

# SURGO

DECEMBER 23'

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EST. 1935

**YOUR NEW HEAD OF THE UNDERGRADUATE MEDICAL SCHOOL**

## An introduction from Prof. Malcolm Shepherd

A long time ago..... and by a long time I mean before new Dr Who, before iPhones and around the first appearance of Star Wars Lego ..... truly a very long time ago, things were simpler. Not necessarily better, different, much simpler....not clearly better, but definitely better! Conversations never ended, lasting long into the night without conclusion; no one was blessed with facts, just opinions and passion.

'Britain will remain at the centre of Europe....'

'no way William Shatner (original Captain Kirk for non-geeks) will ever get into space ...'

'Glasgow could never host the biggest cycling event of all time....'

'no, you could not possibly be allergic to red meat, you are made of red meat...'

Of course now smartphones and the internet have relegated the art of conversation to a list of facts and dates, and no one speaks to each other without a series of emojis and hand gestures. Or I might have got that wrong you tell me.....

'But surely. Old man' you say, carefully picking the most contentious topic from the list above, Surely you cannot be allergic to red meat, we are all mammals,



and the rules of Immunology say you cannot be immune to self.'

'Ah' says the wise old man (In this scenario bizarrely that is me), 'a long time ago you would be correct, but in 2002 strange reports emerged that people with a history of tick bites, experienced anaphylaxis after eating red meat'.

Now across the world from Australia to North East USA the phenomenon of red meat allergy causing strange delayed onset anaphylaxis, often as much as 4

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hours after eating has been recognised. Breaking many rules of allergy from rapid onset to variable presentation the strangest aspect of this allergy is that sensitisation seems to follow the bite of particular species of ticks. One of those ticks is the indigenous Deer tick in the UK and so yes this allergy is found in relatively high numbers in Scotland. Don't worry, it is very very rare, but we have identified around 40 patients who have this allergy after being bitten by ticks in Scotland.

'So what?' you may say 'its so rare why should we worry'. Well the truth is that tick populations are growing in the UK. There are a number of reasons, but global climate change with warmer moister winters probably play a part. Increased use of rural environments with Scotland's amazing right to roam legislation and wonderful landscape increases the exposure of urban and rural populations to ticks and we are seeing sufferers from all regions of the country.

Climate change is an engine of change in health science and while self-allergy may seem a trivial example, it is a very powerful concept; our immune systems turning on ourselves in the face of a warming climate. Allergy medicine is full of the human consequences of a warming climate from self-allergy to pan-allergens crossing botanical species and we see new patterns of



disease emerging from the environmental catastrophe we are facing.

Learning about the engines of change in medicine and discovering what health science can do to limit our global impact will become an increasingly important aspect of Medicine as you become leaders and innovators of the future. I hope we can inspire you to think about the ways we can all work to limit this and avoid potential catastrophe.

**DECEMBER 2023**

# Your production team



*Anna Bradford,  
Editor in Chief*



*Lucy Goodwin,  
Assistant Editor*



*Eva Cairney,  
Secretary*



*Daanyaal  
Ashraf,  
Arts Director*



*Chloe Danno,  
Production  
Director*



*Dominique  
Forson,  
Financial  
Director*

## We Need You



We want to feature **YOUR** work in the next issue of Surgo.

Our magazine is now accessible through an online publication platform meaning that all contributions are citable (and give a big CV boost!).

Email your articles to [surgo\\_uofg@yahoo.com](mailto:surgo_uofg@yahoo.com)

## STUDENT SPOTLIGHT

# Elective stories

Organising your junior or senior elective is no mean feat. There are plenty of factors that come in to play; choosing a medical specialty, deciding whether to stay at home or go abroad, finances, learning objectives and safety regulations. We have compiled a collection of short elective summaries completed by Glasgow university students in summer 2023. We hope this provides you with some inspiration for organising your elective in summer 2024. Dr. Craig Napier and Nicola Cumming are extremely helpful when it comes to answering elective related questions. You can email them at: [med-sch-outgoing-electives@glasgow.ac.uk](mailto:med-sch-outgoing-electives@glasgow.ac.uk)

