THE BLACK BAG

BRISTOL MEDICAL SCHOOL

Winter term Edition 2023

The University of Bristol Medical Students' Magazine
Est. 1937

Big cheese: Anna Andrieu
Main squeezes: Kate Rainsford & Hussein Malik

Contributors:
Divorce attorney: Charlotte Wood
Just Ken: Kim Shail
BNF representative: David Morillo
Resident neurologist: Robin Golding
Head of the department of nosiness: Wiktoria Kotynska
News anchor: Diyora Ilkhomova
Literary lifeguards: Ethan Williams, Alba Jassem, Safia Husain
Troy Bolton (both art and sport??): Zin Htut
Paparazzi: Anonymous evil minions

The Black Bag

Winter 2023

EDITORIAL

Name: Anna Andrieu
Position: Black Bag editor
Year Group: 3
Shoe size: 4
Likes: Areas with low levels of seismic activity, being in the centre of a tectonic plate, kind strangers with a nasal stick
Dislikes: Volcanoes, my recent trip to Pompei, magma based natural disasters, having a blocked nose
Claim to fame: Probably more scared of volcanoes than you.

As we pass halfway through my reign of terror as editor of the Black Bag, it is important to reflect on the things that count and ask myself if I have achieved my goals for this role. Namely, have I managed to score a fitness to practice over the contents of the magazine yet? The answer is disappointingly no, but who knows, perhaps this edition will be the one. I thank you all for joining us on our journey to return the Black Bag to its purest and most essential form, a gossip magazine, just as God intended.

This term myself, my little rodent ghost writer and evil minions have been hard at work to deliver what may be one of our finest pieces of silliness yet. We have a return of the official Black Bag paparazzi division after over a decade in retirement, capturing the most honourable and medical moments of the medics' bar crawl. We also have a wonderful feature interview from Galenicals themselves, to find out the information we all have agonized over since the handover. What shoe size do the presidents wear? Do they share shoes? Do they share feet? Tune in to find out.

I'd like to thank all my contributors for putting up with the worst management possible, being super cool and being the friends we made along the way. I can't tell what the future holds, but something tells me it involves continuing to avoid doing my actual degree and editing pictures of medics snogging instead.

If you give this a read and think "wow, that was shit – I could have done that way better", be our guest, email us at blackbag1937@gmail.com and give it a go! We solemnly promise not to do a public dramatic reading of submissions at meetings.

PRESIDENTS' ADDRESS

Wale & Tilly

It's been an exciting start to the academic year with a busy line-up of events, teaching sessions and good vibes all-round!

We started the year with our Welcome Week, where we spoke to our Gateway and Year 1 students. We then continued the conversation at the SU Welcome Fair, where many of you met our new mascot, Galen. Medics' Fresh came a week later, and you saw our amazing sub-societies on show.

The traditional medic social calendar is well underway with our pre-clinical and clinical night outs, the classic pub crawl, our Christmas Ball at Revs, and Medics' Varsity!

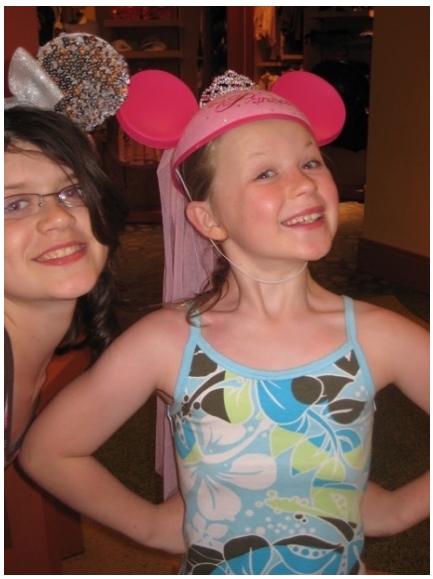
One of our primary goals is improving access and inclusion for all medical students, and we used collaboration with other societies to leverage this. We collaborated with the University of Bristol African Caribbean Society to launch Galenicals' first-ever Black History Month Campaign. We've also been running our Anatomy Teaching Sessions every week consistently for our Year 1 students, increasing their confidence in the weird and wonderful world of Anatomy.

Of course, we have to mention our Blood Drive for Sickle Cell disease, which is an initiative in collaboration with WeareDonors, ACS Give Blood and Bristol ACS. We have raised awareness of Sickle Cell and had over 30 students donate blood for the first time!

Our aim for the next half of our terms is to ensure students remain at the centre of key decisions from the faculty. Watch this space as we share the pathways for your voice to be heard and shape your experiences as medical students.

GALENICALS COMMITTEE 2023-2024

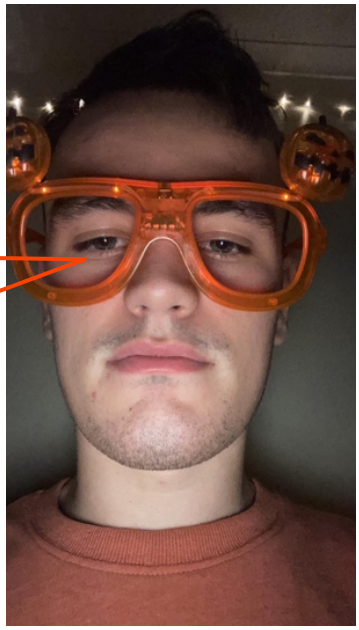
The exclusive VIP interview



Name: Tilly Gardener
Position: Co-President
Year Group: 4
Shoe size: 7
Likes: Cocktails, Sleep, Charity shopping
Dislikes: the cold
Claim to fame: Very distantly related to Prue Leith

Name: Walé Kukoyi
Position: Co-President
Year Group: 4
Shoe size: 11
Likes: Football, money and good vibes
Dislikes: The pub crawl (yes, I said it)
Claim to fame: I said human beings have three patellas

Editor's note – not only are these badly arranged, turning this into a matching game, but I've also given out prizes I made up on the spot, just because I can. I love being all powerful!



