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**Mr Martin Singer  
1921 - 2015**



**Well done boys**



**Trauma Monday blues**

**How I wish we had won the world cup!**



This is not for the obvious reason – giving the finger to the Brits, Ozzies and Kiwi's. Of course it was an exciting time pitting our strengths against the rest of the world. I was privileged to be at the SA - Welsh quarters at Twickenham – well hardly privileged, more well organised, being an invited speaker at the Cardiff “Sporting Spine” meeting – holding my breath and hardly able to watch until we scored the try off the base of the scrum. We probably gave NZ a better run for their money in the semi's than Australia did in the finals, but sadly we were never really in for a win.

No, the reason I really hoped we would win was to inject positive energy into the SA community. Things seem rather down at present with resource stocks taking a hiding, drought, universities in disarray capitulating to a minority, fiscal tightening and our politicians continuing to ignore all reality with their heads well buried in the trough. Sadly this feeds down to us psychologically and materially with increased pressure on our service's funding.

There is science behind my hope for sporting success. In a recent PPS publication they presented data confirming a positive correlation between successful sporting events and SA business confidence index (see right). A little business confidence right now would surely help.

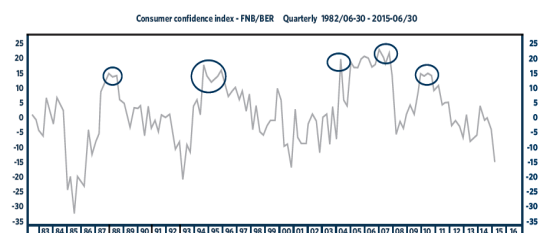
Well it was not to be and we need to be resilient. So while big daddy upgrades his holiday home and buys a jet, we need to cope with

fiscal discipline. The Western Cape Health department is correctly matching expense with income to remain sustainable long term but this threatens our ability to function at current levels despite huge demands for growth in our service delivery. GSH management are asking us to reduce expenditure. There is a threat to our sessional staff, on which we are so reliant to deliver our exceptional service in the elective adult reconstructive arena. It is always frustrating to have to defend what one perceives to be so obviously valuable - a waste of one's energy that could be so much better utilised.

So how does one respond? Previously we just cut and cut again. Surely this is not the answer when we have achieved so much. Our minister of health demands improvement in state health care. Our community begs for access to our skills. Fortunately our current local management has more insight than their predecessors. They have asked for our help to reduce cost and we are responding, not with unidimensional destructive strategies but proactive efficiency improvements.

It is so easy to become despondent at such times, but in our department it is simply not acceptable. We are embracing these challenges with a positive attitude, as an aligned group, with an expectation of maintaining our service and teaching platform by improving efficiencies to reduce cost. This separates Orthopaedic Surgery from the rest.

One of the things I enjoy about this HOD responsibility is the contact with my staff, especially the registrars. They have the benefit of youth, open mindedness and resourcefulness. I feed off this elixir of youth. I am constantly amazed at the quality of our applicants having just interviewed for satellite training program medical officers and now registrars. We are



attracting the best.

So how does this help us in practice? In the last newsletter I mentioned the establishment of the iQual project. This was Michael Held's initiative driven by Ramanare Magampa, a "newbee" registrar. Initially focused on quality improvements we have amended it to efficiencies and cost saving. Every 6 months the registrars are expected to present an iQual pilot project. The recent presentations yielded excellent ideas – the most impressive to me being waste management. Carel Bezuidenhout presented the cost differential between red and clear bag medical waste management. He identified the constant contamination of clear waste bags with small items such as webcols rendering them red waste status, with resultant exponential cost increase in waste disposal.

I am embarrassed to admit I never knew what went into which bag. He did a pilot study in the Orthopaedic trauma OPD and calculated an R11 000 savings per annum just in one POP room. We have escalated this to management and hospital wide savings are potentially huge.

Others came up with scrub tap spouts to reduce water costs and post-op x-ray efficiencies. We have initiated implant cost audits, identifying gross system deficiencies in the financial department which with improvement will allow closer monitoring of implant choices. This will potentially allow us to reduce per event cost.

