, 1 April 2021.

⁶⁰⁵ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 4.

⁶⁰⁶ I. Huskisson: *The History of the Colleges of Medicine of South Africa*, Council Members and Past Presidents of the Colleges of Medicine of South Africa, p 313.

politics of the College, with the exception of the Krynauw Medal for Neurosurgery. In 1980, Kay De Villiers approached Dr Roland Krynauw to sponsor a medal for the most outstanding candidate passing the Neurosurgical Fellowship of the College of South Africa. The intention was to only award the medal to an exceptional candidate from time to time. Dr Krynauw, who was retired and living in Sea Point in the Cape, agreed to donate a silver medal to be known as the Roland A. Krynauw Medal for Neurosurgery. A photograph of Dr Krynauw handing over the medal to Dr Phyllis Knocker of the Colleges of Medicine of South Africa appeared in the *Medical Chronicle* in May 1981. The first recipient was Dr Errol Ackerman who received the medal from the College in 1981.⁶⁰⁷

Dr Freddie Kieck argues that Kay De Villiers dismissed the South African Fellowship as superfluous to those of the British Colleges, where he graduated. He recalls Kay De Villiers as saying: “Get your FRCS and then enjoy your neurosurgical training.”⁶⁰⁸ Dr Paul Cluver sees it differently. As a registrar, he and others were called upon by Kay De Villiers to assist him with the teaching of nurses, physiotherapists, medical students and radiographers. The College was a very different environment, populated with the best medical minds in the country. Paul suspects that Kay De Villiers may have found the College environment somewhat more challenging.⁶⁰⁹

Yet Kay De Villiers, along with the other six heads of neurosurgical departments, was inevitably drawn into College matters because of the growing popularity of the fellowship qualifications. In the case of neurosurgery, the qualification was the FCS (Neuro) – meaning Fellow of the College of Surgeons of South Africa (Neurosurgery). The professor and head of the Wits department, Vic Farrell, who as it happened, had a FRCS and not a FCS, realised that it had become important for the neurosurgical group to have representation on the College Council. He suggested that Kay De Villiers’s designated successor, Dr Jonathan Peter, be urgently elected to the Faculty of Neurosurgery before Kay De Villiers retired at year end.⁶¹⁰ Jonathan Peter was elected to the Council of the CMSA at the end of 1998 and served the full duration of the three - year term.⁶¹¹

⁶⁰⁷ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1971 – 1980, J.C. de Villiers – Dr R Krynauw, 2 May 1980.

⁶⁰⁸ Dr Freddie Kieck: Telephonic interview by Dr J.R. Cowlin, 1 April 2021.

⁶⁰⁹ Dr Paul Cluver: Telephonic Interview by Dr J.R. Cowlin, 29 March 2021.

⁶¹⁰ UCT Department of Neurosurgery: J. C. De Villiers, Professorial Correspondence, File 1991- 2000, Prof Vic Farrell – J.C. De Villiers, 7 February 1994.

⁶¹¹ Ian Huskisson: *The History of the Colleges of Medicine of South Africa*, p.291.

The Society of Neurosurgeons of South Africa (SNSA)

In 1970, Kay De Villiers was the organiser and chairman of the first SNSA conference in Cape Town. He delivered two papers entitled “Fracture dislocation of the petrous temporal bone” and “Road Traffic Accidents”.⁶¹² Two years later, he attended the SNSA conference in Johannesburg where he presented “Management of Bullet wounds of the Head in the Anglo Boer War” and “Orbito-cranial Neurofibromatosis”.⁶¹³

One of the outstanding features of the conferences from 1974 until Kay De Villiers’s retirement in 1994 was the presence of prominent neurosurgeons from the UK, Europe and the USA. In 1974, Kay De Villiers invited Dr Huw Griffith to attend the third SNSA conference in Cape Town in September of that year. He explained to Griffith that it was important for the profession in South Africa to be able to network with international neurosurgeons and exchange ideas on the treatment of varied neurosurgical problems.⁶¹⁴ Kay De Villiers advised him that the other neurosurgical colleagues attending the conference would be Dr Luyendijk and Dr Hans Verbiest from Utrecht, Dr Reginal Hooper from Melbourne and Dr William Loughheed from Toronto. Huw Griffith expressed concern about the costs of travelling and accommodation in South Africa. Kay De Villiers was soon able to assure him that the full costs of his travelling from Bristol to Cape Town, his accommodation and meals would be met in full by the conference organisers.⁶¹⁵ Kay De Villiers wrote to Huw Griffith after the conference to say how well his presentation had been received. He was very glad that Huw Griffith was able to see what had been achieved in the department and that his advice and criticism had been taken to heart. Kay De Villiers asked him to discuss with Jason Brice the possibility of changing his corresponding membership of the British Society of Neurosurgeons to full membership.⁶¹⁶ Griffiths soon replied explaining that full membership was restricted to neurosurgeons practising in Great Britain or Ireland. Nevertheless, he, Jason Brice and John Hankinson remain determined to continue their

⁶¹² UCT Administrative Archives: J.C. De Villiers Personal file, Curriculum Vitae, p. 10.

⁶¹³ *Ibid.*

⁶¹⁴ US Special Collections: J.C. (Kay) De Villiers Collection 392, File United Kingdom, Folder Griffith-McKissock, L J.C. De Villiers- Dr Huw Griffith, 15 February and 21 March 1974

⁶¹⁵ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith - Mc Kissock, Dr Huw Griffith -J.C. De Villiers - Dr Huw Griffith, 15 February and 21 March 1974.

⁶¹⁶ *Ibid.*, 17 October and 27 November 1974.

professional engagement with South Africa.⁶¹⁷ Kay De Villiers delivered a paper entitled “Digits in the Dorsal Midline” at the conference.⁶¹⁸

In 1976, Kay De Villiers suggested to the organiser of the next conference that Prof Hans Diemath should be invited as he was a good friend to cultivate.⁶¹⁹ After the conference, Diemath spent some weeks in Cape Town as a visiting professor.⁶²⁰ At this particular conference, Kay De Villiers was elected President of the SNSA.⁶²¹ Kay De Villiers made sure that the overseas guests visited the Kruger National Park, ascended Table Mountain by cable car, travelled around the country and visited the Cape winelands. Not only were the overseas neurosurgeons invited guests but they also presented papers dealing with the latest trends in the speciality.

At the 1978 conference of SNSA, Dr Paul Cluver presented the results of cerebral aneurysm clipping performed with and without the operating microscope at GSH. He diplomatically did not list the name on the surgeons but referred to them by number. After this paper was presented, a few neurosurgeons elected to stop doing neurovascular work, including Kay De Villiers.⁶²²

Prof John Jane and his wife were the guests of the department of neurosurgery on a train journey through the Karoo from Johannesburg following the 1980 conference. He was the professor of neurosurgery at Charlottesville, where Kay De Villiers had been a visiting professor on a number of occasions. In Cape Town, they stayed with Kay De Villiers and his wife in their home in Newlands. He later commented to Kay De Villiers how much he and his wife had enjoyed the scenery on the train trip and how impressed he was by the registrars.⁶²³

In 1982, two prominent pituitary surgeons from the USA attended the SNSA conference. The one was Prof Thor Sundt of the Mayo Clinic, who was invited as the keynote speaker. Kay De Villiers presented “Head Injuries in South Africa” and “Stab Wounds of the cranio-

⁶¹⁷ US Special Collections, J.C.(Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Griffith – McKissock, Dr Hugh Griffith- J.C. De Villiers, 27 November 1974.

⁶¹⁸ UCT Administrative Archives: J.C. De Villiers, Personal File, Curriculum Vitae, p. 10.

⁶¹⁹ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1971- 1980, J.C. De Villiers – Dr C.M. Lombard, 8 July 1975.

⁶²⁰ US Special Collections, J.C. De Villiers Collection Ms 392, File New Zealand – O, Folder Austria, Prof Diemath – J.C. De Villiers, 26 January 1975. Austria is known as Oostenryk in Afrikaans.

⁶²¹ Dr Freddie Kieck: Interview by Dr J.R. Cowlin on 19 September 2019.

⁶²² *Ibid.*

⁶²³ US Special Collections, J.C. De Villiers Collection, Ms 392, File USA Crayshaw – R, Folder J.Jane, Prof John Jane- J.C. De Villiers, 9 September 1980.

cervical junction.” Prof Sundt spent a great deal of time with Kay De Villiers who impressed him greatly with his knowledge and brilliance. Prof Sundt discreetly asked Dr Freddie Kieck for Kay De Villiers’s curriculum vitae, who was later invited to join the International Society of Pituitary Surgeons.⁶²⁴

At the 1988 conference, Prof Gazi Yasagil presented no less than 5 papers, dealing mainly with neurovascular challenges.⁶²⁵ Prof Adeloje of Nigeria was invited to the 1992 conference of the SNSA, but expressed concern about the costs of travel and accommodation. Kay De Villiers was able to offer him sponsorship from the Mauerberger Foundation for which he was very grateful.⁶²⁶ After the conference he was able to spend some time in the department of neurosurgery in Cape Town and had dinner with Mr Solly Yach, Chairman of the Foundation. He later wrote to Solly Yach thanking him for the opportunity of being able to “visit my good friend, Kay De Villiers and his famous department and University.”⁶²⁷

The last SNSA conference organized by Kay De Villiers in 1994 deserves particular attention. For the first time, practical surgical skills were being taught to experienced neurosurgeons at a South African neurosurgical conference. For two days prior to the main conference, the delegates were invited to attend the “Skull Base Workshop”. Here the participants were shown the latest techniques of operating in the difficult and potentially dangerous subarachnoid space between the brain and the bony skull base. The heads of cadavers were donated by the department of forensic pathology at UCT in order that the surgeons could practise what they had been taught. The course was conducted by Prof Takanori Fukushima and Dr John Day of the ANI Department of Neurosurgery of the Medical College of Pennsylvania, USA.⁶²⁸ The difficulties of operating in this potential “space” are the numerous blood vessels, nerves and glands which supply the brain and connect it to the rest of the body. Many tumours originate in skull base structures such as the eye sockets, the pituitary fossa and the sinuses.⁶²⁹

⁶²⁴ US Special Collections, J.C. (Kay) De Villiers Collection Ms 392, File USA Crayshaw- R Folder J. Jane, Prof J. Jane - J.C. De Villiers, 9 September 1980.

⁶²⁵ UCT Department of Neurosurgery, Speeches and Papers II, Brochure, 1988 SNSA Conference, Sandton Sun Hotel, Johannesburg.

⁶²⁶ US Special Collections, J.C. De Villiers Collection Ms 392, File New Zealand- O, Folder Nigeria, J.C. De Villiers- Prof Adeloje, 18 November 1992.

⁶²⁷ *Ibid.*, Prof Adeloje – Mr Solly Yach, 20 October 1992.

⁶²⁸ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1991 – 2000, Leaflet on Skull Base Workshop, 5-7 September 1994.

⁶²⁹ Dr Freddie Kieck: Interview by Dr J. R. Cowlin, 19 September 2019.

Following the Soweto uprising in 1976, the political situation in South Africa continued to deteriorate.⁶³⁰ The international campaign against apartheid was beginning to make South Africa a pariah state. In 1977, the Prof of Paediatrics at GSH/ Red Cross, Boet Heese, commented “..... how isolated paediatricians in South Africa have become in participating on an international level in the planning and provision of health services for children. The developing countries do not want to be associated with South Africa....”⁶³¹ From 1985 there were strikes, civil unrest and the imposition of punitive sanctions by western nations.⁶³²

From this perspective the records of the SNSA conferences makes interesting reading. At the 1970 and 1972 conferences, there were no international neurosurgeons in attendance.⁶³³ At that time, the membership of the society was 18 but by 1994 it had grown to 57.⁶³⁴ This growth in membership is similar to that of the World Federation of Neurosurgical Societies where, between 1957 and 1981 the number of participating neurosurgeons increased by a factor of over 3.⁶³⁵ There were 5 international neurosurgeons at the 1974 conference, 15 attended the 1980 event and only 7 at the last conference organised by Kay De Villiers in 1994.⁶³⁶ The pharmaceutical, hospital and surgical instrument companies took little interest in the early SNSA conferences but by the 1980 conference, there were trade days, corporate sponsorship of gala dinners, international speakers and social events. This commercial involvement continued until well after Kay De Villiers’s retirement.⁶³⁷ During his time as Professor, he did his best to ensure that as many of the international guests attending the SNSA conferences also visited his department. In addition to these, there were those who visited of their own accord. Thus from the time that he became head of department in 1970 until 1988, some 91 international neurosurgeons of repute had visited the department, many of whom did so at the height of the anti - apartheid struggle.⁶³⁸ It was also during these years that Kay De Villiers was able to join the most prestigious neurosurgical societies in the world.

⁶³⁰ See Chapter 5, “ A Confluence of Events”

⁶³¹ A.Digby and H. Phillips, *At the Heart of Healing*, p. 273.

⁶³² H.Giliomee, *The Afrikaners*, pp. 612 -614.

⁶³³ Dr Freddie Kieck: Telephonic interview by Dr J.R. Cowlin, 21 September 2022.

⁶³⁴ UCT Department of Neurosurgery, J.C. De Villiers, Speeches and Papers I, Annual General Meeting of SNSA, 1994.

⁶³⁵ A.E. Walker, *The History of the World Federation of Neurosurgical Societies*, p. 125.

⁶³⁶ UCT Department of Neurosurgery, J.C. De Villiers, Speeches and Papers I, SNSA conference brochures 1974, 1980 and 1994.

⁶³⁷ *Ibid.*, SNSA conference brochures 1980 and 1994.

⁶³⁸ UCT Department of Neurosurgery, Speeches and Papers II, J.C. De Villiers, History of the Department of Neurosurgery, 1948 – 1988.

During Kay De Villiers's time as professor, he regularly attended the informal meetings of the heads of the departments (HOD) of neurosurgery in South Africa. By 1986, there were 7 neurosurgical departments at the teaching hospitals of the country - Cape Town, Stellenbosch, Pretoria, Wits, Free State, Durban and Medunsa. College matters were frequently on the agenda, particularly finding suitable examiners for the FCS (Neuro). Kay De Villiers was on particularly good terms with Prof Marius Van Rensburg of Pretoria and they visited each other on business trips to their respective universities. One such meeting was in Pretoria in October 1986. On this occasion, an Austrian delegation of neurosurgeons visited the department at the University of Pretoria. Kay De Villiers was invited to chair a session and then attend the HOD meeting.⁶³⁹

By the time Kay De Villiers retired in 1994, there were approximately 50 neurosurgeons in the country of which 19 had been trained by him. Neurosurgery had remained a fairly small subspecialty compared for example, to general surgery or orthopaedics. With very few exceptions, nearly all the neurosurgeons in private or public practice were members of the South African Society of Neurosurgery. The attendance at conferences was as much about exchanging ideas and acquiring knowledge as renewing old friendships. Such collegial activity was not restricted to national events. In the Cape, joint clinical meetings took place regularly between the Tygerberg and GSH neurosurgical departments. These were inevitably preceded by a dinner at a restaurant in either the northern or southern suburbs.⁶⁴⁰ This collaboration with the "opposition" medical schools in the Cape must have rubbed off, as Kay De Villiers received an honorary MD from Stellenbosch University in April, 1993 for his contribution to medical education in South Africa in general and to neurosurgery in particular.⁶⁴¹

The De Villiers Commission (1984)

In 1984, Kay De Villiers was approached by the Minister of Health, Dr C.V. (Nak) van der Merwe, to chair a commission to investigate the education of medical and dental personnel to meet the country's future needs. The official title was "Report and recommendations of the

⁶³⁹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File1981-1990, Prof M.J. Van Rensburg – J.C. De Villiers, 4 September 1986.

⁶⁴⁰ *Ibid.*

⁶⁴¹ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and Papers IV, Abbreviated Curriculum Vitae, 2000.

committee of enquiry on possible further facilities for medical and dental training – 1984”. It soon became known colloquially as the De Villiers Commission.⁶⁴²

Initially, Kay De Villiers was somewhat surprised that he had been appointed to this position as he was not a member of the “Brothers”. On further reflection, he realised that if things went wrong, he would be blamed, rather than the National Party politicians having to accept the responsibility. He looked forward to meeting the challenge, but was somewhat sceptical whether their recommendations would ever be implemented.⁶⁴³ The Commission was expected to produce its recommendations by the end of October of the same year. At the time, Gian Marus was running the department. One Friday afternoon, Kay De Villiers advised him that he would be out of circulation from Monday morning and asked Gian, in addition to running the clinical side of the department, to take over Kay De Villiers’s university duties. Kay De Villiers refused to say what he was doing, other than to advise Gian that he would be away from Cape Town a great deal.⁶⁴⁴ The Commission submitted its report on time, but its recommendations were only made public in 1986.

The terms of reference were extensive - “The committee is required to investigate, consider, and before October 1984 report and make recommendations on, the establishment of additional medical and dental faculties in the Republic of South Africa.”⁶⁴⁵ Some better known members of the committee were Prof D.J. du Plessis (retired professor of surgery, University of the Witwatersrand), Prof C.F. Slabber (later the Director-General of the National Department of Health), Prof R.H. Venter (appointed Minister of Health in 1990) and Prof H.P. Wasserman (Head of Department of Medicine at Stellenbosch University Medical School).⁶⁴⁶ The Committee travelled to all the major centres in the country where submissions were heard.

Summary of the Recommendations of the Report

The thrust of the report was that if the existing medical faculties in the country were utilised optimally, they would meet the country’s needs for doctors up to the year 2000. The

⁶⁴² UCT Administrative Archives: Personal File J.C. De Villiers, Curriculum Vitae, p. 17 – Address by J.C. De Villiers to the Tygerberg Forum, University of Stellenbosch, 27 April, 1988.

⁶⁴³ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Burrows, J.C. De Villiers- Dr E. Burrows, 30 April 1984. “The Brothers” is code for the Broederbond, a secret Afrikaner society for men only which at one stage had some influence in the country’s political life.

⁶⁴⁴ Dr Gian Marus: Interview by Dr J.R. Cowlin, 13 January 2020.

⁶⁴⁵ UCT Special Collections: Report of the De Villiers Commission, Terms of Reference, 1986.

⁶⁴⁶ UCT Special Collections: Report of the De Villiers Commission, p. iii.

extension of existing medical facilities should only be considered if the existing managerial problems in the academic hospital, regional hospital and a group of day hospitals in conjunction with Medunsa, be urgently examined and rectified. This exercise, if successfully implemented, would help focus attention on management issues at all public sector hospitals. The offer by the University of Witwatersrand to train additional students from other population groups should be seriously considered. Existing medical schools should be forced to admit doctors for training from the “non-white” population groups. The financing of academic hospitals should be contingent upon the implementation of a focus on the training, research and manpower utilisation of these institutions. Any increase in the number of students being taught at these academic hospitals, should be preceded by the provision of adequate teaching staff and capable managers. No new medical or dental facilities should be established until such time as the existing faculties were optimally utilised and management adequately trained. Attention should be given to training nursing sisters to dispense a limited list of medications. Furthermore, existing legislation to allow multi disciplinary group practice should be allowed. It was essential that a form of on-going recertification of doctors be implemented as a matter of urgency.

Hypertension and Cardiac Failure

Paul Cluver recalls Kay De Villiers being admitted to the medical intensive care ward at GSH in 1986 because of headaches and shortage of breath due to extremely high blood pressure and a degree of heart failure.⁶⁴⁷ Kay De Villiers had been unaware of any increase in his blood pressure until the symptoms presented. He was examined and investigated by his medical colleagues and it was found that no permanent damage had been done to his heart as a result of the high blood pressure. He was placed on anti-hypertensive medication and discharged. At the time, he was convinced his siblings, Mercia and Jean, would outlive him.⁶⁴⁸ News of his illness soon spread to his colleagues. In December 1987, Kay De Villiers received a note from Peter Rose Innes, the Head of Neurosurgery at Tygerberg Hospital, expressing his concern and wishing him a speedy recovery. Kay De Villiers replied by saying that the treatment had now controlled his blood pressure and heart failure and he was enjoying six weeks sick leave.⁶⁴⁹

⁶⁴⁷ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 12 September 2019.

⁶⁴⁸ Dr Paul Cluver: Interview by Dr J.R. Cowlin, 1 September 2019.

⁶⁴⁹ J.C. De Villiers, Personal Correspondence, File1981-1990: Prof Peter Rose Innes – J.C. De Villiers - Prof Peter Rose Innes, December 1987 – January 1988.

Later in the year, Kay De Villiers received a letter from his medical school classmate and friend, now working as an anatomy lecturer at the Fellow of the Royal College of Surgeons in London, Daniel Bosman.⁶⁵⁰ He had heard about Kay De Villiers's illness and expressed his concern. Kay De Villiers promptly replied to say that the treatment he was receiving was effective, without any sort of side effects.⁶⁵¹ It seems that the high blood pressure remained an ongoing problem because he mentioned it to an old patient of his in a letter in 2001.⁶⁵² Soon after being discharged, Kay De Villiers asked Paul Cluver to promise him two things if he became terminally ill in the future - he must not be resuscitated and to tell him when he should stop operating.⁶⁵³ As it happened, it never became necessary for him to fulfil either promise.

Conclusion

It is quite remarkable the amount of time which Kay De Villiers was prepared to devote to so many activities outside of his duties as a professor, husband and father. Apart from the important projects described above, there were also numerous papers and speeches that he delivered to what he regarded as worthy causes. This collection, housed in the UCT Neurosurgery Department, comprises some 120 papers covering an eclectic range of topics, which were all carefully researched and prepared. These activities reveal Kay De Villiers's social awareness, sense of duty, profound respect for educational institutions and a deeply felt commitment to serving others.

There is little doubt that Kay De Villiers made a worthwhile and lasting contribution to the South African Medical Association. In the process, SAMA provided Kay De Villiers with a platform to engage, persuade, charm and impress his colleagues with his wit, insights and brilliance. The speech he delivered at the behest of the South African Society for Science and Art entitled "How can Training improve the necessary manpower and stimulus for research?" is remarkably creative, particularly his thoughts on curiosity and critical thinking. In the Medical Research Council, Kay De Villiers would have had the opportunity of supporting worthwhile initiatives such as HIV/AIDS research and of course his paediatric head injury project. It is somewhat surprising that Kay De Villiers did not devote more attention to the

⁶⁵⁰ J.C. De Villiers, Personal Correspondence, File 1981-1990: Dr Daniel Bosman - J.C. De Villiers, 29 July 1988.

⁶⁵¹ *Ibid.*, J.C De Villiers - Dr Daniel Bosman, 4 August 1988.

⁶⁵² *Ibid.*, File 2001-2018: J.C. De Villiers - Mrs Ada Cloete, 4 January 2001.

⁶⁵³ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 31 October 2019.

Colleges of Medicine of South Africa. Perhaps he misjudged its future influence and importance.

The SNSA was an entirely different matter. The availability of generous government funding following the 1967 heart transplant must have been a boon to ambitious individuals like Kay De Villiers and Chris Barnard. Later, the Mauerberger Foundation and companies doing business in health care who were prepared to fund the attendance of prominent overseas neurosurgeons to the SNSA conferences must have been crucial in the later apartheid years. Kay De Villiers must have realised that sponsored visits to the conferences, including the Kruger National Park, the Cape Winelands and the spectacular scenery would be an irresistible attraction, despite the apartheid policies of the South African government. It is thus hardly coincidental that Kay De Villiers organised the first conference of the Society of Neurosurgeons of South Africa early in his career in 1970 and the last in 1994. During this period of 24 years, he was able to showcase his department, provide useful contacts for his registrars and highlight his position as a member of the international neurosurgical community. It is unlikely that he would have been able to achieve this without the funding he had access to, particularly as the stream of visitors to SNSA and his department seem to have been undeterred by apartheid. Interestingly, both conferences were held in Cape Town, the last taking place at the university to which he had devoted his professional career.

By practising leadership through service, Kay De Villiers remained true to his Calvinist teaching, especially the injunction to work by the “sweat of your brow.” He also demonstrated his ability, intelligence and gravitas to his colleagues, to society and the country. The commitment and energy devoted to these projects must have contributed to the dangerously high blood pressure which resulted in him being hospitalised for cardiac failure. Despite experiencing this potentially fatal illness, Kay De Villiers soon resumed his busy work schedule and frequent international travel.

At the time that Kay De Villiers was Chairman of the Council of UWC, he was also, for six months, chairman of a government appointed commission into Medical and Dental training in South Africa. Given Kay De Villiers’s critical attitude to the National Party and its policies generally, it is surprising that he was appointed to such a position in the first place.⁶⁵⁴ The commission was established by the P.W. Botha government with most of the commissioners drawn from largely Afrikaans speaking medical institutions. It must have been controversial

⁶⁵⁴ J.C. De Villiers, Personal Correspondence, J.C. De Villiers - Dr Nigel Legg, 23 March 1984.

that some of the recommendations of the commission included greater access for ‘non-whites’ to existing “white” medical schools, with no further need for additional segregated facilities for blacks, coloureds and Indians. It is highly likely that these recommendations were contrary to National Party thinking at the time. Nevertheless, some of the recommendations of the commission have seen the light of day. Ongoing medical training, in the form of Continuing Professional Development (CPD), was later introduced by the South African Medical and Dental Council (SAMDC), now known as the Health Professions Council of South Africa. This commenced in the late 1980s and continues until the present. Furthermore, the ethical rules of the SAMDC were relaxed in the early 90s to allow for doctors with different registrations to practice in the “health teams” recommended by the commission. Another important recommendation of the commission was to encourage and train nursing sisters to play a greater role in providing medical care, which, at the time, was mostly being performed by doctors. The universities offering the B Cur nursing degree started training their students to be able to prescribe a limited range of medication.

The next chapter will describe how Kay De Villiers was able to join the most influential neurosurgical “clubs” in the world, including the prestigious World Federation of Neurosurgical Societies.

