

BREAKING NEWS

STUDY: BLACK BAG NAMED #1 RESOURCE FOR AVOIDING REVISION

SCOOP: UNNAMED NHS TRUST TRIALLING SEVERANCE PROCEDURE FROM THE TV SHOW 'SEVERANCE' TO PROTECT PATIENT DATA

STORY: UNNAMED NHS TRUST GIVES PRIVATELY-RUN AI UNRESTRICTED ACCESS TO PATIENT DATA

SHOCK: FOLLOWING ADRENALINE, AMIODARONE, AND NO ROSC

STATEMENT: BLACK BAG EDITORS DENY MAKING UP HEADLINES TO ATTRACT ATTENTION

THE BLACK BAG

FRESHERS' 2026

Black Bag of the season

This bag does not currently exist... but it could... Are you interested? Let us know.

AI-FREE!



BRISTOL MEDICAL STUDENTS' SATIRE MAGAZINE
EST. 1937

In this bag!



Bad Medical Jokes: Adverse Effects May Include Eye-Rolling

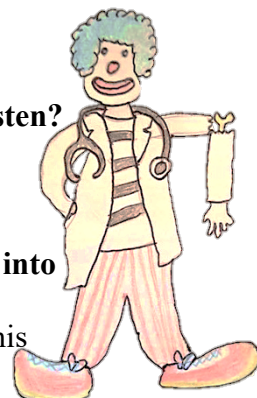
Take aurally, not licensed for pregnancy.

Why are surgeons funnier than medics?
Because they always leave you in stitches!

Did you hear about the clown who broke his arm?
It was a humerus accident.

Why do kidneys never listen?
They just filter everything out.

A medical student walks into a bar.
They immediately ask if this could be on the exam.



And the funniest joke of them all:
"I'll start revising early this year."



Freshers Edition 2026

The views represented within this magazine are not necessarily the views of the editor, nor of Bristol Medical School, nor its students.

This is a satirical magazine containing cynicism and sarcasm, it is not to be taken as fact or as genuine statements.

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Special thanks to:

Cookie, Minnie, Dusty, Anon, Hedgewig, Thompson

And Joe 'Judas' Legg



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Editorial

Greetings fellow medics,

I am back once again to share all the usual sentiments about the fantastic issue that you are currently reading, the incredible team of people who have come together to produce it, and the shining optimism that I have for the future.

You might have noticed that the front page has changed from the iconic design – this change may be temporary or may be permanent. After the thunderous applause to the excellent graphic design of the last issue – this space left intentionally blank – I thought I would give a go at adding some blank spaces to the cover, then those pesky writers filled it up with jokes and whatnot.

For those of you just starting med school the Black Bag will potentially be new to you. What is important to know about the Black Bag is that it is widely viewed as the finest material to be produced by anyone connected to the University of Bristol. Indeed, within the medical field it is frequently described as essential reading. Those talented enough to contribute to the Black Bag are frequently awarded Nobel prizes for their work, other awards achieved by Black Bag contributors include the Dickin Medal, the Golden Boot, and a box of celebrations.

I suppose there is not much more to say here than welcome to the issue!
Will



Intro to Galenicals

The Black Bag has never recycled or reused material (ignore our regular section 'From the Archives') so I will briefly explain what Galenicals is and why Galenicals is, but for who Galenicals is please see the Spring 2026 issue which introduced most of the Galenicals committee for the year



Galenicals What Is?

Galenicals is the largest, most powerful, and most famous secret organization in Bristol. It is a student-run group that takes care of all UoB Medical Students. It is responsible for events such as the Winter Ball, Halfway Ball, and Graduation Ball, but it's so much more than just balls. It is the home of extra-curricular activities and crucial to providing wellbeing support for students at all academies (more on that below). It is also an important aspect of the connection between students and faculty, doing lots to advocate for important stuff like placement swaps.

Galenicals Why Is?

Galenicals exists because back in 1935 a group of students wanted to add some extra bits to their LinkedIn, it has continued to this day because of a blood ritual performed in 1972 whereby a pact was set up with an extradimensional being that in exchange for receiving £2 a year (which went a long way at the time) Galenicals would guarantee every committee member gave their soul to the being, and as collateral if a committee failed to form and sacrifice their souls then the extradimensional being gets the right to take over Bristol and create havoc.

Galenicals How Is?

Galenicals good is, thanks for asking. How you is?

Galenicals Where Is?

Galenicals is all around and it is inside you as well.

It can also be found online at <https://galenicals.org.uk/> or on Instagram @bristolmedsociety.

Also not repeated here are the year-by-year top tips – for advice check out the Freshers 2025 issue.

