BMJ 2011; 343: d7506 (Published 15 December 2011) Abridged version

Introduction

A humorous anaesthetic colleague recently repeated the following popular saying while an operating table was being repaired with a mallet: “typical orthopaedic surgeon—as strong as an ox but half as bright. Making fun of orthopaedic surgeons is a popular pastime in operating theatres throughout the country. This pursuit has recently spread to the internet; a humorous animation entitled “orthopedia vs anaesthesia” had received more than half a million hits at the time of writing.1 Several comparisons of orthopaedic surgeons to primitives have been published, and the medical literature contains suggestions that orthopaedic surgery requires brute force and ignorance.2–4 The stereotypical image of the strong but stupid orthopaedic surgeon has not been subject to scientific scrutiny. Previous studies have shown that the average hand size of orthopaedic surgeons is larger than that of general surgeons.2 However, a search of the worldwide scientific literature found no studies assessing the strength or intelligence of orthopaedic surgeons. In the absence of a cohort of willing oxen as a control group, and given that the phrase is popular with anaesthetists, we designed this study to compare the mean grip strength of the dominant hand and the intelligence test score of orthopaedic surgeons and anaesthetists.

Discussion

This study is the first of its kind to provide evidence for the perpetual banter between orthopaedic surgeons and anaesthetists. We have shown a small but statistically significant difference in both grip strength and intelligence score between the two groups, with higher results for orthopaedic surgeons. The intelligence scores were lower than anticipated for IQ in the medical profession. This is likely to be a reflection of the way in which intelligence was tested, and the scores derived from the rather difficult Mensa brain test may not be directly comparable to IQ scores. We selected the abbreviated Mensa test carried out by touch screen for speed and convenience. Full formal IQ testing is more time consuming and cumbersome and would have affected doctors’ willingness to participate in this study. The difference in intelligence scores between groups was unexpected. We had predicted that the anaesthetist group might outperform the orthopaedic group, as intellectually challenging activities such as crosswords and Sudoku are popular among anaesthetists. Neither activity has been found to be linked to IQ, however, and the IQ test probably assesses more complex facets of intelligence than those exercised by popular puzzles.6 Human muscle strength can be measured in many ways, and the appropriateness of testing particular muscles is debatable. Dominant hand grip strength is just one facet of overall human strength, but it is well validated, reproducible, easy, and convenient to measure.7 Orthopaedic surgery can be a physically demanding occupation requiring a strong grip on hand operated instruments, so high grip strength is perhaps not surprising. However, many facets of anaesthesia also require a strong grip, such as manipulating a laryngoscope or maintaining a seal with a facemask. If we had assessed other medical specialties, the difference may have been more pronounced.

Conclusion

The stereotypical image of male orthopaedic surgeons as strong but stupid is unjustified in comparison with their male anaesthetist counterparts. The comedic repertoire of the average anaesthetist needs to be revised in the light of these data. However, we would recommend caution in making fun of orthopaedic surgeons, as unwary anaesthetists may find themselves on the receiving end of a sharp and quick witted retort from their intellectually sharper friends or may be greeted with a crushing handshake at their next encounter. Contributors: PS participated in data collection and interpretation and wrote the paper. SK and VS participated in data collection and interpretation and helped to write the paper. SAGW-O helped with data analysis and interpretation and helped to write the paper. CAW-O participated in data interpretation and helped to write the paper. SAGW-O helped with data analysis and interpretation and helped to write the paper. CAW-O and PS developed the idea for the study and are the guarantors. Funding: None.

Competing interests: All authors have completed the Unified Competing Interest form at http://www.icmje.org/coi_disclosure.pdf (available on request from the corresponding author) and declare: no support from any organisation for the submitted work; no financial relationships with any organisations that might have an interest in the submitted work in the previous three years; no other relationships or activities that could appear to have influenced the submitted work. CAW-O works as an independent consultant for Corin Group, a manufacturer of orthopaedic implants. Ethical approval: Not needed. Data sharing: No additional data available.

The full article will be available on the departmental website.

FAREWELL TO DR KENETH MAZIBUKO

Dr Kenneth Mangoba Mazibuko, deputy head of Critical Care, King Edward VIII Hospital leaves this month to take up a position in private practice. Dr Mazibuko qualified as a specialist in the Department in 2008 and completed subspecialty training in Critical Care at Addington Hospital in 2010. We wish him well in his future endeavors and look forward to his ongoing involvement with the Department as a private specialist.