To date, we are the only division to respond with proactive suggestions.

So yes, I may sound a little down but we are responding positively to these challenges with the expectation that management will support our ongoing ability to service the Orthopaedic patients and maintain our excellent teaching and research platform.

In true Orthopaedic tradition we also continue to distract ourselves from such serious matters by growing moustaches for charity, enjoying matured grapes, hops and malt as well as competing at various sports. In an effort to avoid being accused of "playing with ourselves" we also take on the other departments at golf and I believe general surgery has thrown down the cricket gauntlet.

Have a great Christmas and New Year break.

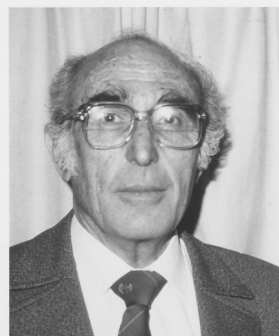
See you rejuvenated in 2016.



### iQual - efficiency and cost reduction

Do you know what goes in which waste basket? Well, by getting it right one can save money due to the differential waste disposal costs as highlighted by Carel at the recent iQual symposium.

Noluthando, our new PGWC secretary is presenting her assessment of the arthroplasty waiting list after calling everyone on the list! Amazing that you can be on a waiting list when you don't want surgery, have had it elsewhere or moved on!



### Mr Martin Singer

1921 - 2015

Mr Singer left us on 5 July 2015 at the age of 94. He was a remarkable man with a massive impact on Cape Town Orthopaedic Surgery. He will well be remembered for building the Hand Unit, now named after him. However, he practiced the full spectrum of Orthopaedic Surgery during his career, publishing on low back pain and OCD of the knee. He also wrote a book on the management of Polio. He contributed to Maitland Cottage Children's hospital until right near

the end.

I remember him well, being my Hand Consultant and co-author on my first paper – Segmental aponeurectomy for Dupuytren's - his choice operation for the pathology. As a nervous young registrar about to give his first presentation at the Hand congress, he simply said "Robert just look at me and imagine you are only talking to me, it will be alright" - and it was.

He was a fantastic teacher and had a great eye for detail, frequently having to point out the difference between "ulna" and "ulnar" in the Hand OPD. He instilled simple philosophies in us and I now still hear him saying such things as "operations must be possible for the average surgeon, as by definition most of us are average" and "surgeons are not gods, maybe demi-gods" with a wry smile on his face.

We heard many stories of his terrifying discipline and fury as a younger consultant, but I never saw any of this. He enjoyed teaching us registrars with high but not unrealistic expectations.

He was the first one of us to train at RNOH, London, where he developed his interest in Hand Surgery. It is uncanny how many have followed him there since.

He has left a powerful legacy in our department. Thank you Mr Singer.



# Orthopaedic Research Unit

[www.oru.uct.ac.za](http://www.oru.uct.ac.za)



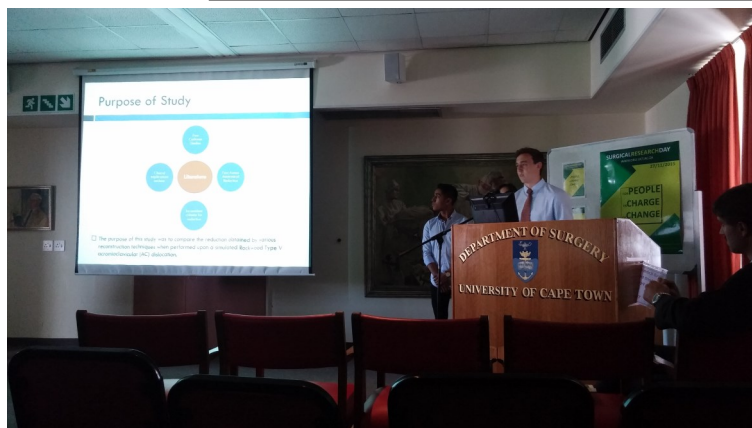
## Surgical Research Day

In addition to the ORU day, we ran the Department of Surgery Research day. This ran without a glitch as we have come to expect from the OrthoTeam, this time supervised by registrar Neil Kruger, better known for his cricket skills and verbosity.