A brief introduction to Wellbeing

By Rosie Daffurn, Galenicals Wellbeing Director 2026-27

Hello, my name is Rosie and I am the Galenicals welfare director for 2026/27. Medical school can be difficult to navigate at times so we aim to make accessing welfare as easy as possible so there are many ways of doing this. Firstly, we have a group of mental health trained welfare reps spread around all the academies from different year groups, who you can access by filling in the peer support form (<https://forms.office.com/e/zmgqNut5Lt>). The Little Blue Booklet (https://uob-my.sharepoint.com/:b:/g/personal/we23916_bristol_ac_uk/IQBcuL1oNIwbSpPOtSvxAaSMAUWsJwutJgn1fAY2UQjFrn4?e=SZ89IK) is a booklet filled with different support you can access dependent on how you are feeling/ the type of support you are looking for. You are also more than welcome to email me directly using the email: med-galenicalswelfare@bristol.ac.uk. You can also go through the medical school by contacting your tutors, senior tutors or year leads whose contacts can be found on the UOB Sharepoint page. Also, if you are out on placement, you can get in touch with the staff there, whose contacts you should be provided with. If you have any questions or are in any need of guidance or support please do not hesitate to email me or fill in the peer support form, we are always more than happy to help and provide a friendly face.



Mama

By Ishmal Khan



I chose painting as my creative medium because it allows for expression beyond words, which directly reflects the nature of the clinical encounters I experienced. On the ward, communication was often non-verbal, conveyed through body language, presence, and small acts of care. Painting enabled me to explore this silence visually. The loose, slightly unrefined

This creative piece is based on me shadowing a Healthcare Assistant on a gynaecology ward within a secondary care setting. During this time, I encountered several patients who had recently experienced miscarriage. One particular pattern stood out: many of these women did not want to engage in conversation. Despite this, they seemed to find comfort in quiet presence, knowing someone was there without the pressure to speak. I chose to base my artwork on this scenario because it challenged my previous assumptions about care, particularly the idea that support must always be verbal or active.

The painting depicts a woman being gently held and supported by a pair of hands beneath her, while she reaches upward toward a small, winged figure. The figure symbolises loss, innocence, and the baby that is no longer physically present. The upward reach represents both grief and connection, a longing that cannot be fulfilled physically, but still exists emotionally. The hands beneath her represent the role of the healthcare professional: not intrusive, not controlling, but quietly supportive. They do not restrain or direct her, but simply hold space.

style of the piece mirrors the rawness of the emotions involved. I deliberately avoided making the painting overly polished, as grief itself is not neat or controlled.

From this clinical experience, I learned that care does not always require conversation. Prior to this placement, I believed that being a good healthcare

professional involved knowing what to say and how to comfort patients verbally. However, these encounters taught me that silence can be equally powerful. Simply being present, sitting nearby, offering reassurance through proximity rather than words, can be deeply meaningful. I also gained insight into the individuality of grief. Each patient responded differently, but many shared a common need for space and quiet support.

Through the process of creating this artwork, I reflected further on my own role in these situations. I realised that I had initially felt uncertain and even uncomfortable with silence, as though I was not doing enough. However, translating this experience into a visual form helped me understand that presence itself is an active form of care. The act of painting allowed me to process these emotions and recognise the value in what might otherwise feel like inaction.

Emotionally, I found both the clinical experience and the creative process challenging but meaningful. Witnessing miscarriage and its emotional impact was difficult, particularly when patients withdrew into silence. However, it also deepened my understanding of compassionate care. Creating the artwork was reflective and, in some ways, cathartic. It allowed me to acknowledge the weight of these experiences while also recognising the quiet strength involved in supporting patients through them.

Overall, this piece represents the unspoken aspect of care: the importance of simply being there.

The Black Bag is always looking for art of any kind to be featured. It does not have to be what you made for EC (although that is of course welcome too!). Poems, cartoons, paintings, interpretive dances, send them all in!



MLA: Anywhere you like it

There's always a lot of talk about where you're going on Elective, SCP, etc. The real question is where you'll be when you get your MLA results! The (at the time) 4th Years got their results, after an anxious morning, on Wednesday 15th July, from places all across the globe:

Emma in the lab, UK

We all destress in different ways...