7 Footprints around the world

Maintaining his UK Connections

Kay De Villiers kept in touch with Joe Pennybacker after his visit to South Africa in 1967. In a letter to him in 1970, Kay De Villiers outlined his plans to present a paper to the British Society of Neurosurgeons Conference in Hull later that year. He expressed disappointment that the conference organiser, Mr John Potter, had advised him that the program was very full and that “the priority is going to younger men” - at that stage Kay De Villiers was 42 years old.⁶⁵⁵ During the visit, Kay De Villiers also wanted to visit a number of neurosurgical departments in the United Kingdom in order to gain greater organisational experience. Pennybacker promptly replied to say that although he had little to do with the organisation of the conference he would have a quiet word with Potter. He also suggested that Kay De Villiers visit the neurosurgical departments at Newcastle, Edinburgh and Glasgow, which he felt would be worthwhile. He also encouraged Kay De Villiers to visit Gazi Yasargil in Zurich in order to better understand the new techniques of neurovascular surgery.⁶⁵⁶ Clearly Pennybacker was able to pull the right strings and Kay De Villiers was able to deliver his paper. He subsequently visited Pennybacker’s department at the Radcliffe Infirmary as well as the neurosurgical units Pennybacker had suggested. Kay De Villiers’s visit to Zurich was very worthwhile and he said in a subsequent letter to Pennybacker that he was looking forward to sharing what he had learnt from Yasargil with his colleagues in Cape Town.⁶⁵⁷ He thanked Pennybacker for the advice and support that he had given him as a member of a younger generation of neurosurgeons and for helping him become part of the great British tradition of neurosurgery. He said that it was with considerable sadness that he realised a number of neurosurgeons of Pennybacker’s vintage would be “contemplating retirement and moving off the scene”.⁶⁵⁸

During the same visit Kay De Villiers spent time with Tickey Walsh at the Atkinson Morley Hospital. He addressed the Research Society on the subject of “The Traumatic Paralysis of the 5th Cranial Nerve”. Kay De Villiers was asked by Tickey Walsh to assist him with

⁶⁵⁵ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom Pallis- Williams, Folder Pennybacker, J.C. De Villiers- Dr Joe Pennybacker, 22 May 1970.

⁶⁵⁶ *Ibid.*, Dr Joe Pennybacker – J.C. De Villiers, 28 May 1970.

⁶⁵⁷ *Ibid.*, J.C. De Villiers - Dr Joe Pennybacker, 20 October 1970.

⁶⁵⁸ *Ibid.*

organising a dinner to celebrate the retirement of McKissock in March 1971.⁶⁵⁹ Kay De Villiers was delighted that he was invited to help and they enthusiastically discussed the arrangements. The farewell dinner was a roaring success. Kay De Villiers and Tickey Walsh continued a close friendship through reciprocal visits and copious letters.⁶⁶⁰

Dr Earle qualified at Stellenbosch with an MB ChB and following his housemanship, worked at a hospital in Durban as a junior registrar in neurosurgery, where he learnt some “bad surgical habits.” He then spent 10 months with Kay De Villiers, where they had “difficulty beating his bad habits out of him”.⁶⁶¹ Kay De Villiers suggested that he find a full-time job in anatomy and write the primary. Fortunately, he took Kay De Villiers’s advice and duly passed. Kay De Villiers strongly recommended that he apply for a registrar post at Dr Jason Brice’s unit in Southampton. As a result of Kay De Villiers’s letter he was accepted and later passed the fellowship.⁶⁶²

Kay De Villiers felt that one of his more senior registrars, Rocco De Villiers, would benefit from more clinical experience in order to develop greater judgement as a neurosurgeon. He was technically very competent. Kay De Villiers recommended that he spend a year at the Frenchay Hospital in Bristol, UK, for a further year’s training.⁶⁶³ Kay De Villiers duly wrote to the head of neurosurgery, Dr Griffith, explaining that Rocco De Villiers had now obtained his South African neurosurgical fellowship, but still required a “lot of polish”. Kay De Villiers really hoped that the Frenchay Hospital could find a position for him, which they ultimately did.⁶⁶⁴

Old and New Friends in the USA

Soon after Kay De Villiers and his family’s sudden departure from Philadelphia in 1966, his erstwhile boss, Tom Langfitt, followed up on the research projects which Kay De Villiers had been unable to complete. In a letter, Tom Langfitt expressed the view that Kay De Villiers had impressed everyone in the university complex. He had clearly grasped the essentials of research methodology and Langfitt had every confidence that the research papers would be

⁶⁵⁹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1950-1970, Dr Lawrence (Tickey) Walsh- J.C. De Villiers, 4 August 1970.

⁶⁶⁰ *Ibid.*, J.C. De Villiers - Dr Lawrence (Tickey) Walsh, 1969 to 1977

⁶⁶¹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom Ambrose- Gibson, Folder Brice, J.C. De Villiers- Dr Jason Brice, 24 November 1970.

⁶⁶² *Ibid.*

⁶⁶³ *Ibid.*, Griffith- McKissock, Folder Griffith, J.C. De Villiers- Dr Huw Griffith, 19 November 1976.

⁶⁶⁴ *Ibid.*, 14 January 1977.

well received. More importantly they had established a firm friendship, which he and his wife hoped would endure.⁶⁶⁵ While working in Philadelphia, Kay De Villiers had met John Jane, later to become the Head of Neurological Surgery at the University of Virginia Medical School in Charlottesville. In 1975, John Jane invited Kay De Villiers to spend time in Charlottesville as a visiting professor. They were prepared to pay for Kay De Villiers's trip from point of entry in the USA to and from the University of Virginia.⁶⁶⁶ Kay De Villiers promptly replied to say how honoured he was to act as a visiting professor, but would be unable to travel to the USA until the following year because of other commitments.⁶⁶⁷ He eventually visited the neurosurgery department at Charlottesville in May 1978 where he delivered a lecture on some unusual head injuries and taught the residents (registrars). He and John Jane then travelled to Philadelphia to attend a conference of the Society of Neurological Surgeons of the USA, with Tom Langfitt.⁶⁶⁸ The visit was a great success and Kay De Villiers received an honorarium of \$400.⁶⁶⁹

Kay De Villiers felt that because of his good friendship with John Jane he could ask him to support his membership of the American Association of Neurological Surgeons.⁶⁷⁰ John Jane replied as follows: "after considerable soul-searching, I have been able to see my way clear to recommending you to active foreign membership in the Cushing".⁶⁷¹ The esteemed association to which he referred was originally known as the Harvey Cushing Society, in honour of the founder of American neurosurgery, who was voted the neurosurgeon of the first half of the 20th century.⁶⁷² Around that time, John Jane had attended a neurosurgical meeting in Glasgow where he met a number of colleagues who had worked with Wylie McKissock. They all confirmed that Wylie McKissock considered Kay De Villiers to be the best neurosurgeon he had ever trained.⁶⁷³ In 1980, Kay De Villiers was made a corresponding member of the American Association of Neurological Surgeons.⁶⁷⁴ Later that year, Warwick Peacock, one of Kay De Villiers's consultants, spent a period with John Jane as visiting

⁶⁶⁵US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA De Saussure-Langfitt, Folder Langfitt, Prof Tom Langfitt – J.C. De Villiers, 2 March 1966.

⁶⁶⁶ *Ibid.*, Crayshaw-R, Folder J. Jane, Prof John Jane – J.C. De Villiers, 6 February 1975.

⁶⁶⁷ *Ibid.*, J.C. De Villiers - Prof John Jane, 18 February 1975.

⁶⁶⁸ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA Crayshaw-R, Folder J. Jane, Prof John Jane- J.C. De Villiers, 28 February 1978.

⁶⁶⁹ *Ibid.*, J.Jane, vendor invoice J.C. De Villiers, University of Virginia, 16 June 1978.

⁶⁷⁰ *Ibid.*, J.C. De Villiers - Dr John Jane, 7 March 1979.

⁶⁷¹ *Ibid.*, Dr John Jane – J.C. De Villiers, 16 March 1979.

⁶⁷² Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

⁶⁷³ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA Crayshaw-R, Folder, J. Jane, Prof John Jane - J.C. De Villiers, 11 December 1979.

⁶⁷⁴ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 5.

professor.⁶⁷⁵ Following John Jane's visit to Kay De Villiers's department in 1980, a number of his residents were sent for training at GSH over the next five years.⁶⁷⁶

In 1981, Kay De Villiers received a letter from Dr Derek Bruce, a paediatric neurosurgeon from the Children's Hospital in Philadelphia, enquiring about the research into head injuries in children that was being conducted in Cape Town. Kay De Villiers explained that they were just completing the retrospective studies on 2000 children and when this data had been analysed they would start the prospective randomised double blind trial.⁶⁷⁷ This was a field in which Bruce had considerable experience and Kay De Villiers requested his research papers. They agreed to collaborate further.⁶⁷⁸

Some two years later, Kay De Villiers received a letter from John Jane concerning his proposed membership of the Society of Neurological Surgeons of the United States. John Jane had already asked Tom Langfitt to support his application, which he had done enthusiastically. He hoped that Kay De Villiers could provide some more names of members of the society to ensure his election.⁶⁷⁹ Kay De Villiers replied with a list of six American and Canadian neurosurgeons, most of whom had visited South Africa as guests of the Department of Neurosurgery at GSH.⁶⁸⁰ In 1983, Kay De Villiers was finally elected an Honorary Member of the Society of Neurosurgeons of the United States of America.⁶⁸¹ For the second time, Kay De Villiers was invited to Charlottesville as visiting professor. He combined the trip with conferences in Montreal and Boston. He also visited his old friend Tom Langfitt in Philadelphia to discuss the paediatric head injury research project which was now getting underway in Cape Town.⁶⁸²

⁶⁷⁵ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA Crayshaw-R, Folder J.Jane, Prof John Jane –J.C. De Villiers, 27 October 1980.

⁶⁷⁶ *Ibi.*, J.C. De Villiers - Prof John Jane, 9 March, 1982.

⁶⁷⁷ It is important to distinguish between retrospective and prospective research studies. In the case of the former, research is conducted on the evidence collected on the course of diseases, results of treatment, causes of illness etc. Whilst rendering, in some cases, valuable information, it is considered too susceptible to observer bias and errors. In the last 50 years the prospective randomised double - blind trial is preferred. Here the researchers must predict the outcome they expect, based on their hypotheses. In addition to the test group, there must be a control group and the researcher must not know which subjects are in either.

⁶⁷⁸ US Special Collections: J.C. (Kay) De Villiers Collection 392, File USA Ablin- Bruce, Folder Bruce, J.C. De Villiers- Dr Derek Bruce, 1 October 1981.

⁶⁷⁹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA Crayshaw-R, Folder J.Jane, Prof John Jane –J.C. De Villiers, 20 July 1982.

⁶⁸⁰ *Ibid.*, J.C. De Villiers - Prof John Jane, 5 January 1983.

⁶⁸¹ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p .5.

⁶⁸² US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA Crayshaw-R, FolderJ.Jane, J.C. De Villiers- Prof John Jane, 7 March 1983.

By 1985, Kay De Villiers found it necessary to defend the training of registrars from the USA. In a letter to the Superintendent of GSH, a Dr Simpson, he explained that the overseas neurosurgeons were very well trained from a theoretical perspective, but had little practical experience of neurological trauma, especially head injuries. These doctors brought with them the very latest in neurosurgical developments, which helped to offset the growing isolation that South African medicine was undergoing. He added that the friendships that developed provided his registrars with connections and opportunities to work abroad when they were qualified.⁶⁸³ That year Kay De Villiers again travelled to Charlottesville as a visiting professor after attending a conference in Toronto. The trip within the USA was paid for by the University of Virginia.⁶⁸⁴

On Kay De Villiers's return to Cape Town he wrote to John and Noella Jane:

“These brief visits to Charlottesville are assuming a pattern which has become very meaningful in my existence. We spoke briefly about one's gratitude for the opportunity of meeting people from one's distant past; people with whom one has so much in common that one needs no explanation for the period in between. That privilege of taking up argument, conversation or a joke where it ended a few years before is rare indeed. Thank you for introducing me to your friends and providing me with the opportunity to share those two joys, which must be man's oldest joys gained from travel: good food and good company. I am grateful to both of you because you always reward me with so much more than I give.”⁶⁸⁵

John Jane's colleagues in Charlottesville continued to take an interest in Kay De Villiers's research activities. He received an enquiry from Prof J Jagger from the University of Virginia regarding the paediatric head injury research being conducted in Cape Town. Kay De Villiers replied with a long letter describing the socio-economic background behind the epidemic of motor vehicle accidents involving children. He expressed his frustration about the casual attitude of the authorities regarding this problem, which in his view, could be solved.⁶⁸⁶

⁶⁸³ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA LeRoux-Zeruas, Folder Simpson, J.C. De Villiers -Dr Simpson, 1 February 1985.

⁶⁸⁴ *Ibid.*, File USA Crayshaw-R, Folder J. Jane, Prof John Jane – J.C. De Villiers, 25 June 1985.

⁶⁸⁵ *Ibid.*, J.C. De Villiers- Prof John Jane, 24 July 1985.

⁶⁸⁶ *Ibid.*, File USA Crayshaw-R, Folder Jagger, J.C. De Villiers- Prof J Jagger, 30 December 1986.

In 1992, Ed Laws became a Professor of Neurosurgery and joined Kay De Villiers's good friend, John Jane at the University of Virginia, Charlottesville. Kay De Villiers was delighted.⁶⁸⁷

The following year, Kay De Villiers received an invitation from John Jane to attend the Society of Neurological Surgeons in Charlottesville in 1994. The meeting would be preceded by a dinner in the dome room of the Rotunda for all the residents trained by him at Charlottesville. This happened to be the same room where Jefferson had dined with La Fayette. John Jane's department offered two business class return tickets from Cape Town to Charlottesville for Kay De Villiers and Jeanne, as he understood that she had never been to the USA.⁶⁸⁸ Kay De Villiers agonised about the invitation as the date co-incided exactly with the first democratic election in South Africa. Kay De Villiers's daughter, Elfrida, was pregnant and due to give birth in May. Kay De Villiers expressed his concerns about violence during the election. He eventually put family obligations ahead of the attractive offer and wrote to John Jane: "It is therefore, with considerable heartache, that it would perhaps be better if I were not to come to Charlottesville in April."⁶⁸⁹ Towards the end of that year John Jane again enquired about sending residents to South Africa for training. Kay De Villiers's reply reveals an element of disillusionment:

"If you say South Africa, I assume it implies Cape Town first of all. Neurosurgery in South Africa is at an all - time low: loss of good people overseas, unrealistic salaries for academic posts and an overall change in medical philosophy to the primary care approach and an overt antagonism to "esoteric" subjects like neurosurgery! Academic posts cannot be filled or are occupied by unsuitable people in many instances. My successor is a paediatric neurosurgeon and his attention is focussed predominantly on the Children's Hospital.....The result is that there is not the supervision and guidance at Groote Schuur Hospital to justify the training of your residents at present..... Please regard this letter as very confidential."⁶⁹⁰

⁶⁸⁷ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA De Saussure- Langfitt, Folder E. Laws, J.C. De Villiers- Prof Ed Laws, 15 September 1992.

⁶⁸⁸ *Ibid.*, File USA Crayshaw-R, Folder J. Jane, Prof John Jane – J.C. De Villiers, 20 April 1993.

⁶⁸⁹ *Ibid.*, J.C. De Villiers - Prof John Jane, 12 February 1994.

⁶⁹⁰ *Ibid.*, J.C. De Villiers- Prof John Jane, 11 January 1995.

In fact, the exchange of registrars between academic neurosurgical units in the United States and GSH continued until well after Kay De Villiers's retirement at GSH in 1994. Despite Kay De Villiers's negative prognostications, his successor remained in contact with the next generation of neurosurgeons in the UK and USA. Ed Laws wrote to Kay De Villiers in 1995 to say how much they had enjoyed having Patrick Semple in Charlottesville for advanced pituitary surgical training. Patrick Semple had been a registrar of Kay De Villiers's before his retirement.⁶⁹¹

The European Circuit

During the seventies, Kay De Villiers made a number of good friends within the Netherlands neurosurgical community. It is likely that Kay De Villiers's command of Afrikaans helped him understand Dutch to some extent. The early historical relationship of Holland with the Cape during the Vereenigde Oostindische Compagnie (VOC) years and the interest of many Dutchmen in the South African War may have created a bond of some sorts. Three of these men later became influential officers of the World Federation of Neurological Surgeons (WFNS) during Kay De Villiers's term: Prof Alphons Walder, Prof Willem Luyendijk and Prof Henk Verbiest. Kay De Villiers met Alphons Walder in 1970 at the British Society of Neurological Surgeons in Hull. He later asked Alphons Walder if he could visit his clinic in Nijmegen, Holland when he next attended a conference in Europe.⁶⁹² Alphons Walder welcomed the visit and added that he and his wife were keen to visit South Africa. The two men continued to meet at various neurosurgical congresses and became good friends.⁶⁹³

Kay De Villiers's friendship with Willem Luyendijk followed a very similar pattern. They first met at the 1974 SNSA conference which he attended with Henk Verbiest.⁶⁹⁴ His first letter to him was addressed "Geagte Professor Luyendijk" (Dear Professor Luyendijk). Following Kay De Villiers's visit to his hospital in Leiden, they discovered their common interest in medical history. Kay De Villiers duly sent him Ted Burrow's "History of Medicine in South Africa", Jannie Louw's "In the Shadow of Table Mountain" and Gelfand's "South Africa: Its Medical History." Kay De Villiers also promised to send him a copy of the medical history of the South African War that he was writing, once it was published. Kay De

⁶⁹¹ US Special Collections, J.C.(Kay) De Villiers, Ms 392, File USA De Saussure- Langfitt, Folder Laws, Prof Ed Laws –J.C. De Villiers, 31 August 1995.

⁶⁹² *Ibid.*, File M-Netherlands, Folder Netherlands, J.C. De Villiers- Dr H.A.D. Walder, 23 November 1977.

⁶⁹³ *Ibid.*, Dr H.A.D. Walder – J.C. De Villiers, 14 December 1977.

⁶⁹⁴ See Chapter 6, "Leadership through service".

Villiers's subsequent letter of thanks for the hospitality he received was addressed "Beste Willem." (Dear Willem)⁶⁹⁵

Kay De Villiers and Henk Verbiest met in Cape Town in 1974 at the SNSA conference and found they shared an interest in philosophy. They corresponded regularly and met at the frequent neurosurgical conferences in Europe, the UK and the USA. Kay De Villiers soon became aware of Verbiest's interest in General Smuts and in particular his philosophy "Holism and Evolution." Kay De Villiers described Smuts as an exceptional intellect who underwent an evolutionary change from South African War general to a great supporter of the British Empire. He explained how Smuts was seen to be a traitor by his own people, who did not appreciate his great intellect. In a similar manner, Smuts did not really try to understand the vulnerabilities of the Afrikaner, in particular their fear of losing their group identity. Smuts was devastated by his electoral defeat by "a relatively unknown person in 1948." Kay De Villiers considered that Smuts' greatest speech was at the peace negotiations at Vereeniging, where as a patriot he could see the benefit to Afrikaners of temporarily giving up some freedom in exchange for survival. In terms of Smuts's philosophy this was holism – incorporating a smaller nation into a larger entity.⁶⁹⁶ Henk Verbiest was a past President of WFNS.⁶⁹⁷

Kay De Villiers became acquainted with many of the neurosurgeons living in Europe through meetings at congresses, exchange of research papers and the sharing of problem cases. He invited Prof Hartmut Fromm from Offenbach, Germany to the 1978 SNSA conference in Cape Town. Prof Fromm and his wife Eva spent some very happy days as guests of Kay De Villiers and Jeanne, exploring the winelands and taking in the sights of the Cape Peninsula.⁶⁹⁸ Kay De Villiers was made a corresponding member of the German Association of Neurosurgery in 1979.

In 1980, Kay De Villiers became a corresponding member of the Austrian Association of Neurosurgeons. The certificate was inscribed "In recognition of his efforts to encourage international co-operation in neurosurgery he is made a corresponding member" (translated

⁶⁹⁵ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File M-Netherlands, Folder Netherlands, J.C. De Villiers- Prof W. Luyendijk, 20 June 1978.

⁶⁹⁶ *Ibid.*, J.C. De Villiers - Prof Hans Verbiest, 24 November 1980.

⁶⁹⁷ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1981-1990, Dr Kemp Clark – J.C. De Villiers, President WFNS, 18 July 1989.

⁶⁹⁸ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File A-Greece, Folder Germany, Prof Hartmut Fromm –J.C. De Villiers, 30 July 1978.

from German). The certificate was signed by the Chairman, Prof Hans Diemath, whom Kay De Villiers had invited to attend the 1976 SNSA conference.⁶⁹⁹

In 1982, Kay De Villiers received an invitation from Prof J Brihaye, the President of the European Association of Neurosurgeons (EANS), to collaborate on a paper to be presented to a joint meeting of the WFNS, Pan African Association of Neurosurgeons (PAANS) and the EANS. The subject was “Medical traffic problems in Africa.” Ruberti of Nairobi and Adeloje of Nigeria were selected as the other members of the team.⁷⁰⁰ Kay De Villiers immediately replied to explain their progress with head injury research in children at GSH and Red Cross. He had discussed head injuries arising from road traffic accidents in Africa with Ruberti and Adeloje and knew that the subject was of great interest to them. He would be delighted to attend the conference in Brussels later in the year.⁷⁰¹

Kay De Villiers and Freddie Kieck and their wives attended the EANS conference in Moscow in 1991. Some years previously, they had treated the wife of the South African Minister of Foreign Affairs, Mr R.F. Botha, for a serious spine injury. Freddie Kieck did not detect any apprehension in Kay De Villiers about their personal security during their visit, taking place after the collapse of the Soviet Union the previous year.⁷⁰² As a precaution, Kay De Villiers wrote to Minister Botha to get advice about the situation in Russia. He received the assurance that they would have diplomatic protection and was given a secret telephone number to use at any time of the day or night if he was ever concerned. Kay De Villiers read a paper entitled “Why Poetry?” – an unusual subject for a neurosurgical conference. Upon their return, Kay De Villiers wrote to Minister Botha to thank him for the secret number. He reported that they were made welcome and had enjoyed their extensive visit to the interesting country.⁷⁰³ Freddie Kieck was never aware of the “protection” he had enjoyed while in Russia with Kay De Villiers and their wives.

⁶⁹⁹UCT Department of Neurosurgery: J.C. De Villiers, Certificates, Membership Osterreichische Gesellschaft Fur Neurochirurgie, 5 June 1980.

⁷⁰⁰ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File A-Greece, Folder Belgium, Prof J. Brihaye –J.C. De Villiers, 19 January 1982.

⁷⁰¹ *Ibid.*, J.C. De Villiers - Prof J. Bihaye, 28 January 1982.

⁷⁰² Dr Freddie Kieck: Telephonic interview by Dr J.R. Cowlin, 20 April 2021.

⁷⁰³ J.C. De Villiers, Personal Correspondence, File 1990-1999: J.C. De Villiers- Minister R.F. Botha, 31 July 1991.

Making Friends in Africa

Neurosurgery only became a surgical specialty after independence in Africa in the 60s. At the turn of the 20th century, there were 500 neurosurgeons in Africa providing services to some 700 million inhabitants. South Africa had 65 neurosurgeons for 40 million people (one per 620,000) whereas North Africa had 354 neurosurgeons caring for 119 million people (one per 338,000). In the rest of Africa, the ratio was one per 6.368 million. The Pan African Association of Neurological Sciences (PAANS) was formed in Nairobi in 1971.⁷⁰⁴

The first conference of PAANS was held in Cairo, Egypt in 1973 and thereafter it was held biennially.⁷⁰⁵ Well before this event, Kay De Villiers received a letter from the organiser, Prof R.F. Ruberti, explaining that unfortunately, for political reasons, South Africans would not be welcome.⁷⁰⁶ Ruberti was the head of the Nairobi Neurological Clinic in Kenya. He later met Kay De Villiers when attending the SNSA conference at Tygerberg Hospital in Cape Town in 1980. Here he suggested that Kay De Villiers may be able to attend the forthcoming conference of PAANS in Nairobi, Kenya in 1981. Kay De Villiers received a letter from him soon after thanking him for the hospitality and the visit to Paul Cluver's wine farm.⁷⁰⁷

Subsequently, three South Africa neurosurgeons were "invited" to attend – Kay De Villiers, Paul Cluver and Freddie Kieck. They duly applied to the British Consulate General in Cape Town for visas, but these were refused.⁷⁰⁸ Kay De Villiers wrote to Ruberti expressing his concern.⁷⁰⁹ Ruberti played his cards close to his chest. He advised Kay De Villiers that all had been taken care of, he was not to worry and that he, Ruberti, was expecting them on 24 April in Nairobi.⁷¹⁰ Kay De Villiers, Freddie, Paul and his wife Songvei took off from Johannesburg without visas. To their knowledge, none of them were members of PAANS. While in the air, Paul Cluver noticed in the conference brochure that Kay De Villiers was listed as a member of PAANS. He promptly asked Kay De Villiers when he became a

⁷⁰⁴ UCT Department of Neurosurgery: J.C. De Villiers, Speeches and papers II, Departmental Report on visit to PAANS Conference, Prof J.C. De Villiers, 16 May, 1981.

⁷⁰⁵ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1971-1980, Prof R.F. Ruberti- J.C. De Villiers, 24 January 1973.

⁷⁰⁶ *Ibid.*

⁷⁰⁷ *Ibid.*, File 1971-1980, Prof R.F. Ruberti – J.C. De Villiers, 7 October 1980.

⁷⁰⁸ *Ibid.*, British Consulate General - J.C. De Villiers, 8 December 1980.

⁷⁰⁹ *Ibid.*, File 1981-1990, J.C. De Villiers- Prof Ruberti, 2 February 1981.