## The Amazon, Peru, Laura Scobie

I step outside to witness the golden sunrise reflecting on the muddy amazon water. It is another morning in the rainforest and there is another community to provide a healthcare service to. We run through the village taking care with our steps as there is always the risk of snakes being on the path; it is starting to get warm and in the humidity you quickly get sweaty. We stop and buy coconuts from a local family; the refreshing water cools us down. Village life is basic and varies from village to village with some having water running to their self-built wooden homes and others having to collect water from the river. Again, some homes have access to electricity from a central generator or solar panels but many people do not. Most families live off the land and all the money that they have is in their back pocket.

Morning clinic begins and a mum arrives with her four children. Common complaints are headaches, fatigue or joint pain. When exploring the life style of patients it is easy to see why many people suffer from these complaints; working in the heat of the day doing manual labour and drinking little water. Iron deficiency is also common as iron rich food is not often in their diet.



## STUDENT SPOTLIGHT

# Elective stories

We screened all children for anaemia by looking for conjunctival pallor and tested their haemoglobin if we felt it was necessary. We had to presume anaemia was due to iron deficiency as there were no other tests available to us. All patients received a multivitamin and for those children under five who could not swallow a tablet, we would prescribe syrup as per their weight according to the BNF and boat guidelines.

Although practicing medicine was challenging at times due to limited testing and ability to follow up, one big success is the dental service. There is an excellent dental suite on board with room for two patients to receive treatment. Without this the patient population would have no access to dental care; being a population with poor general dental hygiene, this is vital to overall patient health. It was a privilege to work alongside Peruvian employees and volunteers and to be embraced by their families and to explore their culture.



## Bristol, Heather Hamilton

I did my senior Elective in Bristol in Critical Care and Anaesthetics. I decided to stay in the UK for a number of reasons and still managed to get away before and after my elective for a break before starting back for 5th year!

The hospital I was at was the major trauma and neurosurgery centre for South-West England which meant I got to be involved with the care of many complex patients. The teaching was excellent and very hands on, especially in theatre where I was encouraged to get IV access, draw up drugs, intubate, and get involved in more complex procedures.



## STUDENT SPOTLIGHT

# Elective stories

I got to see some operations that, within the UK, are only performed at the hospital I was based at. In the ICU I examined patients during rounds, practiced US-guided cannulas, and got involved with the emergency crash team for the whole site. The timetable was extremely flexible, and I got to choose which theatre sessions I was interested in, what days I wanted off, and when I wanted to be in ICU.



The anaesthetics department also had three coffee machines and (a very nice – I'm talking Sourdough and smoked salmon) lunch was bought by the consultants once a week so that was a bonus!



Staying in the UK certainly had its benefits for me. I was able to spend time with family and friends that I hadn't seen properly for a few years, and the experience helped me to solidify my Foundation Year rankings. I spent my weekends in London, with family in the local area, and Cornwall which was only a couple of hours away from Bristol.

## Uganda, Anna Kyle

For my senior elective, I travelled to Kiwoko Hospital, in a rural town in Uganda for a five-week programme of paediatrics and general medicine. This was a community-based hospital with an emphasis on spiritual as well as physical health. Placement would begin with 8am chapel, featuring specials run by various departments who took joy in dancing or dressing the medical director up as Jesus. After this, we would attend the doctor's meeting to handover patients over local chapatis and samosas and we received teaching on professionalism.



## STUDENT SPOTLIGHT

# Elective stories

Following this, we headed to the wards, divided into male and female rather than specialities. Patients were only paediatric if under five years of age, and on the 'ward round', children were brought to the doctor's desk. Besides regular placement, one weekend there was a 'medical mission', in a neighbouring village to run a mass screening programme. This was run under the trees, until nightfall when we had to use phone torches to see the paperwork. At this, I ran a paediatric clinic with a translator, and was able to amuse the children by creating balloons out of gloves!