Name: Sanam Chawla
Position: Vice-President
Year Group: Intercalating
Shoe size: 9
Likes: Talking, Expensive Lego Sets and Fun
Dislikes: Library Whisperers, Mancunians and Freshers
Claim to fame: U9 Warwickshire Chess Supremo (6 wins out of 6 - the beers were well and truly flowing)

Name: Conor Gibb
Position: Secretary
Year Group: 4
Shoe size: 8.5
Likes: Newcastle United, Pittsburgh Steelers
Dislikes: Cheese, green vegetables, seafood
Claim to fame: most 'Dick of the Day' awards for Galenicals FC in a single season on the Downs

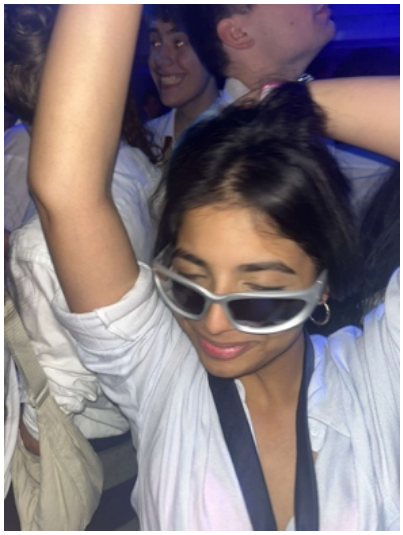
Name: Clodagh Thorpe
Position: Welfare Director
Year Group: 4
Shoe size: 41/2 on the left 5 on the right
Likes: Ed Sheeran, James Blunt and Take That
Dislikes: Spinach, Airports, Will Ferrell and people who don't like Taunton:(
Claim to Fame: Undefeated winner of Harry Potter Trivial Pursuit.
(Winner of best shoe size)

Name: Kirsten de Escofet
Position: Treasurer
Year Group: 4
Shoe size: 7
Likes: tuna, Hozier + young royals (tv show)
Dislikes: anchovies, being cold, bad smells
Claim to fame: Simon Cowell said he liked my hat

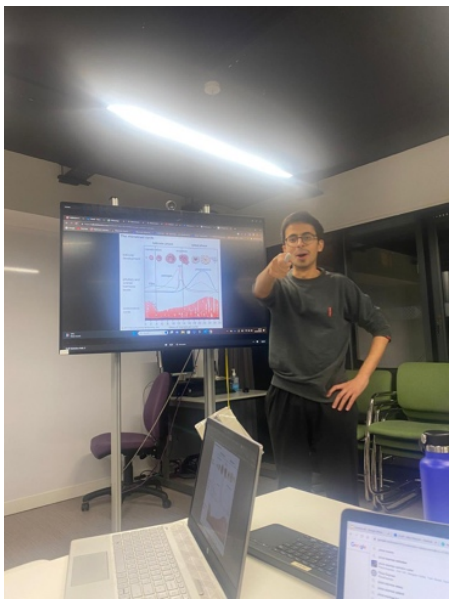
Name: Jacob
Position: Webmaster
Year: 3
Shoe Size: 11
Likes: Hospital M&S Sweet Treats
Dislikes: 8am Ward Rounds
Claim to fame: Met Steve Backshall when his peregrine falcon landed on my head
(Winner of coolest story)

Name: Stacey Kihumba
Position: Sponsorship director
Year Group: 3
Shoe Size: 6
Likes: Chapati
Dislikes: Jelly
Claim to fame: I've met LeBron (aka my friend identifies as LeBron James 2.0)

Name: Adrika Iyer
Position: International Director
Year Group: 3
Shoe size: 4.5
Likes: Overly priced coffee, online shopping, and salmon.
Dislikes: Loud chewers, slow walkers and marmite
Claim to fame: Got hit by a golf ball by the world number 1 at the time!



Name: Anushka Goyal
Position: Pre-Clinical Representative
Year Group: 2
Shoe size: 6
Likes: Yummy food (vodka and tequila included)
Dislikes: Scratches on chalkboard and hangovers
Claim to fame: Going to be in CLIC this year!



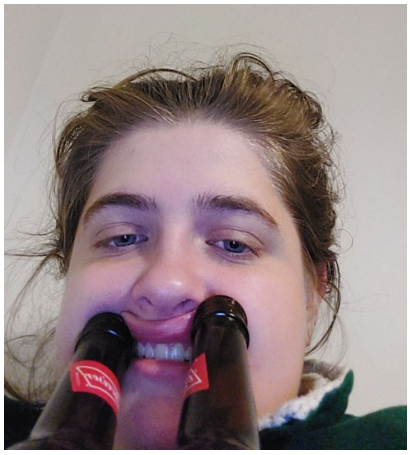
Name: Qotaiba Jamal
Position: Clinical Academic Rep
Year: 4
Shoe size: 7.5
Likes: Any shoes but crocs
Dislikes: Crocs
Claim to fame: Everyone pronounces my name a different way (and all of them are wrong)

Name: Phoebe Day
Position: Intercalation Academic rep
Year Group: Intercalator
Shoe size: 5.5
Likes: Marmite
Dislikes: Running out of marmite
Claim to fame: Eating the most jars of marmite

Name: Ellie Harrison
Position: Alumni Director
Year Group: 4
Shoe size: 6
Likes: Pick & Mix, when you're flagging on a night out then Daddy Yankee's 'Gasolina' comes on to save you, Paddington 1.
Dislikes: The texture of cardboard, that people don't smile more, Dislocations.
Claim to fame: Once met Queen Mary Berry at a house party

Name: Zin Htut
Position: Sports Director
Year Group: 4
Shoe Size: 10
Likes: Piña coladas and getting caught in the rain, Sam Kehler
Dislikes: Joe Holland
Claim to fame: A slightly cringe-inducing cooking Instagram in second year

Name: Joe Holland
Position: Sports Director
Year: 4
Shoe Size: 10
Likes: Football, shouting at people playing football, listening to loud music, Zin Htut
Dislikes: Capitalism, CBL, blisters
Claim to fame: Played on the same football team as a World Cup winner
(Winner of most unrequited love)



Name: Charlotte Kayzer
Position: Sub Societies Director
Year Group: Intercalating (Medical Humanities)
Shoe Size: 6
Likes: The Sims
Dislikes: Houmous (controversial at Bristol I know)
Claim to fame: My great-uncle invented the machine that puts the stripes on Frazzles crisps

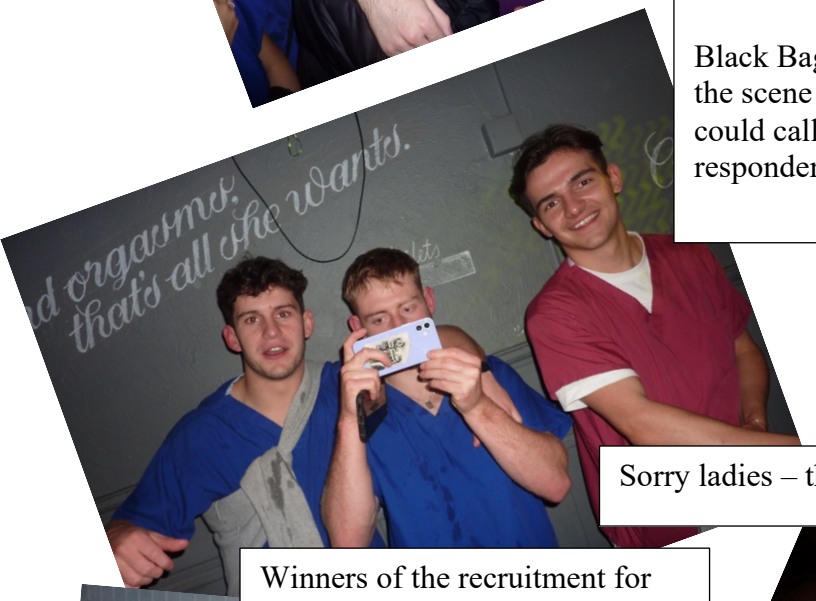
Names: Emily, Ellie, Connie, Georgie, Millie
Position: ENTs reps
Year Group: Year 4/ intercalating
Shoe size: 4,5,5,6,7 (average of 5.4)
Likes: Overnight oats, la Rocca, body pump, Galenical's events
Dislikes: When people don't come to our events, >48 hour replies
Claim to fame: our latest TikTok got 8,000 views!
(Winner of highest feet per role ratio)