Orthopaedic Surgery had a strong academic presence with presentations by not only our consultants and registrars but also undergraduates.

The 2nd year MBChB students are now expected to perform a 4 week research project. Departments are asked to offer projects to attract students. The last 2-3 years has seen many come to us. Prof Roche has out done himself and often ends up with a horde. To the right is a prize winner, Mr Curtis presenting the largest study on female laterjet procedures "are woman more unstable than men". Another group presented on ACJ cadaveric dissection and reconstruction procedures, also winning a prize.

Du Preez Naude, current upper limb fellow, won the Clinical paper prize with a randomised prospective trial on Cerebral oxygenation in the beach chair position. Amazing what a man will do to get the fellowship!



## Orthopaedic Research Day

Michael Held, director of the ORU proved that this is no oxymoron. Nicknamed "the fuhrer", he lived up to his Germanic heritage with excellent organisational skills to arrange and deliver the first UCT Orthopaedic Research Day.

The interim dean, Greg Hussey, could not believe this and came to witness this inaugural event in the Wolfsson lecture theatre at Medical School.

The registrars as always came to the party, seen to the left preparing the hall. We presented our current and planned research along with invited speakers from basic science and other clinical departments.

Collaborators from Europe "streamed" in via Skype to present their work and desire to work with us going forward. We "streamed" out via UCT's Adobe connect.

All in all it was a great day for the department. A huge complement came from invited keynote speaker, Prof Andy Nicol, -"Orthopaedics is leaving the rest of us behind" - he congratulated.

This initiative has already lead to translational projects with Anaesthetics and bioengineering.

I look forward to the 2016 ORU day and hope that many more from the private sector will join us, especially as we develop "thought to market" initiatives with our commercial colleagues.

## MSc Orthopaedic Surgery

Michael initiated the MSc Orthopaedic program by dissertation this year and already we have 4 students. Talk about transformation! H49 has never been so popular although Graham McCollum claims he can no longer work there - trouble with concentration.

I am not sure what Michaels entry criteria are but our bevy of beauties have increased interest in research to such a degree that I think the Ethics committee may need to exempt us at the risk of being overloaded with protocols.

# Orthopaedic Research Unit

[www.oru.uct.ac.za](http://www.oru.uct.ac.za)

In 2015 we published 31 articles, 20 of which were in international journals.

These were well spread across the units:

Hand	9
Shoulder and Elbow	8
Spine	7
Trauma	3
Foot and Ankle	3

These are a selection:

Oner, F. Cumhur, Said Sadiqi, A. Mechteld Lehr, Bizhan Aarabi, Robert N. Dunn, Marcel F. Dvorak, Michael G. Fehlings et al. **"Toward Developing a Specific Outcome Instrument for Spine Trauma."** *Spine* 40, no. 17 (2015): 1371-1379.

Hoppe, Sven, Marius Johann Baptist Keel, Nicolas Rueff, Issadig Rhoma, Stephen Roche, and Sithombo Maqungo. **"Early versus delayed application of Thomas splints in patients with isolated femur shaft fractures: The benefits quantified."** *Injury* (2015).

Dachs, Robert P., Basil C. Vrettos, David A. Chivers, Jean-Pierre Du Plessis, and Stephen J. Roche. **"Outcomes After Ulnar Nerve In Situ Release During Total Elbow Arthroplasty."** *The Journal of hand surgery* 40, no. 9 (2015): 1832-1837.

White, W. James, Graham A. McCollum, and James DF Calder. **"Return to sport following acute lateral ligament repair of the ankle in professional athletes."** *Knee Surgery, Sports Traumatology, Arthroscopy* (2015): 1-6.

Dachs, Robert P., Mark A. Fleming, David A. Chivers, Henri R. Carrara, Jean-Pierre Du Plessis, Basil C. Vrettos, and Stephen J. Roche. **"Total elbow arthroplasty: outcomes after triceps-detaching and triceps-sparing approaches."** *Journal of Shoulder and Elbow Surgery* 24, no. 3 (2015): 339-347.