⁷¹⁰ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1981-1990, Prof R. Ruberti – J.C. De Villiers, 23 March 1981.

member. Kay De Villiers responded by saying he was not, as far as he knew. After Paul had shown him his name in the conference brochure, Kay De Villiers paid a little more attention and discovered, to his great surprise, that all three of the South African contingent were “founding members.” As a result of the international sanctions against South Africa at that time, they were advised not to present their passports and to wait in the transit lounge when arriving in Kenya.⁷¹¹ Upon arrival at Jomo Kenyatta Airport the “unwanted” visitors were met by the travel agent and discreetly taken through a side door and each one was handed a one week pass stamped by an immigration officer of the Republic of Kenya.⁷¹²

As soon as they had settled in, Kay De Villiers explained that an unofficial line of communication between the Kenyan Government and GSH had been established when Prof Chris Barnard was asked to attend to the terminally ill President Jomo Kenyatta. Chris Barnard had examined the president and reviewed the various investigations that had been done locally. He advised the family that unfortunately cardiac surgery was not indicated. Kay De Villiers was able to arrange their smooth transit through the airport terminal by using this connection. At the opening cocktail party, the South Africans were introduced to the chairman of PAANS, an Arab communist from Somalia. He immediately challenged Ruberti as to why South Africans had been allowed to attend. The immediate response was: “They are founder members.” The chairman then warmly welcomed them.⁷¹³

Prof Ruberti was head of the Department of Neurosurgery in Kenya and had been born in Bologna, Italy. His father had started life as a piano maker and developed an interest in big-game hunting. In the 50s, he had immigrated to Kenya with his young family in order to hunt the big five. His son studied medicine and then neurosurgery abroad, returned to Kenya and never left.⁷¹⁴ The conference was officially opened by President Daniel Arap Moi at the Kenyatta Conference centre on Monday 27 April 1981.⁷¹⁵ At the conference, Kay De Villiers delivered a paper on “Digit Bearing Masses on the Back”.⁷¹⁶

During the conference Kay De Villiers renewed their discussion about head injuries with Prof Adeloye, head of neurosurgery at the University College Hospital in Ibadan, Nigeria. In a

⁷¹¹ Dr Paul Cluver, email correspondence with author, 6 October 2019.

⁷¹² UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File1981-1990, Kenya Visitors Pass number /MM/ JKA/43/ Vol. 16/ 149.

⁷¹³ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 27 March 2020.

⁷¹⁴ Dr Freddie Kieck: Telephonic interview by Dr J.R. Cowlin, 27 March 2020.

⁷¹⁵ Cluver Family Records: Official Invitation to PAANS Conference, Kenya, 1981.

⁷¹⁶ UCT Administrative Archives: J.C. De Villiers Personal File, Curriculum Vitae, p. 13.

letter to Adeloje after the conference, Kay De Villiers briefly described the retrospective research that had been done on both adult and paediatric head injuries at GSH and Red Cross. He went on to sketch the outlines of the prospective study on paediatric head injuries which was being planned. Kay De Villiers also suggested that Prof Adeloje should use Nigel Legg's postal address in London for future correspondence as he suspected that the South African authorities were intercepting his mail from African countries.⁷¹⁷ (This was at the time that Kay De Villiers was Chairman of the University of the Western Cape Council).

The next PAANS Conference was due to be held in Zimbabwe, but was cancelled by the government because of South African participation. It was hastily relocated to Abidjan in the Ivory Coast and took place in April, 1986. Kay De Villiers was the only delegate from South Africa and he delivered a paper on "Early post-traumatic epilepsy in a consecutive series of head injured children."⁷¹⁸ Professor Lawrence Levy, Head of Surgery at the Godfrey Huggins School of Medicine in Harare, Zimbabwe, advised Kay De Villiers that they would again attempt to host the next PAANS conference in their country in 1990. To clear the way, they had a meeting with the Minister of External Affairs, who confirmed that South Africans could attend. Lawrence Levy asked Kay De Villiers and the South African delegates to "play it very cool" while in the country. He also discouraged Kay De Villiers from presenting a paper.⁷¹⁹ Upon returning to Cape Town, Kay De Villiers wrote to Daan De Klerk to say that he had attended three PAANS conferences and that he had enjoyed this one the most. They had treated him with great deference, but sadly he had been the only South African delegate.

720

In 1990, Huw Griffith was invited to visit Addis Ababa University to consult on neurosurgical services in Ethiopia. Upon his return, he wrote to Lawrence Levy and Kay De Villiers, explaining the need for a neurological foundation for Africa. In the letter, he pointed out that because of the "political disaster in Africa of the last quarter of a century" there were not the resources to train specialist doctors.⁷²¹ The situation was accentuated because the older generation of neurosurgeons, who had trained before the advent of modern investigative

⁷¹⁷ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File New Zealand – O, Folder Nigeria, J.C. De Villiers - Prof A. Adeloje, 22 July 1982.

⁷¹⁸ UCT Administrative Archives: J.C De Villiers, Personal File, Curriculum Vitae, p. 16.

⁷¹⁹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1981-1990, Prof L.F. Levy –J.C. De Villiers, 31 July 1989.

⁷²⁰ *Ibid.*, File 1991-1990, J.C. De Villiers- Dr Daan De Klerk, 19 June 1990.

⁷²¹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File Griffith – Mc Kiscock, Folder Griffith, Dr Huw Griffith –J.C. De Villiers, 22 November 1990.

techniques such as CT and MRI scanning, were beginning to retire. As this type of technology was not available in much of Africa, future generations of Western neurosurgeons would have difficulty training them. Funds should be raised to better equip African hospitals and train African neurosurgeons in Africa. He even hinted at an early type of distance learning using the fax machine and colour film technology.⁷²²

Kay De Villiers replied with gratitude and pointed out that at the recent meeting of the Pan-African Association of Neurological Sciences in Zimbabwe, it was generally recognised that neurosurgical services were inadequate in much of Africa.⁷²³ The notable exceptions were South Africa, Zimbabwe, Kenya, Ghana and to some extent Nigeria. In each of these countries, there were one or two competent neurosurgeons in the capital, but none elsewhere. Kay De Villiers referred to Prof Adeloje of Nigeria, whom he considered “one of the finest neurosurgeons I’ve come across for a long time”.⁷²⁴ Kay De Villiers agreed that it was almost impossible to bridge the differences between first and third world neurosurgery. He said that fortunately this did not apply to Cape Town, but that they were still dealing with a deluge of third world pathology, mainly in the form of trauma.⁷²⁵ South Africa had also suffered from significant emigration of academic doctors to America, Britain or to private practice, which had become very lucrative. The situation was further aggravated by a lack of understanding on the part of politicians on the need to provide a service to developing populations. He suggested that they meet to discuss the matter further.⁷²⁶

The last PAANS conference that Kay De Villiers attended was in 1992 in Rabat, Morocco. Kay De Villiers attended with Paul Cluver and their wives.⁷²⁷ As a result of his experience during the years of apartheid, Kay De Villiers was still concerned that there may be resistance to their presence in Morocco. He accordingly briefed the Department of Foreign Affairs as a precaution. Upon their return, he wrote to the Secretary of the Minister of Foreign Affairs advising that South Africans were now welcome in Morocco and that they had felt safe at all times. The South African neurosurgeons had finally made friends in Africa.⁷²⁸ As Kay De

⁷²² US Special Collections: J.C. (Kay) De Villiers Ms 392, File Griffirth- Mc Kissock, Folder Griffith, Dr Huw Griffith - J.C. De Villiers, 22 November 1990.

⁷²³ *Ibid.*, J.C. De Villiers - Dr Huw Griffith, 14 January 1991.

⁷²⁴ *Ibid.*

⁷²⁵ *Ibid.*

⁷²⁶ *Ibid.*

⁷²⁷ Dr Paul Cluver: Telephonic interview by Dr J. R. Cowlin, 14 April 2021.

⁷²⁸ J.C. De Villiers, Personal Correspondence, File 1991-1990: J.C. De Villiers - Mr J Saunders, 11 June 1992.

Villiers had already retired, he did not attend the next PAANS conference which was held in Durban in 1996.

World Federation of Neurological Surgeons (WFNS)

This influential body was founded at a conference in Brussels in 1957. The federation represents most of the neurosurgical societies in the world. The secretariat has been based in either Brussels or Amsterdam since inception.⁷²⁹ In 1981, Kay De Villiers was elected as the SNSA representative. His first WFNS conference was in Munich, where he attended a number of seminars on aspects of neurosurgical technique.⁷³⁰ Kay De Villiers was asked to chair a session on “Intracranial Suppuration” and delivered a paper on the “Surgery of Sclerosteocis.”⁷³¹ At this conference he met a member of the Spanish Society of Neurosurgeons, a Dr Rodriques, where they discussed the possibility of a joint British, South African and Spanish conference. Kay De Villiers soon received a letter from a member of the British Society, a Dr Richardson, confirming their interest.⁷³² In May 1985, this very successful meeting took place in Granada, Spain. Kay De Villiers received the Honorary Membership of the Sociedad Buso - Espanola de Neurocirugia.⁷³³

In 1982, Kay De Villiers’s two Dutch friends, Willem Luyendijk and Alphons Walder, were elected President and Secretary of WFNS respectively. Kay De Villiers received a letter from Walder saying that they had decided to visit as many member countries as possible during their term of office. With that in mind they were planning to attend the SNSA conference in Plettenberg Bay that year.⁷³⁴ Kay De Villiers replied with great enthusiasm to Walder and Luyendijk’s proposed visit, asking them to join a ward round and x-ray meeting in the department before travelling on to the conference. This would be followed by a trip up Table Mountain in the cable car, followed by lunch.⁷³⁵ In 1984, he was elected as Assistant

⁷²⁹ Prof A. E. Walker: *The History of the WFNS*, p.11.

⁷³⁰ UCT Department of Neurosurgery: J.C. De Villiers, Certificates, Certificate from 7th International Congress of Neurological Surgery, München, July 12 – 18 1981.

⁷³¹ UCT Administrative Archives, Personal File: J.C. De Villiers, Curriculum Vitae, p. 13.

⁷³² UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 1981-1990: J.C. De Villiers - the Secretary, SNSA, Dr Paul Cluver, 29 October 1981.

⁷³³ UCT Department of Neurosurgery: J.C. De Villiers, Certificates, Titulo De Membro De Honor, 1 May 1985.

⁷³⁴ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File M-Netherlands, Folder Netherlands, Prof A. Walder –J.C. De Villiers, 9 July 1982.

⁷³⁵ *Ibid.*, 22 July 1982.

Treasurer of the WFNS, a position he held until 1993. This appointment was followed by conferences in Brussels (1983), Abidjan (1985) and Barcelona (1986).⁷³⁶

It was during these years that the anti-apartheid campaign intensified, making membership of international bodies very difficult. In 1988, the WFNS decided to hold their next congress in New Delhi, India in October, 1989. Kay De Villiers became concerned when his visa had not arrived by July. He immediately wrote to Prof H. Walder, the Secretary of WFNS, for assistance.⁷³⁷ Within days Kay De Villiers had received a copy of a letter sent by the President of WFNS, a Dr Kemp Clark, to the Indian authorities describing Kay De Villiers as “a world renowned neurosurgeon who in addition was an officer of the WFNS.” His attendance at the conference was considered essential.⁷³⁸ As a result his visa was approved and Kay De Villiers made his travel arrangements.⁷³⁹ In the glossy congress brochure, Kay De Villiers was listed as an Officer of the WFNS with the title of assistant treasurer and his friend Willem Luyendijk became the honorary historian, as his term as President had now ended.⁷⁴⁰ In 1997, Kay De Villiers was elected as an Honorary Life President of the WFNS. He received a congratulatory letter from Dr George Ablin, himself a Honorary Life President of WFNS. Kay De Villiers was welcomed “to join our ranks.”⁷⁴¹

Australia and New Zealand

Kay De Villiers had met Dr Phillip Wrighton, a neurosurgeon from Auckland Hospital, New Zealand, at a conference in Charlotteville early in 1983. They had discussed the high prevalence of head injuries in South Africa due to blunt and penetrating trauma. Phillip Wrighton interrupted his return trip to New Zealand in order to visit Cape Town to review the research on head injuries that Kay De Villiers had been conducting at GSH and Red Cross.⁷⁴² In a subsequent letter, Phillip Wrighton mentioned his own research on head injuries and suggested that they both try to persuade their respective Rugby Boards to change the rules when the Springboks play the All Blacks in order to reduce the injuries.⁷⁴³ In his reply, Kay

⁷³⁶ UCT Administrative Archives: Personal File, J.C. De Villiers, Curriculum Vitae, p. 5.

⁷³⁷ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 1981 -1990, J.C. De Villiers - Prof H. Walder, 14 July 1989.

⁷³⁸ *Ibid*, Dr Kemp Clark –J.C. De Villiers, 18 July 1989.

⁷³⁹ *Ibid*, J.C. De Villiers- Dr Colin Froman, 18 January 1989.

⁷⁴⁰ *Ibid*, WFNS Congress Brochure, New Delhi, India, 8-13 October 1989.

⁷⁴¹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA Ablin - Bruce, Folder Ablin, Dr George Ablin –J.C. De Villiers, 28 August 1997.

⁷⁴² *Ibid*, File New Zealand - O, Folder New Zealand, Dr P. Wrighton –J.C. De Villiers, 4 July 1983.

⁷⁴³ *Ibid*, 14 December 1984.

De Villiers commented that in New Zealand and South Africa rugby and boxing were not sports, but religions!⁷⁴⁴ Kay De Villiers and Phillip Wrighton continued corresponding on head injuries for many years.

In 1995, Kay De Villiers received an invitation from the President of the Royal Australasian College of Surgeons (RACS) to spend two weeks participating in their Annual Scientific Congresses. A foundation had been established to fund the attendance of eminent visitors from all parts of the world for educational purposes. Should Kay De Villiers be able to attend, he would be fully sponsored and receive an honorarium of 1,000 Aus Dollars.⁷⁴⁵ He duly attended and on the strength of his contribution to the Scientific Congress, was made an Honorary Member of the Royal Australian College of Surgeons.⁷⁴⁶

Saying Goodbye

As Kay De Villiers and his colleagues retired and grew older, there were inevitably bereavements. Over the years, Kay De Villiers wrote to the widows of Tom Langfitt, Wylie McKissock and others, expressing his condolences and meaningful sympathy. His friend and colleague, Huw Griffith died prematurely in September 1993 and Kay De Villiers immediately wrote to his widow, Mrs Rosemary Griffiths, expressing his condolences.⁷⁴⁷ He recalled that he had met Huw in 1961 when they were both doing general surgery in the UK, as preparation for their neurosurgical training. They both became aware that they had grown up in the homes of teachers:

“...where there was subtle but very firm pressure to perform and to perform well; this not out of arrogance or empty ambition but because one had been privileged above many others, having been born into an environment of education, books and learning. To be active, to produce something for the world – to help, to teach – these were the phrases which came our way and left their mark on us”.⁷⁴⁸

⁷⁴⁴ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File A –Greece, Folder Australia, J.C. De Villiers - Dr P. Wrighton, 30 January 1985.

⁷⁴⁵ *Ibid.*, Dr John Royle –J.C. De Villiers, President RACS, 24 July 1995.

⁷⁴⁶ *Ibid.*, Dr Sean Mellick CBE, Chairman RACS –J.C. De Villiers, 20 June 1997.

⁷⁴⁷ *Ibid.*, United Kingdom File Griffith – McKissock, Folder Griffith, J.C. De Villiers - Mrs Rosemary Griffith, 23 September 1993.

⁷⁴⁸ *Ibid.*

It seems that by 2001, Kay De Villiers was ready to move on. He was asked by Dr Michael Apuzzo to write an article on the state of neurosurgery in South Africa. He replied as follows:

“In all fairness, I think that this task should be given to someone else, to a person who is actively involved in what is going on at present with the present - day organisation and with shaping the future as he sees it. My time has come and gone.

It is not that I am disinterested in neurosurgery; it is just that my emphasis has shifted. In a way, being around and seeing what is happening to the world in which one has been significantly active, is to some extent like being in that privileged position of a man attending his own post mortem!”

749

A Comparative Study – Neurosurgery at Johns Hopkins (1970-1994)⁷⁵⁰

“Yesterday, between 1870 and 1900, neurosurgery was born.... Today, from 1900 to now (1951), we see the evolution of the techniques of the surgery of the nervous system.... What of Tomorrow? I believe that a new day will dawn tomorrow and that in its light will be found an understanding of the nervous system. Mental as well as physical activity will then be recognised as a function of the brain, and neurosurgery ... (along with psychiatry and neurology) will stand forth as a single discipline to which internist, psychologist, surgeon, chemist and physiologist will contribute.”⁷⁵¹

Early in the 20th C, Johns Hopkins was considered to be a model medical school which medical planners and philanthropists sought to emulate in other cities in the USA. It was described as “A great medical school based in a great hospital, supported by a great university.”⁷⁵² As it was, the original endowments upon which Hopkins was founded in 1889 made it possible to have the best possible medical staff, laboratories, research funding and “the spirit of inquiry.”⁷⁵³ It was thus hardly surprising that Johns Hopkins was able to attract

⁷⁴⁹ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA Ablin – Bruce, Folder Apuzzo, J.C. De Villiers - Dr Micheal Apuzzo, 8 January 2001.

⁷⁵⁰ These dates were chosen to co-incide with Kay De Villiers appointment as Head of the Department of Neurosurgery and his retirement, which was 6 years prior to Donlin Long.

⁷⁵¹ A. Earl Walker, *A History of Neurological Surgery*, 1951. P 99.

⁷⁵² M.Bliss, *Harvey Cushing A Life in Surgery*, p 227.

⁷⁵³ *Ibid.*

surgeons of the calibre of Harvey Cushing (1896-1912), Walter Dandy (1907 – 1946) and A.E. Walker (1947-1972), all of whom led neurosurgery at different times.⁷⁵⁴

In 1947 Walter Dandy died suddenly of a heart attack and was succeeded as the director of the division of neurosurgery by Dr Earl Walker.⁷⁵⁵ He soon established the Hopkins residency (registrar) programme of a minimum of seven years, which included two years of primary laboratory research.⁷⁵⁶ In 1957 he was able to recruit Dr George Udvarhelyi to lead the research programmes. It soon became apparent to Earl Walker that George Udvarhelyi was a very competent neurosurgeon who gradually became his second in command.⁷⁵⁷ He would much later become a great friend of Kay De Villiers. Another development by Earl Walker was establishing a dedicated electroencephalogram (EEG) laboratory at Hopkins which led ultimately to providing surgical treatment for epilepsy.⁷⁵⁸ As he approached retirement, he offered his support to his successor at Hopkins – Dr Donlin Long, who accepted gratefully.⁷⁵⁹

Donlin Long, when initially approached to join Hopkins, refused unless neurosurgery became an autonomous department, rather than part of the division of surgery. He eventually prevailed and took up his post as professor and director of neurosurgery in 1973.⁷⁶⁰ Donlin Long's vision for Hopkins was for the integration and co-operation between neurology, neurosurgery, orthopaedics and psychiatry. Furthermore he wanted Hopkins to focus on "Centres of Expertise," thereby encouraging further specialization. He immediately formed a Paediatric Neuroscience Centre, where neurosurgeons, neurologists and intensive care specialists could collaborate for the benefit of children.⁷⁶¹ In the late 70s, Dr Ben Carson was appointed a resident at Hopkins. Initially, there was considerable resistance to his participation in the training programme because of him being black, but as he progressed it became less intense. In 1984, at the age of 33, he was appointed the Professor of Paediatric Neurosurgery. He took an interest in separating conjoined twins and later led a team of 50 South African and Zambian surgeons which successfully completed such an operation in Pretoria, South Africa, in 1988.⁷⁶²

⁷⁵⁴ N.A. Grauer and H. Brem, *A Special Field*, p 99.

⁷⁵⁵ *Ibid.*, p.99.

⁷⁵⁶ *Ibid.*, p.106.

⁷⁵⁷ *Ibid.*, p.111.

⁷⁵⁸ *Ibid.*, p.115.

⁷⁵⁹ *Ibid.*, p.120.

⁷⁶⁰ *Ibid.*, p.130.

⁷⁶¹ *Ibid.*, p.137.

⁷⁶² *Ibid.*, p.123.

Every year a new specialist unit was formed - in 1974 a pain clinic, in 1975 a skull base surgery unit and in 1976 a microvascular clinic. A few years later, a spinal disease centre was established followed by an epilepsy surgery centre in 1982 and a functional neurological disease unit in 1988. As far as skull base surgery was concerned, Donlin Long sought the assistance of neuro-ophthalmologists and ear, nose and throat surgeons. As he pointed out many tumours arise from the eye sockets and sinuses and the approach is frequently from the skull base.⁷⁶³ Donlin Long's vision for greater integration between neurosurgery, neurology and psychiatry was fulfilled when the Adolf Meyer Neuroscience Centre was completed in 1982, named after a doctor who was both a neurologist and psychiatrist who believed that the brain and mind were integrated elements.⁷⁶⁴ As part of Donlin Long's interest in pain management, he supported a team of researchers who developed the Transcutaneous Electrical Nerve Stimulator (TENS) in 1970. By 1981, it had been improved to be battery rechargeable and implantable. Today it is used worldwide for chronic pain management.⁷⁶⁵ A number of other commercially viable discoveries were made during his term at Hopkins. One was the discovery of a drug that prevented arterial spasm during brain surgery called Nimodipine.⁷⁶⁶ The other was called Gliadel which prevented the growth of blood vessels supplying tumours. It was approved by the FDA for the treatment of brain tumours in 1996.⁷⁶⁷

Donlin Long was regarded as "a masterful, technical neurosurgeon." As a head of department, "He helped people fulfil their potential" and "He was always fully supportive – and a true gentleman." He was succeeded by one of his residents and colleagues, Prof Henry Brem, in 2000.⁷⁶⁸

Conclusion

The vast quantity of correspondence between Kay De Villiers and members of the international neurosurgical community stored in the University of Stellenbosch Special Collections took place over some 40 years. These letters contain frequent references to happy social occasions with his colleagues and their wives. It is evident that Kay De Villiers was able to establish a network of influential friends abroad who responded favourably to his charm, intelligence and knowledge. He used his remarkable memory to great effect, always

⁷⁶³ N.A. Grauer and H. Brem, *The Special Field*, p.134.

⁷⁶⁴ *Ibid.*, p.136.

⁷⁶⁵ *Ibid.*, p.135.

⁷⁶⁶ *Ibid.*, p.145.

⁷⁶⁷ *Ibid.*, p.153.

⁷⁶⁸ *Ibid.*, p.179.

mentioning the wives and children by name. Kay De Villiers would frequently discuss common interests be it music, art, philosophy, politics, literature or poetry. His attendance at conferences and international meetings gave him the opportunity to impress the other delegates. He was a fine public speaker - immaculately dressed, softly spoken, with a slightly “foreign” accent, pausing for just the perfect amount of time. In front of an audience, Kay De Villiers was erudite and informative, without appearing to be the cleverest man in the room.

The purpose of his many visits to overseas neurosurgical units was aimed at improving the functioning of his own department and remaining in touch with the latest developments. His appointment as a visiting professor at Charlottesville and the compliment paid by Wylie McKissock as being the best neurosurgeon he had trained, are indicative of the esteem in which Kay De Villiers was held. This view is confirmed by the manner in which he was readily accepted as a member of many international neurosurgical societies such as the American Association of Neurological Surgeons, the British Society of Neurosurgeons and numerous others.⁷⁶⁹ This is even more remarkable when one considers his South African roots, particularly at a time when the country was being ostracised because of its apartheid policies, particularly in PAANS. It is possible that it was only because of Kay De Villiers’s growing international profile and personal charm that Ruberti and others would even consider him and his colleagues as “members” - at least unofficially. The WFNS was the ultimate example of an exclusive society, complete with an official historian. Becoming an officer of the body representing the world’s leading neurosurgical societies was perhaps Kay De Villiers’s finest hour.

Yet Kay De Villiers’s friendly approach to his colleagues is very different to the manner in which he treated his registrars. However, to his credit, he used his international connections for the benefit of his registrars and consultants. The exchange programs, contacts with international neurosurgeons and work opportunities abroad, assisted in developing many of

⁷⁶⁹ Kay De Villiers’s membership of neurosurgical associations and societies appear below in chronological order :

The Faculty of Neurosurgery of the Colleges of Medicine of South Africa, The British Society of Neurosurgeons, The South African Society of Neurosurgeons, The German Association of Neurosurgery, The American Society of Neurological Surgery, The Austrian Society of Neurosurgeons, The Pan - African Association of Neurological Sciences, Representative of The Society of South African Neurosurgeons at the World Federation of Neurosurgical Societies, The Society of Neurological Surgeons (USA), The International Society of Pituitary Surgeons, Assistant Treasurer of the World Federation of Neurosurgical Societies, The American Academy of Neurological Surgery, The Sociedad Luso- Espanola de Neurocirugia. UCT Administrative Archives, Personal File, J.C. De Villiers, Curriculum Vitae, p 4-5.

his trainees' careers.⁷⁷⁰ In addition, the visits of Nigel Legg added much to the credibility of the paediatric head injury research project. Much the same can be said of the many other international visitors who visited the department over the years. It appears that they were impressed by the standard of neurosurgery and the calibre of the neurosurgeons in Kay De Villiers's department.

There are several references to collaborative research with overseas colleagues. The demographics of head injuries in Europe, the UK and the USA are very different to the situation in South Africa. In this country, head injuries had reached epidemic proportions. Kay De Villiers was frequently asked to share the results of the head injury research in both adults and children with overseas neurosurgeons. The American residents, in particular, gained important experience in managing this type of injury when visiting his department. So important was this collaboration that Kay De Villiers saw fit to defend his policy with the superintendent of GSH.

Kay De Villiers shared many personal traits with Harvey Cushing, Gazi Yasargil, Chris Barnard and Jannie Louw. All were very intelligent, driven, ruthless, well-trained, egotistical and ambitious surgeons. In different ways, they all cared for their patients and could be charming when required. They all treated their registrars badly at times. Harvey Cushing, Gazi Yasargil and Jannie Louw were naturally gifted surgeons – Kay De Villiers and Chris Barnard were not. The most noteworthy difference in all five men was that Kay De Villiers, when back at GSH, devoted little attention to original laboratory research. The research conducted by Harvey Cushing, Gazi Yasargil, Chris Barnard and Jannie Louw led to major surgical advances, which produced cures for diseases previously untreatable. Warwick Peacock was the one exception in this regard. His work on the rhizotomy operation involved primary laboratory research, albeit in a mortuary.

