

BSMS Newsletter

Tsunami encounter

Stuart Reiss, second year student

Second year student, Stuart Reiss was in Sri Lanka over the New Year and witnessed the harrowing effects of the Tsunami first-hand. Although shaken by the experience, he was glad to be part of the relief effort and plans to go back in the summer. He was keen to share his story with us to give a realistic insight into the devastation and to ensure it remains fresh in our minds.

A fanatical Sri Lankan cricket fan, I spent Boxing Day watching the test match live from New Zealand. A grave-faced newscaster interrupted Chaminda Vaas's final over with news of the sea flooding Galle town. At that time no one knew the extent of the damage, but the gravity of the situation was revealed as the day progressed, and each successive news bulletin increased the death count by thousands.

My Christmas visit to my father in Sri Lanka was fast becoming a funeral wake. We were safe in Kandy at five thousand feet above sea level but there was a palpable sense of death all round as the whole country went into mourning. When the first local relief convoys set off, I wanted to jump into a lorry with my stethoscope and Oxford Handbook of Clinical Medicine (received as gifts when I was accepted into Brighton and Sussex Medical School). Instead, realising that being a private messiah was not realistic, I contacted 'Care of Health', a local NGO started in the wake of the disaster by an enterprising graphics printer from Kandy. Using his client list and transport provided by local businessmen, he'd acquired medical supplies and bottled water from local pharmacies and persuaded 14 pre-registration doctors from Peradeniya Medical School to join in on a medical



Photo by Mr Jude Perera

mission to the Baticoloa district in the east; one of the worst hit areas.

On the bus to Baticoloa I read the OHCM chapters on chest medicine and gastroenterology and was glad that the BSMS programme included clinical skills from the beginning. We'd covered the respiratory and the gastrointestinal systems in the first year and I expected to find plenty of problems in people who'd ingested dirty sea water.

The medics in our group seemed used to conducting mobile clinics and appeared confident of tackling whatever the aftermath of the Tsunami threw at them. Their collective experience and laid back manner reassured me. Sri Lankans give high priority to their health and doctors in Sri Lanka enjoy a special social status, perhaps second only to national cricket heroes! We were almost mobbed getting off the bus at our first refugee camp at a school near the town of Akkaraipattu.

The camp housed about 2,000 displaced people and had just eight

toilets. Much of the waste was dumped in a central courtyard and washing water collected in a large pond around the only well, seeping back into it. Conditions were ripe for an outbreak of GI disease. Maintenance of hygiene and provision of sanitation facilities were paramount but it was difficult to establish who was responsible for running the camp. Local police guarded the camp from outside, but inside the Tamil Tigers were very much in control. Refugee camps are not new to north and east Sri Lanka where, for over twenty years, Tamil Tiger rebels and Government forces have fought a bitter war for control of the area. Almost 60,000 people, including two Heads of State, have been killed in the conflict. Baticoloa district is landmine country, literally and metaphorically, so we had to tread carefully!

The clinic set up in a classroom at the camp and people rolled in with various complaints. As expected there were many cases of respiratory tract infections and, with no X-ray available, the ability to identify breathing problems with a stethoscope was vital. Fortunately patients presented with distinct symptoms and I soon got the hang of hearing obvious bronchial breathing, rhonchi, crepitations and even the occasional pleural rub. If I heard such abnormal sounds, I referred the patient to a doctor who'd confirm my diagnosis and prescribe antibiotics. Some patients needed oxygen to help their breathing and equipment was set up in the corner. Before long everyone wanted a whiff of 'the gas' and medics had to stress that nebulising wasn't necessary for a wounded knee.

Pharmacists set up shop at classroom windows and people queued up for

continued overleaf

Muscular Dystrophy campaign member talks to medical students

Eight year old Matthew Berry visited BSMS recently to talk to the second year students about his disability. The students are currently undertaking a module in 'Reproduction and Locomotion' which involves studying disorders of the musculoskeletal system. Matthew, who has Duchenne Muscular Dystrophy (DMD), came along with his mum Sue, to tell the students how he adapts to life with DMD.

Prof Di Watt organised the visit through her associations and research work with the Muscular Dystrophy Campaign. Visit www.muscular-dystrophy.org for more details.



BSMS students learn more about Muscular Dystrophy from campaigner, Matthew Berry

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their prescriptions. It was an impressive operation which ran like clockwork. We were the first medical team at the camp so given the considerable number of people to be seen, time was short and each patient got roughly five minutes with the doctor. Language differences also became a problem: where doctors spoke no Tamil and patients spoke no English or Sinhalese! The barriers were eventually overcome using patients to translate, however it was still quite confusing at times.