Fleming, Mark A., Robert Dachs, Sithombo Maqungo, Jean-Pierre du Plessis, Basil C. Vrettos, and Stephen J. Roche. **"Angular stable fixation of displaced distal-third clavicle fractures with superior precontoured locking plates."** *Journal of Shoulder and Elbow Surgery* 24, no. 5 (2015): 700-704.

Maqungo, Sithombo, Mwangi Kimani, Dilesh Chhiba, Graham McCollum, and Steve Roche. **"The L5 transverse process fracture revisited. Does its presence predict the pelvis fracture instability?"** *Injury* (2015).

McGuire, Duncan Thomas, Riccardo Luchetti, Andrea Atzei, and Gregory Ian Bain. **"Arthroscopic Arthrolysis."** *Wrist and Elbow Arthroscopy* (2015): 165-175.

Bain, Gregory I., Harry DS Clitherow, Stuart Millar, François Fraysse, John J. Costi, Kevin Eng, Duncan T. McGuire, and Dominic Thewlis. **"The Effect of Lunate Morphology on the 3-Dimensional Kinematics of the Carpus."** *The Journal of hand surgery* 40, no. 1 (2015): 81-89.

North, David, Michael Held, Stewart Dix-Peek, and E. B. Hoffman. **"French Osteotomy for Cubitus Varus in Children: A Long-term Study Over 27 Years."** *Journal of Pediatric Orthopaedics* (2015).

Refer to our ORU web page for more detail - [www.oru.uct.ac.za](http://www.oru.uct.ac.za)

Should you want to become involved with our dynamic research team, please contact Michael Held on [email.held@gmail.com](mailto:email.held@gmail.com)



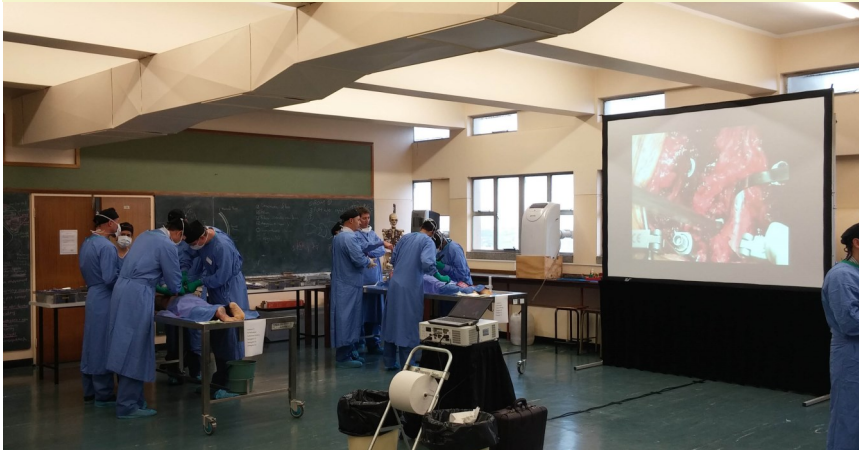
## UCT Orthopaedic Academics at the SAOA Gala dinner.

This is what clinical researchers look like in action. The UCT Orthopaedic team held the flag high at this year's SAOA meeting in the Drakensberg.

The photo was taken early in the evening to avoid any embarrassment.



## Courses



### First Du Puy Institute course in SA!

The Orthopaedic Spine Unit hosted and ran the first Du Puy Institute spine osteotomy course in July. Traditionally this course is run in Barcelona but with the weakening rand and increased cost of travel, never mind time away from practice, Du Puy is looking for alternatives. Along with John Hutchison from Bristol and national faculty we ran the course along the international lines with the straight talking local flavour. Jhacco from Du Puy informs me that there has been excellent feedback not only from the delegates but the international Du Puy educational co-ordinator that came along to see we were up to scratch. Du Puy Institute is looking at collaborating in 2016 with an Advanced Cervical course.