Name: Ropsana Khanom
Position: Equalities Director
Year Group: 4
Shoe size: 7
Likes: the feeling of a good tactile vomit on a night out
Dislikes: getting ill from black mould
Claim to fame: record breaking two speeding tickets and 3 parking fines in one week (oops!)
(Winner of Galenical I would least like to get in a car with)

Medics Bar Crawl 2023

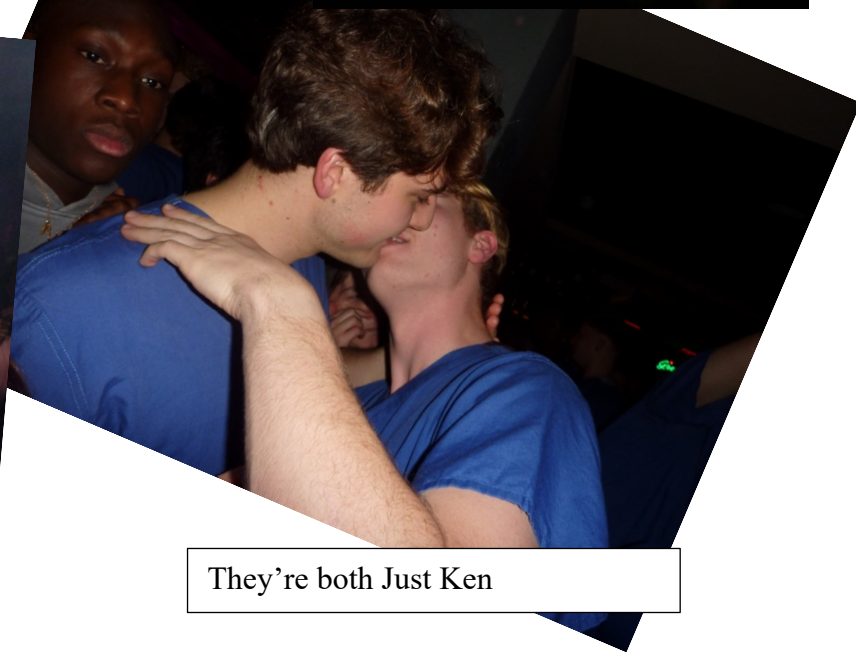
Rest easy – doctors of tomorrow are studying hard

Black Bag team first on the scene – I guess you could call us first responders?



Sorry ladies – they're taken!

Winners of the recruitment for next year's paparazzi team



They're both Just Ken

Looks like she's seen a murder on the dancefloor?

Well that's going to make tomorrow morning's CBL awkward...

Is this what they call the thousand yard stare???

This cowboy won't be riding solo tonight…

A Rhinoviruses' dream..
Think of all the germs they're sharing

Ineffective Consulting

ACTOR BRIEF:

Notes to actor: Please note that it is 9am on a Thursday. Half of these students will still be inebriated, having stumbled out of Fishies' six hours prior. The others, thinking they were sensible, left their nights out early; yet they will be suffering the most. No amount of paracetamol and caffeine this morning could shift the pounding pain in their heads. What once seemed a remedy to their intoxication, last night's best friend, a large cheesy chips sits agitated in their stomach. Every minute movement could cause catastrophe. The unexploded bomb of VK and garlic mayonnaise is looking for any excuse to come back up.

SKILLS PRACTICE 1: *You are in a GP surgery in Bristol. The student's role is to gather a well rounded history from the Count.*

Name	Count Dracula (Dracula, or Vlad, for short)
Age	591 (eternally youthful)
Occupation	Sorcerer and haematologist
Opening Symptoms	Start with 'I've noticed I'm very thirsty'. Allow the student to probe more. You are not willing to talk about your bloodlust. Say you crave Ribena more than anything else. In appropriate pauses, stare incessantly at the consulting student's neck. If questioned, say you have a lazy eye. You have become more tired in the last few months, and noticed you are paler than usual, and you've had to downsize your cape due to losing some weight.
Background	You moved to Bristol in the summer in pursuit of new work but have noticed all these changes since moving and want some help. You are frustrated at the lack of GP appointments available, in particular between the hours of midnight and 5am Your past medical history is limited. On holiday in the 17th Century, you remember being admitted to hospital for a particularly bad sunburn. You have not noticed any change in your bowel habits, they are regularly a 4 on the Bristol Ghoul Chart.

Lifestyle	You experience social isolation due to your nocturnal lifestyle. You live alone, with pet bats. When asked about diet, mention ‘carotids’ but later correct yourself to carrots to avoid any suspicion of bloodlust. You exercise regularly, enjoying moonlit strolls. You used to smoke, but you quit in the 19th century.
Family History	Your relative, Nosferatu, has suffered from similar symptoms.
Drug History	Ferrous Sulfate, OD Severe allergy to garlic.
Questions for the consulting student	At the end of the consultation, tell the student ‘I would like to donate some blood, where is the nearest blood bank?’

Illustration by Zin Htut

Kim Shail
Year 3

Is medical school turning your heart into stone? Want to relate to patients and *really* understand what they are going through?

It's time for you to take **Empathalozam®**

A new empathy-enhancing medication for the most cold-hearted medical students

Phase II trials indicated:

- Empathalozam® was shown to increase the number of times the medical students say "I'm so sorry to hear that" by over 450% when compared with placebo
- Clinically proven to increase the time spent taking a social history by an average of 25 minutes ($p < 0.02$)
- Students in the treatment arm were able to recall patients' cats' names for an average of 9 months following each clerking

Side effects:

Common

- You may experience patients' symptoms in real-time. For this reason, we advise that medical students refrain from attending ED, AMU and theatres while taking Empathalozam®
- Medical students taking this medication may begin to publicly describe themselves as 'empaths'

Rare

- One student had to take an extended leave of absence after accidentally stepping on a snail whilst on Empathalozam®

Indications and dose:

- 100mg BD- Titrate dose to a maximum of 300mg
- 600mg PRN- If you have an OSCE coming up

WARNING: Even high doses of Empathalozam® have no effect on Dental students

Medicinal forms

- Enteric coated Empathalozam® also available for students who recently spoke to a patient with GERD

Speak to your GP if you want to learn more about Empathalozam®- the chances are, they take it too

David Morillo
Year 3

Why Medical Students Can't Date

For all the singles out there have you ever found yourself needing to justify an external cause for your single-ness or trying to find that external attribution of blame? Then look no further. Those of you lucky enough to be in happy relationships you can skip past this article - we're happy for you, really, no we really are, just don't talk to us.