The elective provided a fascinating glimpse at healthcare in a resource-poor country. Healthcare was only partially subsidised with patients charged for even the gloves used by staff, so often patients would only be able to afford a consultation without investigations or treatment. On days, the hospital ran out of essentials such as oxygen, imposing ethical dilemmas. Cultural beliefs encountered could be difficult. For instance, epilepsy is stigmatized as a mental health condition, or attributed to demon possession, and was at times 'treated' with boiling water to terminate a seizure. Women were often treated as property whose husbands could dictate when and to what extent they received medical treatment. It was an eye-opening elective, but thoroughly enjoyable.



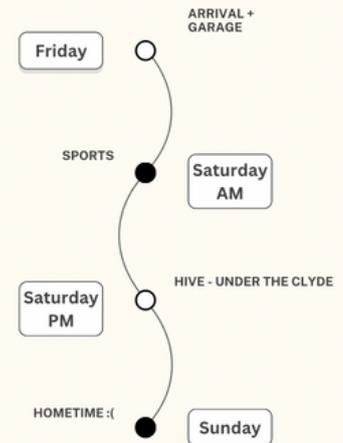
**LUCY GOODWIN, ASSISTANT EDITOR**

# Wanted Down Under (The Clyde)

In 2021, Glasgow SNIMS was cancelled. This made a lot of people very angry and was widely regarded as a bad move. It's 2023 and we are so back.

"It's like Christmas morning!" - medical student who will find the transition to FY1 very challenging.

A weekend that seamlessly blended the five medical schools across Scotland and Northern Ireland kicked off in everyone's favourite... The Garage. Or Campus, or Buff, we love variety here! An opportunity to get to know your enemy before it all comes out on the pitch on Saturday...



it was all yellow..

"Delighted to have won basketball this year! We have had a rough few years in terms of SNIMS results, but I think the class of 2028 will dominate in years to come. On a personal note - the last time we won at basketball was during my first year in 2018 - so it is somewhat poetic that my swan song has resulted in a victory!" -

**Emmett Lui, President**

I didn't hear back from netball to hear their trademarked (I think?) 'rose bud thorn' review of the weekend, but I learned from watching their SNIMS 23 instagram highlight that their captain's name is Morven, their captain's name used to be Eve and they have personalised socks. Redbull also made an appearance at their tournament which was super cutie.



"We served on and off the pitch" Volleyball claims



"Live Laugh Frib" - Medic Frisbee PR



**LUCY GOODWIN, ASSISTANT EDITOR**



Glasgow University's very own Milfy Medics FC cannot shake off the poor bedside manner allegations. We can't help it that we're popular! Our football girls finished first place, all thanks to star player Annie McLaughlin. Women's rugby came first place also, and are forgiven for cheating in musical chairs <3. On Saturdays, we beat Dundee.



*"Singlehandedly revolutionised the SNIMS instagram scene" - Milfy Medics FC*

And of course a special shoutout to the universities who came to visit us, Queens, Aberdeen, Dundee, St Andrews and even Edinburgh <3. Special thanks to Aberdeen for your terrible poem.



Fish in the union  
Mens Rugby brought real fish into the union - they thought it was so funny



Medic Hockey declined to comment but I took this picture from their instagram



Stop becoming djs please we need doctors ❤️



Except you A.I Elliott



This wonderful weekend was only made possible by our incomparable sports reps Freya Macdonald and Elouise Borthwick. We owe it all to you ladies.

**FINAL SNIMS 2023 RANKINGS**

- #1 Glasgow**
- #2 Aberdeen**
- #3 Dundee**
- #4 Maybe Edinburgh**
- Then Queens?**

Sorry St Andrews, maybe see you in the new season of the crown tho x

**And so the sun sets in the west (of Scotland); on SNIMS at least. Over to you Edinburgh...**

**DOMINIQUE FORSON, FINANCIAL EDITOR**

# The Cost of Being a Medical Student

In the face of what many are calling the most challenging economic climate in decades, the repercussions of soaring inflation rates are reverberating throughout the nation. Many public sector workers have taken to the streets in protest, with the well-documented junior doctor strikes serving as a poignant example. However, amidst the headlines, the financial struggles of a vital group have gone relatively unnoticed: medical students.