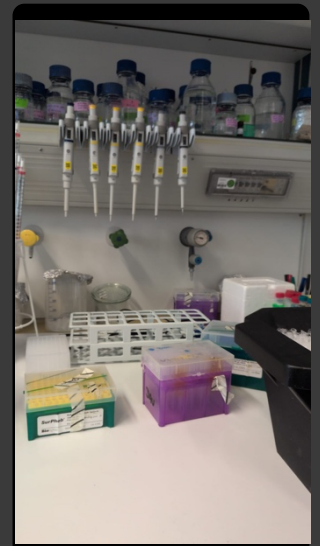
A303 Lay-by, UK
#HappyPlace
~ Millie

Stockholm Port, Sweden
What will arrive first? Results or the ferry? ~ Kieran



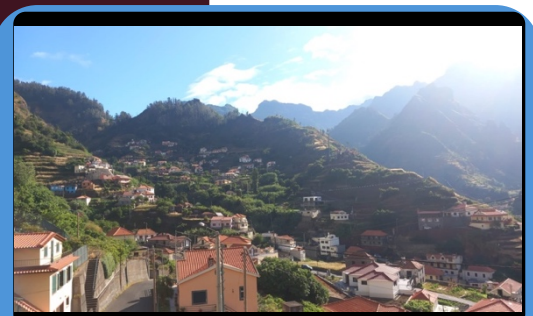
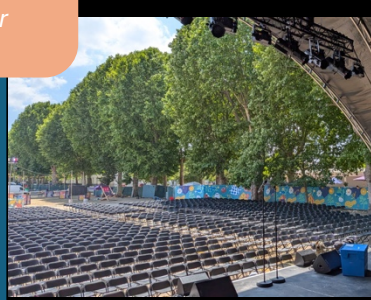
A vision of things to come?

Anonymous sister
at grad of A***
M****



Sulaymaniyah, Iraq
Results may be closer than they appear
~ Rodos

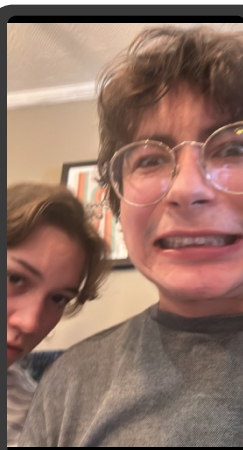
Sound check at Greenwich Comedy Gardens
Results are no laughing matter
~ Archie



Funchal, Madeira
Considered 'bad weather' by locals
~ Charlotte



What's more impressive:
passing the MLA or
summitting Snowdon?
~ Lexi



Miles experiencing
bowel incontinence
in Grimsby Spoons –
a less frequently
discussed effect of
MLA results



Yours truly by a steam train
(not pictured) in Norfolk



Hannan at her brother's yr 6
play – the most important
thing happening that day



Aurora in
Utila,
Honduras

Note from Editor: It's
not the results that
matter, it's where you
are when you get them

Thank you to the cats
seen below for
agreeing to allow us
use of their likeness.

Medical Student Triage

By Ella White

Welcome to the Medical Student Emergency Department, where your problems will be triaged and addressed appropriately according to your clinical placement need. For examples of our cat-egories, please see below.



Trauma Call

- Consultant grilling in specialist questions you have no hope of answering.
- Break a leg... literally
- May you carry this kind of trauma with you for the remainder of your career.

Cat 1

- You've followed the reg through a door and only realise it's the bathroom when it's too late
- You're in too deep now. Best to just go to the toilet too.



Note from Editor: Don't tailgate and don't let other people tailgate!



Cat 2

- You've agreed to examine a patient but suddenly remember you don't have your stethoscope
- Sudden loss of respect gained from the day so far.
- Consider cupping your hand for auscultation.



Cat 3

- Your swipe card doesn't work anywhere and handover has already started.
- Placement may be over before it's even begun.
- A long wait at security services with all of the other medical students, or a long day of tailgating every door.



Cat 4

- You've been standing in the corner of the ward for 20 minutes waiting for someone to acknowledge you
- Continue to try and make eye contact and hope someone eventually asks who you are.

Cat 5

- Spending all day standing... in the way
- A minor inconvenience for you but massive for absolutely everyone else trying to get around you.



The pAIIn of the modern age

By Will Palmer

Since the dawn of time, every new technology has brought nay-sayers who were frightened of losing the old ways. Queen feared MTV would kill radio – and The Buggles announced it; in the early 1900s people feared that radio would kill off reading; back in the 1800s there were fears that reading would kill off... not knowing things(?). I never thought that I would find myself allied with the NIMBYs of technology (except maybe being anti-MTV) but I have found myself frequently in a position of loudly calling out the use of AI – Artificial Intelligence.

Maybe it is just that I am getting old, after all not many readers will be able to imagine anyone being older than my age of 23, and I have always been slightly old fashioned – for example, I refuse to pay more than £3 for a meal deal despite price increases. Yet I continue to find myself floored by the increasing presence of AI all through medicine – exemplified by the most recent NHS 10-year plan which, in my humble opinion, did not have much to say about problems facing the NHS beyond “the AI blackbox will sort everything out” (I paraphrase slightly).

IMPORTANTLY I am not saying that where AI is applied to tried and tested circumstances that it has been specially trained to tackle – such as the many successes in radiology – that it is not a useful and important tool.