The major differences between Johns Hopkins and the department of neurosurgery at GSH can be narrowed down to original laboratory research and specialization. It is clear that the funding for research in the USA generally and in particular at Hopkins, is vast compared to South Africa, even at the peak of Chris Barnard's fame. Yet, even on a much smaller scale, laboratory research in neurosurgery would have been rewarding, particularly with the wide variety of clinical material available. The history of medical science describes many instances of failed research or research with unexpected results – the discovery of penicillin is but one

⁷⁷⁰ See "Maintaining his UK Connections" above.

example. One cannot totally excuse the absence of laboratory research in neurosurgery because of a shortage of money. Chris Barnard's research into open heart surgery culminating in the heart transplant in 1967 is a good example of what could be done.

Donlin Long started a skull base Centre of Expertise in 1975. Kay De Villiers was a close friend of Prof George Udvarhelyi who was a senior member of the Johns Hopkins department of neurosurgery. He must have been aware of the challenges facing neurosurgeons when operating in the skull base and the initiatives adopted by Donlin Long to better prepare his residents. To have funded a visit by an expert in this field for training in his department and/or in collaboration with SNSA, linked to practical operating experience on cadavers would have been little more costly than the attendance of a delegate to a conference. One therefore has to ask why it took a further 19 years for him to do this ?

A number of his registrars, after qualifying, realised that further specialization was necessary – eg Roger Melville, Freddie Kieck, Warwick Peacock, Norman Fisher Jeffes, Patrick Semple and Alan Taylor. All these higher degrees involved laboratory research. Among these doctors there was obviously both the ability and the interest to rise to such a challenge. Yet within the department this was not encouraged. Furthermore, a number of the Hopkins research initiatives became commercially viable and ultimately generated profits for the medical school and presumably the researcher as well. Again, Kay De Villiers must have been aware of the strong trend towards further specialization in neurosurgery, but resisted it until retirement. Perhaps his resistance to research and specialization within the department was due to his risk adverse personality and sensitive ego, rather than a shortage of funding. The precautions taken by Kay De Villiers's before the visit to Russia and Morocco confirm that he was a very cautious person who preferred controllable outcomes.

Before receiving the Mauerberger Chair in Neurosurgery, Kay De Villiers made an impassioned plea for the creation of a Neuroscience Centre at UCT. His vision became reality in 2020 when the UCT Neuroscience Centre was opened in the refurbished J Block building, some 35 years after Johns Hopkins.

The next chapter sketches some of the background to Kay De Villiers' troubled relationship with his family.

8 Kay De Villiers and His Close Family

This chapter describes the relationship between Kay De Villiers, his wives and his children. Inevitably such an undertaking will be limited by the sources available to the candidate. The history of his family relationships prior to this time is described elsewhere in the text.

Kina and Charl

While in the UK, Kay De Villiers and Kina decided to adopt a child. It turned out that both Kay De Villiers and his older brother Jean suffered from an inherited condition known as azoospermia, which literally means an absence of spermatozoa in the semen, which renders men infertile. The young couple considered it important that their adopted child should be born in South Africa.⁷⁷¹ They soon discovered that adopting a South African child whilst living in the United Kingdom was fraught with legal obstacles. Kay De Villiers was friendly with a certain Naas Steenkamp who worked in the South African Embassy in London. He was able to obtain consent for the child to be adopted in South Africa and then return to the UK with Kina. Their future son was born on 11 October 1959. Kina travelled to South Africa to fetch the baby, who was named Charl, after his new father. She spent three months in Cape Town at the beginning of 1960 before receiving the necessary consent to take him back to the UK.⁷⁷² Apparently Kina and Charl bonded immediately after his adoption and she became a very caring mother.⁷⁷³

It seems that the couple's families may have considered them selfish by not having their own children. It is uncertain whether they were aware of Kay De Villiers's inability to father a child. Much later in life, Kay De Villiers felt that the pressure on them to have a child was onerous, but that on the positive side, had they not adopted he would never have had Charl.⁷⁷⁴

During their travels in Europe whilst Kay De Villiers was training, Kina had met up with Dr Jeanne du Plessis. Kina and Jeanne were attracted to one another and soon became friends. She once said to Kay De Villiers that Jeanne was exceptionally intelligent, but unfortunately

⁷⁷¹ Mrs Hetty Esselen: Interview by Dr J. R. Cowlin, 14 November 2019.

⁷⁷² Dr Paul Cluver: Interview by Dr J. R. Cowlin, 6 October 2019.

⁷⁷³ Mr Adriaan and Mrs Louize Mocke: Interview by Dr J. R. Cowlin, 7 October 2019.

⁷⁷⁴ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

very lonely. The first time that Kay De Villiers met Jeanne was when the three of them attended a concert performance of Brahms's Clarinet Quintet in London.⁷⁷⁵

Late in 1960, Kay De Villiers, Kina and Charl were driving home through the London West End admiring the Christmas lights and other decorations on the buildings. They were entranced by the kaleidoscope of colours which reminded Kay De Villiers of the excitement he felt as a child when Christmas was approaching. Soon the activity was too much for little Charl who soon fell happily asleep on his mother's lap. Kina said reflectively that despite the press of humanity, the traffic, the grime and the mist, London still found a place in her heart. Kay De Villiers responded by saying that they would always treasure their time together in London.⁷⁷⁶

Much later in life, Kay De Villiers looked back on the time that he and Kina had spent in the United Kingdom. They were both surprised by their own subconscious familiarity with British culture. They immediately recognised famous London landmarks such as Big Ben and the Bells of St Clement. Their familiarity with British names and children's magazines such as the *Boys Own Journals* and the *Girls Own Journals* made them feel at home even before they realised it. During their time in the UK, Kay De Villiers could discern the traces of the once mighty British Empire, which still manifested itself as a positive self-awareness. He considered it a privilege to have spent so many years in Britain because he was able to gain a deep understanding of a particular group of people, despite him and Kina having little affinity for them.⁷⁷⁷

While working in the UK, Kay De Villiers became friendly with one of the trainee neurologists by the name of Nigel Legg. They very quickly developed a firm friendship, which very soon included their respective wives, Margaret and Kina.⁷⁷⁸ Margaret fell pregnant and when the baby girl was born the couple decided to call her Kina. Years later, Kay De Villiers discovered some of the scrapbooks that his late wife Kina had compiled during their time in the United Kingdom. He was astonished to find "The Book of Charl", full of pictures of him and the Legg's daughter playing as infants. Kay De Villiers shed a few tears when he read his departed wife expressing her delight when she heard that the child had

⁷⁷⁵ Mrs Annami Jonker, email correspondence with author, 17 July 2020.

⁷⁷⁶ J.C. De Villiers, Personal Correspondence, File 1950 - 1970: J.C. De Villiers- Dr Andre Hugo, 19 November 1960.

⁷⁷⁷ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

⁷⁷⁸ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 2 May 2020.

been named Kina.⁷⁷⁹ After Kina's death, Kay De Villiers went out of his way to keep in touch with her namesake during his frequent visits to the United Kingdom.⁷⁸⁰ Kay De Villiers and Nigel's friendship lasted until 2017, when he died a year before Kay De Villiers.⁷⁸¹

From the correspondence which exists between Kay De Villiers and the Langfitts, it appears that he, Kina and Charl spent a very fruitful and happy time in Philadelphia, USA. The celebrations which they shared with the Langfitts at the end of 1965 would turn out to be the last normal Christmas that Kina would enjoy.⁷⁸² Kay and Kina De Villiers had developed the habit of reading to one another anything they came across which was beautiful or interesting. At the time Kay De Villiers was reading *Mount Olive* by Lawrence Durrell and had just read a passage that he wanted to share with his wife. She was sitting in the bath with her back to him and he noticed that she had lost weight. When she emerged from the bath Kay De Villiers asked her how she felt. After a pause she admitted to a slight swelling in her abdomen over the past week. He examined her and realised that she had fluid in the abdomen and a large lymph node in the left-hand side of her neck. He immediately realised that she must have a malignancy in her abdomen. Kay De Villiers phoned Jannie Louw at GSH and made arrangements for her to be admitted upon their return. They left the United States as soon as it was possible.⁷⁸³

Kay De Villiers, Kina and Charl arrived in Cape Town on a Sunday early in 1966 and the following day she was admitted to the gynaecological ward in GSH, which Prof Jannie Louw had arranged. She soon underwent surgery and was found to have cancer of the ovary. By the time that Kina was admitted, Jeanne du Plessis had qualified as an anaesthetist and was on the staff of GSH. She took a great interest in her friend's condition to the extent that she assisted with the nursing of Kina. In many respects, the two women became soul mates.⁷⁸⁴ A nurse who had worked in J7, the cancer ward, and cared for Kina, remembers her as a "lovely woman who never complained, despite suffering a great deal from regular drainage of her swollen abdomen. Her husband, Kay De Villiers, visited her daily and was always polite and kind to the nursing staff".⁷⁸⁵

⁷⁷⁹ J.C. De Villiers, Personal Correspondence, File Legg: J.C. De Villiers - Dr Nigel Legg, 21 December 1971.

⁷⁸⁰ *Ibid.*, File 1971-1980: J.C. De Villiers - Miss Kina Legg, 25 July 1973.

⁷⁸¹ *Ibid.*, File 2000-2018: J.C. De Villiers - Mrs Margaret Legg, 1 December 2017.

⁷⁸² *Ibid.*, File 2000-2018: J.C. De Villiers - Mrs Caroline Langfitt, 13 December 2005.

⁷⁸³ Cluver Family Records: Transcript of interview of J.C. De Villiers by Mrs Ruda Landman, 18 April 2018.

⁷⁸⁴ *Ibid.*

⁷⁸⁵ Mrs Liz Anderson (nee Batho): Telephonic interview by Dr J.R. Cowlin, 8 March 2020.

In February, Kay De Villiers received a letter from Wylie McKissock to express his concern about Kina, “These happenings are bad enough when the old or elderly are involved but so much more dreadful in the young. You have all our sympathy”.⁷⁸⁶

It was only after Kina was discharged that Kay De Villiers was appointed to the department of neurosurgery at GSH. Later that year, Kay De Villiers received a letter from his old classmate, Ted Burrows, asking how he could help him find comfort in his anguish. He only hoped that Kina’s decline would not be too painful. He warned that she would struggle to cope with Kay De Villiers’s and Charl’s grief, particularly when she was no longer there to comfort them. “There is no time to feel sorry for yourself; you must show Kina that you are ready to face the challenges of your life without her or else the last journey with her will be very unhappy”.⁷⁸⁷ As Kina’s health was deteriorating, she expressed her concern to Jeanne Du Plessis that Kay De Villiers would have difficulty bringing up Charl by himself, to the extent that she hinted that she, Jeanne considers marrying Kay De Villiers after her passing.⁷⁸⁸ Annami Jonker has an idea that Kina encouraged Kay De Villiers to remarry soon after her death, perhaps to someone like Jeanne, who could care properly for Charl.⁷⁸⁹

It seems from the correspondence between Kay De Villiers and Tom Langfitt that during their time in Philadelphia the two families had become close. In March, Langfitt wrote to Kay De Villiers to say that according to his American gynaecological colleagues, the prognosis for ovarian cancer was a lot better at that stage, particularly as Kina’s immune system had responded well to the radiation she was receiving. It was also gratifying that many of Kay De Villiers’s old friends from South Africa had not forgotten them and were rallying in support of him and Kina.⁷⁹⁰ By April of that year, Kina had recovered to the extent that she could be discharged from hospital. During her hospitalisation, Kay De Villiers had bought a house for them at 7 Finsbury Avenue, Hiddingh Estate in Newlands. He was able to purchase the property by borrowing R8,000 from a Mr C.B. Maclure, secured by a mortgage bond

⁷⁸⁶ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom Griffith - McKissock, Folder McKissock, Dr Wylie McKissock – J.C. De Villiers, 15 February 1966.

⁷⁸⁷ US Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Burrows, Dr E. Burrows – J.C. De Villiers, 8 August 1966.

⁷⁸⁸ Mrs Hannie De Vries: Interview by Dr J.R. Cowlin, 24 June 2020.

⁷⁸⁹ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

⁷⁹⁰ U.S. Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA De Saussure – Langfitt, Folder Langfitt, Prof Tom Langfitt – J.C. De Villiers, 2 March 1966.

registered on 5 April 1966.⁷⁹¹ Kay De Villiers, Kina and Charl were able to move into their own home at the end of that month.⁷⁹²

Towards the end, Kina expressed the desire to visit Stellenbosch once again. One afternoon Kay De Villiers placed her gently into the back of their motorcar and drove to Stellenbosch. They drove slowly through the beautiful little town reminiscing about all the places they had visited and enjoyed. On the way home they passed Die Soete Inval and wondered whether a relative of Kay De Villiers's, Dr Con De Villiers was home. On a whim, they stopped and heard the strains of beguiling music wafting from his home. Kay De Villiers carried Kina to the front door and within minutes they were welcomed by a beaming Dr Con. He was playing music from the Lieder Collection, specifically *Der Nussbaum* by Schumann. The music transported them all and for a short time Kay De Villiers was able to forget the inevitability of Kina's death.⁷⁹³

Kay De Villiers considered it wise to ask his good friend Aneen Muller and her new husband Ampie to look after Charl at their home in Port Elizabeth during Kina's final days. On the last day of 1966, he wrote to Aneen to say how grateful he was that they could care for Charl during this traumatic time in their lives.⁷⁹⁴ He described how Kina had been determined to stay alive in order to celebrate one last Christmas with Kay De Villiers and Charl. She was now exhausted and unable to "fight anymore".⁷⁹⁵ Kina was glad that Charl had left the home at this time. Kina died on 12th January 1967, just over a year from the start of her illness in Philadelphia, USA. She chose to have her ashes scattered on a farm near Swellendam owned at the time by a friend of Kay De Villiers's, Koos Hoender.⁷⁹⁶

By this time, Charl was seven years old and only returned home after 2 months with the Mullers. He seemed to be very calm and accepting of Kina's death. Upon his return home, his only question to his father was what had happened to her remains. Kay De Villiers explained that she had been cremated and that they would scatter her ashes in accordance with her wishes. Charl promptly went and made a small wooden box in which to keep what was left of

⁷⁹¹ Mrs Elfrida Bothma Records: Mortgage Bond in Favour of Christopher Basset Maclure, 5 April 1966.

⁷⁹² U.S. Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA De Saussure – Langfitt, Folder Langfitt, J.C. De Villiers - Prof Tom Langfitt, 15 April 1966.

⁷⁹³ J.C. De Villiers, Personal Correspondence, File 2000-2018: J.C. De Villiers - Mrs Petro Du Toit, 11 September 2001.

⁷⁹⁴ Mrs Beverley Roos Muller Collection: J.C. De Villiers - Dr Aneen Muller, 31 December 1966.

⁷⁹⁵ *Ibid.*

⁷⁹⁶ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

his mother. Kay De Villiers thanked his close friends from the bottom of his heart for caring for Charl and protecting him during such a traumatic experience.⁷⁹⁷

As it happened, the Langfitts were one of the first to offer condolences. They expressed the hope that Kina had not suffered for too long and said that they would offer a prayer for her in their church on the following Sunday.⁷⁹⁸ Wylie McKissock was not far behind. On the 17 January, he penned a letter to Kay De Villiers saying that at this long distance there was little that he and his wife could do except to appreciate what this sad event must mean to Kay De Villiers.⁷⁹⁹

Within days Kay De Villiers had received a letter from M.E.R. as follows:

“Kay De Villiers, as ek begin treur oor Kina dan gaan my gedagtes oor na die geluk wat sy gehad het – in jou en Charl - ‘n besondere volmaakte geluk. Min ondervind so iets – ek sien julle nog in die huis lanks Morgenzon” (Kay De Villiers, when I mourn Kina, my thoughts go to the happiness she had - with you and Charl – a complete happiness. Very few people experience this – I still see you in the house next to Morgenzon).⁸⁰⁰

Along with all the other letters of condolence which Kay De Villiers received was a letter of support from his dear friend Nigel Legg. “I can feel proud of you both, and particularly of Kina, for the manner in which she left her earthly tent..... I can feel the pride although I can only guess at the sorrow but I want to share it with you”.⁸⁰¹

Soon Kay De Villiers received a letter from a close friend of Kina’s;

“When I first met Kina I was at an age when people perhaps make the deepest impression. From our first meeting and drive home to Stellenbosch Kina became the friend I was to trust, confidant and a sister. She helped me in my studies, hard work and guided me in the difficult years as a teenager

⁷⁹⁷ J.C. De Villiers, Personal Correspondence, File 1950-1970: J.C. De Villiers - Dr Ampie and Mrs Aneen Muller, 26 January 1967. See Chapter 12 for more on this.

⁷⁹⁸ U.S. Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File USA De Saussure – Langfitt, Folder Langfitt, Prof Tom Langfitt - J.C. De Villiers, 26 January 1967.

⁷⁹⁹ *Ibid.*, File United Kingdom Griffith – McKissock, Folder McKissock, Dr Wylie McKissock – J.C. De Villiers, 17 January 1967.

⁸⁰⁰ J.C. Steyn: *Die 100 Jaar van M.E.R.*, p. 513. The house was adjacent to the three houses where M.E.R. and her two sisters lived in Swellendam.

⁸⁰¹ J.C. De Villiers, Personal Correspondence, File Legg: Dr Nigel Legg –J.C. De Villiers, 24 April 1967.

and student. Many have been the occasions when I have recalled, followed or given that advice she gave to me. She had a patience with the old and young which I've never met in any other girl, and a gentle voice and full happy laugh so often and easily recalled. She has been an example of an understanding and proud wife, loving mother and great friend. There are many like me, who owe so much to Kina. My deepest sympathy to you and Charl. Most Sincerely, Diana".⁸⁰²

Over 10 years later, Kay De Villiers wrote to a clinical psychologist, describing how his attitude to death had evolved since he qualified as a doctor. When he was a house surgeon he had worked for an extremely arrogant doctor who bluntly told an elderly lady that she would die shortly. In Kay De Villiers's words "he offered no hope, he offered no support and he gave no explanation".⁸⁰³ It was as if the doctor had sentenced her to death. When he was in Swellendam as a general practitioner, he followed the lead of his senior partner who never told his patients the truth. He regrets having been evasive to two deeply religious patients, who with hindsight, may have been able to accept the inevitable and possibly enriched their last few weeks of life.⁸⁰⁴ Kay De Villiers goes on to write the following;

"This was then my attitude until I came across a young woman who at the age of 36 realised from the first word that she was going to die when she was confronted with symptoms and signs, which even to her non-medically trained eye, spelt only one thing. She accepted it, she planned the remainder of her life accordingly, created a home for her husband and child with the greatest joy and, by the way, she was not very religious. She also found immense pleasure in the company of friends, music and theatre which were her great loves during her short life. She accepted the moment of death as you and I would accept going on a journey except that she did not know the exact day. She taught me something that I had never known. She was my wife".⁸⁰⁵

⁸⁰² J.C. De Villiers, Personal Correspondence, File 1950-1970: Letter from Diana (surname unknown), 1 February 1967.

⁸⁰³ *Ibid.*, File 1971-1980: J.C. De Villiers- Miss A.E. Fisher, 14 December 1979.

⁸⁰⁴ J.C. De Villiers, Personal Correspondence, File 1971-1980, J.C. De Villiers – Miss A.E. Fisher, 14 December 1979.

⁸⁰⁵ J.C. De Villiers, Personal Correspondence, File 1971-1980, J.C. De Villiers, - Miss A.E. Fisher, 14 December 1979.

Unfortunately Kina's death reverberated in both Kay De Villiers's and Charl's lives for many years. Towards the end of Kay De Villiers's life, he confessed to Annami Jonker that he had not adequately explained Kina's death to his son. He regretted that he was unable to support Charl during his bereavement, as Kay De Villiers himself was so devastated by his loss.⁸⁰⁶ It seems that Kay De Villiers protected himself during his bereavement and was unable to share the process of healing with his son. At Kay De Villiers's funeral, Charl, somewhat unexpectedly, addressed the mourners by saying that he had been just as devastated by Kina's death as his father. For months after, Kay De Villiers would frequently lie on the floor of the lounge listening to music, more often than not Schubert's Lieder. Charl was unable to get through to his father when he needed love and comfort - he would go to bed alone.⁸⁰⁷

Many years later, Kay De Villiers received an invitation from the Dean of the Faculty of Medicine, Prof George Dall to attend a farewell reception for Prof Lynn Gillis, the retiring professor of psychiatry at GSH/UCT. He unfortunately was unable to attend because of another commitment and wished the professor well in his retirement. On a personal level, he thanked Lynn Gillis for a brief conversation they had held one afternoon when walking between the old J Block and the main hospital in 1967. As a result of the professor's comments, Kay De Villiers had realised that he was deeply depressed. Once he had the correct diagnosis, he was able to "change course, adjust and take cognizance of reality".⁸⁰⁸

Charl was enrolled at the English-speaking South African College School (SACS) in Newlands, not far from their home. The school is a boy's only institution, with a formidable reputation for academic achievement and sporting prowess. Charl did not fit in and at times he was picked on by the other boys. He became very unhappy and eventually Kay De Villiers was persuaded to send him to the nearby Afrikaans speaking co-educational school, Groote Schuur, where he completed his schooling in 1977. During Charl's high school years, Kay De Villiers served on the School Committee, finally retiring in his son's last year.⁸⁰⁹

As Charl passed from adolescence to adulthood Kay De Villiers began to question the price he was paying for his success. In a letter to Nigel Legg he noted that when a man reaches a peak in his career, he tends to get caught up in this

⁸⁰⁶ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

⁸⁰⁷ Mrs Hannie De Vries: Interview by Dr J.R. Cowlin, 24 June 2020.

⁸⁰⁸ J.C. De Villiers, Personal Correspondence, File 1981-1990: J.C. De Villiers - Prof L. Gillis, 16 February 1989.

⁸⁰⁹ Mrs Elfrida Bothma Records, File Groote Schuur High School: Head Master - J.C. De Villiers 1977.

“.....whirlpool of activity, leaving home early, not coming home in the middle of the day, coming home late at night, the children hardly ever seeing him and when they do see him, he is tired and not a terribly good father. Indeed, he is a miserable father and he gets his correct criticisms from the smallest children because they have no guile and they have no idea of what ought to be said, they just say it and then one day they will frankly say you are always tired. Then you realize who is paying for that busy man’s success”.⁸¹⁰

As it turned out, Kay De Villiers’s remarks to his great friend turned out to be remarkably prescient. When Charl was an adolescent, he started experiencing problems at school which prevented him from writing examinations at the end of Grade 11. Kay De Villiers explained in a letter to a good friend that Charl was experiencing a delayed reaction to Kina’s death. He had been consulting a clinical psychologist who felt that Charl had never become fully reconciled to her death. It would take some time before he would return to normal.⁸¹¹

It seems that this optimism was somewhat misplaced. Some six months later Kay De Villiers again wrote to Nigel Legg to report that: “Charl had descended into the most abysmal depression” because he had never worked through Kina’s death.⁸¹² Nevertheless, Kay De Villiers was “relieved that they had a most wonderful closeness, understanding and conversation between them in recent years, despite all of this”.⁸¹³ By 1982, Kay De Villiers was Chairman of the Council of UWC and the Management Committee of the Cape Medical Museum, in addition to his duties at UCT/ GSH. In two years he would be appointed the Chairman of a commission into the future training of medical students in South Africa.⁸¹⁴

Kay De Villiers’s love for Kina remained fixed in his memory. At his 70th birthday party at a restaurant near his home, he devoted much of his speech to Kina in Jeanne’s presence. In the end he broke down in tears and had to be comforted by the other guests.⁸¹⁵

⁸¹⁰ J.C. De Villiers, Personal Correspondence, File Legg: J.C. De Villiers- Dr Nigel Legg, 11 January 1979.

⁸¹¹ *Ibid.*, File 1981-1990: J.C. De Villiers - Mr and Mrs Martin Leemhuis, 29 November 1982.

⁸¹² J.C. De Villiers, Personal Correspondence, File Legg: J.C. De Villiers- Dr Nigel Legg, 29 June 1983.

⁸¹³ *Ibid.*

⁸¹⁴ See Chapter 6, “Leadership through service”.

⁸¹⁵ Mrs Beverly Roos Muller: Interview by Dr J.R. Cowlin, 7 December 2020.

Jeanne and Elfrida

Kay De Villiers's second wife, Jeanne du Plessis, was born on 14th September in 1933 in Middleburg in the Cape Province. Her junior school education took place in Middleburg and she then attended the Central High School in Bloemfontein.⁸¹⁶ Jeanne won a bursary for top marks in the Free State Junior Certificate Examination at the end of 1949 and matriculated in 1951.⁸¹⁷ She graduated with an MB ChB from UCT in 1958 having been one of 11 female students in a class of 98. She won the Gold Medal for Medicine and was the first female intern to work for Jannie Louw. She then left for the United Kingdom and must have met Kina and Kay De Villiers in Holland around that time. Upon her return to South Africa, she approached Jannie Louw with a view to training as a general surgeon. Her request was refused on the grounds that she was a woman.⁸¹⁸ She then joined the department of anaesthetics at GSH as a registrar and qualified with an M Med in 1963, becoming the third female to qualify as an anaesthetist in South Africa.⁸¹⁹

Dr Hannah Reeve Sanders, one of Kay De Villiers's friends from medical school, recalls that following Kina's death, colleagues advised him to marry a younger woman as soon as possible.⁸²⁰ During Paul Cluver's first stint in neurosurgery there were times when he was the only registrar. One evening he was called by the casualty officer to care for a patient who needed emergency neurosurgery. All the anaesthetic registrars were busy, so he had no alternative but to call the consultant on duty, which turned out to be Jeanne du Plessis. Paul knew that senior consultants were very reluctant to be called out at that time of the night by junior registrars and so he was expecting some resistance. As it happened, when Jeanne heard that the neurosurgeon on duty was Kay De Villiers, she did not hesitate and said "I will be there immediately!"⁸²¹

Paul Cluver remembers that the unattached female staff of GSH found Kay De Villiers extremely attractive. After all, he was now single, good-looking, brilliant and a rising star in academia. With hindsight, it was perhaps not surprising that Kay De Villiers's choice of his

⁸¹⁶ Mrs Annami Jonker: E mail correspondence with author, 9 January 2020.