When the verbal jumble became overwhelming and I was no longer needed in triage, I volunteered for the wound dressing station. I was shown how to give an intramuscular tetanus toxoid injection once, and told to get on with it. I felt sorry for my first patient, who'd survived the raging waters only to have his deltoid muscle pierced by my clumsy technique, but my fortieth patient that afternoon was all smiles.

Things were going well when a sudden announcement of another Tsunami on the way sent the whole camp running to higher ground. In the mêlée a woman and a three year old child were run over by a truck and a man banged his head jumping off a tractor needing three sutures. The false alarm was caused by a cyclone battering the

southern coast of India, making the Sri Lankan sea rough. For people who had experienced the full horror of the sea the first time this was incentive enough to run.

We moved on to another camp in an area known as Marathanmunai. The once bustling township had been reduced to a massive pile of rubble stretching several kilometres along the coast. Survivors described a 30-foot high wall of water that advanced on them smashing everything in its path and spoke of wells inland overflowing with water long before the wave arrived. People running away from the massive wave were obstructed by this inland water, and drowned when the Tsunami caught up with them. A young woman who lost both her children told me that after the first wave hit her house she started running, carrying them both, but she lost them when the bigger second wave hit. She too jumped into the waves, not wanting to live without her children, but survived by being caught on a coconut tree. In another incident a month old baby, the sole survivor of her family, had floated in her bath tub and was rescued by a neighbour.

We travelled to a further four camps during the next few days and returned to Kandy when our medical supplies

were exhausted. A considerable amount of time was spent on the road, time which could have been spent in one location serving fewer people better. The chaotic situation and lack of coordinated relief effort meant some displaced people were better helped than others. Those who did not want to come into camps for fear of disease were left without help. At the present time, however, the army is coordinating the process, and things have improved considerably.

The need for counselling was clear everywhere we visited. 'Care of Health' is currently organising another visit to the region, planning to take counsellors and train others from the area.

If you'd like to help in any way with the Tsunami relief effort in Sri Lanka, please get in touch with me at s.reiss@bsms.ac.uk

I salute:

Mr. K. Wigneswaran who let me join the group

The doctors and volunteers who taught me much

The people of Baticoloa district who showed immense courage

Research focus...

What do you do with a "pain in the neck"?

Karen Denyer, PhD student, BSMS

On a cold winter's day last January I joined BSMS as one of the first PhD students. My PhD (sponsored by NHS R&D) looks into the different treatment options used by people suffering from neck, shoulder and upper arm pain. This includes looking at the conventional treatments as well as complementary and alternative medicines (CAM) that are used.

Whilst one aspect of my PhD will attempt to quantify accurately the numbers of patients with neck/shoulder pain who present to conventional practitioners (GPs, nurses, physiotherapist and pharmacists) and CAM practitioners (acupuncturists, chiropractors and osteopaths) in the Sussex and Kent areas, I am also interested in their reasons for doing so.

Musculoskeletal pain in the neck, shoulder and upper arm is widespread with as many as 40% of the population suffering at any one time. These types of musculoskeletal disorders have been described as the "most common and costly of the non-malignant conditions in the western world" and account for an estimated 15% of all GP consultations. Whilst approximately a quarter of sufferers will consult in primary care, it is estimated that over 60% are consulting complementary and alternative medicine practitioners.

Even though there has been a marked increase in the number of patients turning to CAM the exact reasons why remain unclear. Past studies have suggested several factors that may determine CAM use in patients. These include:

- Dissatisfaction with conventional medicine
- The need for personal control over their healthcare
- CAMs are appealing as they seem more compatible with holistic views about the 'nature of health and illness'.

- CAMs are seen as being safer than conventional medicines due to their promotion as 'natural' therapies.

As my studies progress, I find that the perception of CAM therapies being 'safer' than conventional remedies is becoming one of the prime research interests in my PhD. Increasingly, in the course of my research, I find this is highly disputed in literature, particularly as the adverse effects and risks of various CAM treatments are becoming clearer. Examples of these concerns include:

- Interactions between pharmaceutical and herbal medicines such as St. John's Wort which has been found to interact with many common drugs such as oral contraceptives, Simvastatin and Warfarin.
- Toxic contamination of herbal remedies which, in certain cases, have been found to contain heavy metals and excessively high levels of pesticides.
- Adverse effects occasionally associated with spinal manipulation. These range from temporary tissue damage to stroke.