A recent financial survey conducted by the British Medical Association (BMA) has shed light on the alarming impact on medical students nationwide. The majority of over a thousand respondents reported having to make sacrifices in basic necessities such as food and heating, while over 40% disclosed running out of funds before the end of the term. Furthermore, more than half of the respondents revealed having to juggle part-time work to finance their studies, but a significant majority felt this compromise adversely affected their academic performance.

These findings are not in isolation. A recent poll commissioned by The Office for Students (OfS) found similar rates of financial hardship amongst students in higher education. In addition to this, almost 20% of students had considered dropping out of their course due to financial difficulties. In 2022, an article published in The British Medical Journal (thebmj) assessed the current plight of final year students balancing jobs on top of clinical placements as well as the staggering amount of debt students encounter upon graduating.



In a time when the NHS is facing unprecedented challenges with recruitment and retention, it seems the lack of financial support for medical students may further compound these issues.

This year, the SURGO team are committed to understanding the true extent of the cost-of-living crisis medical students face during the 2023/24 academic term. We are reaching out to the medical student community in Glasgow with a short, anonymous survey designed to capture your experiences. The data gathered will be carefully analysed and compiled into a comprehensive report, which will be featured in our next edition. Our goal with this survey is to unravel the financial challenges entwined with pursuing a medical degree in 2023/24 and advocate for enhanced support from the medical school to alleviate these burdens during your university journey. Join us to spotlight the realities faced by medical students. Scan the QR code or check the link on our Instagram page to share your insights.

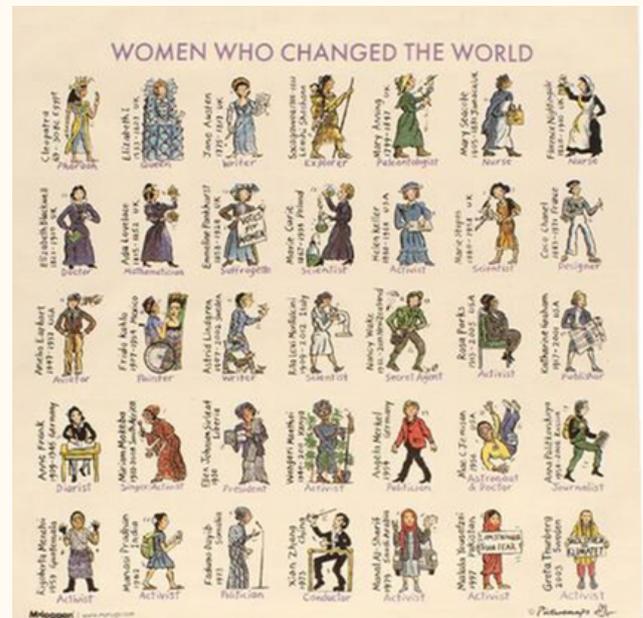


**PROFESSOR CINDY CHEW**

# Tail Lights

1st October 2023. As autumn leaves fall softly and rustle to the ground, this popped up on my Twitter feed: 52 years ago, the very first CT scan was performed on a person. Godfrey Hounsfield was apparently intrigued by the notion of using cosmic rays to find hidden structures without “opening the box” or entering ancient Egyptian pyramids. This brought to my mind the beautiful bag Elliot (MedChir President, 2022/23) gifted me on behalf of MedChir at the Alumni Ball 2023. Why? Because the first woman featured on the bag is Cleopatra. I loved it so much I ordered a few more for Professor Judy Yee MD in New York City. She was chuffed and Twitter lit up with requests on where to buy them! (Supporting the local economy and all that....!)