### Sithombo Maqungo

Sithombo lectured at the 27th Emile Letournel Course on Fractures of the Pelvis and Acetabulum held in September 2015, Lucerne, Switzerland. Also well done on his UCT Health Professional Education Diploma he just completed after a year's slog.



### 13th annual UCT Cadaver spine approaches course

We continue to run our Spinal approaches and instrumentation techniques course initiated some 13 years ago based on a course I helped with at the Royal College in London. This remains a popular course for senior registrars and junior consultants. The course continues to grow with 24 delegates this year, drawing national interest and even surgeons from Mocambique and Kenya. Sven Hoppe, our Swiss / German fellow and registrar Johan Charilaou enjoying learning top right.



## Outreach



### Lesotho outreach

Sithombo Maqungo and Marc Nortje go up to Lesotho as part of a UCT / Netcare initiative to perform primary arthroplasty. I understand that make a big impact but what worries me is Marc need to wire every primary hip. Has he reverted to Charnley trochanteric osteotomies while the work moves to day case MIS?



### Spine outreach

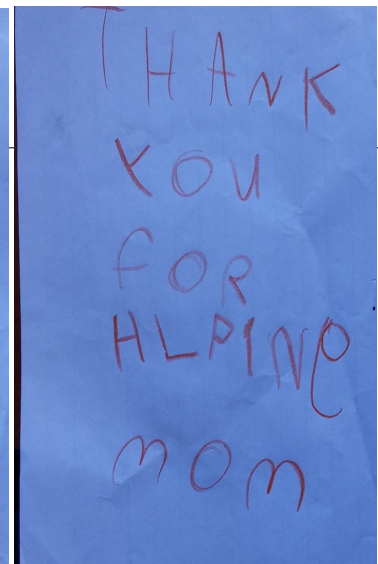
The spine team continues it regular trips to Eben Donges alternate months. This philanthropic exercise is rewarded with a boss sponsored lunch at Jason's Hill and a quality check at a few stops along the way. One of the fellows is meant to be helping Dave Welsh in theatre that morning, but he never seems to have a list on outreach day! Poor Sven from Bern seems to get the short straw and sent to theatre unwittingly.

We continue our Namibian tour to Van der Horst's empire, recently taking a fellow along to replace Alex who was rendered useless with a ACJ dislocation.

The Eastern Cape remains a destination with an attempt at skills transfer to stem the tide of patients drifting south. Unfortunately Mawande Mandaba has left Livingstone so they are relying on a few sessions by freshly trained Javed Niazi. Damian Thomas, Ben Garrett and Bryan Theunissen are all still there and doing a great job. They are training registrars again and they really enjoy our visits.

### The type of time that makes it all worthwhile.

After consulting a rather difficult middle aged woman with back pain and trying to move her on, her young daughter produced this to shine a ray of light on my week.





# Teaching postgraduates

## Our Smith and Nephew monthly registrar Friday afternoon cadaver workshops continue...

This has become a routine to us but whenever we have visitors they are extremely impressed. There is no doubt that this has a massively positive impact on our postgraduate training, allowing them to develop their arthroscopic shoulder and knee skills in the safety of a lab.

Last month, Duncan McGuire and Michelle Maree - our Hand sessionals - donated their private time to educate our registrars on approaches to the wrist. Below see the attention while Duncan dissects followed, by practice in small groups.



Our conventional case based x-ray teaching (or torture depending on your vantage point) continues. The weeks starts with the 7am Trauma meeting where selected cases are presented for discussion. This is one of our best meetings as we all are together as a department representing our sub-speciality interests and learning from each other. High standards are demanded from the senior registrars who usually rise to the occasion against the barrage of questioning from the oldies in the front row. The room is usually full and the discussion intense. Not sure why I was singled out at the Movember party as "scariest Mo on a Monday morning", Prof Roche is still the most aggressive in my opinion.

Below is Dave North lapping it up.



The trauma meeting draws a wide group. Brian Bernstein is a regular and once he gets going he is unstoppable. Mr AO!