Issues such as these raise the question of whether the benefits and efficacy of certain CAM treatments outweigh the risks associated with them.

Presently it is felt that, whilst some studies have found various CAM remedies to be effective in the treatment of certain disorders, insufficient rigorous testing has been carried out into the efficacy of these treatments to enable us to make a conclusive judgement. What is clear though, is the importance placed on determining how much both the public and various healthcare providers are aware of these issues and whether perhaps steps should be taken to inform both groups of the possible risks involved. We need to instil the idea that even though they are 'natural in origin' they are not necessarily risk free.

To this end, a large part of my work will be evaluating how the potential risks and benefits of various treatments for musculoskeletal pain, both conventional and CAM, are viewed by the general public and various healthcare professionals including GPs, physiotherapists, nurses, chiropractors, osteopaths and acupuncturists. This will hopefully highlight areas where better education of both patients and healthcare practitioners, whether CAM or conventional, are needed. I will keep you posted!



Malaria professor visits BSMS

Camille Lallemand, second year student

The newly-formed student society for international health, The Donald Henderson Society, is named in honour of the man who led the successful WHO's Global Smallpox Eradication Campaign.

The Society was proud to have Professor Brian Greenwood as guest speaker at its inaugural meeting on Monday, 17 January 2005.

Professor Brian Greenwood is the director of the Malaria Centre at the London School of Hygiene and Tropical Medicine, Director of the Gates Malaria Partnership and has been at the forefront of malaria research for three decades.

His lecture, entitled "Malaria in 2005", gave the audience an intriguing and

insightful overview of the issues surrounding malaria, its treatment and control today. He discussed the important issues of increasing drug resistance, the possibility of eradicating malaria, social and environmental changes and the risk of epidemics in populations made increasingly vulnerable in areas such as those devastated by the Asian Tsunami.

The timely discussion was a perfect start for the Donald Henderson Society, which hopes to promote interest in medicine, public health and health care internationally; to advance the study, control and prevention of disease in man and other animals; to encourage an understanding of international health; to encourage



discussion and the exchange of information and to facilitate the exchange of students between developing countries and the UK.

If you are interested in joining, please e-mail
**donaldhendersonsociety
@yahoo.co.uk**

Donald Henderson Society Team:
James Fallon, Gary Leggatt,
Katherine Maple, Camille Lallemand

Anatomical Society Meeting

Dr Darrell Evans, Senior Lecturer in Anatomy at BSMS, recently co-organised the winter meeting of the Anatomical Society of Great Britain and Ireland held at Oxford University in January 2005.

The meeting entitled '*Craniofacial Development: Making faces*' brought together top-class clinicians and basic scientists to examine issues ranging from facial patterning and tissue morphogenesis to human syndromes and malformations.

With over 100 delegates from ten countries throughout the world, the meeting has been recognised as one of the most successful ASGBI meetings of recent years. It is hoped that a future meeting of the Anatomical Society will be held at BSMS.

Darrell is now editing the special symposium edition of the *Journal of Anatomy*, due to be published later in 2005, which will include review articles from all invited speakers.

Pushing the boundaries of broadcasting

Earlier in the year a controversial Channel 4 TV series 'Anatomy for Beginners', showed "live" dissection of human bodies by Dr Gunther von Hagens. The broadcast provoked mixed reactions within BSMS:

John Keegan, Headley Trust PhD Student:

"Rarely, if ever, is the layman presented with a legitimate opportunity to witness what goes on under the skin of the human body.

'Anatomy for Beginners' provided such an 'open body' invitation and for me, this was wide-eyed astonishment viewing that vividly illuminated the wonders of the human body with a reality feel that no textbook illustrations or manufactured teaching aids could ever convey.

"The unique combination of deft, revealing dissection of a human body, expert commentary and demonstrative techniques such as re-inflating the exposed lungs richly achieved the presenter's aims of bringing the poetry of anatomy to this viewer."

Professor Di Watt, Chair in Anatomy

"While I am a great proponent of the use of cadaveric dissection for medical students learning functional anatomy and believe that the anatomical structure of the human body is a fascinating subject, I have some concerns that public display of a dissection may be detrimental to some potential donors. Students at BSMS are very aware of the requirement to show respect to the cadaver they are dissecting and my personal view is that public dissection does not always preserve this respect.