As we continue striving towards gender equality, I thought I'd share the wonderful event Elliot and the MedChir team pulled together for International Women's Day, showcasing 4 amazing women Professors. It was a scintillating evening where we were privileged to hear and learn about their very different careers and experiences culminating in Professorships in Medicine. No mean feat by any standards! (Let me know if you would like to attend another evening like this and I'll see what we can do).



Professor Rona Mackie / Lady Black – another woman who changed the world! (disappointingly, not pictured on the bag) – regrettably could not join us on the night. As the first woman appointed to an established Chair at the University of Glasgow, Professor Mackie is a trailblazer, achieving and continuing to achieve so much in her career and life. As one of the founding members of The Academy of Medical Sciences, not only has she been at the forefront of groundbreaking medical research, but has also enabled others to continue advancing cutting edge medicine as well as establishing one of the most successful medical mentoring programmes. I hope you enjoy reading our little chat and draw as much inspiration from it as I did meeting her! Her vitality and formidability is something that we should all aspire to!

## **A CONVERSATION WITH PROFESSOR RONA MACKIE BLACK**

# Medical Reminiscences

NB as has been said in different contexts, recollections may differ but the following are my memories

### **Tell us a little of your time as a student at Glasgow University.**

I was a medical student at Glasgow University from 1957-1963. My memory is that the proportion of women in the year was restricted to 1/3 of the 160 students in the year. The six year course allowed us time for long student vacations which I used to the full; travelling one year to work as a clinical clerk in Copenhagen and another year with the National Union of Students when 20 of us went as a student delegation to Russia visiting Moscow Leningrad and Kiev. Fascinating insights into Russian medicine and state control.

I enjoyed a full student life being involved in the students union. At that time there were separate unions for men and women: Queen Margaret for women and the Union for men. We mixed very comfortably after 5pm and student union debates were a highlight. It was a golden age of student politics and student debates with gifted orators such as Donald Dewar, John Smith, Neil McCormick and Jimmy Gordon sharpening their skills.



### **Tell us a little of your career and why you chose the specialty you did.**

I chose dermatology and in particular work on malignant melanoma because of a patient I encountered doing my surgical pre registration house officer post. Mr X was a Pakistani seaman who had been admitted because of secondary melanoma erupting in nodules all over his left leg from toe to thigh but with no obvious spread beyond the inguinal ligament. Mr X spoke no English and interpreters were not available. It was very clear that the surgeons in charge of the ward did not know how to manage the problem or how to communicate with the patient. This took me to general study of melanoma and its treatment, to tumour immunology and to patient support and communication.

### **Can you share some of highlights of your career?**

60 years on we know a lot more about appropriate treatment of melanoma and staging procedures. We are now much more aware of the need for patient support and information with support groups for most skin diseases eg Melanoma Action, the Psoriasis Association and the national Eczema Society; all groups who offer accurate information to patients and also raise funds for research.

From 1978-2000 I was professor of dermatology and established an internationally recognised department which attracted trainees from overseas - Canada, Australia and New Zealand.