My complaint centres on how people utilise more general AI, like ChatGPT, in their day-to-day lives. Technology has frequently provided us ways to offload work in order to allow us to focus on important tasks: writing lets us free up memory and accurately handover

between clinicians, social media algorithms free us from the difficulty of choosing what to consume, and now AI frees us up from the trouble of having to think or interact with other people – hooray! I have had people provide me feedback on OSCE practice by reading what AI says, I have had people answer my question by typing it into AI, I have read messages on groupchats that have been written by AI – in all of these scenarios the other person I am trying to connect with has become extraneous: I would have had the same result had I not bothered speaking to someone at all and gone straight to AI. I believe this attitude is harmful for patient-care, after all, why bother seeing a doctor at all if they're going to type what you tell them into an AI – something that you could have done at home.

I have recently been shocked, too, by the dirge of AI art that I see on posters all over – including in hospitals! What seeing an AI generated image tells me, is that the author could not be bothered to invest any time in presenting themselves visually, leading me to ask why I should invest any of my time in looking at their poster.

If my role at the Black Bag has not made it clear, I am a strong believer that creativity and art (yes, I am counting the Black Bag as art) are key parts of medicine, let alone essential to actually enjoying life. So, when someone takes the humanity out of that creativity, I feel that it strips it raw of the very essence underlying it. And indeed, as highlighted in numerous examples of medical education that I won't share here, twists and miscommunicates the message of the author – sometimes going so far as to provide blatantly false information or representation, something which I have never been known to do...

I know none of this is really breaking new ground, but I would like to emphasise these

points. I have numerous other gripes that I have not gone into here, such as the heavy environmental toll of every use of AI, the way it has reproduced bigotry, the way that AI companies have bought and destroyed rare copies of physical books, the list goes on....

Personally upsetting to me is the reputational damage to the Em dash and the semi-colon, which Black Bag readers will recognise as hallmarks of my writing – from long before AI made it trendy... or made it untrendy.

I hope, though, that even if in some small way, this article has made you reconsider your use of AI. At the very least, I hope I have made it clear that I do not intend to attend events run by a society that uses AI art to promote it – use a real photo or find one of the many talented artists around – some of whom are featured in this issue.

I am sure that despite my efforts and attitude, AI has made it into the Black Bag at some point already, and no doubt will enter again. Please, though, do not submit anything that uses AI – this magazine exists to celebrate the creativity of medics, not the stolen art of a computer.

>> Okay Claude, can you rewrite the above article so I sound like less of a dick.

The FY1 Diaries: Somehow, I'm Still Here

By Wiktoria Kotynska

You thought you had gotten rid of me, didn't you? Finally, the biggest yapper of the medical school graduates and never speaks to us again. Well, tough luck because, somehow, I'm still here.

And yes, the rumours are true - I have ended up on the Isle of Man for my first two years as a doctor. It is a quaint island in the Irish Sea; an odd place, to say the least. There are seals, Manx cats (cats with a genetic mutation resulting in them having no tail), a population of over 1000 inbred wallabies (seriously, Google it), and plenty of lovely beaches with outdoor saunas.

Picture this: it's 8:13am, you're in the surgical handover, buzzing for your next coffee. The Critical Care Outreach Team nurse, having escaped ward nursing for a different uniform and fewer encounters with bodily fluids, is scrolling through TikTok. We are only mid-discussion on

the 2nd patient in a list of 10, and the surgeons are already debating how radiology did not accept a CT scan request from ED. Some surgeons seem to have a curious relationship with Mortality and Morbidity meetings - not because they have anything to do with the Mortality and Morbidity of the patients, but because they might accidentally make one of the other consultants the subject of the meeting.

I am in the middle of a discharge summary in the little doctor's office, secretly listening to '*brainrot Nintendo music*' (don't knock it 'til you try it) when my bleep goes off. I sigh. "It's on my list!" is a catchphrase I say to the nurses all the time. And yes, I do put things on my list. And frankly a patient's temperature "spiking" at 37.9 degrees post-op is definitely further down my list than a gentleman on the ward with right-sided weakness who apparently cannot get a CT head because Radiology did not like that the request was sent at 4:15pm, despite the geriatrician stepping foot on the ward to assess the patient at 3:45pm. I can confirm that the patient had a CT head, thanks to some collaborative multi-disciplinary working on my part, of course.

Alas, the nurses do help me a lot and I appreciate them deeply; they work like ANTS. We have mutual respect for each other. Probably because I'm the only one who has the guts to politely debate the minutiae with senior staff when I think something doesn't quite make sense. A few hours later, I'll inevitably ask about their plans for the weekend in a last-ditch attempt to signal that I am non-threatening and simply just direct.