To get to the point, The Black Bag has compiled a very useful list of excuses why medical students find it so hard to date:

1. If you are a female medical student, it's generally accepted that you are strong, sexy, intelligent and a genuinely wonderful human being, right? Well yeah, duh. But then you get the issue that every potential partner you meet is immediately intimidated by you and never feels like they're good enough. So there we are, back to the drawing board - I blame the patriarchy.
2. If you're a male medical student, enough said. All the medicine is clearly compensating for something.
3. We attract the toxic ones! We have been programmed to want to fix people, so we meet the biggest red flag we can and go 'yeah but maybe I could fix them', hence the emotional turmoil unfolds.
4. Once people find out you're a medic they will absolutely divulge way too much information. Maybe it's your calming demeanour or the trust in the profession but it kind of ruins the romance once your date asks you to check out their ingrown toenail.
5. And last, but not least, we are all hypochondriacs. I mean, could you REALLY sit through hours of communicable diseases lectures and seeing STIs on the wards to then come home and play tongue tennis with another germ ridden human? No thank you.

So, whether you're a single pringle looking to mingle or you can't think of anything worse than going on dates; just remember, at least you have a wealth of excuses up your sleeve for the next family gathering.

Charlotte Wood
Year 2

BB Lonely hearts

I am a 6ft medic who is single, ready to mingle and a regular at coombe dingle. My hobbies include lifting, eating ungodly amounts of unseasoned beef and medic hockey socials. I'm looking for a lady who appreciates the finer things in life like fishies and long walks along the beach (the harbour next to za za bazar). I've been emotionally unavailable since my ex left me for an anatomy demonstrator, but I've come to the realization that it's time to 'gather' myself and move on, since being 'activated' by Trevor Thompson's EC lectures. My friends call me DNA Helicase because I'm great at unzipping jeans. Could you be like a PE and take my breath away?

If so, call: 07954713163

It's not all in your head: debunking the myths around functional neurological disorder

If you do choose to make the perilous decision of committing your formative years to the NHS as a junior doctor, you are likely to be involved in the management of a patient with functional neurological disorder (FND). As the name suggests, FND is characterised by a host of neurological symptoms, from paralysis to seizures, that are functional in nature. This means that despite appropriate medical investigations, no organic cause can be found to explain an individual's symptoms. FND exists in the abyss of neuro-psychiatry, and the cause of the condition is poorly understood. This has resulted in FND patients becoming victims to an under resourced healthcare system, riddled with conflicting opinions on the nature and appropriate management of functional conditions. New attitudes have the momentum to bring about a global change of opinion, and as junior doctors emerging into a workforce of doctors with potentially dismissive views towards patients with FND, we have the power to do just that. By educating yourself below on the common misconceptions of FND, you will be able to challenge assumptions about the condition whilst validating a patient's experiences of a debilitating and misunderstood condition.

Myth number 1: People with FND are making-up their symptoms.

Throughout medical school, we are taught that the processing of information of the brain follows a bottom-up approach. Sensory information ascends from receptors to the brain for processing. This approach does not provide an adequate explanation of why patients with FND experience symptoms, as there is no organic pathology identified within the nervous system that could lead to abnormal ascending information to the brain. New theories suggest that the brain is a largely predictive organ working in conjunction with ascending information. In any given situation, the brain is making a 'best-guess' on how to perceive the world around it, according to past lived experiences and years of human evolution. Symptoms of FND may arise when priority is given to what the brain is expecting to perceive, as opposed to the ascending sensory information. The brain predicts the symptoms of FND unconsciously – explaining why these patients are not making up their symptoms. These symptoms are real, and an individual does not choose to experience them.

Illustration by Zin Htut

Myth number 2: FND is a diagnosis of exclusion.

Many functional conditions are often branded as a diagnosis of exclusion, but this is not useful on its own when providing a diagnosis of FND to a patient. Of course, it is important to rule-out any organic pathology that could potentially be life limiting when exploring the possible causes of the symptoms. By providing a diagnosis in this way, it only explains what a patient doesn't have, as opposed to what they do have. This can be invalidating for patients, as they may feel that their diagnosis of FND is perceived as less serious and is not seen as a priority for medical doctors. It is therefore important for doctors to not only explain what a patient doesn't have, but also what they do have. Hypotheses exploring the possible cause of FND should be explored with a patient, to allow them to understand their condition. FND is a condition that should be ruled in, not just ruled out. Providing an a thorough and validating explanation of FND is important to empower patients to engage with their treatment.

Myth number 3: Recovery from FND is not possible.

Whilst studies show that the prognosis of FND can be unpredictable, it is important to emphasise to patients that a full recovery from FND is possible. Therapies to manage the condition are centred around 'retraining the brain', so it is not making unconsciously incorrect predictions of symptoms. This is achieved through a variety of therapeutic interventions, including physiotherapy for the motor symptoms, distraction techniques to prevent non-epileptic seizures, and CBT to formulate the influences possible stressors and trauma. If a patient does not believe they are able to recover, they are more likely to pay excessive attention to their symptoms, resulting in an increase in severity of their symptoms. This cycle can be difficult to break, so empowering a patient early in their diagnosis to engage with the self-help and therapeutic interventions is crucial. By making it clear that an improvement or resolution of symptoms is possible, an individual with FND is more likely to engage with these therapies.