PHYLISS KNOCKER/BRADLOW AWARD RECEIVED BY DR RODSETH

Dr Reitze Rodseth has been awarded the very prestigious Phyllis Knocker/Bradlow Award from the Senate of the College of Medicine of South Africa. This prize is awarded to a person who not only has gained exceptional symbols in the final Fellowship examination, but whose professional career has shown and continues to show promise of a substantial contribution to basic or to clinical research, to community health, or to the advancement of any scientific or humanitarian aspect of medical or dental practice in South Africa. Eligible Fellows are screened during the third year after attaining their Fellowship and those that fulfill the criteria are invited to submit a research proposal for evaluation by the Senate.

Dr Rodseth has proposed a study of 5,000 patients to evaluate the ability of postoperative NT-proBNP to predict cardiac complications in patients undergoing noncardiac surgery. The award constitutes a certificate, and funds which are to be used for the conduct of the research project.

Dr Phyllis Knocker was a surgeon, the first female surgeon to receive an honorary fellowship of the Royal College of Surgeons of England, and the first female president of the College of Medicine of South Africa. Mr Emmanuel Bradlow was a prominent Johannesburg businessman who served for many years as a trustee of the Colleges of Medicine of South Africa Foundation, and who was a generous benefactor of the Colleges.
SASA ELECTIONS
Dr Bruce Biccard is standing for elections as National SASA Councillor. Voting is currently open. Voting closes on Wednesday, 25th January 2012. Website: sasaweb.com
Don't forget to caste your vote!

2012 REGISTRAR REP
Dr Gavin Jones is the new registrar rep and Dr Nokuhanya Dube will assist.
G Jones: 0834455155
gavinwjoness@yahoo.com
N Dube: 0828447535
dodoliza@gmail.com

FMM SCORE SHEETS
It is the responsibility of the moderators to issue and collect the score sheets after the FMM and hand them to Natasha or Ayanda.

ANNUAL REGISTRAR REGISTRATION 2012
Registration takes place between the 20 January and 28 February 2012. Please note that registration after 28 February 2012 will generate a late registration fee that is not covered by fee remission. All registrars to please see Carol to complete the following forms prior to finalizing your registration with the postgraduate office.
1. HPCSA Registration form
2. Fee remission forms
3. Progress report

CIHR CLINICAL TRIALS
 Supervision by Lehana Thabane from McMaster. He will help put together the application and a proposal for an HIV pilot trial. The programme covers part of your salary so that they can dedicate 75% of their time to the training and the project. Most of the training will be by email, skype or in person with Dr Thabane. Please speak to Dean Gopalani or Bruce Biccard if interested.

REGISTRAR ASSESSMENT FORMS
Block assessment forms for the period 3 January to 6 February are available at the department. Please hand in your completed and signed forms at the end of your block to Arun or Natashia.

SASA 2012
All staff that are presenting at SASA 2012 to forward their names to Carol email: newman@ukzn.ac.za

PLAGIARISM: FMM BOOKLETS
Please note that plagiarism is a serious offence. All Friday morning booklets are checked for plagiarism. Booklets must be handed in 3 weeks prior to presentation. Please ensure that you appropriately reference information from other sources.

FCA (SA) II REFRESHER NOTES
The dept has a copy of the notes from the Refresher course held in July at UCT. The notes are available on loan from: Ayanda Mthethwa Mthethwaa@ukzn.ac.za

MEETINGS 2012

COMBINED ACCADEMIC
Date: Tuesday, 28 February
Time: 16h30
Venue: L5 Lecture Theatre, MS

RESEARCH MEETING
16h30 V Naidoo
16h45 SA Jayrajh

CLINICAL FORUM
17h00 Topic: PMMH Consulting: Dr J Taylor
17h20 Topic: Paediatrics Consulting: Dr P Doubell

JOURNAL CLUB
Consultant: Dr B Daya
Topic: IALCH ICU
17h40 Registrar: L Ryan
17h55 Registrar: S Roberts

REGISTRAR MEETING

STAFFING MEETING

CONSULTANT MEETING

**LAUGHING GAS**

**Doctor, Doctor!**

A woman in Arkansas brought her baby in to see the doctor, and he determined right away the baby had an earache. He wrote a prescription for eardrops. In the directions he wrote, "Put two drops in right ear every four hours" and he abbreviated "right" as an R with a circle around it. Several days passed, and the woman returned with her baby, complaining that the baby still had an earache, and his little behind was getting really greasy with all those drops of oil. The doctor looked at the bottle of eardrops and sure enough, the pharmacist had typed the following instructions on the label: "Put two drops in R ear every four hours."