There is one thing that I've noticed - my social battery as an FY1 is diabolically low. Gone are the early days of 5th year where I would go out on a Saturday night with my friends (simply because I thought I didn't have enough fun during the prior four years), brave Daisy's or the La Rocca queue, complain about the music not being as good as 2010s clubs despite the fact I never went to a club in the 2010s, attempt to flirt with some rugby lad, go home and then do an HCA shift on the Sunday because £22 an hour is definitely more attractive than any rugby lad I attempted to flirt with that night. Ah, those were the days.

Now, I look at the photos and videos that the FY1 girls on the Isle of Man send to the group chat. Someone is dressed as a burger, the girls have

probably mixed in with a random hen do in a bar in Douglas, and I BET Marie will be singing 'Let It Go' at karaoke. I throw up a little in my mouth. I love that they are having fun and I totally would've joined if I weren't working 50 hours next week, if I weren't planning a 4:30am gym session the next day, if I were single and sufficiently desperate to mingle, and if they promised me that the bar would play Pulp's 'Common People' a minimum of ten times. I already hear the ghost of my fresher-self crying and wailing in the background because she can't imagine an existence more miserable. My current FY1 self cannot think of anything worse than dissociating in a sweaty club at 1am, knowing that she will face the consequences of her actions the following morning.

Sometimes I jump onto Reddit and realise I've left 13 incoming freshers who messaged me for Anki cards on delivered for months. There are still messages on my WhatsApp requesting advice for 4th year. Because I haven't had the energy to reply to anybody, bar from my mum, my boyfriend complaining about my accommodation's goblin WiFi and me being pixelated on video call, my hypochondriac grandfather, my stepdad banging on about the money I owe him for car insurance, and maybe some urgent messages from friends.

In all seriousness though, I'm proud of myself for how I am coping. I've kept up my gym routine, I propose solutions to problems that the department moans about but does not attempt to solve, and I have had some fantastic patient interactions. I've even joined a Gynaecology audit despite being so busy and had my own little Dr House moment of spot-diagnosing and treating gout (confirming the diagnosis through investigations, of course). On the other hand, the majority of my OSCE examiners saw zero shreds of any excellence, and I was in the trenches of burnout for 80% of medical school due to a constant feeling of inadequacy and the phallus-measuring contest of medical school.

I spoke to my mom over the phone after leaving home, and she said "you know, your stepfather and I had a conversation just after you left; we think you're too weak right now to go into the adult working world." These words were soul-crushing, and definitely not something a parent should say to their child but definitely something

my Polish mother should say to me, her eldest daughter, because I am an exception. But at the same time, I gave up years ago trying to mould myself into the perfect daughter my parents expected. My version of strength is not never crying and never showing any signs of struggle. My version of strength is getting up after every setback, not becoming bitter in a broken system and being kind whilst setting boundaries; and most importantly, choosing to be multicoloured in a world that wants you to be beige.

So, when the consultant says to me on ward round "it seems like we never have all the Foundation doctors and you're responsible for lots of patients."

I reply "well, diamonds are made under pressure."

Are you a 5th year and would like to watch me slowly lose my mind? Join me on the Isle of Man, where you'll get free accommodation and earn more than mainland UK folks and won't have to work nights during your Foundation years. Sadly, the ferry is expensive and both the ferry and flights can sometimes get cancelled. With regards to UKFPO allocation - may the odds be ever in your favour.

As this is a satirical magazine, some details have been fictionalised or exaggerated for comedic effect.

*With Solidarity,
Dr Wiktoria Kotynska*

A to E of Everyday Life: Medical Acronyms That Work Suspiciously Well Outside Hospital *By Ishmal Khan*

There comes a point in medical school where you realise medicine has completely ruined the way you think.

You learn all these acronyms for exams and placements, then suddenly you're using them to assess your mates, your dating life, and whatever happened at the pub last night.

So, in the interests of evidence-based journalism, here are some medical acronyms repurposed for situations they were absolutely not designed for.

A to E: Assessment of a Night Out

Every medic knows A to E. It's drilled into us so much that eventually you start seeing critically

unwell patients everywhere. Including your mate outside the club at 2am.

A, Airway: Can they still order a kebab? Airway patent.

B, Breathing: Slightly breathless from sprinting after an Uber that was apparently “one minute away”.

C, Circulation: Bank account critically depleted. Immediate fluid replacement required. Ideally water.

D, Disability: GCS 13. Has lost coat, dignity and possibly house keys.

E, Exposure: Why are they only wearing one shoe?

- Assessment complete. Continue observations and reassess after cheesy chips.

HEADSS: Clerking a Fourth Year

HEADSS is meant to help structure a psychosocial history. It also happens to be an excellent way of checking whether a fourth year medical student is still functioning.

H, Home: When did you last actually go there?

E, Education: How many flash cards are currently sitting in the “I’ll catch up this weekend” pile?