Robin Golding
Year 5

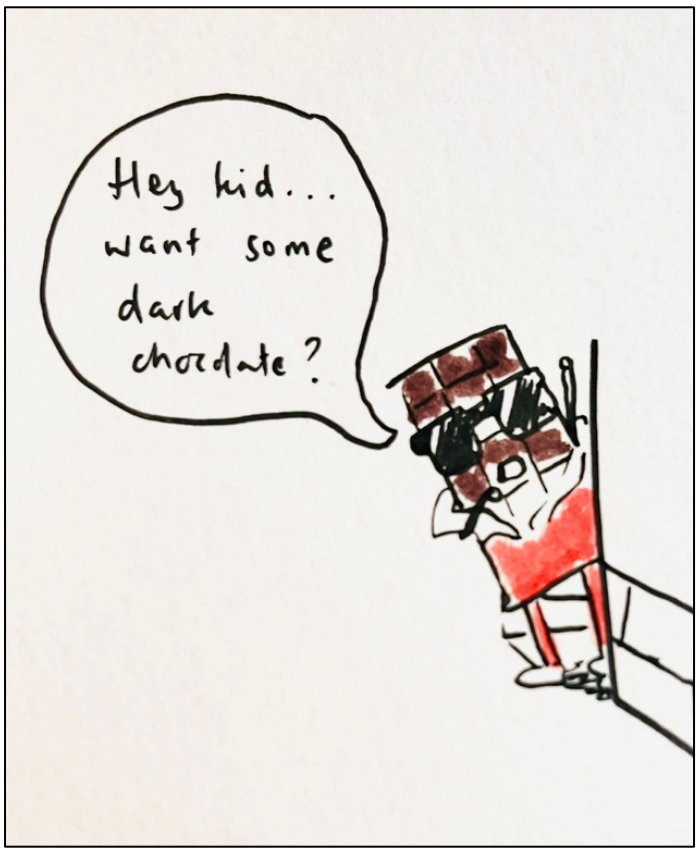


Illustration by Zin Htut

Is dark chocolate really good for you?

Chocolate is great. Whether you're a chocolate person or not, you've got to admit it's pretty good stuff. It comes in so many different forms and you can put it in or on things to make those things even better. But what if you could use the excuse that you're eating it because it's good for you?

The cacao component of chocolate has actually been shown to contain nutrients and antioxidants good for cardiovascular health. A standard bar of dark chocolate contains a decent amount of soluble fibre (100 grams of 70-85% cocoa can contain up to 10g!) and is loaded with necessary minerals (like iron, magnesium and copper). The fatty acid profile of dark chocolate is also pretty good. Containing oleic acid (the same stuff in olive oil), stearic acid and palmitic acid, the fatty acids in dark chocolate actually aren't awful for you.

In terms of CVD; while I wouldn't start prescribing patients chocolate, it does have some pretty nifty qualities. Dark chocolate contains polyphenols, flavanols and catechins which all act as antioxidants- protecting cells from free radical damage. ORAC (Oxygen Radical Absorbance Capacity) is a measurement of how good a food is at being an antioxidant. Dark chocolate's ORAC score is 21,000. To put that into perspective almonds score 4450 and blueberries 14,000.

Therefore, chocolate could have beneficial protective effects against radical damage e.g., cancer, dementia and heart disease. This is especially good to know for those with higher than average levels of free radicals (people exposed to pollution, alcohol, tobacco or chronic stress).

If that weren't enough, there's more folks - it can improve brain function! Watch Cadbury's sales rise exponentially during exam season… But seriously, studies have shown eating dark chocolate improves brain function. The reasoning is generally pretty vague; there are lots of theories. Maybe the positive effects on the CVS improve blood flow to the brain, maybe the microdoses of caffeine in dark chocolate are producing short term improvements, or possibly simply eating chocolate makes people happy and therefore more motivated to work. Nevertheless, if it works it works and I wouldn't mind keeping a bar or two next to me in the library for 'educational purposes'.

Sadly the more cacao content the better, so if you're not a dark chocolate person I wouldn't go gorging yourself on Milky Bars. Chocolate does contain high numbers of calories and the sugar content alone could easily undo all those protective effects you've worked so hard to consume. Like everything else, it's good for you in moderation (boooo). At the end of the day I eat chocolate because it makes me happy and everyone should get to be happy. Don't over think it, go ahead, eat the chocolate – you're worth it.

Charlotte Wood
Year 2

A change 4 life?

"There's too many carbs in this" is what you'd expect to hear from a yummy mummy at Sunday brunch, not a middle aged man on a vascular ward with a leg missing, but during my time on placement this statement suddenly became much less absurd. How this man came to be where he was today, with several failed attempts at revascularisation due to atherosclerosis, a long history of diabetes and a non healing ulcer is a long and complicated story, as is with most patients receiving lower limb amputations. Doctors would blame the patient, but could the blame lie elsewhere: in our homes, our plates, our schools and what we are taught as a nation?

This patient was a type 2 diabetic who had been successfully controlling his blood sugar levels using diet management over the last few months, when he found himself on a vascular ward, which is not exactly a hospital hotspot for hosting well controlled diabetics. His change in diet had only been recent, as the education around diabetes and health he had received at the point of diagnosis wasn't good enough. He had fixed his lifestyle, but it was too late to undo years of systemic damage. He argues that he is not alone in this, many other new diabetics are poorly educated on how to manage their condition, in the context of a wider society which is consistently let down by nutritional education. We do not learn all the specific systemic effects of poor lifestyle choices such as poor diet and smoking at school. Everyone knows about lung cancer, but no one knows about having your legs chopped off because the tissue is dying. Not quite sexy enough for change4life. Poor layman education around diet affects us all, both as clinicians and patients.

Despite the fact that this patient's blood sugar had been under control for the last few months due to this change in lifestyle, he had it noted by doctors that his blood glucose was much higher than in the last few months and was not going down over his stay - as he pointed out: Is this really a surprise? Normally, he would only eat a small portion of carbohydrates a day, and the rest would consist of mostly protein and fibre, as advised. Now in hospital, his diet was out of his control. A quick glance at a hospital menu, as pointed out by this patient, shows meals that are mostly carbohydrate based, with little variety, and no low carb option. With no family nearby to bring him replacement meals, this was his only option.

Of course, a few days of a high-carb diet is perfectly acceptable for the majority of the healthy population, after all, food is fuel, and carbs are a great way to

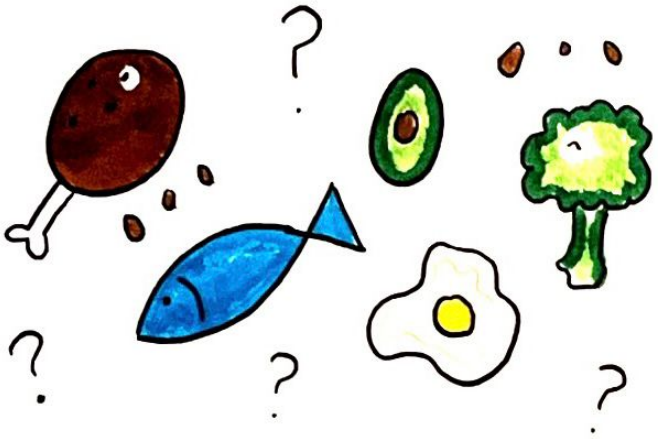


Illustration by Zin Htut

fuel normal levels of activity and bodily function.