You can see more about the programme at:
www.channel4.com/science/microsites/A/anatomy/

Impact of PACS in primary care

Andrea Jones,
Centre for Nursing & Midwifery
Research, University of Brighton



Joint research initiative to study the value of Picture Archiving Communication Systems

As part of the Government's drive to improve Information and Communication Technologies in the NHS, Picture Archiving and Communication Systems (PACS) are to be installed in all NHS Trusts by 2007. The digitisation of imaging is expected to bring benefits such as faster diagnosis and treatment, and enable remote radiology reporting. However, neither of these expectations is without controversy and senior radiologists have expressed concerns about clinicians being able to trust remotely generated radiology reports (Radio 4, 'Today' 22 February).

The fact is that the introduction of PACS – like any other new technology – will bring some benefits and some disadvantages, and these will not necessarily be the ones the designers of the systems expect. In this context BSMS has initiated a research project which will look at general practitioners' expectations and perceptions of PACS. The research will be qualitative and will explore the knowledge of consultant radiologists and GPs focusing on their thoughts about how PACS will, and

could, impact on work in primary care. The research will reflect a long-standing STS (Science and Technology Studies) theory that engaging with clinicians early on in the introduction of new technologies will help shape the emerging systems and will, ultimately, facilitate more effective use.

There has been a number of studies on the impact of PACS in hospital-based units but very little research conducted in primary care. The research will address this gap. The principal investigator is Professor Helen Smith (BSMS) and the main researcher is Andrea Jones (Senior Research Fellow in the Centre for Nursing & Midwifery Research, University of Brighton). Collaborators on the project are Dr Flis Henwood (Reader in the School of Mathematics, Computing and Information Sciences, University of Brighton), Stephen Flowers (Principal Research Fellow, Centre for Research in Innovation Management, The Freeman Centre) and Professor Ken Miles (Professor of Imaging at BSMS).

Welcome to:

Paul Grant
Finance
Assistant



Paul is no stranger to campus life having worked within the University of Sussex since he left college in 1992. He decided to leave the Management Accounts department of the University to join BSMS because he wanted the challenge of working in a rapidly-growing school.

Currently, Paul is studying for his ACCA Accountancy Exams and will be assisting the Finance Manager in managing daily finances.

Paul enjoys playing cricket for a local team – RAFA (Royal Air Force Association) and follows the highs and (more recently) lows of Liverpool FC.

Matthew
Hankins
P/T Senior
Research
Fellow, Division
of Public Health
& Primary Care



Matthew became an academic quite late in life after studying for a BSc in Psychology as a mature student. From here he spent five years at Guy's Hospital evaluating a parenting programme for parents of under fives before moving to the University of London (UCL/KCL) to lecture part-time in research methods and statistics.

Matthew currently maintains a part-time research fellow post at the Institute of Psychiatry in the Department of Psychology teaching statistics and supporting the research in health psychology and behavioural medicine.

He is moving to BSMS from the Centre for Health Care Research (University of Brighton), where he has been involved with research in behavioural medicine and also supporting NHS R&D in Sussex.

Matthew will primarily support the Primary Care Research Network and the research activities of the Division. He will also teach in the Postgraduate Medical School and is looking forward to continuing his own research interests in behavioural medicine.

His interests are cooking, philosophy, poetry, dinosaurs, diggers and Duplo (in collaboration with Isaac Hankins, aged two and three-quarters).

BSMS' first Visiting Professor



Students and staff attended BSMS' first lecture by a Visiting Professor on 9 February 2005. Professor Steve O'Rahilly FRS, Professor of Clinical Biochemistry and Medicine, University of Cambridge, presented his lecture "Obesity: beyond gluttony & sloth" in which he outlined his research examining the role of genetics in obesity.

Professor O'Rahilly's lecture highlighted the important breakthroughs he and his team have

already made in identifying and treating certain types of obesity in children. His spirited and often light-hearted presentation style kept the audience engaged and made the experience even more rewarding.

Professor O'Rahilly obviously enjoyed his visit saying, "BSMS has a fantastic and exciting atmosphere – there is a huge buzz and energy coming out of the place and I was thrilled to be invited to speak".

PUBLICATIONS

Dr David Crook

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Dr Darrell Evans

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Professor Lesley Fallowfield

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Dr John Kay

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Dr Satinder Kumar

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Dr Melanie Newport

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Professor Chakravarthi Rajkumar

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Professor Helen Smith

Smith H. Connecting rhetoric, reality and research: the need for evaluation of General Practitioners with Special Interests. *Primary Care Respiratory Journal* 2005 14: 3-4

Congratulations to...