A, Activities: Does going to the library and spending three hours on TikTok count as an activity?

D, Drugs: Caffeine. Next question.

S, Sexuality: How’s the situationship?

S, Safety: When did you last get eight hours of sleep?

- If the student becomes defensive during questioning, document appropriately and offer another coffee.

SBAR: Asking Your Flatmate to Wash Up

Healthcare professionals use SBAR to communicate important information clearly and efficiently. This makes it perfect for passive aggressive flat communication.

Situation: The kitchen is disgusting.

Background: You made pasta on Monday.

Assessment: The saucepan has now developed its own ecosystem.

Recommendation: Please wash it before we have to submit an ethics application to study whatever is growing inside it.

SOCRATES: When Your Mate’s Ex Texts Them

SOCRATES is traditionally used for taking a pain history. Conveniently, receiving a “you up?” text from your ex is also painful.

Site: Heart (metaphorically).

Onset: 02:14 this morning.

Character: Crushing.

Radiation: Immediately to the group chat.

Associated symptoms: Poor judgement, delusion and suddenly checking their Spotify activity.

Timing: Recurrent, usually after midnight.

Exacerbating factors: Alcohol and nostalgia.

Relieving factors: Blocking them.

Severity: 9/10, although the patient repeatedly states, “I literally don’t care.”

And then medicine completely takes over

Eventually you stop needing the acronyms. Everything just starts sounding medical.

Your mate isn’t hungover. They’re **day one post-op from Pryzm**.

Someone hasn’t ghosted you. They’re **lost to follow-up**.

Going back to your ex isn’t a terrible decision. It’s a **recurrent presentation with the same complaint**.

Your awful date wasn’t a waste of three hours. It was a **significant event requiring reflection**.

Being left on read is **awaiting senior review**.

Someone saying “we need to talk” is an **incidental finding requiring further investigation**.

And when someone asks whether you’ve started revising yet?

DNA. Did Not Attend.

Maybe this is just what medical school does to you. You spend so long learning how to take histories, identify problems and make management plans that eventually your entire life starts looking like one long OSCE station. Unfortunately, there is currently no cure.

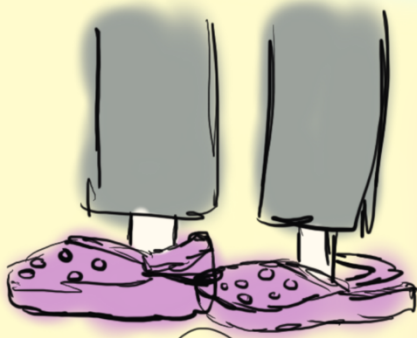
Management is supportive.

Safety net appropriately.

And review in the morning.

SHOES OF THE WARD

which one are you?



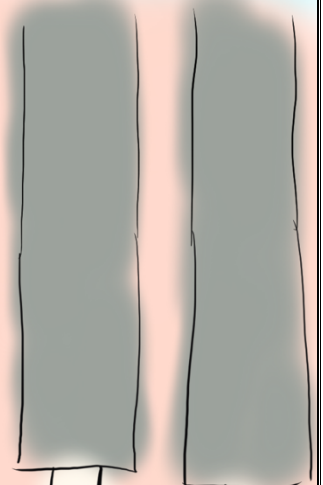
CROC - LOVER (#1)

READY FOR SURGERY, SPORTS-MODING YOUR WAY THROUGH PLACEMENT COLLECTING JIBBITZ AS YOU GO... AND CIRCULAR STAINS IN YOUR SOCKS.



LEATHER BROGUES (#2)

CLICK-CLACK DOWN THE CORRIDOR, READY FOR WHATEVER THE DAY MIGHT BRING YOU. HOPEFULLY A BUFF + SOME LEATHER POLISH TO UNDO THE REMNANTS OF LAST NIGHT'S RUGBY SOCIAL.



STOLEN THEATRE CLOGS (#3)

IT'S OKAY, IT'S NOT OBVIOUS YOU'VE FOUND THESE AT THE BOTTOM OF A CARDBOARD BOX IN THE CHANGING ROOM, LEGEND HAS IT THEY DATE BACK AS FAR AS THE 18006... WHAT'S THAT SMELL? AND WHY ARE THEY WET INSIDE?



KACHOW

HOKA CLIFTONS (#4)

READY TO RUN... AFTER THE WARD ROUND WHEN ALL THE DOCTORS LEAVE YOU BEHIND. BEST GET THE GARMIN GOING AND COUNT IT AS TRAINING FOR YOUR NEXT MARATHON.



ADIDAS SAMBAS (#5)

GREAT, AS THE GREY TINGE OF CONSTANT WEAR REALLY COMPLIMENTS THE GREY SCRUBS.