The only time I saw him silent was when painting at an under privileged primary school in the Drakensberg as a social initiative at the recent SAOA meeting. Well done Brian.



# Teaching undergraduates



In our efforts to improve musculoskeletal care to our community, we recognise that we need to upskill the next generation of primary health care workers, i.e. our MBChB students. As their contact with us is extremely limited, despite the 5th year 4 week block no longer being shared with Anaesthetics, we realise we need more impact.

Nick Kruger is the Undergraduate Convenor and has done a sterling job at this. He has instituted a series of workshops with the Student Surgical Society. He recently arranged an injection workshop along with our faculty - Mike Solomon, Du Preez Naude and Graham McCollum. They demonstrated injection techniques appropriate for GPs and facilitated a practical session on limb models. Look at the fun the kids are having.

This is not only about skills transfer but developing an interest in Orthopaedic Surgery in the student body. This has many advantages for us as they progress through the ranks.

The fruits are already evident with recently qualified students emailing me for advice on a career in Orthopaedic Surgery. This is allowing diversification of our applicant pool which is one of our medium term goals - transformation without compromise of standards.

The Student Surgical Society is driving student interest in surgery and we are making sure Orthopaedic Surgery features.

Acamedics is the Student research body and we already have 5 students from 1st to 5th year involved with projects in our department. They are interested in Orthopaedic Surgery and realise they need to differentiate themselves from the rest to compete.



## Social



Sithombo Maqungo initiated this social responsiveness project when he identified that his old primary school in the Eastern Cape had no play equipment.

A casual chat in the cramped theatre tea room about finding sponsors ensued.

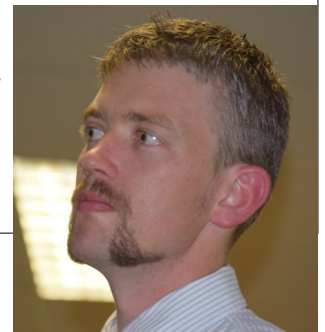
By the time the anaesthetists had given us our respective green lights, we decided the Department would sponsor the well deserved project - hopefully the jungle gym will generate another competent Orthopaedic Surgeon and the soft grass prevents supracondylar fractures.



Teddy Hoffman remains a core of our Orthopaedic ethos and invited to every function despite trying to hide since retirement.

He managed to avoid the Black tie Trainees / Trainers dinner but not the Mo' party. Here he is at Steve Roche's house where he was holding audience with all the registrars. Poor Ramanare is being instructed on some vital historical sporting fact.

Stefan Swanepoel took best Mo' prize this year - judged by Bernadette and the research students as most likely to "score". Jim Crosier however put in a sterling effort sending a "selfie" to the Mo braai.



Knee surgeons think they are the business and Spine surgeons a boring old lot. This was not the case at the recent "Sporting Spine" meeting in Cardiff, coincidentally before the quarter final weekend. At the gala dinner, the rest of the world packed down against England and drove them backwards into the lectern. Yours truly took up lock position with Craig Quinell. This went onto line outs—luckily no-one was injured.





## Social Glossary



Our registrars paying their respect at Mr Singers memorial service



Our SAOA golf team but sadly no cup this year!



TROUBLE - every Orthopaedic function has more girls. Not sure what's going on.



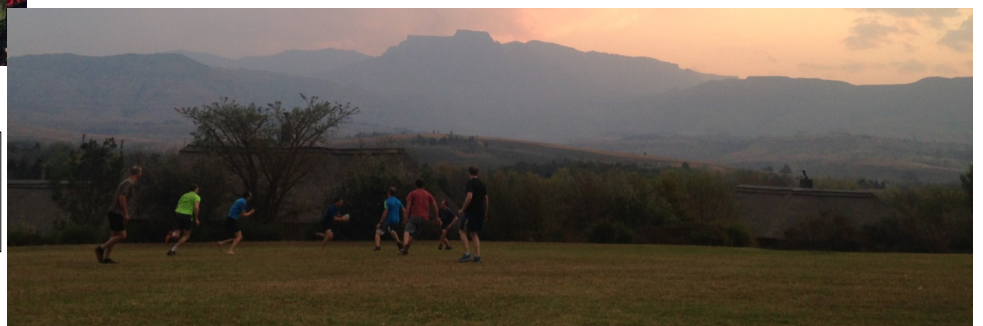
They may attend the Surgical research day but do they learn anything? Admittedly it may have been during the Mucin talks!