However, one could dare to suggest that the majority of inpatients are not in good health, and therefore have different requirements. Aside from the lack of physical activity and movement in hospital, many patients suffer with type 2 diabetes just like my patient, a condition which can be controlled with the help of diet, exercise, medication, blood sugar monitoring and even insulin therapy in some instances.

The recommendation for diet management in T2DM is limiting carbohydrates as my patient outlined earlier. Carbs are broken down into sugars which the body cannot produce insulin to store appropriately, therefore allowing these sugars to run rife through the blood and cause systemic issues. Diabetes is a key comorbidity in medical practice and can be a precipitating factor in the deterioration of someone's health, making them more susceptible to complications and poor health. If most of our patients have this disease, what use is it telling them to lay off the carbs while feeding them a plate of mashed potato? What kind of message does that send? Why can't we adequately provide correct nutrition for our diabetic population, when they make up so many of our patients, and *stay* being our patients due to complications created by poor blood sugar control.

Maybe this isn't just about diabetics. Perhaps the problem lies deeper, and the NHS cannot provide adequate nutrition for any of its patients.

For example, in 2021, a 79 year old patient with coeliac disease died of aspiration pneumonia following vomiting after being given gluten containing Weetabix for breakfast. Two weeks prior, the patient had suffered a similar incident, aspirating but on that occasion escaped infection. Subsequent investigations have shown that the knowledge and care surrounding dietary requirements in hospitals and amongst staff is severely insufficient and is regularly letting patients down, even when their lives are at risk. Food is medicine for many of our patients, but our health system does not reflect that. If we can't get nutrition right even after medical training, how can we expect the average layperson to?

As a coeliac myself who has at times spent more time in the hospital as a patient instead of a medical student, I can say my experiences with food were similar. Coeliac disease requires a strict gluten free diet to avoid autoimmune mediated destruction of the body. Not adhering to this diet, just like in diabetes, results in widespread systemic disease and complications.

In my experience there were no gluten free breakfast options available at all within the hospital, and for lunch and dinner I was given a gluten containing meal on first attempt every time, even if a special request had been made by a hospital dietician and 'gluten free' was written in bold above my bed (Unfortunately both steps often missed).

It's ok when you've got all your marbles and can:

1) Remember your personal requirements,
2) Check the food you've been offered fulfils those
3) Notice when it hasn't

However, the reality is that many long stay inpatients have cognitive impairments such as dementia and can't manage these things for themselves, resulting in unnecessary deaths and patient harm such as the case mentioned before.

This patient's hospital stay continues to be prolonged by diabetic complications which are worsened by presently having uncontrolled blood sugar levels. If only there was something simple we could do to help.

Anna Andrieu
Year 3

Agony Aunt

Dear Agony Aunt,

I don't know what to do about housing for year 3 because all my housemates are going on a year abroad. Help.
~ Maya Loma

Don't you understand that you're only supposed to make friends with medics, so that you actually have someone to live with in future years? Non-medics will demotivate you and distract you from your career path! You guys were never meant to be in the first place, but hey, I guess that's a lesson that some of us learn the hard way.

Your best option now is applying for two placements outside of Bristol – have fun in Taunton and Yeovil! I'm pretty sure one of the criteria for applying for two out placements is "being abandoned by current housemates", so I'm sure you'll be fine. That, or you can wait for people to look for extra flatmates on the Year 2 group chat, try to assimilate yourself into a new friend group, fail because you have nothing in common, and live with people you don't like for 6 months (because hopefully at least ONE of your placements will be outside of Bristol).

It will get better when applying for placements for 4th year, I promise you. By that time, half of the friend groups in your year will have broken down due to whatever drama, so you can just slide into a new clique. Maybe you can also sabotage your parents' careers so that you can say your family has been impacted financially? This will GUARANTEE you two out placements!

Finally, get on your knees and beg your flatmates to stay. The lucky buggers are going to cute countries, whilst you're stuck on an island with depressing weather and a crumbling NHS. They have no right to leave you behind like this. (In all seriousness: many medics end up having a similar problem. There is a Find a Flatmate Facebook page for students in Bristol. You can also try to look for friends outside of your flatmates who are looking for people to live with next year. Remember: when there's a will, there's a way!)

Dear Agony Aunt,

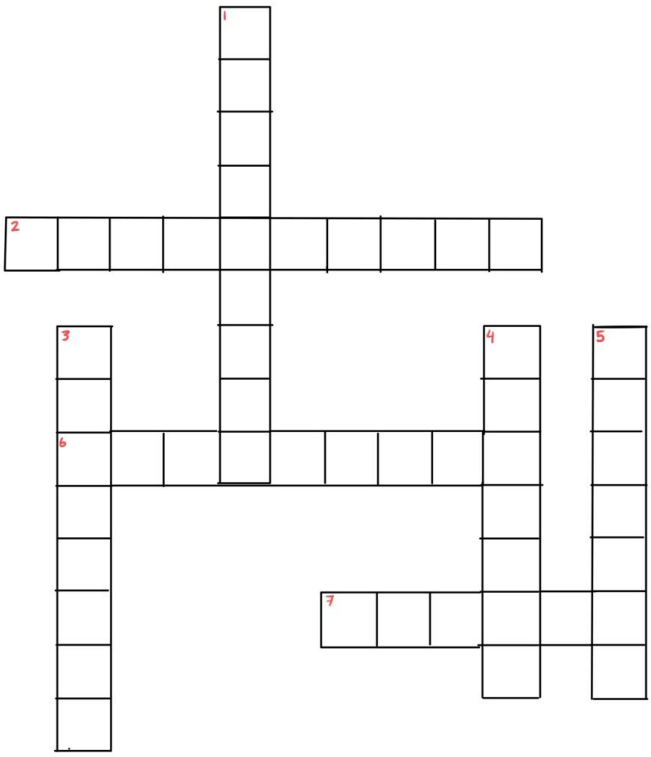
I massively fancy one of the anatomy assistants (they're really fit). Help.
~ Steph Aureus

Help I have a crush on an F1!
~ Candice Artan

Ahh, the age-old adage of liking older men/women.
In terms of Anatomy, I'm sure we ALL know which assistant you're talking about exactly *wink*. Not only are they attractive, but they're also passionate and charismatic when they teach. Allow me to dissolve that for you: think about the cadavers in the Anatomy lab. **The cadavers**. Think about how they got there. Truly engage with the session. Not only will you learn more, but the mixture of sadness and disgust will make you forget about your little crush. The Human Dissection Room is NOT the place for a hookup, unless you're into that…

I don't blame you for having a crush on an F1; they're old enough to be mysterious, mature and smart, but they're young enough to be fun and relatable. It's all the forbidden fruit syndrome. The best thing to do here is to make sure your clerkings are perfect. Do all the relevant examinations. Don't read out every negative. Note down your "clinical impression" of the condition that the patient has presented with and mention it at the start of presenting your clerking. And ensure you write down the investigations you would do. The F1 will be really impressed. And if you don't manage to woo them with that, then at least you'll somewhat pass your OSCEs at the end of the year. Know that one day, you will date a fit doctor, but that time may not be now. Sorry to break it to you.