ADDITIONAL VELCRO-LIKE SOUND EFFECTS FROM THE HOURS IN LA ROCCA ARE A BONUS.



SLAY QUEEN

HIGH HEELS (#6)

CONSULTANT COS-PLAYING FROM DAY 1 OF MED SCHOOL. CAN'T WAIT TO SEE YOU SPRINT TO THE 2222. DON'T STOP SERVING.



BAREFOOT (#7)

SHOES = OPTIONAL EXTRA. INFECTION CONTROL WON'T EVEN KNOW WHERE TO START WITH THIS. AT LEAST YOU CAN FEEL THE CANNULA WHEN YOU STEP ON IT.



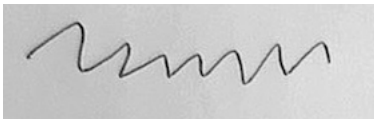
SKECHERS SLIP-INS (#8)

NOTHING SAYS "PATIENT-CENTRED CARE" LIKE DRESSING AS ONE. ARE THESE MY SHOES, OR SHEILA'S IN BED 8?

Doctor's Handwriting: What it says about you

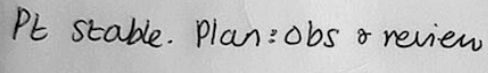
By Ishmal Khan

1) The Classic Scribble



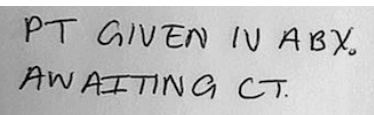
- Quick worker
- Hates paperwork
- Lucky if you can read it

2) The Neat One



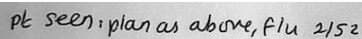
- Organised
- Nerd
- Has colour-coded flashcards
- Nice notes

3) The ALL CAPITALS



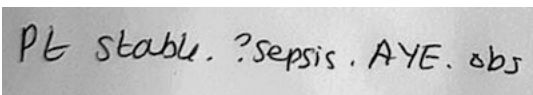
- Stressed
- Wants to be understood
- Probably a surgeon
- Hates bleeps
- Low tolerance for nonsense

4) Hold me closer Tiny Writer



- Efficient
- Whole history in one line
- Suspiciously neat
- Overthinker

5) The Mix & Match



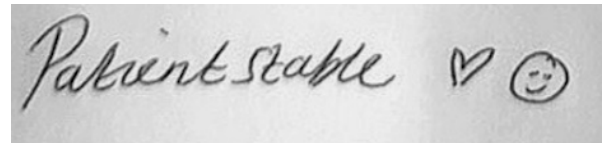
- Chaotic but gets job done
- Intelligent but tired
- Handwriting changes based on mood
- No consistency

6) The Left-Handed Smudge



- Constant smudge
- Permanent ink disaster
- Probably the funniest person on the ward

7) The Artist



- Adds flair
- Pretty notes
- Doodles in lectures
- Keeps spirits high



Interesting finds in the journals

By Will Palmer

Every once in a while, you will read a case report that makes you go “huh?”. We’ve all read the famous paper ‘*Instantly Converting Atrial Fibrillation into Sinus Rhythm by a Digital Rectal Exam on a 29-year-Old Male*’ but today I bring you a tid-bit from a case series on sternoclavicular septic arthritis.

In the first case described, a patient presents to their primary care physician with BP of 94/58 on a background of 1 week N+V+D. After 2 litres of normal saline the blood pressure was remeasured at 100/68 and the patient was sent home with a 5-day course of prednisolone. Admittedly we have little context here, but personally, I would not be keen to send someone home who came in with a NEWS score of at least 2 who had a minimal response to 2L of fluids. It certainly was an interesting choice. And, perhaps unsurprisingly, the patient presented to the ED 4 days later in severe pain and with systemic upset, eventually diagnosed with septic arthritis seeded from E. Coli. Fortunately, they made a full recovery.

The lesson to be learnt here? Don’t mess with NEWS scores.

Womack, J. Septic Arthritis of the Sternoclavicular Joint. The Journal of American Board of Family Medicine [online]. 2012; 25(6):908-912. [Accessed 20 September 2026] Available from: <doi.org/10.3122/jabfm.2012.06.110196>

The Future of the Black Bag

So, we come to the end again of another issue of the Black Bag.

The next issue will, as per usual, be out in time for the Winter holiday which means that we need to get writing fast! If you are interested in being involved in the next Black Bag issue in any way please join the WhatsApp groupchat with the adjacent QR code, or email your submission to blackbag1937@gmail.com

Sometime this term there will be some sort of social (open to fans and contributors alike). Mid-November, probably. And a writers' room workshop for the Winter issue. Also likely early-mid November. Stay tuned for more details via the WhatsApp +/- the instagram @theblackbagbristol.