⁸¹⁷ *Volksblad*, Saterdag 12 February 1949, "Vrystaat Junior Serifikaat Wenner".

⁸¹⁸ Dr Paul Cluver: Telephonic interview by Dr J. R. Cowlin, 13 April 2020.

⁸¹⁹ Prof P. Gordon & Dr N.Finkelstein: "Obituary Dr Jeanne du Plessis", *South African Medical Journal*, (107), (2), February 2017, p. 94.

⁸²⁰ Dr Hannah Reeve Sanders: Interview by Dr J.R. Cowlin, 10 September 2019.

⁸²¹ Dr Paul Cluver: Interview by Dr J. R. Cowlin, 7 October 2019.

next wife was Jeanne Du Plessis.⁸²² Hannah Reeve Sanders remembers Kay De Villiers visiting at her cottage in Bantry Bay and over coffee he announced that he would be marrying Jeanne. Hannah was genuinely delighted and congratulated him immediately.⁸²³ They were married on 24th March 1968 in Rondebosch, Cape Town. Very soon thereafter, the happy couple received a letter of congratulations from Ted and Anne Burrows, wishing both Jeanne and Kay De Villiers a great deal of luck in the future.⁸²⁴ During April, Kay and Jeanne De Villiers received a letter from Wylie McKissock and his wife Rachel, congratulating them on their marriage.⁸²⁵ Jeanne Du Plessis resigned as a matter of principle from the department of anaesthetics in order to devote her time to her husband and his son, Charl.⁸²⁶

The couple adopted a sister for Charl and a daughter for Jeanne, whom they called Elfrida, on 5 July 1970. By this time, Kay De Villiers was 42 years old and Jeanne 37. Charl was some 10 years older than her. Thus, by the time Elfrida was in high school, she was an only child. During their childhood, attendance at Sunday school was obligatory. Kay De Villiers was pedantic about good table manners and when these were not observed, Elfrida would have her ears twisted mercilessly. She grew up becoming terrified of him as she felt that she bore the brunt of Kay De Villiers's temper tirades.⁸²⁷ She attended Groote Schuur Junior and High Schools. Early in her schooling, she began to fall behind the other pupils academically. Eventually Kay De Villiers and Jeanne arranged for her to consult a child psychologist who diagnosed Attention Deficit Hyperactivity Disorder (ADHD) and prescribed Ritalin. Kay De Villiers did not agree with this treatment and Elfrida had to struggle with this problem for the rest of her schooling. As a teenager, she was not allowed to visit her friends or go to parties, so she started lying about her whereabouts. Eventually her deceit was discovered by Jeanne and Kay De Villiers, and somehow Elfrida managed to find the courage to persuade them that it would be better for them to know where she was at night. Eventually they relented and Jeanne agreed to transport her to and from the parties.⁸²⁸

During her school career, Elfrida excelled at athletics and hockey, eventually getting Western Province colours for both sports. Kay De Villiers was always too busy to take any interest in

⁸²² *Ibid.*

⁸²³ Dr Hannah Reeve Sanders: Interview by Dr J.R. Cowlin, 10 September 2019.

⁸²⁴ U.S. Special Collections: J.C. (Kay) De Villiers Collection Ms 392, File United Kingdom, Folder Burrows, Ted Burrows – J.C. De Villiers, 22 April 1968.

⁸²⁵ US Special Collections: J.C. (Kay) De Villiers Ms 392, File United Kingdom, Griffith – McKissock, Folder McKissock, Dr Wylie McKissock – J.C. De Villiers, 3 April 1968.

⁸²⁶ Mrs Annami Jonker: Interview by Dr J.R. Cowlin, 8 October 2019.

⁸²⁷ Mrs Elfrida Bothma: Interview by Dr J.R. Cowlin, 18 July 2020.

⁸²⁸ *Ibid.*

her activities, but fortunately Jeanne went out of her way to attend her hockey matches and athletic competitions. Somewhat bitterly, she says that the only time she knew she had a father, was when she did something wrong. Elfrida recalled that Kay De Villiers's colleagues and friends knew more about his life than either she or Charl ever did. Kay De Villiers never spoke to them about his work or his past. His children always saw him as a distant, influential and commanding figure. She recalls that he seldom played with them and that she found her father very cold and unemotional. When he wasn't involved in his professorial duties, he was chairing this or that committee or travelling overseas.⁸²⁹

Yet Elfrida readily concedes that there were some happy times during her childhood. In a letter written to a close friend, Aneen Muller, in 1975, Kay De Villiers mentions the holiday house that they had just completed at number 249 Perspicina Rd, Rooi Els. He said that it was more expensive than expected, so they would have to wait before they could furnish the home. Nevertheless, he and Jeanne were grateful to have a "place at the sea" for the children.⁸³⁰ Elfrida fondly recalls good times with her father at Rooi Els. Kay De Villiers would relax as soon as he arrived and enjoyed braaing (barbeque) for the family while he and Jeanne enjoyed a drink as the sun set over the sea. Kay De Villiers and Elfrida would walk on the beach in the morning with her dog Paljas. Elfrida shared his love for animals, so there were always cats and dogs in the home. She does not remember her father ever wearing bathing trunks at Rooi Els – he did not like swimming. She also enjoyed celebrating Christmas with her family. Kay, Jeanne and Elfrida De Villiers would always visit the patients in the department at GSH on Christmas morning and serve them tea and cake prepared by the nursing staff.⁸³¹

While at home, Elfrida always felt excluded as she felt that she was not on the same intellectual level as Kay De Villiers, Jeanne and Charl. At the age of 35, she finally managed to locate her biological mother, with whom she is still in regular contact. Kay De Villiers was profoundly disturbed by this development. Elfrida nevertheless regards Jeanne as her proper mother and is extremely grateful for the care and protection that she gave her as a child and young woman. Throughout her life, Elfrida remained close to Jeanne. She was particularly supportive during her terminal illness, when she was made to promise that she would look

⁸²⁹ Mrs Elfrida Bothma: Interview by Dr J.R. Cowlin, 18 July 2020.

⁸³⁰ J.C. De Villiers, Personal Correspondence, File 1971-1980: J.C. De Villiers- Mrs Aneen Muller, 11 March 1975.

⁸³¹ Mrs Elfrida Bothma: Interview by Dr J.R. Cowlin, 18 July 2020.

after Kay De Villiers, herself and the grandchildren.⁸³² Jeanne died in Elfrida's arms on the 20th November 2016 of a renal malignancy.⁸³³ At her funeral Kay De Villiers arranged for Brahms's Clarinet Quintet to be played in remembrance of the first time they had met.⁸³⁴

Christine Loukakis

Kina's sister's youngest daughter, Christine, grew up in awe of her uncle. Her earliest memories of him were of him talking to cats and dogs, animals which Kay De Villiers adored. Christine got the impression that the animals were reading his mind. Growing up, she grew to love his warm smile, ready welcome and the wonderful stories that he told. As an adult, with her own family, they visited Kay De Villiers and Jeanne frequently when they were in Cape Town. Christine was very aware of Kay De Villiers's academic brilliance, his wide knowledge and his command of language. He was also deeply concerned about his fellow man, the well-being of others and was normally humble, but tinged with a quiet arrogance. Christine and Kay De Villiers shared a love for music, particularly Vivaldi's Four Seasons, good food, wine and interesting conversation. Kay De Villiers spoke to her of:

“.....a hard, stern upbringing with little connection to his parents, children must be seen and not heard.... Kay De Villiers had always to cope with other people's jealousies his whole life.... He had looks, brains, charisma.... I know that his two children found it hard to live in the shadows and expectations, Kay De Villiers expected a lot and all parents are harsh on their own children in a way that they are not to others. Kay De Villiers adored Charl and often spoke about him with great admiration and pride. With Elfrida he knew in his heart of hearts that she is a good person and he was so impressed that she cared for Jeanne so beautifully until her last breath. Perhaps relating to his children was hard for Kay De Villiers”.⁸³⁵

Christine, Kina's niece and Andries, her godson, visited Kay De Villiers on the 5 June 2018. That would be the last time they saw him - he died that night.⁸³⁶

⁸³² *Ibid.*

⁸³³ P. Gordon: "Obituary Dr Jeanne du Plessis", *South African Medical Journal*, (107), (2), February 2017, p. 94.

⁸³⁴ Mrs Annami Jonker, email correspondence with author, 17 July 2020.

⁸³⁵ Mrs Christine Loukakis: E mail correspondence with candidate, 4 February 2020.

⁸³⁶ Mrs Christine Loukakis: Telephonic interview with candidate, 4 February 2020.

Conclusion

Judging from the correspondence between Kay De Villiers and his close friends during Kina's terminal illness, it seems that there was an awareness of the possibility of future problems with Charl. With the benefit of hindsight, the evidence describes a man who was liked and respected by everyone in his family, with the possible exception of his son. Christine Loukakis, Kay De Villiers's niece, loved her uncle and sought out his company - yet, as an outsider she could clearly see the flaws in Kay De Villiers's approach to his children. Kay De Villiers's relationship with his children is complex and nuanced. They both considered him to be unapproachable and distant. Elfrida felt that he was unnecessarily strict at times and generally lacked warmth and affection and yet she readily concedes that there were happy times with her father particularly when they were on holiday. Charl was reluctant to discuss his father other than saying that they had a complex and difficult relationship.⁸³⁷ From Kay De Villiers's many letters to Nigel Legg two are quoted in this chapter – one written in 1979 and another in 1983. Both refer to Kay De Villiers's own awareness of his shortcomings as a father. It is possible that because of Kay De Villiers's poor relationship with his own father that he was unable to demonstrate a suitable level of compassion and understanding towards his own children. This complex and sensitive matter will be further explored in the overall conclusion.

⁸³⁷ Mr Charl De Villiers: E mail correspondence with candidate, 6 January 2020.

9 Life After Retirement (1994 – 2018)

The Emeritus Professor

Towards the end of Kay De Villiers's last year as the Mauerberger Professor of Neurosurgery, he received a letter from the Registrar of the University of Cape Town, Hugh Atmore, advising him of his appointment as Emeritus Professor. This rank allowed him to use this title in publications, official ceremonies and university duties. As far as the printed order and position in the academic procession is concerned, Emeritus Professors are senior to Professors, but junior to Members of Council.⁸³⁸ In the year following his retirement, he was advised that he had been appointed an honorary consultant at GSH effective 1 August 1994.⁸³⁹ His duties were those of a clinical teacher of registrars and medical students.

The word "clinical" is frequently misunderstood by lay people and unfortunately at times by medical practitioners themselves. The word refers to activities undertaken by a doctor at the patient's bedside. The clinical method encompasses more – it is the systematic interrogation of a patient using a standardized format, followed by the physical examination of the various functional systems making up a human body. In this process, the doctor can augment his examination skills with basic instruments, such as a machine to measure blood pressure, a stethoscope to auscultate internal organs such as the heart and lungs and instruments to examine bodily orifices, the interior of the eyes, components of the nervous system and so on. At the end of this process the doctor should be capable of making a differential diagnosis – this means a list of the possible maladies which the patient could be suffering from. In contemporary medical practice, there are a wide range of special investigations, including blood tests, x-rays and scans of different types which can be used to confirm the final diagnosis from the list of differentials.

Over the next twenty years, Kay De Villiers taught generations of students and registrars what he had learnt from Frankie Forman - the importance of taking a comprehensive history from the patient, followed by a meticulous examination. When teaching clinical skills on a particular patient, he explained to the medical students that he was as ignorant of any results of special investigations as they were. The diagnosis that they would then discuss would

⁸³⁸ J.C. De Villiers, Personal Correspondence, File 1991- 2000: Registrar UCT - J.C. De Villiers, 3 November 1993.

⁸³⁹ J.C. De Villiers, Personal Correspondence, File 1991- 2000: Dr Mitchell, Chief Medical Superintendent, GSH – J.C. De Villiers, 16 March 1994.

be based purely on clinical grounds. Only following such an interaction would they compare their clinical diagnosis to the one made by the registrars and consultants, supported by special investigations. Kay De Villiers and the students would discuss any disparities between the clinical diagnosis and the final diagnosis and on some occasions challenge it. He regularly attended the early Monday morning neurosurgical meetings to review the admissions of the weekend and enjoyed the opportunity to hear private sector colleagues presenting clinical problems.⁸⁴⁰

The Merging of Cape Medical Schools (1994-1995)

In October 1994, Kay De Villiers was appointed chairman of the Academic Priority Group by the Department of Health of the Western Cape Provincial Administration.⁸⁴¹ The group had been established to investigate the opportunities for rationalisation of the medical schools of UCT, Stellenbosch and the Dental Faculty at UWC.⁸⁴² Prof Andreas van Wyk became the Rector and Vice-Chancellor of Stellenbosch University in 1993. He had been the Vice-Rector since 1990 in charge of the operations of the University. In this capacity, he had spent a great deal of his time attending to management issues at the academic hospitals. For many years, he had shared a friendship with his counterpart at UCT, Prof Stuart Saunders. It came as a surprise to him when he heard that the incoming Western Cape Government, dominated by the ANC, had been considering ways and means of rationalising and possibly merging components of the medical facilities described above. When Andreas van Wyk heard that Stuart Saunders had been having these discussions with the future leaders of the Western Cape Government for some time, he felt betrayed. This ultimately led to the end of their friendship.⁸⁴³

Andreas van Wyk suspected that the moral and political support that UCT had provided to the ANC would place them in an advantageous situation with the new government. The two medical schools used GSH, Red Cross and Tygerberg hospitals for the training of medical students and registrars. Both prior to and after 1994, all hospitals in the Western Cape were

⁸⁴⁰ UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 2000-2018: Memorandum, 29 June 2012.

⁸⁴¹ J.C. De Villiers, Personal Correspondence, File 1991- 2000: Dr Tom Sutcliffe, Head of Department of Health, Western Cape – J.C. De Villiers, 10 July 1995.

⁸⁴² *Ibid.*, File 1991-2000: J.C. De Villiers - Mrs Audrey du Toit, 26 October 1994.

⁸⁴³ Prof Andreas van Wyk: Interview by Dr J.R. Cowlin, 29 May 2020.

operated by the provincial authorities with budgetary support from the National Department of Health. Andreas Van Wyk's fears were confirmed when it was suggested by UCT that the Stellenbosch Medical School become a facility for training undergraduates and the UCT Medical School be used to train specialists. This was totally unacceptable to the Dean of the Faculty of Medicine, Prof Jan Lochner and to Andreas Van Wyk himself.⁸⁴⁴

The council and management of Stellenbosch felt very strongly that Stuart Saunders and UCT were attempting to "take over" the Stellenbosch Medical School. During this process, Andreas Van Wyk and his colleagues from Stellenbosch had had no contact with Kay De Villiers, whom Andreas Van Wyk knew quite well. Such negotiations that did take place at management level were chaired by the Western Cape Department of Health, initially represented by Hannah Reeve Sanders, until her retirement in 1995. In these discussions, the universities were represented by Stuart Saunders and Andreas Van Wyk and their medical faculty deans respectively.⁸⁴⁵ Many years later, Stuart Saunders recalled that the initiative was driven by the Premier of the Western Cape, HERNUS KRIEL (1994-1998) and Ebrahim Rasool (1994-1998), the Member of the Executive Council for Health. They argued that UWC could provide the UCT and Stellenbosch Medical Schools with economies of scale for patient care and research. The training of medical students was ignored. Saunders claimed, "UCT strongly opposed it and it came to nothing".⁸⁴⁶

Medical Director of the Colleges of Medicine of South Africa

Kay De Villiers was approached by the Colleges of Medicine of South Africa to become the Medical Director for a few years to supervise the introduction of Continuing Medical Education (CME) and other strategic issues.⁸⁴⁷ He joined the staff of the College in a part time capacity at the Cape Town head office in Milner Road on 1 July 1995.⁸⁴⁸ Kay De Villiers defined CME as follows:

"Educational activities which serve to maintain, develop or increase the knowledge, skills and professional performance and relationship that a

⁸⁴⁴ Prof Andreas van Wyk: Interview by Dr J.R. Cowlin, 29 May 2020.

⁸⁴⁵ *Ibid.*

⁸⁴⁶ Prof Stuart Saunders: E mail correspondence with candidate, 14 May 2020.

⁸⁴⁷ J.C. De Villiers, Personal Correspondence, File 1991- 2000: J.C. De Villiers- Dr Peter Turner, 31 May 1996.

⁸⁴⁸ "The Colleges of Medicine of South Africa", *Transactions*, (39), (2), July – December, p. 57.

physician uses to provide services for patients, the public and the profession.”⁸⁴⁹

Within a year, he had provided the President and Council with a plan for ongoing CME for specialists and family practitioners. It was to a large extent based on existing programmes at the Royal Colleges in Britain, Canada and Australia. He pointed out that most competent doctors participate in CME, but it was often informal and unstructured. It was only the doctors who do not maintain their knowledge and skills who should feel threatened. Members of the College supported the need for CME enthusiastically.⁸⁵⁰

At the beginning of 1996, Kay De Villiers made it clear that he would not be renewing his contract due to his many other commitments. The President thanked him for “his superb contribution to College affairs.”⁸⁵¹

Neurosurgeons and the Law

Soon after “retirement,” Kay De Villiers decided to enter private practice for the first time since he had left Swellendam. He established his consulting rooms in Brodie Road, Wynberg, conveniently near the Magistrates Courts. The focus was primarily on medico-legal issues, although he did some consulting on neurosurgical problems as well. There is some uncertainty about whether he continued to operate. According to Mrs Celeste Herbert, his long-time secretary who retired in 1999, Kay De Villiers was still performing the “odd transsphenoidal.”⁸⁵² Paul Cluver, Freddie Kieck and Graham Fieggen are adamant that he only ever operated as an assistant.⁸⁵³

It seems that medico-legal practice became an attractive option for retired UCT neurosurgeons. Following in Kay De Villiers’s footsteps, a number of his consultants acted as expert witnesses in the courts of this country at different times. They include Paul Cluver, Freddie Kieck, Shafik Parker, Lorraine Lancaster and Gian Marus.⁸⁵⁴ Intracranial surgery is physically demanding because operations can often last up to ten hours and the surgeon is frequently dealing with delicate structures often essential for normal function. Thus these doctors accumulated vast experience during their professional lives. By the time they are

⁸⁴⁹ “The Colleges of Medicine of South Africa,” *Transactions*, (40), (1), Jan - June 1996, p. 29

⁸⁵⁰ *Ibid.*, pp. 28 – 30.

⁸⁵¹ *Ibid.*, (41), (1), Jan – June 1997, p.19.

⁸⁵² Mrs Celeste Herbert, email correspondence with candidate, 13 April 2020.

⁸⁵³ Dr’s Paul Cluver & Freddie Kieck: Telephonic interview by Dr J.R. Cowlin, 20 April 2020.

⁸⁵⁴ Dr Freddie Kieck: Interview by Dr J.R. Cowlin, 19 September 2019.

ready to retire, offering their experience and knowledge for the benefit of the court often becomes a more attractive option than operative neurosurgery.⁸⁵⁵

Expert witnesses are expected to be unbiased when providing their opinion on the degree of neurological damage or disability. They are briefed by lawyers acting for either the defendant or plaintiff, invariably motivated by different perceptions of the quantum of damages, which the court should award to their client. It is quite remarkable that when any of the neurosurgeons trained by Kay De Villiers were acting on “opposite sides”, they would generally consult each other in order to reach agreement on the extent of neurological damage sustained by the patient. In Paul Cluver’s experience, he had never appeared in court to defend his opinion against any one of the neurosurgeons trained by Kay De Villiers or against Kay De Villiers himself. As colleagues, they would consult and offer their combined assessment to the respective teams of lawyers. More often than not, the matter would be settled out of court. As a result, Paul Cluver seldom appeared in court. This happy state of affairs only changed when expert witnesses were drawn from disciplines other than neurosurgery.⁸⁵⁶

Kay De Villiers and Medical History

Kay De Villiers became entranced by history as a child in Klerksdorp. He used to play in the veld collecting doppies (used rifle cartridges) in an area where there had been a British camp during the South African War. He later visited Jacobsdal, his mother’s birthplace, and was told that the local church had been a hospital during the war. He grew up determined to know more about this war fought by his people against the British. He started collecting material on the war in 1965.⁸⁵⁷ The precursor to “*Healers, Helpers and Hospitals*” (*HHH*) was his book “*Vier Maande in Jacobsdal*”, published in 1998 in which he describes the military activities in the small Free State town at the beginning of the war.⁸⁵⁸ *HHH*, (Vol I and II) published in 2008, deals with the medical history of the South African War. Vol I describes the type and intensity of the injuries and disease on both sides in a chronological manner during the conflict. Kay De Villiers makes the point that Britain expected the war to be concluded in a few months. It actually lasted 3 years and resulted in 22,000 British fatalities.⁸⁵⁹ Vol II

⁸⁵⁵ Dr Gian Marus: Interview by Dr J.R. Cowlin, 23 April 2020.

⁸⁵⁶ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 27 April 2020.

⁸⁵⁷ J.C. De Villiers, *Vier Maande in Jacobsdal*, p. 1.

⁸⁵⁸ *Ibid.* p. 11.

⁸⁵⁹ J.C. De Villiers, *Healers, Helpers and Hospitals*, p.27.

describes in detail the treatment of the injuries sustained by soldiers on both sides as well as the medical equipment used during the conflict.

Soon after *HHH* appeared on the shelves, Prof Albert Grundlingh reviewed the book for *Die Burger*. His article was entitled “Liefdeswerk lewer waardevolle bydrae oor verwaarlose stuk oorlogsgeskiedenis” (Work of love produces valuable contribution on neglected war history).⁸⁶⁰ He welcomed the contribution by Kay De Villiers to the historiography of the South African War which had not hitherto been dealt with – that of the medical history. The book had obviously been widely researched, but in his view, relied more on secondary sources than archival material. Albert Grundlingh felt that more attention could have been given to the problem of providing medical care under difficult conditions by the commanders on both sides.⁸⁶¹

Die Burger ran another article by Martiens van Bart entitled “ABO medies saamgevat.” (Anglo Boer War medical assessment).⁸⁶² He describes a number of Kay De Villiers’s publications on aspects of the South African War prior to the appearance of *HHH*, such as *Vier Maande in Jacobsdal* and the military hospitals at the start of the war. He points out that the choice of English rather than Afrikaans was disappointing but understandable as more foreigners are interested in the South African War than locals. This can be confirmed by the number of overseas visitors to Boer War battle sites, compared to locals. He nevertheless considers that *HHH* makes a valuable contribution to a more complete history of the war.⁸⁶³

In the same year, Prof Peter Folb, in the Book Review section of the *South African Medical Journal*, published his comments on *HHH*. He was highly complimentary about the wide range of sources which were “compiled meticulously. No detail is too small”. He points out that the exclusion of the concentration camps “leaves a hiatus in ones’ understanding of the full impact of the medical impact of the war.” Folb is critical of the exclusion of the medical history of the black participants in the war. It seems clear “that hospital apartheid was already

⁸⁶⁰ A. Grundlingh: “Liefdeswerk lewer waardevolle bydrae oor verwaarlose stuk oorlogsgeskiedenis”, *Die Burger*, 29 June 2009.

⁸⁶¹ *Ibid.*

⁸⁶² M. Bart: “ABO medies saamgevat”, *Die Burger*, 5 September 2009.

⁸⁶³ *Ibid.*

well in place.” Yet overall Folb considers the book to be a valuable record of the war that will make it difficult for it to be forgotten.⁸⁶⁴

Prof Fransjohan Pretorius of the University of Pretoria published a review of the book in 2010 in *Historia*. After providing a brief overview of the book he concludes as follows:

“The lasting impression is that this work is a major contribution to our knowledge of the Anglo Boer War.⁸⁶⁵ It is overwhelming and authoritative, supremely authoritative. And the research done on both archival as well as secondary sources is impressive, very impressive. It is simultaneously a wonderful read and an excellent reference book.”⁸⁶⁶

HHH attracted more media attention after it won the UCT Book award in 2011. An article entitled “Medical focus on Anglo Boer War takes UCT Book Award” briefly describing the book, appeared in *Graduation News* in July 2011.⁸⁶⁷ *Die Burger* published an article on Kay De Villiers entitled “Prof Kay De Villiers onthou oorlog en genesing” (Prof Kay De Villiers remembers war and medicine).⁸⁶⁸ For this, Kay De Villiers was interviewed by Murray La Vita at his home in Newlands. During their discussion, Kay De Villiers referred to his deep friendship with M.E.R. and opened a copy of the complete works of William Shakespeare which she had given him in Swellendam. On the inside cover she had written in pencil, “Ek het geen hoop nodig om te begin nie. Ek het ook nie nodig om te slaag om te volhard nie” (I need no hope to start. I also do not need to succeed in order to persist.) Kay De Villiers had these words in a frame above his telephone, describing them as the greatest single thing that had ever been said to him. It is clear that both Shakespeare and M.E.R. were close to his heart.⁸⁶⁹

After Kay De Villiers’s death in 2018, Paul Murray wrote a memorium for *Litnet*. He describes *HHH* as follows:

⁸⁶⁴ Prof Peter Folb: “Healers, Helpers and Hospitals Vol I and II”, *South African Medical Journal*, (99), (9), 2009, p. 640.

⁸⁶⁵ There is a fair deal of controversy about the name of this war. In the past it was known as the Anglo Boer War, but more recently historians have pointed out that it involved other groupings in addition to the Boers – hence the South African War.

⁸⁶⁶ Prof Fransjohan Pretorius: “A long awaited exploration of military medicine,” *Historia*, (55), (1), 2010, pp.166-167.