Crossword



CLUES:

Across	Down
2 A principle of cell life	1 Another name for B12
6 Before he became'King' of the parcels, this mogul went to this ivy league university	3 A neurotransmitter deficiency causing a pill rolling tremor
7 What letters does a medical journal and jousting have in common?	4 Decided "who should live and who should die" during the Covid pandemic according to Simon Stevens
	5 Where did you find yourself early Monday morning after Guy Fawkes night?

Dear agony aunt,
Why are you in agony?
~ Arthur Itis

Why do you think? I'm suffering from chronic back pain due to holding the weight of medical students' issues – and believe me, they are ROUGH. Medics just have major problems. You all should have studied Psychology at A-Level, but most of you thought that you were "too good for it", so here we are.

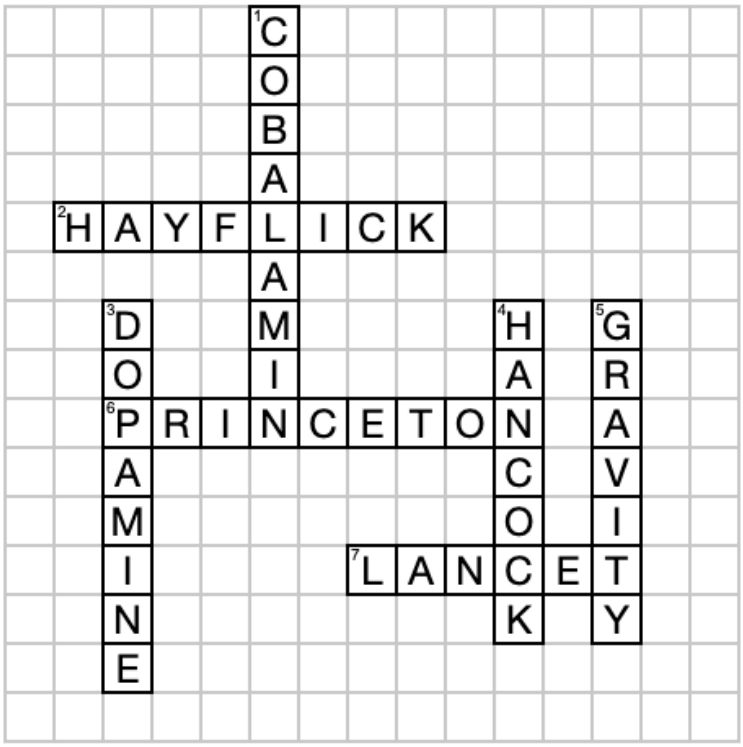
Moreover, why do you think I give such wonderful advice? Because I, myself, have made so many stupid and embarrassing mistakes. I have lost all my dignity; but instead of letting that get me down, I have decided to use it for the greater good and help all of you maintain yours. I'm just altruistic like that.

I live in a house with exclusively medical students. I personally am a humanities girliepop. The problem I'm having is that I don't know how to tell them that my degree just Is harder and more important than theirs. Like yes, they all spend 9-5 in a hospital every day, but I have to go to two whole seminars where I have to, like, discuss reallllly important things. I just feel undervalued, anyone could be a doctor but only a select few of us can debate the complexities of the arts, please help!!!
~Lisa Mona

As much as I barely have time for medic's problems, let alone yours, I'll answer this out of kindness. There are some things in life we have to accept, and one of those is that any degree that isn't medicine is completely useless. Don't you have bigger things to worry about, like your parent's disappointment? Or which shade of purple to dye your hair this month? If you have time to have a hobby outside your degree, or do anything for that matter, you don't belong to this magazine. Have some sympathy for your medic housemates, it's all they have. If it weren't for the editor's tiny mouse ghost writer this magazine wouldn't even exist as real medics don't have time for fun. Case closed.

Wiktoria Kotynska
Year 3

Crossword answers



News

A round up of the most pertinent headlines. Knowledge is power so stay in the know!

Here are the science headlines for November, so you can impress in that mid-ward round tea break:

Pedal bin bacteria for B12 uptake

German researchers have uncovered further information about the role of the bacterium *Bacteriodes thetaiotaomicron* in the absorption of Vitamin B12 (cobalamin). This gram-negative microbe plays a vital role as there is no direct production or absorption of Vitamin B12 in the human body itself.

Prior research has shown that the bacterium possesses surface lipoproteins that bind to B12. Imagery of note in the article is the description of the 'pedal bin' mechanism of these lipoproteins and transporters to capture B12.

Malaria Vaccine and what it will mean.

The number of malaria cases worldwide is 247 million, as reported in the last world malaria report of 2021, World Health Organisation. A pre-print in the Lancet, that is yet to be peer reviewed, details the University of Oxford's efforts for a malaria vaccine: R21/Matrix-M™. The vaccine is aimed to be low cost and has undergone a phase 3 trial meaning it must be proven to fall under the three categories of safe, effective, and beneficial to participants.

The interpretation from the pre-print is that the vaccine "has a well-tolerated safety profile and offers high-level efficacy against clinical malaria in African children at sites of both seasonal and perennial transmission".

Don't just live longer, live younger

Medical school has made us more aware than ever of a population that is living longer, with the new life expectancy of over 90 for both British men and women. Unsurprisingly, there has been work on reprogramming our genome to give a new lease of life for our aging cells. Considering a human cell has a finite capacity for replication, according to the Hayflick limit, a new lease of life is the literal idea.

Currently research is being undertaken by British universities and biotech startups. However, research in the United States is also being funded by the likes of billionaire Jeff Bezos, widening the scope of future possibilities in this field.

Solving the shuffling gait

The classic motor symptoms of Parkinsonism include the shuffling gait. A 62-year-old from Bordeaux has undergone the fitting of a spinal neuroprosthesis to remedy the characteristic walk that leads to numerous falls and a decreased quality of life.

The process leading to the breakthrough involved EMGs to localise which lower motor neurons correspond to aspects of the gait cycle.