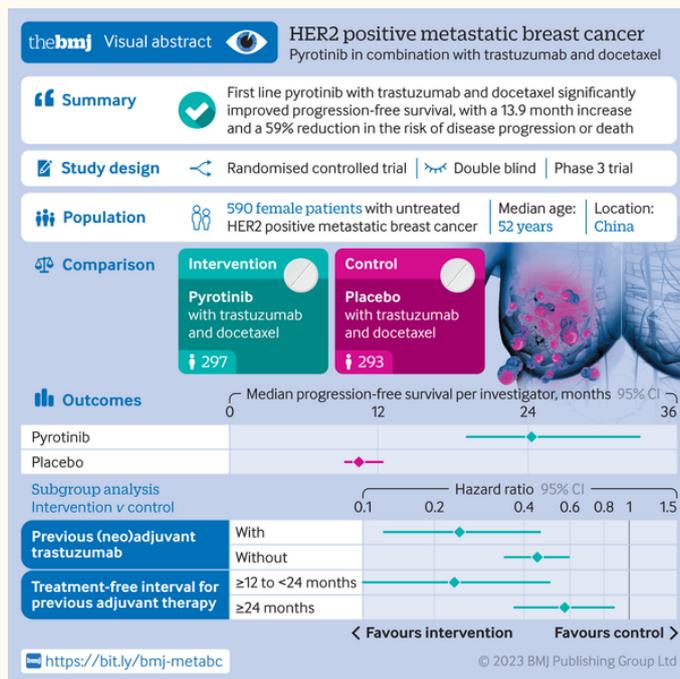
## MONEY MONEY MONEY

# Competition Time

Now that Surgo is linked to a Creative Commons license AND articles are regarded as citable publications, we want to give students the opportunity to share their research projects with the world. In each issue we want to publish five student visual abstracts.

## What is a visual abstract?

A visual abstract is a novel way of presenting research. It is a small graphic that gives a brief overview of the research question, methods and conclusions of the project. In essence it is an eye catching summary of the research you have carried out. Below is an example published by the BMJ(1):



The first five visual abstracts that are submitted to [surgo\\_uofg@yahoo.com](mailto:surgo_uofg@yahoo.com) by 10th February will receive **£20**.

Thereafter, the five best visual abstracts that are submitted (as judged by Prof. Cindy Chew) will be selected and displayed in each subsequent future issue. The authors of these visual abstracts will also receive **£20** each.

To wrap up this academic year of Surgo, Prof. Matthew Walters has kindly offered to judge and decide on the best visual abstract submitted over the course of the next two issues. The winner will receive **£100** prize money.

## What do I need to submit?

- Your written abstract (introduction, methods, results, conclusion (250 words))
- Your visual abstract
- The name of one project supervisor
- The date of submission to the competition

**Good luck!**

# Word Scramble

**Miserdiep**

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**Lidoaryog**

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**Codypneos**

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**Houogessap**

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**Ihidiopcat**

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**Openhnr**

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## **HINTS!**

1. The most superficial layer of the skin
2. A medical specialty that loves chest X-rays
3. A medical investigation that uses a camera
4. A section of the GI tract
5. A disease of unknown origin...
6. The kidney's functional unit



# It's okay not to be okay

Starting university brings change which can sometimes be difficult to adapt to. It is perfectly normal to feel overwhelmed initially but if you're feeling down, or just want someone to talk to it's important to reach out and get help.

The University's counselling and psychological services offer a range of self-help resources. More information can be found at:

<https://www.gla.ac.uk/myglasgow/counselling/self-help>

## Recommended apps and websites

**Calm:** Calm is one of the top-rated apps for sleep and meditation. Getting a good night's sleep helps lower stress and anxiety as well as boosting your mood – <https://www.calm.com>

**Headspace:** Meditation is an effective way to improve focus, reduce stress and increase sleep quality. If you are new to meditation the headspace app is a great way to start with numerous different guided meditations taking you step by step through the meditation process. – <https://www.headspace.com/headspace-meditation-app>

**Living life to the full:** Work through free online courses aimed at reducing stress, and improving mood and resilience. Living life to the full is great – <https://lltff.com>

## Useful Numbers

**Breathing Space - 0800 83 85 87 -**

Monday-Thursday 6pm to 2am

Friday 6pm-Monday 6am

A free, confidential, phone and web-chat service for anyone in Scotland over the age of 16 experiencing low mood, depression or anxiety

**Glasgow Students' Nightline - 0141 334 9516**

Monday-Friday 7pm-7am

A confidential telephone, text, and online listening and information service run by trained students for the students of Glasgow University, Glasgow Caledonian University, and Strathclyde University.

**Glasgow & Clyde Rape Crisis - 08088 00 00 14**

11am-2pm Monday - Friday

Provides support for women and girls who have experienced rape, sexual assault or sexual abuse.

**Samaritans - 116 123**

24hrs

A helpline offering emotional support for anyone feeling down, distressed or struggling to cope