**********

**THE QUICKIE**

**ACROSS**

1 Ratio (10)  
6 Greek capital (6)  
7 Speed contest (5)  
9 Loses blood (6)  
10 Small mouthful of liquid (3)  
11 Modeling material (4)  
14 Coconut fibre (4)  
15 Biblical women (3)  
16 Shrew (6)  
17 Cook in oven (5)  
18 Soldiers (6)  
20 Body of voters (10)

**DOWN**

1 Somemones favourite (3)  
2 Excessively (6)  
3 Sheepish (6)  
4 Beat soundly (6)  
5 Opportunity (8)  
6 Permission to proceed (3,5)  
8 Hold in check (8)  
9 A sport (8)  
12 Electronic interference (6)  
13 Wall pass (3-3)  
14 Aurele (6)  
19 Baked food item (3)

(Answers on next page)

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**WORLDS LARGEST FLOWER**

The largest flower in the world, the rafflesia arnoldi, weighs 7 kg (15 pounds) and grows only on the Sumatra and Borneo islands of Indonesia. Its petals grow to 1.6 ft (1 metre) long and 1 inch (2.5 cm) thick.

There are 16 species of rafflesia, found in Sumatra, Malaysia, Philippines and Borneo. The species is named after the naturalist Sir Stamford Raffles, who founded the British colony of Singapore in 1819. Raffles discovered the parasitic plant with his friend Dr. Joseph Arnold during their travels in May 1818. The *rafflesia arnoldi* is named after the two.

However fascinating and beautiful the rafflesia arnoldi may be, it is also called “corpse flower” and really reeks, the latter to attract flies for pollination.

Of about 200,000 kinds of flowers in the world, the smallest is the duckweed, which can only be seen with a microscope.

**Oldest living thing**

The oldest living thing on earth is a flowering shrub called the creosote bush, found in the Mojave Desert. It is 15 metres (50 ft) in diameter. It is estimated that it started from a seed nearly 12,000 years ago. During its lifetime the last major period of glaciation in North America came to an end, the wheel and writing were invented, and the great Egyptian and Mayan pyramids were built. The shrub is still living.

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**CODEWORD**

I  E  H  
P  C  I  
A  E  R

How many words of four letters or more can you make from the show here? In making a word, each letter or word may be used once only. Each word must contain the centre letter, and these must be at least one, nine-letter word in the list. No plurals or verb forms ending in S, no foreign words, no words with initial capital, no hyphenated words.

**Target:**
Good 23, very good 34, excellent 45 (or) more.
(Answers on the next page)

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**AMBIGRAM**

Balafes

Is it Friday yet?

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**THE PIRANHA CLUB**

HAGAR the HORBIBLE

---

**THE QUICKIE**

**ACROSS**

1 Ratio (10)  
6 Greek capital (6)  
7 Speed contest (5)  
9 Loses blood (6)  
10 Small mouthful of liquid (3)  
11 Modeling material (4)  
14 Coconut fibre (4)  
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13 Wall pass (3-3)  
14 Aurele (6)  
19 Baked food item (3)

(Answers on next page)
07:15 FRIDAY MORNING MEETINGS – L5 LECTURE THEATRE

<table>
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<tr>
<th>DATE</th>
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<th>SPEAKER</th>
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<tr>
<td>27-Jan</td>
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<td>A Dunpath</td>
<td>SRK Naidoo</td>
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<td>What’s in the pipeline?</td>
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</tbody>
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MON
30 Jan.
15h00 FCA PART II TUTORIALS: Cardiac 2 / Ballim
16h00 CLINICALS: Ballim/ kalafatis

TUES
31 Jan.
16h30 NO MEETINGS / L5, MS

WED
01 Feb
07h00 M & M MEETING: KEH / KEH
07h00 M & M MEETING: IALCH / IALCH
07h00 M & M MEETING: PMMH / PMMH
07h15 M & M MEETING: RKK / SEM, MS
16h30 DA[S]A / Endocrine System & Anesthesia (e.g. Diabetes, Thyroid) / S Jithoo

THUR
02 Feb
07h15 OBSTETRIC ANAESTHESIA ACADEMIC MEETING / KEH
08h30 KEH ICU M & M MEETING: HIV and ARVs in ICU / D Gopalan
15h00 FCA PART I TUTORIALS: Cell Physiology intermediary metabolism / R von Rahden / IALCH

FRI
03 Feb.
07h15 FRIDAY MORNING MEETING: What's in the pipeline? / P Gokal / L5, MS

2012 DIARY
SASA CONGRESS: 18 – 22 February CT, ICC
CLINICAL COURSE: 17-21 September IALCH
ULTRASOUND WORKSHOP: 26 May IALCH

DEPT WEBSITE
http://anaesthetics.ukzn.ac.za/Homepage.aspx

BIRTHDAYS
No Birthdays

Thought for the Day!
“Though we travel the world over to find the beautiful, we must carry it with us or we will find it not.” Ralph Waldo Emerson