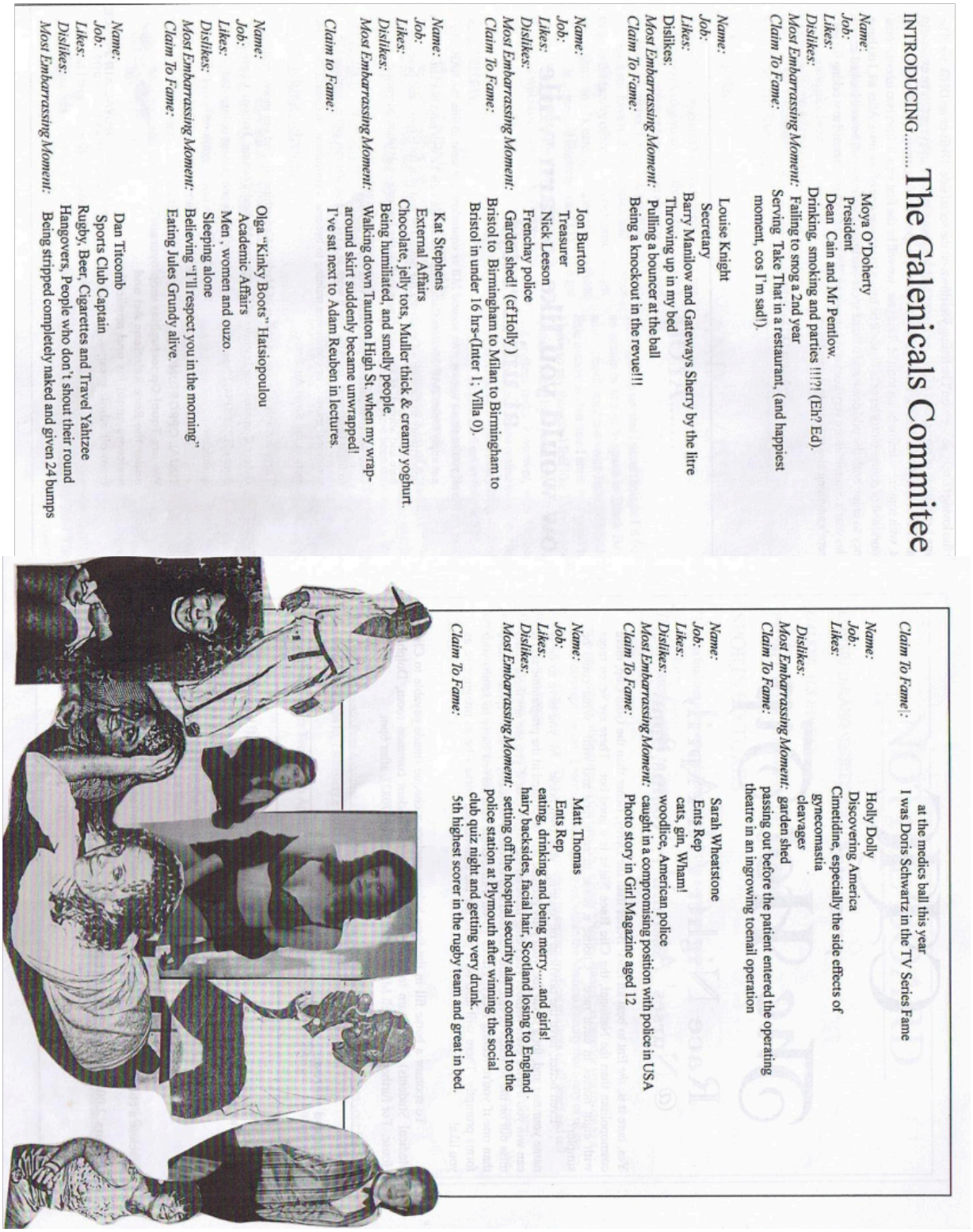
A remarkable video demonstrating the change in gait and posture can be found on the Guardian website.

Diyora Ilkhomova

Year 4

Archive

Here is not only the Galenicals committee from a few decades ago, but also a spot the things I would be kicked out of medical school for publishing in this day and age. My favourite part of this archive is the fact that my professional mentor makes a feature, divulging some very entertaining personal information. I can never look him in the eyes again. Maybe one day we ourselves will be somewhere near ultimate success and someone young and impressionable will find us in here and think "wow – never taking them seriously again!".



INTRODUCING..... The Galenicals Commitee

Name: Moya O'Doherty
Job: President
Likes: Dean Cain and Mr Pentlow.
Dislikes: Drinking, smoking and parties !!!?! (Eh? Ed).
Most Embarrassing Moment: Failing to snog a 2nd year
Claim To Fame: Serving Take That in a restaurant, (and happiest moment, cos I'm sad!).

Name: Louise Knight
Job: Secretary
Likes: Barry Manilow and Gateways Sherry by the litre
Dislikes: Throwing up in my bed
Most Embarrassing Moment: Pulling a bouncer at the ball
Claim To Fame: Being a knockout in the revue!!

Name: Jon Burton
Job: Treasurer
Likes: Nick Leeson
Dislikes: Frenchay police
Most Embarrassing Moment: Garden shed! (cf Holly)
Claim To Fame: Bristol to Birmingham to Milan to Birmingham to Bristol in under 16 hrs-(Inter 1; Villa 0).

Name: Kat Stephens
Job: External Affairs
Likes: Chocolate, jelly tots, Muller thick & creamy yoghurt.
Dislikes: Being humiliated, and smelly people.
Most Embarrassing Moment: Walking down Taunton High St. when my wrap-around skirt suddenly became unwrapped!
Claim to Fame: I've sat next to Adam Reuben in lectures.

Name: Olga "Kinky Boots" Hatsiopoulou
Job: Academic Affairs
Likes: Men , women and ouzo.
Dislikes: Sleeping alone
Most Embarrassing Moment: Believing "I'll respect you in the morning"
Claim To Fame: Eating Jules Grundy alive.

Name: Dan Titcomb
Job: Sports Club Captain
Likes: Rugby, Beer, Cigarettes and Travel Yahtzee
Dislikes: Hangovers, People who don't shout their round
Most Embarrassing Moment: Being stripped completely naked and given 24 bumps at the medics ball this year
Claim To Fame: I was Doris Schwartz in the TV Series Fame

Name: Holly Dolly
Job: Discovering America
Likes: Cimetidine, especially the side effects of gynecomastia cleavages
Dislikes:
Most Embarrassing Moment: garden shed passing out before the patient entered the operating theatre in an ingrowing toenail operation
Claim To Fame:

Name: Sarah Wheatstone
Job: Ents Rep
Likes: cats, gin, Wham!
Dislikes: woodlice, American police
Most Embarrassing Moment: caught in a compromising position with police in USA
Claim To Fame: Photo story in Girl Magazine aged 12

Name: Matt Thomas
Job: Ents Rep
Likes: eating, drinking and being merry....and girls!
Dislikes: hairy backsides, facial hair, Scotland losing to England
Most Embarrassing Moment: setting off the hospital security alarm connected to the police station at Plymouth after winning the social club quiz night and getting very drunk.
Claim To Fame: 5th highest scorer in the rugby team and great in bed.

Thank you for reading!
Enjoy your winter holidays, lots
of love, The Black Bag Team ☺