⁸⁶⁷ Unknown Author: “Medical Focus on Anglo - Boer War takes UCT Book Award”, *Graduation News*, 6 June – 24 July 2011, Vol 30, no. 09.

⁸⁶⁸ M. La Vita: “Prof Kay onthou Oorlog en Genesing”, *Die Burger*, 14 January 2011.

⁸⁶⁹ *Ibid.*

“Out of all the great accomplishments in De Villiers’s career that reached universal proportions, the historical medical aspects of the South African War stand out as some of the supreme achievements of this genius and intellectual giant.”⁸⁷⁰

Dr Elizabeth van Heyningen, author of the “*Concentration Camps of the Anglo Boer War*,” commented that in her experience medical people who wrote history tended to concentrate on compiling reams of facts and devoted little effort to the critical analysis of events.⁸⁷¹

Kay De Villiers wrote two other books based on the South African War - “*Dwarstrekkers, Dweppers en Dokters*” (2011) and “*The Yeomen of the Karoo*.” (2016) In addition to these, he wrote a good number of short papers about the medical history of the war of which several were published in the *South African Medical Journal*.

The Baton Passes, Yet Again

During 2007, Kay De Villiers’s successor, Jonathan Peter decided to retire. Graham Fieggen, who had started his training under Kay De Villiers, was appointed in 2008 to succeed him. Initially, Graham Fieggen was reluctant to ask Kay De Villiers to make a farewell speech as he felt that he might not approve of some of the changes that Jonathan Peter had instigated during his term. He nevertheless insisted on saying a few words. Kay De Villiers acknowledged that he had been opposed to his consultants developing special interests. Jonathan Peter had changed this, allowing the department to offer a wider range of more specialised neurosurgical services. Graham Fieggen was pleasantly surprised that Kay De Villiers could support the changes that his successor had made.⁸⁷²

Kay De Villiers’s 80th birthday turned out to be an extended event. A lunch was arranged on his actual birthday at his favourite restaurant at Kirstenbosch attended by friends, colleagues and relatives. Charl was the Master of Ceremonies and had arranged for the guests to jot down anecdotes about how they viewed Kay De Villiers, or things “he had done in moments of insight, lack of insight, frivolity and points made while teaching.”⁸⁷³

⁸⁷⁰ Paul Murray, In Memoriam: J.C. (Kay) De Villiers, 7 March 1928 – 5 June 2018, Litnet.

⁸⁷¹ Dr Elizabeth van Heyningen: Interview by Dr J.R. Cowlin, 20 November 2019.

⁸⁷² Prof Graham Fieggen: Interview by Dr J.R. Cowlin, 9 May 2020.

⁸⁷³ J.C. De Villiers, Personal correspondence, File Legg: J.C. De Villiers - Dr Nigel Legg, 5 May 2008.

The next day was a gathering of the children and grandchildren, being the family celebration. On the 16th of the month, the department of neurosurgery invited Kay De Villiers to a tea party held in one of the wards at GSH where he was the guest of the nursing staff and registrars who had attended his teaching sessions during his last few years as Emeritus Professor. The highlight of the celebrations was a breakfast on Paul Cluver's farm, De Rust, followed by a walk in the surrounding mountains. Freddie Kieck did a Power Point presentation highlighting Kay De Villiers's achievements from the time he returned to South Africa in 1966 to the present. Kay De Villiers recalls the rest of the day as follows:

“This was a wine tasting, showing of pictures of days gone by and reminiscences, particularly humorous ones and this ended with a meal of spit roasted lamb and anything that went with it. Some colleagues came from Pretoria and Johannesburg – others wrote long contributions, particularly Dr Fuller from Natal and during this section Warwick Peacock called from Los Angeles and participated in the “do” telephonically. So, I've been thoroughly seen into my octogenarian status but cannot say with any degree of honesty that I feel much older.”⁸⁷⁴

Kay De Villiers soon wrote to Freddie and Selma Kieck, thanking them for the role that they had played in the celebrations.⁸⁷⁵ He explained to them that he had grown up in a strongly Calvinistic environment where his father did not believe in praising a child as it may make them think that are in some way superior and thereby destroy them. The consequence was that he had never really learnt to accept words of approval for things that he had done. A person should not seek fame, but he was nevertheless thankful for the recognition. So much humour, so much goodwill and so many pleasant memories. In hindsight, Kay De Villiers acknowledged that there had been certain regrettable occasions in the past, but these never affected this weekend of celebrations.⁸⁷⁶

Declining Standards

Dr Niki Maartens worked as a registrar for six months in the department of neurosurgery under Kay De Villiers in 1988. During this time, he began to enjoy the work and decided to

⁸⁷⁴ J.C. De Villiers, Personal Correspondence, File Legg: J.C. De Villiers- Dr Nigel Legg, 5 May 2008.

⁸⁷⁵ J.C. De Villiers, Personal Correspondence, File 2000-2018: J.C. De Villiers- Dr Freddie and Mrs Kieck, 9 April 2008.

⁸⁷⁶ *Ibid.*

specialise in neurosurgery. Kay De Villiers suggested that he continue his training in the United Kingdom with Prof John Pickard in Southampton, as he was concerned about declining standards in South Africa. Niki Maartens was very grateful to be endorsed by Kay De Villiers in this manner and ultimately worked at the Radcliffe Infirmary in Oxford under Prof Chris Adams. He returned to GSH in 1992, where he worked in the departments of paediatric surgery, intensive care, trauma and neurology - experience which would not be normally available to registrars in the UK.⁸⁷⁷ Niki Maartens kept in touch with Kay De Villiers whilst he was training at the Radcliffe. In 1996, he wrote to Kay De Villiers encouraging him to remain busy in his retirement and continue working on the medical history of the South African War.⁸⁷⁸ When he was about to be made a senior registrar at the Radcliffe, he asked Kay De Villiers whether he should do a research degree or complete his final neurosurgical qualifying examination.⁸⁷⁹ Kay De Villiers encouraged him to do the PhD because “We don’t know how things will move in South Africa and it may be an extra string to your bow”.⁸⁸⁰ Kay De Villiers explained that academic neurosurgery had deteriorated in Pretoria, Johannesburg and Bloemfontein, the professor at Stellenbosch had just retired and as yet, there was no obvious replacement. There was a shortage of “middle management” in academic neurosurgical circles countrywide, giving rise to succession problems. The situation had been caused by medical migration and the attraction of private practice - “The lure of money is now such that they all go for that like Gadarene swine”.⁸⁸¹

Furthermore, Kay De Villiers expressed concern about the decline of history taking and careful clinical examination taking place within the neurology speciality, which had now become entirely “image” centred (scan centred).⁸⁸² In his medico-legal practice, he had found that both neurologists and neurosurgeons had difficulty in distinguishing between post-traumatic amnesia or retrograde amnesia adequately:

“.....because they are too damn lazy or unskilled in the art of history taking.
I think that you should be glad that you are at a place where clinical

⁸⁷⁷ Dr Niki Maartens: Interview by Dr J.R. Cowlin, 2 January 2020.

⁸⁷⁸ J.C. De Villiers, Personal Correspondence, File 1991-2000: Dr Niki Maartens – J.C. De Villiers, 16 February 1996.

⁸⁷⁹ *Ibid.*

⁸⁸⁰ *Ibid.*, J.C. De Villiers- Dr Niki Maartens, 5 March 1996

⁸⁸¹ *Ibid.*

⁸⁸² *Ibid.*, J.C. De Villiers- Dr Niki Maartens, 31 May 1999.

medicine still has a link with an outstanding past and that you have the privilege of working with people who know and appreciate that”.⁸⁸³

Later that year, Kay De Villiers received a letter from Nigel Legg asking to help a neurologist friend of his who was considering working in South Africa.⁸⁸⁴ He replied by saying that he was doubtful if he could assist. He suggested that Nigel’s friend should contact the Medunsa Medical School, but was concerned that standards had deteriorated quite considerably. “A black person would be welcome there but a white one probably not”.⁸⁸⁵ At the University of the Witwatersrand Medical School and hospitals, a similar process of “rationalisation” was underway. The reorganisation of medical services in the country was conducted with a view to providing greater access for all population groups to public health facilities. The authorities seemed to resent the excellent Western Cape hospitals on the grounds that GSH, Red Cross and Tygerberg were considered “too academic.” Kay De Villiers apologised to his friend for the negative tone of the letter, “but things are really in a bit of a mess”.⁸⁸⁶ Kay De Villiers explained that one of the problems was that with political change, the incoming authorities wanted to restructure everything that existed before they came to power. This desire for change, often merely for change’s sake, was happening “in healthcare, as it happened in education and is going to happen with the Medical and Nursing Councils and many other things”.⁸⁸⁷

In 2001, Kay De Villiers complained, in a letter to Nigel Legg, about a change in curriculum at the Medical School. In the past, UCT had always been able to produce good doctors, but under the influence of “good socialists from England”, the teaching was now replete with “standard, meaningless phrases”.⁸⁸⁸ In the past, the most important thing in medicine was the relationship between the doctor and the patient. He said that currently, the students were taught that their responsibility to the community is far more important to that of their patient.⁸⁸⁹

⁸⁸³ J.C. De Villiers, Personal Correspondence, File 1991- 2000: J.C. De Villiers - Dr Niki Maartens, 31 May 1999.

⁸⁸⁴ J.C. De Villiers, Personal Correspondence, File Legg: Dr Nigel Legg- J.C. De Villiers, 14 March 1995.

⁸⁸⁵ *Ibid.*, J.C. De Villiers - Dr Nigel Legg, 12 March 1995.

⁸⁸⁶ *Ibid.*, J.C. De Villiers - Dr Nigel Legg, 12 March 1995.

⁸⁸⁷ *Ibid.*, File 1991- 2000: J.C. De Villiers- Mrs Carolyn Fowler, 14 March 1997.

⁸⁸⁸ *Ibid.*, File Legg: J.C. De Villiers- Dr Nigel Legg, 30 October 2001.

⁸⁸⁹ *Ibid.*

Life at Evergreen (2012-2018)

Kay and Jeanne De Villiers must have decided that the home in Newlands that he had bought in 1966 for his young family 45 years previously was becoming a burden. The house was sold on the 26 August 2011 for R3,5 million and he and Jeanne moved to 20 Evergreen Lifestyle in Bergvliet, Cape Town at the beginning of 2012.⁸⁹⁰ Kay and Jeanne De Villiers lost no time in becoming friendly with many of the other residents including Jill and Chris Newton and Jill Dower.⁸⁹¹ Kina Joubert and her partner, Wicus Leeuwner, continued their regular lunches with Kay and Jeanne De Villiers at Kirstenbosch where they would wait for them on the bench at the entrance. They were popular with the staff who always welcomed them warmly.⁸⁹²

Jill Newton renewed her association with Kay De Villiers when she bumped into him at the Evergreen club house.⁸⁹³ In due course, Kay De Villiers and her husband, Chris became friends, united in their common interest in history and classical music. The two couples would often lunch together at a local restaurant as Jeanne was not one for cooking and home entertaining. Jill recalls that after Jeanne died, Kay De Villiers was very lonely. He visited Chris and Jill on an almost daily basis, exchanging cd's and books. He and Chris shared a fine appreciation of J.S. Bach's works along with many of the other well known classical and romantic composers. Jill commented that Kay De Villiers was enormously popular with the staff at Evergreen and whenever he wanted something, he never demanded, but asked politely and thanked sincerely.⁸⁹⁴

From around this time, Elfrida started seeing more of her parents. As a more mature person she realised that she had to accept her father as he was. She recalls feeling that Kay De Villiers began to enjoy her company and looked forward to her visits.⁸⁹⁵ Soon after Jeanne's death, he became very lonely and Elfrida and her son moved in to help him. In the last few months before moving to Nazereth House, he became quite difficult about certain matters such as how his bed should be made. Elfrida did her best to comply. At one stage, Kay De Villiers said she should rather have trained as a nurse, because Elfrida cared for him so well.

⁸⁹⁰ Cape Town Deeds Office search, 23 September 2020, Mr Jan Truter, practicing attorney and conveyancer, Tokai, Western Cape.

⁸⁹¹ Mrs Jill Newton: Interview by Dr J.R. Cowlin, 9 October 2020.

⁸⁹² Miss Kina Joubert: Interview by Dr J.R. Cowlin, 19 September 2019.

⁸⁹³ See Chapter 5, "Kay De Villiers and His Patients."

⁸⁹⁴ Mrs Jill Newton: Interview by Dr J.R. Cowlin, 9 October 2020.

⁸⁹⁵ Mrs Elfrida Bothma: Interview by Dr J.R. Cowlin, 18 July 2020.

She considers it to be the greatest compliment he had ever paid her. During the years at Evergreen, Elfrida and Kay De Villiers at last made peace with each other.⁸⁹⁶

In 2013, Kay De Villiers and a colleague, Dr Otwin Bock, became very friendly as a result of their involvement in the Cape Medical Museum. Even before Jeanne's illness, Kay De Villiers's health was deteriorating, so invariably Otwin Bock visited him at Evergreen. Eventually he was unable to drive and sold his car and had to rely on friends for transport.⁸⁹⁷

Another resident, Jill Dower, met Kay and Jeanne De Villiers at the weekly Evergreen Tuesday evening dinner at the Club House. Jill had grown up in an English speaking home and matriculated at Wynberg Girls High School. However, she had studied at Stellenbosch and learnt to speak fluent Afrikaans. As the residents at Evergreen were mainly English speaking, Kay and Jeanne De Villiers gravitated towards Jill and they became friends. Jill soon realised that Kay De Villiers was an intellectual with a prodigious memory and a deep knowledge of a wide variety of subjects. They often attended music evenings together hosted by Herman Poelman, who as a child had been a musical prodigy. It soon became obvious that Kay De Villiers had an impressive understanding of music and was able to debate the relative merits of various soloists, conductors and composers. Following Jeanne's death in 2016, he became a frequent visitor, dropping in for a cup of tea and a chat about books which Jill confessed she sometimes found to be over her head. She would occasionally take Kay De Villiers shopping and on returning would struggle to find a place for the groceries between the books, files and documents spread all over his home.⁸⁹⁸

Graham Fieggen, now the Mauerberger Professor of Neurosurgery, is proud that he was instrumental in retaining Kay De Villiers's involvement with the department for as long as it was physically possible.⁸⁹⁹ In 2015, when Kay De Villiers was 87, he arranged a formal dinner at the Old Mutual Guesthouse in Bishops Court, Cape Town and invited both local and international colleagues. It became known as Kay De Villiers's "second retirement." Kay De Villiers's address was entitled "Time for you and a time for me".⁹⁰⁰ The highlights of the speech are presented below.

⁸⁹⁶ Mrs Elfrida Bothma: Interview by Dr J.R. Cowlin, 18 July 2020.

⁸⁹⁷ Dr Ortwin Bock: Interview by Dr J.R. Cowlin, 29 October 2019.

⁸⁹⁸ Mrs Jill Dower: Interview by Dr J.R. Cowlin, 14 October 2020.

⁸⁹⁹ Prof Graham Fieggen: Interview by Dr J.R. Cowlin, 18 November 2019.

⁹⁰⁰ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, File 2001-2018, Speech on Second Retirement, 1 August 2015.

“I consider myself to be remarkably privileged by having lived long enough to see what has happened to the department of neurosurgery which I inherited in 1966. Much that I had dreamt of, but could not bring to reality I now see turning into reality. Let us say that the time was not ripe, this could include or hide a hundred reasons or excuses. I realise that I had other tasks to fulfil in preparation and waiting for greater things to be able to happen later. They are happening now and I’m privileged to witness this”.⁹⁰¹

Kay De Villiers also considered it a privilege to address the now qualified neurosurgeons with whom he had been involved for the last 21 years. He used the occasion to say farewell to those colleagues of a lifetime with whom he had enjoyed conversations, tested ideas and could sometimes burden with his frustrations.

“You who have worked with me have, as time went by, noticed and kindly pretended not to have done so, the time given to some of those quirks for which the elderly are renowned: long-term memory being better than recent, a tendency to prolix, habitual repetitiveness, a wealth of stories of which some by repetition have come to lose their point! A tendency to have fixed ideas, the rekindling of characteristics of their parents, often of those which they had abhorred! The competent doctor can look at himself with a fair degree of success as an observer, but little if any skill as a therapist in preventing these, at times, embarrassing behaviour patterns.

This increased acuity of long-term memory, brings past events closer to them than experienced by people around them so they tend to underestimate the time lapse between an event and the recall of that event. The effect is the older one gets, the closeness of bygone times seems to be all that comes to be. This may create a problem with things one tends to remember about one’s children and they have forgotten in the normal process of growing up. What I have found amazing is the fact that one may suddenly have a clear memory of episodes or events, not necessarily dramatic ones, from one’s childhood. Similarly songs and poems that one had known long ago but was

⁹⁰¹ UCT Department of Neurosurgery: J.C. De Villiers, Professorial Correspondence, 2001-2018, Speech on Second Retirement, 1 August 2015.

not able to recall, would suddenly spring to mind and do so lucidly - bits of lightweight baggage unconsciously carried around!”⁹⁰²

Kay De Villiers then recited to the assembled guests the poem by Constantine Cavafy, Ithaka. He explained to the gathering what Ithaka means – the journey is its own reward and on the way one must exercise self-discipline to avoid the baggage.

“Time is slipping by our feet and the evening is waiting to be enjoyed. May your journeys be fulfilling and rewarding in things that money cannot buy. May life treat you gently. For those I have trained, thank you for entrusting your technical lives to me. May your journeys be fulfilling and rewarding in things that money cannot buy. May life treat you gently. In my end is my beginning. I request your understanding and indulgence as friends”.⁹⁰³

There were very few dry eyes left after the speech.⁹⁰⁴

It seems that the evening did not have the kind of triumphal conclusion that Kay De Villiers may have wished for. His son, Charl De Villiers, responded by describing his relationship with his father:

“...of that of being alone in a small boat in stormy waters at night. Not in trouble, just alone. One first hears the rumble of great engines and then the silhouette of a battleship takes shape out of the dark and drift – massive, looming, powerful, distant, unreachable – and then the night closes in behind it. One is grateful for the navy, but do not expect it to pay attention to the small insignificant man. It has far more pressing duties.”⁹⁰⁵

For those who attended, it was almost as if Kay De Villiers expected Charl De Villiers’s expression of alienation which he seemed to tacitly acknowledge. Dr Allan Taylor, and his wife Bettina, left the dinner feeling distinctly uncomfortable.⁹⁰⁶

⁹⁰² UCT Department of Neurosurgery, J.C. De Villiers, Professorial Correspondence, File 2001 – 2018, Speech on Second Retirement, 1 August 2018.

⁹⁰³ *Ibid.*

⁹⁰⁴ Prof Graham Fieggen: Interview by Dr J.R. Cowlin, 18 November 2019.

⁹⁰⁵ Mr Charl De Villiers, email correspondence with candidate, 13 July 2020.

⁹⁰⁶ Dr Allan Taylor: Interview by Dr J.R. Cowlin, 13 May 2020.

Jeanne De Villiers's renal malignancy led to a rapid deterioration of her health. When she became bedridden she was adopted by a cat, called Kieron. The cat had left home because her owner's dog constantly teased her. After Jeanne De Villiers's death Kieron transferred her affections to Kay De Villiers. As his mobility deteriorated due to severe back pain, he used a walking frame to navigate around the village with Kieron happily in the luggage basket. He often used the Evergreen club house for meetings and Kieron would wait outside until he returned. The residents soon became used to Kay De Villiers being followed everywhere by Kieron, his devoted cat.⁹⁰⁷

By this time, Kay De Villiers preferred meeting Kina Joubert and Wicus Leeuwner in Evergreen. She would serve a meal that she had prepared at her home in Montagu, which they would share. Kina Joubert was constantly amazed by Kay De Villiers's extraordinarily wide general knowledge and appreciation of music in particular. After dinner, he would often play various recordings of the same composition, pointing out differences in the interpretation of the score. He would close his eyes while listening and seem to be transported to another world. He enjoyed music by most classical composers, but particularly Schubert's Lieder. Kay De Villiers and Wicus Leeuwner would frequently have animated discussions concerning nature, firearms, science and history.⁹⁰⁸

By late in 2016, the pain in Kay De Villiers's lower back was becoming unbearable and he decided to consult Norman Fisher Jeffes, one of his trainees. He had self diagnosed a condition known as spinal stenosis, which is a degenerative process in the lower spinal column which causes pressure on the nerves as they exit the vertebrae. Norman Fisher Jeffes performed the necessary examination and scans, confirming the diagnosis. He asked a physician, Prof Vernon Louw to examine Kay De Villiers pre-operatively. He described Kay De Villiers as: "this 88 year old retired neurosurgeon who is still an active writer and researcher of the Anglo Boer War and South African history".⁹⁰⁹ He also confirmed that the circulation in his legs was adequate at that stage. Before operating, Norman Fisher Jeffes insisted on a meeting with Kay De Villiers and Charl De Villiers to formally appraise the family of the risks and possible complications of this type of surgery. Charl was supportive and displayed a level of concern one would expect from a son. In February 2017, Kay De Villiers underwent a decompression operation at Panorama Mediclinic and had an uneventful

⁹⁰⁷ Mrs Jill Newton: Interview by Dr J.R. Cowlin, 9 October 2020.

⁹⁰⁸ Miss Kina Joubert: Interview by Dr J.R. Cowlin, 19 September 2019.

⁹⁰⁹ Dr Norman and Ronnie Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

recovery. At the hospital, he enjoyed the private ward and being addressed as “Prof.” He fully recovered at a step-down facility in Muizenberg and for a further year his mobility improved and the pain elided considerably.⁹¹⁰

Later that year, Kay De Villiers heard from his great friend’s ex-wife, Margaret that Nigel Legg had died in November 2017. In his letter to Mrs Legg, he thanked her for remembering his interest and concern for Nigel. He said that he was pleased to see the extent of the family’s involvement, especially in the light of Margaret’s and Nigel’s divorce and his other relationships. Kay De Villiers and Nigel had shared an interest in the poetry of T.S. Eliot, particularly those of a biblical nature, “Journey of the Magi” and a “Song for Simeon”, urging her to “please read them again and think of our association since 1958”.⁹¹¹

As he was no longer driving, Ronny Fisher Jeffes accompanied Kay De Villiers to a number of his medical appointments. She was always impressed by the manner in which the Evergreen staff protected and cared for him. On these occasions Kay De Villiers openly acknowledged how Jeanne De Villiers had shielded him from many of their daughter’s problems. He also expressed his profound regret that he had not given his son sufficient attention after Kina’s death. They sensed that he desperately wanted a stronger bond with his grandchildren, which was not forthcoming. He was, by his own admission, becoming increasingly depressed. Ronnie recalls how, by this time Kay De Villiers was relying heavily on Norman Fisher Jeffes and Paul Cluver for advice and emotional support. Soon Elfrida De Villiers and her younger son had moved in to care for her father. Ronny commented that towards the end of his life, Kay De Villiers was an ageing and fragile man, fighting to retain as much independence and dignity that nature would allow.⁹¹²

Throughout his life Kay De Villiers had been a staunch member of the Dutch Reformed Church. As he and Jeanne De Villiers aged they gradually found that the dogma was becoming too inflexible and they joined the Kruiskerk in Pinelands, Cape Town.⁹¹³ After Jeanne’s death the church community became increasingly important for Kay De Villiers. The community decided to host his 90th birthday at one of their homes. During the celebration it became evident that he was struggling to walk steadily and seemed very weak.

⁹¹⁰ Dr Norman and Ronny Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

⁹¹¹ J.C. De Villiers, Personal Correspondence, File 2001-2018: J.C. De Villiers - Mrs Margaret Legg, 1 December 2017.

⁹¹² Dr Norman & Mrs Ronny Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

⁹¹³ This church is also part of the DRC, but was led by a more liberal prelate, Rev. Wynand Nel.

After lunch, Reverend Wynand Nel discreetly broached the matter of assisted living with him. He soon thereafter applied for accommodation in the Assisted Living section of Nazareth House in Vredehoek. He became excited at the thought of living near friends like Ortwin and Mary Bock who lived next door to Nazareth House and of course his son and his family.⁹¹⁴ However, Kina Joubert recalled the profound anguish that Kay De Villiers felt whilst making arrangements to leave for Nazareth House. When he and his wife had left Newlands, disposing of much of his vast library was traumatic enough. Now he had to find a home for the rest of his books, his music and his woodworking tools. Yet his primary concern was for the cat, who would never have understood why he had to leave. Kay De Villiers arranged for the new owners of his home to care for Kieron.⁹¹⁵ His fears as it turns out were unfounded - Kieron now spends the day with Jill Newton, who chases her back to number 20 for the night and at 6.30am Kieron is back at Jill's front door.⁹¹⁶ Whilst waiting to move, Kay De Villiers developed a debilitating pain in his left ankle. He asked Dr Norman Fisher Jeffes to visit him, where he found a large necrotic ulcer on his heel. He referred Kay De Villiers to Prof Danie du Toit, a vascular surgeon for investigation.⁹¹⁷

The Last Months

By the time Kay De Villiers had been in assisted living for about a week, Dr Danie Du Toit decided that the leg ulcer required surgery to unblock the artery. Kay De Villiers was re-admitted to Panorama Medi-Clinic where Norman Fisher Jeffes could keep an eye on things. Post-operatively the ulcer required wound care and elevation for about 3 weeks before it healed. Hetty Esselen was a frequent visitor during this time, as was Otwin Bock. Ronny observed that Kay De Villiers seemed to enjoy a closer relationship with Hetty Esselen than with his own children.⁹¹⁸ As Nazareth House did not have a step down facility he was sent for recuperation to the Helen Zille wing of the Palm Garden Retreat Retirement Village in Sea Point. Ronny recalls that Charl De Villiers was peripherally involved with the arrangements, but had difficulty coming to terms with his father's physical deterioration.⁹¹⁹ Apparently, Kay De Villiers was genuinely appreciative of the kindness and attention he received, in stark contrast to his imperious persona as professor.

⁹¹⁴ Rev Wynand Nel: Interview by Dr J.R. Cowlin, 23 September 2020.