And, despite my repeated landslide victories against RON, this will be my final year as Editor-in-Chief of the Black Bag because despite what the Galenicals instagram would have you believe, I am in my fifth and final year of medical school. It is a long time until nominations will open but it may be worth thinking about whether you would be interested in taking over the reins of Bristol's finest publication. I am happy to discuss the position with anyone who is interested.



Why be involved with the Black Bag?

- It technically counts as "reflective practice"
- It develops your communication skills – theoretically
- It looks good on a CV...possibly
- You might become a BNOC
- It's fun!
- A secret other reason that the uninitiated do not get to know.

Competition!

DO YOU HAVE WHAT IT TAKES????

Black Bag is seeking one exceptional* visionary to design the first bespoke sticker of many to come.

This could end up on the laptops, water bottles and notebooks of the student body of Bristol Medical School. And possibly the bin.

In return we offer:

- your design, printed and distributed to hundreds** of students
 - eternal*** glory****
- the opportunity to add graphic designer in your portfolio for future training applications*****
 - some kind of prize*****

If you're thinking, 'I have no design experience'... Perfect. Neither do we.

Submit your designs to the team!

*optional

**actual number may be substantially lower

***length of time may differ to what is stated

****not guaranteed

*****participation may not actually help your training applications

*****subject to budget constraints

Terms and conditions may be invented retrospectively.

*Deadline for submissions:
Mid-November, probably.*

*It should go without saying,
but any submissions using ai
will be rejected, and may
lead to any other
submissions for the
competition or for the
magazine by someone who
uses ai being rejected.*

*PS: You can't submit the Black
Bag logo as your sticker
design, we've already thought
of that one.*

From the Archives: How far we have fallen in 50 years

I've already referred back to a couple of articles from last academic year that are worth checking out, namely: *Galenicals* (Spring, 2026) and *Black Bag Pro-tips to guarantee your best ever year of Med School* (Freshers, 2025); but, I want to bring to the attention of the general populus some catastrophic losses of the past 50 years – features from the October 1976 *Black Bag* which cannot be found today.

It is worth saying that, of course, in reality things are much better than they were 50 years ago. A letter to the editor in that issue highlights the struggles of LGBT medics and the discrimination they face – I sure am glad that's been long since dealt with and no mainstream movements seek to revoke the rights of any members of the LGBT+ community nowadays! Who else is excited for the new Harry Potter?

Regardless though, I want to highlight that which has been lost and that I feel we should bring back:

- 1) A Students' Bar in Dolphin House (and for that matter, a TV room in Dolphin House)
- 2) An office for the *Black Bag* in Dolphin House

Hic Hic Hooray
STUDENTS' BAR OPENS
IN DOLPHIN HOUSE

With the appearance of this, our second issue, The GALENICALS- Bristol's very own Medical Students' Society- are delighted to announce the opening up of a BAR in the Students' Common Room, Dolphin House B.R.I..... and about time too.

After many months of negotiations and heated discussions the bar, situated in the T.V. room next to the main common room, will, for the time being, only be open during the week at lunch time (from 12-2) and in the evenings when functions are taking place.

Full recognition must be given to those who have helped towards the bars establishment; last years committee, particularly Royse Murphy (Galenicals President) and Ian Palmer (P.R.O.), did much in the early stages; the present committee especially Jeremy Klinger (Ents.) and Jon Rogers (Galenicals President) have in recent months ironed out the creases and made it possible; and so too to Dr Coles, the Clinical Dean and other members of staff who have helped out.

BEING A DOCTOR...
... IS MORE THAN THE BARE ESSENTIALS

Medical students drinking at the hospital! What could go wrong?

ALL CORRESPONDENCE SHOULD BE
ADDRESSED TO
The Editor
The Black Bag
Students Common Room
Dolphin House
B.R.I.
Upper Maudlin St.
Bristol.
or left in our office 2nd Floor
Dolphin House .

Note from the Editor: Please be aware that no Black Bag office currently exists, if you are interested in supporting the magazine financially then please get in touch and I will provide you my home address to ensure that your cash donation goes to a good cause... well... it will go to a cause.

- 3) A Galenicals Disco with tickets on the door for 25p

Another reminder that the archives are very much accessible to the general public! They are (nearly all) available online on the Galenicals website, or you can access them in the Medical Library in the Biochemistry building..

*Lots of love,
See you all in the next issue,
Will*

Galenicals DISCO
at LAUTRECS
KINGS STREET opposite The Old Vic
on SUNDAY OCTOBER 24th
only 25p at the door

Note from the Editor: The ENTs have not allowed me to reveal any details of upcoming Galenicals events, but I think it would be reasonable to assume that they will cost more than 25p.



This issue of the Black Bag has been made possible thanks to the exemplary work of



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THE BLACK BAG.

Bristol Medical School Student Magazine

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