Dr Swan found everything funny at the SAOA Gala.

He was asked to look after the Registrar Congress hosting trophy. After losing it once at the after party, he held it so tight it took 4 weeks to get it back from him.

Touch rugby at Champagne castle after a long day of SAOA talks.





# The Scoreboard

## Cape Town Marathon

Robert Dunn	4.25
Russell Govender	4.42

## 21km

Robert Dunn	Gun Run	1.56
Russell Govender	Landmark	2.06
Russell Govender	Riebeeck	2.05

## Medical 10

Hayden Hobbs	40.14
Carel Beziudenhout	41.30
Russell Govender	52.29
Steve Roche	58 or so



## Registrars win Cricket.

The annual Consultants Registrars Cricket match was hotly contested. Despite the shake down at Waterpolo, the registrars went on to post a massive innings of 208 runs in 30 overs. Neil Kruger and Tom Hilton were on fiery form. The consultants came back fighting, assisted tremendously by a chap called "EXTRAS", largely supported by Tim Sluis's bowling. Sadly Duncan McQuire and Hayden Hobbs batting was not enough and the consultants fell 20 runs or so short.



## Consultants retain Waterpolo Champ status

For three chukkas it was all consultants but as they fatigued, the 2:1 ratio of registrars allowed a comeback. The consultants held on to take the game. The score is in dispute as no-one managed to keep head above water at all times to see what was going on, but the consensus opinion was 15 - 11 to Consultants.





## The Scoreboard - who's sorry now?



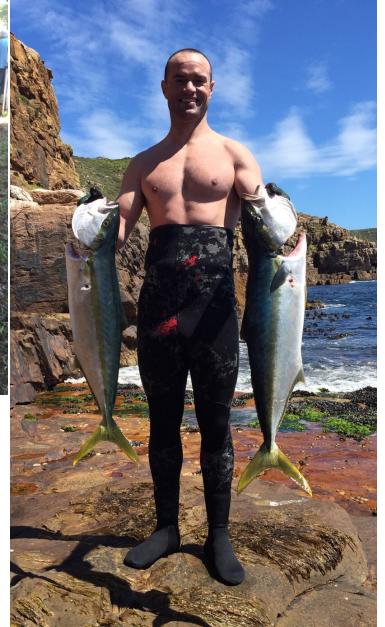
Cocky  
prior to Wines to Whales



No so cocky



Adrian Swan spotted  
ostensibly "post call"  
sneaking in a dive.



## Who's in and who's out

### Well done boys ...

Well done to **Tom Hilton and Dave Chivers** on their success at the recent college exams.

Tom is finishing his knee rotation then treading water for a few months before leaving for RNOH, London and a Oncology Fellowship with Tim Briggs.

He will be returning to Cape Town in due course and we hope to have him involved with our Oncology service.

Dave will be embarking on the UCT Arthroplasty fellowship which is based at GSH, Mitchell's Plain and Vincent Pallotti Hospitals to maximise exposure. He then plans to move out of Cape Town into General Orthopaedic practice, likely on the KZN south coast.



### WELCOME

Welcome to new registrar **Matthew Workman** who joined us in August.

Matthew qualified as a physiotherapist prior to MBChB and came through the Rowe ranks.



Maritz Laubscher taking one of the many UCT prizes at the recent SAOA congress in the Drakensberg.



## Feedback from abroad ...

### Fellowship update: Dr Anria Horn

Hello colleagues! I have been in London for just over 4 months now, working at Great Ormond Street Hospital for Children. It has been quite an experience but one thing is sure, I certainly miss the green grass back home. Before I tell you about what is happening here, I just want to say that the teaching program, the camaraderie and the level of service, excellence and academics that you maintain in Cape Town by far surpasses anything I have witnessed since I have been here. I am so proud, and so jealous that I'm missing out on the action.