⁹¹⁵ Miss Kina Joubert: Interview by Dr J.R. Cowlin, 19 September 2019.

⁹¹⁶ Mrs Jill Newton: Interview by Dr J.R. Cowlin, 9 October 2020.

⁹¹⁷ Dr Norman & Mrs Ronny Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

⁹¹⁸ *Ibid.*

⁹¹⁹ *Ibid.*

On his last day of life, he was visited by his Kina's niece, Christine Loukakis and her uncle, Andries Botha. When Kay De Villiers slipped into a coma, Ronny Fisher Jeffes was called by the staff, who thought she was family, wanting to know where he should be sent. Unable to contact Charl De Villiers she called Roland Eastman, who ordered them to transfer him to City Medi-Clinic.⁹²⁰ By this time, both his children had been contacted and drove directly to the hospital. Their father was on a ventilator in the Intensive Care Unit. By late afternoon, the doctors had decided that Kay De Villiers could not be helped further and he was then taken off life support and transferred to a private ward. Elfrida held her father's hand until he died at about 8pm on 5 June 2018.⁹²¹

Conclusion

The funeral was held on the 11th of June at the Kruiskerk in Pinelands with Wynand Nel conducting the service. Dr Paul Cluver delivered a tribute to his mentor and friend. Charl De Villiers expressed thanks to all those who had helped during Kay De Villiers's last days. It was very well attended by family, friends, colleagues and quite a few members of the band of brothers who paid their last respects to their departed Professor Kay De Villiers. Following his passing, there were many tributes from a variety of people. An old friend of Kay De Villiers's from the USA, Ed Laws, Professor of Neurosurgery at Harvard University wrote in response to the obituary by Graham Fieggen:

Dear Graham,

“Saddening news. He was a true giant and a memorable figure in my own career. We first met at the WFNS (World Federation of Neurosurgeons) many years ago. His intellect and brilliance were awesome and I treasured his friendship. Your memorial piece is wonderful and a superb tribute. Thanks so much.

Fond Regards. Ed”⁹²²

Upon hearing of Kay De Villiers's death, Anwar Mall wrote:

“To Professor Kay De Villiers,

⁹²⁰ Dr Norman & Mrs Ronny Fisher Jeffes: Interview by Dr J.R. Cowlin, 14 March 2020.

⁹²¹ Mrs Elfrida Bothma: Interview by Dr J.R. Cowlin, 18 July 2020.

⁹²² Prof Ed Laws - Prof Graham Fieggen, E mail correspondence, 8 June 2018.

My dearest brilliant, humble and wise colleague, friend and mentor.

Over the years I appreciated the calm manner in which you shared your deep insight and knowledge of The Bible, the enormous respect you displayed when a different view was brought before you – these were life lessons for me. Ours was probably the first inter-faith initiative before the idea was even born in this city! I'll always remember you walking up to me after my inaugural lecture and saying, “do not forget that God exists!”

You have left me and many others enriched.

And thank you for your friendship and the support you gave me with others in building my career at UCT.

Go well my friend.

Anwar Mall.⁹²³

⁹²³ Prof Anwar Mall with Dr Paul Cluver, email correspondence, 8 June 2018. He consulted Kay De Villiers in the 1980's about furthering his career in neurophysiology. They became life long friends.

10 Final Conclusion

A Complex Person

We know more about Kay De Villiers's life as a child than what Satre calls "facticity" – concrete facts of human existence such as parentage, sex, nationality, class, race, date and place of birth.⁹²⁴ Kay De Villiers was born into a somewhat dysfunctional home – later in life he described his mother as "hysterical" and dependent on whoever would tolerate her. There is evidence of a simple and frugal childhood. It was left to his sister Mercia to rear Kay De Villiers from infancy until the age of ten. Such love and affection that he did receive was mainly from his siblings.

During Kay De Villiers's long life, he frequently referred to his harsh and strict upbringing and his father's expectation of academic excellence and achievement. There are many occasions when he spoke of his inability to accept praise because of his Calvinist roots – service to the community was expected and approbation out of the question. Yet as much as he invoked religion and blamed his father, this attitude was also very much a feature of the Victorian era, during which Callie was born in 1892. After all, determination, charity, confidence, hard work, ambition and thrift are as much a part of Calvinist dogma as they were of Victorian culture. During his school years, Kay De Villiers developed firm ideas about his teachers, remembering those who had interested and inspired him. His choices at school were those of a nascent academic with an aversion to contact sports. Kay De Villiers selected tennis and not rugby, the debating society and not boxing, whilst attending church regularly. By the time he matriculated, he was showing some of the characteristics of the archetypal Puritan - determined, slightly prudish, disciplined, ambitious, thrifty and a hard worker. From an early age he displayed strong leadership skills and a remarkable degree of curiosity, coupled with a love of the written word, whether English, Afrikaans or German.

As a student, Kay De Villiers's affinity for Afrikaans culture and religion remained strong, but his views on racial matters while a member of the SRC appear somewhat ambivalent. He had strong opinions about his lecturers, usually excelling when he was inspired by them and their subject. This element of selective application resulted in him achieving reasonable results at medical school, but nothing exceptional. Again, leadership skills are evident, but somewhat surprising was Kay De Villiers's involvement in the organisation of the rugby

⁹²⁴ J.P. Satre: *Being and Nothingness*, p. 26.

Inter-Varsity. His love for Kina was the source of sublime happiness for him and yet unbeknown to them both lay the tragedy of his infertility, her death and the troubled relationship with his children.

By the time Kay De Villiers became Wylie McKissock's first assistant, he must have been aware of his potential as a neurosurgeon and academic. He had received a first class undergraduate training, later a MD from UCT, a double FRCS and the specialist training and mentoring necessary for neurosurgical excellence. Given his ambition, drive, intelligence and determination he could not wait to prove himself.

As a neurosurgeon and professor, a new picture of Kay De Villiers emerges. His public persona was imposing, brilliant, erudite, well groomed, articulate and controlled. Yet beneath this carefully cultivated exterior, lay a complex and enigmatic personality. Paul Cluver commented that there were times when Kay De Villiers displayed flashes of arrogance and could be egotistical. Graham Fieggen detected an underlying vulnerability in Kay De Villiers, despite his intimidating intelligence and presence. Issy Issenberg wrote: "I'm aware that behind your brusqueness, worn for everyday use, lies a sensitive soul, filled with understanding and compassion." Hannah Reeve Sanders felt that Kay De Villiers subtly masked aspects of his own personality when interacting with others. After his death, she frequently wondered what he had been holding back. In a similar vein, Gian Marus found Kay De Villiers guarded and carefully protective of his privacy. He and Warwick Peacock found it impossible to get close to him. In contrast, Kay De Villiers's correspondence with Ted Burrows, Nigel Legg, Tickey Walsh, Hannah Reeve Sanders, George Udvarhelyi, John Jane and others was sincere and intimate, leading to deep friendships with mainly professional and academic men and women of varied backgrounds.

Kay De Villiers's mercurial temper was legendary as was his intolerance of dissent. His registrars were all aware that Kay De Villiers was in charge, right or wrong. Kobus Brits described his time as a registrar as "communal suffering". Freddie Kieck agreed, but said, "Yes, but we all wanted to be like him." Daan De Klerk described him as a complex person with a formidable public presence, a natural leader. On social occasions, Kay De Villiers was normally charming, engaging and made people feel comfortable. Christine Loukakis, Hetty Esselen, Annami Jonker, Kina Joubert and many others adored him. Yet in stark contrast, Warwick Peacock felt that his research on treating cerebral palsy was so threatening for Kay De Villiers that it permanently stunted their relationship.

Kay De Villiers was careful to maintain his networks within the group of prominent medical personalities he met while training abroad, such as Wylie McKissock, Tom Langfit, Joe Pennybacker, Huw Griffiths and many others. Yet, without any doubt, Jannie Louw must certainly be considered the most influential. Kay De Villiers's exposure to him started during medical school and continued during the houseman year. Contact was maintained throughout Kay De Villiers's overseas training. The relationship can best be described as mutually beneficial and respectful. There does not appear to be any evidence of a deep friendship outside of their professional roles. As a UCT graduate, trained by Wylie McKissock in the UK with an MD and double FRCS, who better than Kay De Villiers to build the future department of neurosurgery? As described earlier in this work, in 1965 Jannie Louw effectively made Kay De Villiers an offer he could not refuse. Soon thereafter, both men demonstrated their determination and ruthlessness in the manner in which De Villiers Hamman was sidelined as the head of the department.

Further evidence of Kay De Villiers's ability as a "networker" emerges very early in his career. Paul Cluver and others frequently mention his remarkable ability to communicate with individuals in a very personal, direct and engaging manner. Kay De Villiers used the neurosurgical conference circuit as a useful platform for cultivating his international connections. A good example was how he asked Joe Pennybacker to have "a quiet word" with the organizer of the British Society of Neurosurgeons conference in 1970, so that he could present a paper. By the mid-eighties, Kay De Villiers was a member of most of the major neurosurgical associations in the world. Through a combination of regular correspondence, active conference participation, social interaction, personal charm and frequent international travel, he maintained his networks with neurosurgeons throughout the world.

There is good evidence that Kay De Villiers began to mellow after retirement. Given his "alpha male" persona it must have been difficult to witness the changes made in "his" department by his successor. Jonathan Peter's style was very different to Kay De Villiers's – he was inclusive, scrupulously fair, consistent and understanding. He supported further specialisation within neurosurgery, whilst Kay De Villiers kept pituitary surgery as his personal domain until late in his career. Jonathan Peter was firm but not autocratic. He also mentored and trained his registrars.

Throughout his life, Kay De Villiers maintained his deep religious beliefs. To his credit, he was always tolerant of other religions, never proselytized and befriended Jews and Muslims alike. In the course of this research, there is no evidence of impropriety of any kind - he was an essentially moral person. He was delighted that Prof Adeloje accepted his invitation to stay with them in Newlands during his visit to Cape Town. When Kay De Villiers did display impatience, it was because of the stupidity and ignorance of anyone, irrespective of race.

For Kay and Jeanne De Villiers these were the golden years of friends, teaching, birthday celebrations and exciting projects. He was able to indulge his love of history, music, literature and poetry. His correspondence remained prolific and his curiosity wide and eclectic. Kay De Villiers published his magnum opus history of the South African War in 2008, after more than 40 years of meticulous research and work. From his letters and discussions with Paul Cluver, he was now more amenable to advice and sought a more egalitarian friendship.

Kay De Villiers's 80th birthday was festive and in many ways a celebration of his remarkable life. The attendance and involvement of the neurosurgeons he had trained was enthusiastic and sincere - the same people who had experienced communal suffering, tough love, lack of mentorship in some cases and occasional harsh words. Kay De Villiers fleetingly referred to regrettable occasions in the past, but revelled in the spirit of the celebrations and the attention he received from all. Yet secretly, deep down, his private letters to Nigel Legg revealed a growing uncertainty regarding his religious beliefs leading to more challenging questions than comforting answers.

Selling the family home in Newlands and moving to Evergreen in 2012 became a milestone. Kay De Villiers became more polite, kind and appreciative of others, particularly with the staff. He was able to make new friends and became very popular with the residents. His address at his second retirement celebration in 2015 was filled with pathos, nostalgia and philosophical insights. He acknowledged his own decline and mortality. Paul Cluver found the second retirement a sombre affair. Kay De Villiers graciously acknowledged the ravages of time and tried to deflect the attention by referring once again to his Calvinist upbringing. He illustrated the importance of the journey, rather than the destination, by reading Ithaca and then symbolically endowed the department that he had built to future generations.⁹²⁵ Yet, Allan and Betina Taylor left the evening with Charl De Villiers's biting metaphor still ringing in their ears. His son recalls feeling intimidated by the "immensity of neurosurgery that night,

⁹²⁵ Dr Paul Cluver: Telephonic interview by Dr J.R. Cowlin, 10 May 2020.

with its practitioners physically present”. He is certain that what he had tried to convey was not lost on his father.⁹²⁶

Within a few years, Jeanne De Villiers became seriously ill. After her passing in 2016, Kay De Villiers became more lonely and isolated. His health was failing and with it his mobility, whilst at all times he tried to maintain his dignity. As his sight deteriorated he stopped driving and had to depend on others – Ortwin Bock, Ronny Fisher Jeffes, Annami Jonker and members of his church. He depended increasingly on Paul Cluver and Norman Fisher Jeffes for advice and support. The Kruiskerk congregation and Wynand Nel became in some respects a surrogate family.

During Kay De Villiers’s long life he developed a wide circle of friends and acquaintances, some of whom were medical colleagues, fellow academics and family. Their views of him were so often different from the polished, erudite and cultivated persona that Kay De Villiers projected for public consumption that at times one can be forgiven for asking to whom are we referring?

Curiosity, Intelligence and Memory

Curiosity is an enduring feature of Kay De Villiers’s long life. From his time as a child in Klerksdorp until his last few years, the environment, politics, books, music, people, animals, ideas and problems attracted his attention. He attributed this to his father, a clearly intelligent man, who was certainly not as well educated as his son. Nevertheless, Callie De Villiers developed interests in woodworking, insects, spiders, snakes, birds, gardening and a love for literature. Kay De Villiers’s curiosity was encouraged by a number of his teachers, particularly “Mr Konsies.” As a child, his visit to Jacobsdal made Kay De Villiers ask himself the question: “How did a church become a hospital?” The section on his historical writing briefly describes the process whereby this question ultimately resulted in a significant contribution to South African medical historiography. Both Roland Eastman and Robert Kaplan are certain that curiosity is a major driver of knowledge accumulation in intelligent people, which in Kay De Villiers’s case there is little doubt. His junior and high school reports confirm his pre-eminent academic ability as the top pupil in his class, with the exception of one quarter, when he came second. His innate curiosity must have been the

⁹²⁶ Mr Charl De Villiers: E mail correspondence with author, 22 June 2020.

driving force behind diagnosing polycystic renal disease in one generation of a family and then tracing back the genealogy for a further four generations.

At a time when a working knowledge of Mendelian inheritance amongst general practitioners was minimal, Kay De Villiers was able to write the dissertation which was ultimately accepted for a MD degree by the University of Cape Town. Passing the primary examination of the FRCS and, within a short period of time thereafter, the finals in both London and Edinburgh on the first attempt is further evidence of a superior intellect. During Kay De Villiers's first year of training in the United Kingdom, he was forced to work as a houseman for six months at the age of 29 years. One would think that his experience as a general practitioner and later anatomy lecturer at Stellenbosch University would have qualified him for a more senior position. Despite this inauspicious start, within four years Kay De Villiers was the first assistant to one of the most prominent London neurosurgeons. A combination of his intelligence, clinical skills, dedication, work ethic and top qualifications must have prevailed over any early misgivings about the young doctor from the "colonies."

The relationship between intelligence and memory is complex and still not well understood. A number of his registrars confirm Kay De Villiers's remarkable ability to recall the medical history of patients treated many years previously. Members of his family and close friends would marvel at his ability to recite poetry and prose from memory. A number of his colleagues have confirmed that in all likelihood he was a better neurologist than most doctors who had originally embarked on this specialty. A working knowledge of neurology is essential for neurosurgeons and neurologists, whilst surgical skills are not required by the latter. Yet both disciplines require the ability to see complex anatomical structures such as nerves, blood vessels, bony structures and brain tissue in three dimensions. Kay De Villiers acquired this ability long before the introduction of the various scanning techniques described in Chapter 4. The processing power of the computers which operate modern scanners is such that a three-dimensional image can be digitally manipulated in order that it can be viewed from any angle. Kay De Villiers attributes his remarkable ability to a "visual memory."

Kay De Villiers's Legacy

While researching Kay De Villiers's school career, the candidate was astonished to come across his quarterly school reports and testimonials which he had clearly been kept in good condition for over 70 years. The same can be said of the testimonials he received from

Professors Erasmus and Brock on completion of his year as a houseman. Similarly, the references he received from the Dean of the Faculty of Medicine at Stellenbosch, Prof Francie Van Zijl and subsequently from the consultants who trained him in the United Kingdom are all still perfectly readable. Of particular interest is a portfolio of certificates collected by Kay De Villiers during his long career, of which the bulk are kept by the UCT/GSH Department of Neurosurgery. For reasons which are unclear, the remainder are in his daughter's personal records. These two collections document his membership of international neurosurgical bodies, his degrees and qualifications, his membership of many societies and the awards he received during his schooling.

The circumstances surrounding the vast collection of correspondence donated by Kay De Villiers to the University of Stellenbosch Special Collections are revealing. These letters, designated Collection Ms 392 by the University, are between Kay De Villiers and medical colleagues in 26 different countries and date from 1967 until a few years after his retirement. Some of this correspondence relates to his first wife's terminal illness, death and his subsequent bereavement. The bulk, however, consists of professorial correspondence between himself and colleagues in the United States, the United Kingdom, France, Austria, Germany and many other countries in Europe, Africa and the East. Kay De Villiers found the "Fees Must Fall" protests in 2016 very disturbing. At UCT, the protests frequently became violent, resulting in damage to valuable artifacts, pictures and books in some of the university residences. Paul Cluver, Graham Fieggen and others recall Kay De Villiers deciding to donate this collection to Stellenbosch University in preference to UCT in 2016, 22 years after his retirement and 2 years before his death. The correspondence must have been stored by Kay De Villiers at his home in Newlands and then moved with him to Evergreen. It seems that Kay De Villiers, throughout his life, was determined to maintain a record of his achievements and the donation to Stellenbosch was a means of finally securing his legacy.

The UCT Medical School and its teaching hospitals benefited from a number of outstanding academics during the sixties – Jannie Louw, Frankie Forman, Chris Barnard, Val Schrire, J.G. Thompson, Stuart Saunders and many more. Kay De Villiers's ability to correctly diagnose Donges' pituitary apoplexy where several others had failed was a boost to his reputation as a clinician. In the same year Chris Barnard performed the world's first heart transplant at GSH. All of this reflected positively on GSH, Red Cross and the University. The department of neurosurgery indirectly benefited from this attention as well. By 1971, Kay De

Villiers's reputation was growing and he started to attract registrars of the calibre of Roger Melville, Paul Cluver, Freddie Kieck, Warwick Peacock, Jonathan Peter and Gian Marus.

Kay De Villiers's legacy is infinitely more than his correspondence, papers, speeches and books. Roland Krynauw was the first neurosurgeon in South Africa and his department trained a number of neurosurgeons before De Villiers Hamman started at GSH. Roland Krynauw was without doubt the driving force behind the Johannesburg department and following his resignation in 1952, it became fragmented and preoccupied with private practice. De Villiers Hamman, like so many of the other "neurosurgeons" of his day, was actually a general surgeon without the formal structured training that Kay De Villiers had received. By the time Kay De Villiers was appointed at GSH, De Villiers Hamman had already trained three neurosurgeons. At GSH, the backing given by Jannie Louw turned out to be crucial for the establishment of a department of neurosurgery comparable, at the time, to many of the units in the United Kingdom. In Kay De Villiers's own words, he describes very forcefully how Jannie Louw "believed in him." By applying what he had learned during his time with Wylie McKissock to his department at UCT and by continuously updating his knowledge of overseas neurosurgical best practice, Kay De Villiers was able to build a department of neurosurgery which attracted some 19 registrars who became neurosurgeons in South Africa and abroad, of whom one, Warwick Peacock, became the Professor of Paediatric Neurosurgery at UCLA. Within ten years, Kay De Villiers had built his department into the leading neurosurgical unit in Southern Africa.

Amongst his registrars there was unanimity that Kay De Villiers set high standards of patient care for himself, which he expected others to follow. It has been mentioned that this "band of brothers" continue to keep in touch with each other, in some cases for years after their retirement. An important component of this collegial fraternity was the manner in which Kay De Villiers was able to intergrate the neurosurgeons in private practice into the department. In the 70s and 80s, this was fairly common in other departments at GSH, but has since faded out, except in neurosurgery where it continues to this day.

From the time of his appointment as the Mauerberger Chair of Neurosurgery, Kay De Villiers was the dominant persona in neurosurgery in South Africa, a legacy which persisted for some years after his retirement. He was highly active in medical politics having been a leading member of the South African Medical Association, the Society of Neurosurgeons of South Africa and the Medical Research Council. He had great respect for educational institutions,

which is demonstrated by the considerable time and effort he devoted to the University of the Western Cape, medical education reform and the merging of medical schools. His observation of a decline in medical standards started in 1988, well before the African National Congress's assumption of power. Kay De Villiers's participation at conferences was highly sought after. He was an after dinner speaker in much demand. Allied professions such as physiotherapists, nurses and occupational therapists frequently asked him to address their conferences. It was however on the international circuit that Kay De Villiers really made his mark. He lectured frequently at international conferences and meetings in many countries. As an intellectual and medical academic, he was sought after in international neurosurgical forums culminating in his election to high office in the World Federation of Neurological Surgeons.

Furthermore, Kay De Villiers was instrumental in training several thousand medical students, hundreds of nurses, physiotherapists, occupational therapists and radiographers. Between 1967 and 1988, Kay De Villiers participated in over twenty refresher courses for GP's and specialists of various kinds, often over weekends and outside of Cape Town. At various times he was a visiting professor at the University of Virginia in the USA, the University of Toronto, Canada and at the University of the Witwatersrand. It must be acknowledged that Kay De Villiers was the inspiration for the UCT Neuroscience Institute which was opened in 2020 in the old "J block" where neurosurgery was born in Cape Town. The Institute includes a dedicated "Kay De Villiers Reading Room", containing many of his papers and memorabilia.

From the chapter on his years at medical school, it is evident that Kay De Villiers learnt the importance of the clinical method from the legendary Frankie Forman. He possessed an uncanny ability to give a person his undivided attention and simultaneously put them at ease and feel special and important. This skill enabled him to extract a detailed and relevant history of the patients' illness, without missing the smallest detail. The ability to gain his patients' confidence and trust was crucial to his success as a doctor. Both Jonathan Peter and Graham Fieggen were painfully aware of the greater emphasis being placed on special investigations to the detriment of clinical methods. For 21 years after his retirement, Kay De Villiers was retained as a salaried consultant at GSH to teach medical students and registrars these important skills. In many respects, he continued to teach clinical medicine in an age when many doctors ignore its utility. Such an on going involvement in an academic medical

department after retirement is unusual, to say the least. It says a great deal for the confidence and maturity of his successor, Jonathan Peter, who welcomed Kay De Villiers's involvement in the department for many years after retirement.

Under Kay De Villiers's leadership, the neurosurgeons at GSH and Red Cross saved many lives and cured hundreds of thousands of the residents of the Western Cape, further afield and in Africa generally. The research that Kay De Villiers initiated into paediatric head injuries drew attention to the vulnerability of children due to motor vehicle accidents and led to further advances in their treatment.

During retirement, Kay De Villiers became one of the leading medical historians in South Africa, despite having no formal historical training. Of his 71 papers published in medical journals, twelve were mainly historical. He brought a historical perspective to many of his speeches. *Healers, Helpers and Hospitals* is a scholarly masterpiece, especially when one takes into account the tedious nature of collecting sufficient material for such a detailed publication, particularly on the Boer side. An important addition is his collection of historical publications of which many are accessible in the public domain. It is also fortunate that Prof Graham Fieggen recognised Kay De Villiers's contribution to both neurosurgery and South African medical history and has gone out of his way to preserve many of Kay De Villiers's speeches in the departmental records.

The Price of Success

A majority of Kay De Villiers's trainees and colleagues considered him to be a great man. Prof Jaap Durand, an anti apartheid activist and vice rector of the University of the Western Cape was of the same opinion.⁹²⁷ Dr Franklin Sonn was so impressed with Kay De Villiers's sense of fairness and reason that he considered him to be on a par with Mandela, N.P. van Wyk Louw and Paul of Tarsus.⁹²⁸ Dr Izzy Eisenberg wrote: "You are multitalented, the attributes of a universal man who flourished in art and culture in the Italian Renaissance of the 15th and 16th century." Prof Graham Fieggen describes Kay De Villiers's as a "polymath extraordinaire."⁹²⁹ As a neurosurgeon, he was technically competent up to a point. Yet he displayed the necessary insight into his own shortcomings to avoid performing certain operations. In this regard, one has to admire him for placing his patient's welfare first. It

⁹²⁷ Prof Jaap du Randt: Interview by Dr J.R. Cowlin, 16 January 2020.

⁹²⁸ Dr Franklin Sonn: Interview by Dr J.R. Cowlin, 15 October 2019.

⁹²⁹ Prof Graham Fieggen: Interview Dr J.R. Cowlin, 18 November 2019.

remains unfortunate that this cautious approach seems to have influenced the nature of the research undertaken in his department. The opportunities for laboratory research at GSH/UCT must have been vast. One suspects that this caution was driven by a fear of failure particularly as it could detract from his professional reputation. One is tempted to speculate what a well structured laboratory research programme could have done for humanity, the standing of the department and indeed for Kay De Villiers had he provided the necessary leadership?

Kay De Villiers's resistance to further specialization in his department was very much against the international trend. There is evidence that he felt uncomfortable with anyone who knew vastly more than him about a particular subject. A good example would be two of his registrars, Alex Grant and Warwick Peacock. Another was Kay De Villiers reluctance to share his knowledge of the transsphenoidal operation with his registrars until late in his career. In this regard, the contrasts with Jonathan Peter are glaring. Unfortunately, what constitutes a great man (or woman) remains subjective. It is unlikely that Kobus Brits, Richard Hewlett or Len Handler would agree with Franklin Sonn or Izzy Eisenberg's opinion of Kay De Villiers. In making an assessment of greatness, his role as a father becomes relevant:

“Then you realise who is paying for that busy man's success.”⁹³⁰

In 1979, Charl De Villiers was twenty and Elfrida Bothma ten. Over the next few years both struggled with depression and had to undergo therapy. Kay De Villiers knew that neither he nor his son had come to terms with Kina De Villiers's death. During the 80s and early 90s, Kay De Villiers was variously chairman of the UWC Council, the De Villiers Commission, the merging of the Cape medical schools committee and the Cape Medical Museum management committee. These activities had little, if anything, to do with his role as the professor of neurosurgery. Yet, in 1994 he elected to remain in Cape Town for the sake of his daughter despite the extremely tempting invitation he had received from John Jane of Philadelphia. Kay De Villiers was the first person in South Africa to publicly proclaim the inter relationship between the various neurosciences – neurology, neurophysiology, neuroanatomy, psychology, neurosurgery and psychiatry. He, more than most doctors, must have known the enduring effect of parental neglect on children at crucial periods of their

⁹³⁰ See Chapter 8, Kina and Charl.

upbringing. By the time Kay De Villiers had retired, it was too late and the damage was done. His children were then adults and were married with families of their own.