Great Ormond Street Hospital as a tertiary (I dare say even quaternary) referral centre accepting patients from all over the UK, and as it turns out, the Middle East. I have never seen such a concentration of pathology. Mucopolysaccharidosis is so common here that everyone just refers to it as MPS. Imagine my confusion. Clinics would routinely contain 2 or 3 PFFD's, some achondroplastics or other weird dysplasias that I have to Google, and then of course, MPS. As it is easy to get bogged down by the genetic and other intricacies of all these rare syndromes, my one consultant wisely advised me to forget the underlying pathology and focus on the orthopaedic problem. Good advice.

Operatively, I am not getting as much 'cutting' as one would hope. One accomplishment I can claim is that open reduction and osteotomies around the hip have been demystified by repetition. My consultant, Ms Deborah Eastwood, is an extremely conservative surgeon and I have learned a lot from her about when not to operate. The temptation is always so great, as there is an operation for virtually everything, and when armed with a scalpel, the world can easily become a nail to one's hammer.

I have had the privilege of attending several meetings since I have been here, mostly on CP and hip joint preservation. The most exciting meeting I attended was the annual Percival Pott (he of Pott's disease) club's academic meeting where I met **THE** Prof Rajasekaran, Prof Hertel (of proximal humerus fame) and listened to Freddie Fu, al in about 4 hours. What a pleasure.

All work and no play maketh me a relatively depressed girl, so I have done quite a bit of travelling since I have been here. In the UK I have visited Edinburgh, Cardiff, the lakes, the peaks, the coast, Oxford and Cambridge. I even performed with a jazz singing group at Cambridge's jazz festival recently. I am also going to do an observership for one week in Paris in January, and finally having a multiple entry Schengen visa, I plan on completely overstaying my welcome in Europe for the next seven months.

In January I move from my cushy spot in central London to Stanmore, where the Royal National Orthopaedic Hospital is situated, for the latter half of my fellowship. I look forward to the change of scenery and to being surrounded by orthopods as opposed to paediatricians. Maritz made such an overwhelming impression during his time there, I have big shoes to fill, but at least they like South Africans...

I hope to see you all in April at the COMOC meeting!



**"We're in for rainy weather"**

Dr Anria Horn at Beatrix Potters home, reminding me why I left the mud island.



Prof Rajasekaran at the Pott meeting



Attie Botha, current senior spine fellow, showing off some serious surgical skills on a recent Spine hunt. Looking after the bosses' carcasses is all in a days fellowship.

## Division of Orthopaedic Surgery

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If anyone would like to contribute something of interest regarding our department for the next Newsletter, please send to me on:

robert.dunn@uct.ac.za

## *Divisional meetings CPD accredited.*

All our academic meetings are now CPD accredited. Private consultants are welcome to attend and contribute. Our Spine meeting has grown and is attracting many private surgeons, with our Trauma meeting following suit. I would like to see our Friday academic sessions attracting similar interest. Remember to sign the attendance register for points allocation.

### Our fixed weekly academic meetings are as follows:

Monday 7 - 8 am:	Trauma meeting D15
Tuesday 7.45 - 9 am:	Spine meeting D15
Tuesday 1-2pm:	Clinical examination meeting D6
Tuesday 8 - 10pm	Registrar teaching
Friday 7 - 8 am:	Trauma meeting F23
2 - 4.30	Dept academic meeting H49

A monthly program is available.



Welcome to **Noluthando Marotola**, our new PGWC secretary. After 3 years of motivation, GSH relented and gave H49 a secretary to assist Bernadette with all the increasing PGWC admin. She has made a great start.

**Right:** Our tie is for sale to previous staff members at R150.00 from H49



**Right:** Sport is not new to H49.

Here is Dr Pieter Roux, one of the founders of Cape Town Orthopaedic Surgery and colleague of Pieter Moll from the early days, about to play a bit of rugby.

He ran the Orthopaedic service following Pieter Moll's death, a fate that he sadly soon followed.