Kay De Villiers's relationship with Jeanne also deserves attention. From the comments by Clare Roberts, Hannie de Vries and Elfrida Bothma it seems unlikely that Kay and Jeanne De Villiers would have married were it not for Kina's premature death at a time when Charl was young and vulnerable. Jeanne De Villiers had an impressive academic record in her own right, achieving better results as an undergraduate than her husband. As a matter of principle she put her own career on hold to care for Charl. After Elfrida was adopted, Jeanne devoted herself to her upbringing. It was she who attended Elfrida's school functions and athletic meetings, not her father. In the end, she succeeded with Elfrida who to this day regards Jeanne as her true mother.

Over the years, Kay De Villiers remained obsessed with Kina memory, breaking down very publicly in front of Jeanne on several occasions. According to Clare Roberts, Jeanne was a closet feminist operating successfully in a man's world. She supported Kay De Villiers at all times, operating in the background and never stealing the limelight. After her death, Kay De Villiers acknowledged that Jeanne was a major factor in his success. What is noteworthy is that he gave her no recognition for her own considerable achievements. Yet in all fairness he dedicated *Healers, Hospitals and Helpers* to her:

“This book is for Jeanne, who has given so much.”

From the manner in which Kay De Villiers preserved his documents, letters, certificates and publications, leaving a legacy appears to have been a lifelong obsession. His success in life was due to his brilliance, presence, determination, hard work, communication skills, opportunism and occasional ruthlessness. Yet, he acknowledged that as a father he had failed. Some would say that he failed as a husband as well. Was it because his children were adopted? Was it because of his deep and enduring love for Kina? Or was it the Calvinist teaching of unselfish service to others? Perhaps his dominant ego prevented him from changing course for the sake of his children or recognising Jeanne's achievements? Or did a deep and unconscious desire to fulfil his dead father's expectations continue to drive him as an adult?

Perhaps Bertrand Russel's words may assist in explaining this paradox:

“I do not deny that the feeling of success makes it easier to enjoy life.... Nor do I deny that money, up to a certain point, is very capable of increasing happiness. What I do maintain is that success can only be one ingredient of happiness, and is too dearly purchased if all the other ingredients have been sacrificed to obtain it.”⁹³¹

⁹³¹ B. Russell: *The Conquest of Happiness*, p. 50.

Sources

Literature

Adam, H. and Giliomee, H.: *Ethnic Power Mobilized Can South Africa Change*, Yale University Press, New Haven and London, 1979.

Ashforth, A.: *The Politics of Official Discourse in Twentieth South Africa*. Oxford University Press, Oxford, 1990.

Barnard, C.N. & Pepper, B.: *One Life*. Howard Timmins, Cape Town, 1969.

Barnard, M.: *Defining Moments*. Zebra Press, Cape Town, 2011.

Bliss, M.: *Harvey Cushing A Life in Surgery*. Oxford University Press, New York, 2005.

Boswell, J.: *The life of Samuel Johnson*. Penguin Books, London, 1979.

Burrows, E.H.: *A History of Medicine in South Africa*. AA Balkema, Cape Town, 1958.

Cushing, H.: *The Life of Sir William Osler*. Serevus, Hamburg, 2016.

Davenport, T.R.H.: *South Africa A Modern History*. Macmillan South Africa, Johannesburg, 1987.

De Wet, C., Hattingh, L. & Visagie, J. (reds.): *Die VOC aan die Kaap 1652 – 1795*. Protea Boekhuis, Pretoria, 2017.

De Klerk, W.: *The Puritans in Africa*. Rex Collings, London, 1975.

De Villiers, J.C.: *Dwarstreckers, Dweepers en Dokters*. Protea Boekhuis House, Pretoria, 2011.

De Villiers, J.C.: *Healers, Helpers and Hospitals*. Protea Boekhuis, Pretoria, 2008.

De Villiers, J.C.: *Vier Maande in Jacobsdal*. Oorlogsmuseum van die Boererepublieke, Bloemfontein, 1998.

Digby, A. & Phillips, H.: *At the Heart of Healing*. Jacana Press, Auckland Park, 2008.

Durand, J.: *Protes-stem*. Bybelkor, Wellington, 2016.

Easton, S.C.: *The Western Heritage*. Holt, Rinehart and Winston, Inc, New York, 1966.

Fraenkel, G.J.: *Hugh Cairns: First Nuffield Professor of Surgery, University of Oxford*. University Press, Oxford, 1991.

Giliomee, H.: *The Afrikaners*. Tafelberg, Cape Town, 2003.

Giliomee, H. & Mbenga, B.: *New History of South Africa*. Tafelberg, Cape Town, 2007.

Giliomee, H.: *The Last Afrikaner Leaders*. Tafelberg, Cape Town, 2012.

Greenblatt, S.H. Ed.: *A History of Neurosurgery In Its Scientific and Professional Contexts*, The American Association of Neurological Surgeons, Park Ridge, Illinois, 1997.

Grauer, N.A. and Brem H.: *The Special Field A History of Neurosurgery at Johns Hopkins*, Johns Hopkins University, Baltimore, 2015.

Grundlingh, A.: *The Dynamics of Treason*. Protea Book House, Pretoria, 2006.

Huskisson, I.: *The History of the Colleges of Medicine of South Africa*. The Colleges of Medicine of South Africa, Cape Town, 2005.

Kaliski, S.: *Psycholegal Assessment in South Africa*. Oxford University Press, Cape Town, 2008.

Kasper, D.L., Braunwald, E., Fauci, A.S., Hauser, S.L., Longo, D.L. & Jameson, J.L.: *Harrison's Principles of Internal Medicine*. Mc Graw Hill, New York, 2005.

Lee, S.: *Principles of Biography: The Leslie Stephen Lecture Delivered in the Senate House, Cambridge, on 13 May 1911*. Cambridge, University Press, 1911.

Logan, C.: *Celebrity Surgeon*. Jonathan Ball Publishers, Cape Town, 2003.

Louw, J.H.: *In the Shadow of Table Mountain: A History of the University of Cape Town Medical School and its Associated Teaching Hospitals up to 1950, with Glimpses into the future*. Struik, Cape Town, 1969.

Malherbe J. and Malan A.: *Genealogy of the De Villiers Family in South Africa*, De Villiers Publication Fund, Franschoek, 1997.

Moodie, D.: *The Rise of Afrikanerdom*. University of California Press, Los Angeles, 1975.

Mukherjee, S.: *The Gene*. Penguin Random House, London, 2016.

Muller, C.F.J.: *Sonop in die Suide*. Nasionale Boekhandel, Kaapstad, 1990.

Ochse, R.: *The Makings of Creative Genius*. Gecko Books, Cowies Hill, 1994.

Phillips, H.: *The University of Cape Town 1918 – 1948: The Formative Years*. UCT Press, Cape Town, 1993.

Phillips, H.: *UCT under Apartheid, Part 1, From Onset to Sit-in, 1948 – 1968*. Jacana Media, Cape Town, 2019.

Pillar, L.W.: *The Cardiac Clinic Groote Schuur Hospital 1951 – 1972. The Schrire Years*, GSH Cardiac Clinic, Cape Town, 2000.

Renders, H. & De Haan, B.: *Theoretical Discussion of Biography: Approaches from History, Microhistory, and Life Writing*. Edwin Mellen Press, Lewiston, 2013.

Rogers, L.: *M. Gazi Yasergil – Father of Modern Neurosurgery*. Koehlerbooks, Virginia Beach, USA, 2015.

Russell, B.: *The Conquest of Happiness*. George Allen and Unwin, London, 1930.

Sartre, J.P.: *Being and Nothingness*. Washington Square Press, Washington, 1993.

Schmidt, H.: *Was Ich Noch Sagen Wolite*. Pantheon, Random House, Munich, 2016.

Steyn, J.C.: *Die 100 Jaar van MER*. Tafelberg, Kaapstad, 2004.

Strauss, S.A.: *Doctor, patient and the law*. J.L.van Schaik, Pretoria, 1991.

Styan, J.B.: *Heartbreaker, Christiaan Barnard and the first heart transplant*. Jonathan Ball Publishers, Johannesburg and Cape Town, 2017.

Tosh, J.: *Pursuit of History*. Routledge, 2015.

Van Heyningen, E.: *Concentration Camps of the Anglo – Boer War*. Jacana Press, Auckland Park, 2017.

Walker, A.E.: *A History of Neurological Surgery*, The Williams and Wilkins Company, Baltimore, 1951.

Walker, A.E.: *The History of WFNS*, World Federation of Neurosurgical Societies, USA, 1984.

Williams, G.: *The Age of Miracles- Medicine and Surgery in the Nineteenth Century*. Constable, London, 1981.

Willis, R., van Dyk, A. & De Villiers, J.C.: *Yeomen of the Karoo*. Firefly Publications, Bloemfontein, 2016.

Wullenwebber, R., Wenker, H., Brock, M. & Kliner, M. (eds.): *Advances in Neurosurgery*. Springer, London, 1978.

Masters and Ph. D. Theses

Cowlin, J.R.: Pathways to Understanding White Poverty in South Africa from 1902 to 1945. Unpublished Masters Thesis, Stellenbosch University, 2018.

Parbhoo N.: The Department of Anaesthesia 1920 – 2000. A History. Unpublished MD Thesis, UCT, 2002.

Styan, J.B.: The hidden history of supporting actors in the first human – to – human heart transplant, c.1958-1967, Unpublished M.A dissertation, University of Stellenbosch, April 2022.

Journal Articles

Cooper, D.K.C., De Villiers, J.C., Smith, L.S., Crombie, Y., Boyd, S.T., Jacobsen, J.E. & Barnard, C.N.: “Medical, Legal and Administrative aspects of Cadarvic organ donation in the RSA”, *South African Medical Journal*, (62), (25), 11 December 1982, pp. 933-938.

De Klerk, D.J.J. & De Villiers, J.C: “Microsurgery for Aneurysms on the Circle of Willis”, *South African Medical Journal*, (47), (4), 1973, pp. 825-830.

De Villiers, J.C.: "A Few thoughts on the history of epilepsy", *South African Medical Journal*, (83), 1993, pp. 212-215.

De Villiers, J.C.: "Barriers to the rehabilitation of the head injured patient", *South African Medical Journal*, (60), (22), 28 November 1981, pp. 845-848.

De Villiers, J.C.: "Concussion in Sport: How little is too much?", *Proceedings of the Second South African Sports Medicine Association Congress*, 1984, pp. 164-167.

De Villiers, J.C.: "Die Erflikheid van Polikisteuse Niere", *South African Medical Journal*, (7), March 1959, pp.194-195.

De Villiers, J.C.: "Intracranial Haemorrhage in patients treated with Monoamine Oxidase Inhibitor", *British Journal of Psychiatry*, (112), (483), February, pp. 109-118.

De Villiers, J.C.: "Jan Hendrik Louw", *South African Medical Journal*, (57), (16), 19 April 1980, pp. 605-612.

De Villiers, J.C.: "A Tribute to Tickey Walsh", *South African Medical Journal*, (70), 19 July 1986, p. 128.

De Villiers, J.C.: "Leipoldt as Geneesheer", *South African Medical Journal*, (58), (23), 6 December 1980, pp. 921-925.

De Villiers, J.C.: "Management of Pituitary Tumours at Groote Schuur Hospital from 1966 to 1978", *South African Medical Journal*, (56), (22), 24 November 1979, pp. 959-60.

De Villiers.: "The Medical Aspects of the Anglo Boer War", Part I and II of the *Military History Journal*, (6), (3), 1984, pp. 63-67 and 102-105 respectively.

De Villiers, J.C.: "The Professions associated with medicine – allied or alienated", *South African Medical Journal*, (68), (3), 1985, pp. 167-170.

De Villiers, J.C. & Coleman, D.J.: "Anaesthesia and Stereotactic Surgery", *Anaesthesia*, (19), 1964, pp. 60-90.

De Villiers, J.C. & Keyser, A.L.: "Lost Hospitals of the Cape", *South African Medical Journal*, (63), (27), 29 June 1983, pp. 33-39.

De Villiers, J.C., Jacobs, M. Parry, C.D.H. & Botha, J.L.: "Study of head injured children admitted to two hospitals in Cape Town", *South African Medical Journal*, (66), (21), 1984, pp. 801-805.

De Villiers, J.C., Langfitt, T.W., Ghostine, S.Y. & Peacock, S.M.: "Stimulus induced tremor in the chronic monkey", *Journal of Neurological Science*, (5), (3), November-December 1967, pp. 555-574.

De Villiers, J.C., Munnik, L.A., Luyt, R. & McKenzie, D.: "Jan Hendrik Louw", *South African Medical Journal*, (57), (16), 19 April, pp. 605-606.

Editorial: "University of Cape Town: Chair of Neurosurgery", *South African Medical Journal*, 11 December 1976, p. 2112.

Fieggan, G.: "Obituary Prof J.C. (Kay) de Villiers", *South African Journal of Surgery*, (57), (1), 29 March 2019, p. 61.

Folb, P.I.: "Healers, Helper and Hospitals (Volumes 1 and 2)", *South African Medical Journal*, (99), (9), 2009, p. 640.

Gordon, P. & Finkelstein, N.: "Obituary: Jeanne du Plessis", *South African Medical Journal*, (107), (2), 2016, p. 94.

Greenblatt, S.H.: Harvey Cushing's Paradigmatic Contribution to Neurosurgery and the Evolution of His Thoughts about Specialization, *Bulletin of the History of Medicine*, 77: 789 - 822.

Harrison, V.: "Obituary: Hans de V Heese", *South African Medical Journal*, (102), (3), 2012, p. 136.

Hoffenberg, R.: Christiaan Barnard: his first transplants and their impact on concepts of death, *British Medical Journal*, Vol. 323, 22 -29 December 2001, 1478-1480.

Keet, P. & Van Niekerk, J.P.: "Hermann Lochner De Villiers Hamman", *South African Medical Journal*, (49), (4), 1975, p. 127.

Knobel, G.J., De Villiers, J.C., Parry, C.D.H. & Botha, J.L.: “The Causes of non-natural deaths in children in greater Cape Town over a 15 year period”, *South African Medical Journal*, (66), (21), 1984, pp. 759- 801.

Krige, J.E.J. & Fiegggen, G.: “Charles FM Saint – South Africa’s original surgical pioneer”, *South African Medical Journal*, (111), (6), June 2021, pp. 563-566.

Krynauw, R.A.: Infantile Hemiplegia Treated by Removing One Cerebral Hemisphere, *Journal of Neurology, Neurosurgery, Psychiatry*, 1950, 13, 243.

Murray, P.: “In memoriam: JC (Kay) de Villiers, 7 March 1928 – 5 June 2018,” *Litnet*, 11 June 2018.

Pretorius F.J.: “A long awaited exploration of military medicine”, *Historia*, (55), (1), 2010, pp. 166-167.

Tew, J.R.: “M. Gazi Yasargil: Neurosurgery’s man of the century”, *Neurosurgery*, (45), (5), 1999, pp. 1010-1014.

Van Niekerk, F. & Keet, P: “Obituary H.L. de Villiers Hamman”, *South African Medical Journal*, 25 January 1975, p.127.

Yehuda, R., Lermer, A. and Brier, L.M.: “The Public perception of putative epigenetic mechanisms in the transmission of transgenerational effects of trauma”, *Environmental Epigenetics*, (4), (2), April 2018, pp. 1-7.

Newspaper Articles

Bart, M.: “ABO medies saamgevat”, *Die Burger*, 5 September 2009.

“Cape Town City Council proposed regulations on skate boarding”, *The Cape Times*, 6 September 1994.

“Donges toegelaat by GSH”, *Die Burger*, 19 Mei 1967.

Grundlingh, A.: “Liefdeswerk lewer waardevolle bydrae oor verwaarloosde stuk oorlogsgeskiedenis”, *Die Burger*, 29 June 2009.

“Kay De Villiers awarded the Mauerberger Chair”, *The Cape Times*, 18 November 1976.

“Kay De Villiers word Prof”, *Die Burger*, 18 November 1976.

La Vita, M.: “Prof Kay onthou Oorlog en Geneesing”, *Die Burger*, 14 Januarie 2011.

“Medical Focus on Anglo Boer War takes UCT Book Award”, *Graduation News*, (30), (9), 6 June – 24 July 2011.

Paterson, A.: “Obituary: Sir Wylie McKissock”, *The Independent*, 25 June 1994.

“Pennybacker by GSH”, *Die Burger*, 12 June 1967.

“Report on Inaugural Address”, *The Cape Argus*, 16 September 1977.

“Safe tumour cure possible soon”, *The Cape Argus*, Article and picture, Kay De Villiers, Solly Yach, LAPA Munnik, Mauerberger Chair, 12 October 1977.

“Vrystaat Junior Sertifikaat Wenner”, *Volksblad*, 12 February 1949.

Interviews

Prof Roland Eastman, interview by author, 9 September 2019.

Dr Hannah Reeve Sanders, interview by author, 10 September 2019.

Prof Robert Kaplan, interview by author, 11 September 2019.

Dr Freddie Kieck, interview by author, 19 September 2019.

Dr Roger Mellville, interview by author, 29 September 2019.

Dr Shafik Parker, interview by author, 1 October 2019.

Dr Paul Cluver, interview by author, 6 October 2019.

Mr Adriaan and Mrs Louise Mocke, interview by author, 7 October 2019.

Mrs Annami Jonker, interview by author, 8 October 2019.

Miss Kina Joubert, interview by author, 8 October 2019.

Dr Franklin Sonn, interview by author, 15 October 2019.

Prof Lennie Handler, interview by author, 23 October 2019.

Dr Ortwin Bock, interview by author, 29 October 2019.

Mr Charl de Villiers, interview by author, 31 October 2019.

Dr Mike Wright, interview by author, 5 November 2019.

Mrs Hetty Esselen, interview by author, 14 November 2019.

Prof Graham Fieggen, interview by author, 18 November 2019.

Dr Daan de Klerk, interview by author, 5 December 2019.

Mrs Beverly Gerhardt, interview by author, 20 December 2019.

Dr Niki Maartens, interview by author, 2 January 2020.

Mr Pearce Rood, interview by author, 5 January 2020.

Dr Gian Marus, interview by author, 13 January 2020.

Prof Jaap du Rand, interview by author, 16 January 2020.

Mr Andries Botha, interview by author, 23 January 2020.

Mrs Celeste Herbert, interview by author, 29 January 2020.

Mrs Christine Loukakis, interview by author, 4 February 2020.

Miss Cheryl Small, interview by author, 5 February 2020.

Dr Kobus Brits, interview by author, 11 February 2020.

Dr Frances Hemp, interview by author, 5 March 2020.

Dr Norman Fisher-Jeffes, interview by author, 14 March 2020.

Dr Lorraine Lancaster, interview by author, 23 April 2020.

Mr Toby Hewlett, interview by author, 12 May 2020

Dr Allan Taylor, interview by author, 13 May 2020.

Dr Patrick Semple, interview by author, 14 May 2020.

Prof Andreas van Wyk, interview by author, 29 May 2020.

Mrs. Liz Anderson, interview by author, 11 June 2020.

Dr Alex Moll, interview by author, 23 June 2020.

Dr Braam de Vries, interview by author, 24 June 2020.

Dr Clare Roberts, interview by author, 4 July 2020.

Mrs Elfrida Bothma, interview by author, 18 July 2020.

Dr Arnold van Dyk, interview by author, 4 September 2020.

Mrs Jill Newton, interview by author, 9 September 2020.

Reverend Wynand Nel, interview by author, 23 September 2020.

Mrs Jill Dower, interview by author, 14 October 2020.

Mrs Trula Human, interview by author, 14 October 2020.

Dr Elizabeth van Heyningen, interview by author, 20 November 2020.

Mrs Beverley Roos Muller, interview by author, 7 December 2020.

Dr Warwick Peacock, interview by author, 28 December 2020.

Prof Matt Haus, interview by author, 13 March 2021.

Mrs. Jeanette Becker, interview by author, 13 January 2022.

Archival Sources

Cape Medical Museum Archives (1986-2016) Portswood Road, Cape Town

| | |
|----------------------|---------------|
| Minutes Files | 1986-1992 |
| | Museum closed |
| | 1994-2016 |
| Correspondence Files | 1986-1992 |
| | 1993-2000 |
| | 2001- 2016 |
| “Friends” Files | 1986-1992 |
| | Museum closed |
| | 1994 - 2016 |

Stellenbosch University Special Collections,

J. C. (Kay) De Villiers Collection Ms 392

File United Kingdom

Folder Burrows

Folder Anwar Mall

Folder Griffith – McKissock

Folder Ambrose – Gibson

Folder Pallis – Williams

File New Zealand-O

Folder Austria (also known as Oostenryk)

Folder Nigeria

Folder New Zealand

File USA

Folder Ablin - Bruce

Folder Crayshaw-R

Folder De Saussure- Langfitt

Folder Le Roux – Zervas

Folder Udvahelyi

File M – Netherlands

Folder Netherlands

File A – Greece

Folder Australia

Folder Belgium

Folder Germany

University of Cape Town, Administrative Archives

Personal File –

J.C. De Villiers- examination record

Curriculum Vitae

Registration Form MB ChB - 1946

Registration Form M.D. Thesis - 1959

Statement of Academic Record - Official Transcript- 19

November 2019

File Mauerberger Fund- Jan to July 1975

File Medicine, Neurosurgery, Neurology

File Neurosurgery - Med / 18 and Med 24

SRC Minutes Box 173

SRC Minutes Box 175

Senate Minutes March 9 (21 – Dec 21), 1950

University of Cape Town, Special Collections

The report of the De Villiers Commission

Medical School class photograph BUZV - 1951, 1952, 1953

“Varsity” Newspaper -1946-1951

“Sax Appeal”- 1946-1951

“Vuga Sacs”- 1948

Private Collections

Beverly Roos Muller Records in the possession of Mrs Roos Muller, Marina Da Gama, Cape Town

Letter to Kay De Villiers from Prof Ampie Muller

Various personal correspondences

Biographical information on Prof Ampie Muller

Cluver Family Records in the possession of Dr Paul Cluver, De Rust, Grabouw

Mrs Ruda Landman interview of Kay De Villiers

Letter from President Botha

Invitation for PAANS conference

JC De Villiers Personal Correspondence currently in the possession of Dr J.R. Cowlin

File 1950- 1970

File 1971- 1980

File 1981 –1990

File 1991 –2000

File 2001 - 2018

File - Dr Nigel Legg

Elfrida Bothma Records in the possession of Mrs Bothma, Plumstead, Cape Town

File – School Reports

File - Testimonials

File – Philadelphia USA

File – Training in the UK

File - Certificates

File - Property Transfers

File – Groote Schuur High School

File – UCT Application – 1945

File – Research

File – Medical Research Council

File – USA

File – Department of Anatomy – Stellenbosch

File – Jannie Louw Correspondence

File – Full Prof

File – Klerksdorp High School

Jonker Family Records in the possession of Mrs Annami Jonker, Bonnievale Cape

Interview of J.C. De Villiers by Rachel Jonker

Kieck Family Records in the possession of Dr Freddie Kieck, Constantia, Cape Town

Various letters and documents

Prof Howard Phillips records in the possession of Prof Howard Phillips, Cape Town

Interview of J.C. De Villiers by Howard Phillips

UCT Department of Neurosurgery, J.C. De Villiers Collection - in possession of the
Department

J. C. De Villiers, Certificates

J. C. De Villiers, Professorial Correspondence

Pre 1970

1971 – 1980

1981 – 1990

1991 – 2000

2001 - 2018

J. C. De Villiers, Speeches and Papers – I-V

Van Dyk Trust, Anglo Boer War Collection (ABW)

Various letters

Annexure

Summarised time line of key biographical events

| | |
|---------------|---|
| 1928, 7 March | Born, Klerksdorp, South Africa |
| 1945 | Matriculated (With Distinction) Klerksdorp High School |
| 1946 | Registered UCT, MB Ch B |
| 1951 | Graduated |
| 1952 | Internship GSH Married Christina Meta Botha (Kina), Stellenbosch. |
| 1953 – 1956 | General Practice, Swellendam |
| 1957 – 1958 | Anatomy Lecturer, Stellenbosch Medical School |
| 1958 December | Travels by boat to UK |
| 1959 | Starts surgical training in UK Adopts boy – Charl |
| 1961 | Awarded MD (UCT) – the inheritance of polycystic renal disease. Awarded FRCS London and Edinburgh |
| 1965 | Completes Training as Neurosurgeon Wins Hartford Research Fellowship in Neurology, University of Pennsylvania, USA |
| 1966 | Appointed Specialist Neurosurgeon, GSH Appointed Senior Specialist Neurosurgeon, GSH Appointed Principal Specialist Neurosurgeon, GSH |

| | |
|----------------|--|
| 1967, February | Kina dies in Cape Town |
| 1968, 24 March | Marries Dr Jeanne Du Plessis, Rondebosch, Cape Town |
| 1970 | Adopts Elfrida |
| 1971 | Appointed Chief Specialist, GSH |
| 1972 | Appointed HOD Neurosurgery, GSH and UCT teaching unit Associate Professor, Neurosurgery, GSH |
| 1976 | Mauerberger Chair of Neurosurgery, GSH |
| 1994 | Retires as Professor and HOD, Neurosurgery, GSH Appointed Emeritus Professor of Neurosurgery, GSH |
| 2008 | Publishes “Healers, Hospitals and Helpers” |
| 2016 | Jeanne De Villiers dies, Cape Town |
| 2018, 5th June | Death, Cape Town |