Dr Darrell Evans,

Senior Lecturer in Anatomy at BSMS, who has recently been appointed to the Editorial Board of the research journal, *Developmental Dynamics*. This international journal allied to the American Association of Anatomists has a current impact factor that places it as the number two anatomy journal and in the top ten of developmental biology journals.

Tom Roper,

Information Resources Development Coordinator, who has been elected Chair of the Health Libraries Group of the Chartered Institute of Library and Information Professionals. The Group has over 2000 members in universities, the NHS, voluntary organisations, public libraries, government and industry. It organises continuing professional development for members, promotes research into health information and lobbies government, employers and other organisations.

Professor Di Watt,

Chair of Anatomy, for being awarded a University of Brighton Teaching Excellence Award, following nominations by BSMS students. Aside from winning the respect of her colleagues and students she earns the school £200 to spend on resources.

Dr Melanie Newport,

Senior Lecturer Infection and International Health, who has been invited to join the British Lung Foundation Scientific Committee.

The clinical elective module

Dr Melanie Newport
Senior Lecturer Infection and International Health

In September 2006, the first intake of BSMS students will embark on their clinical elective. The aims of this two-month long module are deliberately broad – ‘to facilitate enjoyment of and enthusiasm for the practice of medicine in a cultural or clinical setting that is altogether different from the BSMS/BSUHT training environment’. This may involve healthcare in a different country, or pursuit of a particular clinical or research interest.

There are few other careers that allow you into virtually any culture where you will be welcomed with open arms. The elective really is a one-off opportunity to explore a personal interest that the busy undergraduate curriculum cannot accommodate.

To make the most of it, students need to start thinking now about what they want to do and where they want to go. An ‘Electives Evening’ was held at the end of February, the aim of which was to provide inspiration and information for students. Short presentations on very diverse elective topics were given to illustrate the wide range of options available. The talks were very stimulating: areas covered ranged from clinical electives in the foothills of Mount Kilimanjaro, through Dive Medicine and electives in the History of Medicine and Humanities, to Paediatrics and Paediatric Surgery in various settings both home and abroad. Students were able to chat to the speakers and other faculty members informally after the talks.



Many thanks to Drs Ian Kenney, Satinder Kumar, Mike Hutchinson, Karen Walker-Bone, and Mr Anies Mohamed for delivering such entertaining and informative talks.

Thanks also to Mr Tom Roper who has developed an electives area on studentcentral (intranet). He gave a clear demonstration of the resource which will be continuously updated with useful information.

Finally, we are developing a list of contacts and links for students to browse through – if you have an area of interest that would make a good elective project, or you have contacts elsewhere that might be interested in taking BSMS elective students, please get in touch with either Melanie Newport (m.j.newport@bsms.sc.uk) or Nina Dodd (n.l.dodd@bsms.ac.uk).

Forthcoming inaugural lectures...

Lupus: A complex disease in more ways than one

Professor Kevin Davies,
Professor of Medicine

Date: Monday 18 April 2005
6.30pm – refreshments will follow

Venue: Westlain House, University
of Brighton, Falmer campus.

Is size important? New paradigms in cancer imaging

Professor Ken Miles,
Professor of Imaging

Date: Tuesday 17 May 2005
6.30pm – refreshments will follow

Venue: Westlain House, University
of Brighton, Falmer campus.

BOOK YOUR PLACE NOW!

If you plan to attend either of these events, please let us know so that we have an idea of numbers. Contact lectures@bsms.ac.uk stating the relevant date(s)/event.

Research conference – call for papers

Surrey and Sussex Integrated Research Network (SIREN) is holding its Annual Conference on 9 June 2005 at Denbies Wine Estate, Dorking, Surrey.

The closing date for abstracts is Thursday 12 May. Further details, registration and abstract forms are available from Claire Brooks on c.brooks@bsms.ac.uk

Marathon medics

Good luck to the brave BSMS staff planning to run a marathon in the next few weeks!

Paris:

Clare Alverson,
Assistant Secretary.

London:

Claire Brooks,
Primary Care
Coordinator and
Tom Roper,
Information Resources
Development
Coordinator



Sponsor Tom at
[www.justgiving.com/
tomroperflm2005/](http://www.justgiving.com/tomroperflm2005/)

BSMS netball team unbeaten!

Following their triumphs over Southampton Medical School, Peninsula Medical School and Clare's College, Cambridge the (as yet) undefeated BSMS first team for netball are finally getting new kits and hoodies. Both the first and second team are being sponsored by The Lectern Pub on Lewes Road, Brighton and would like to express their thanks for the financial support they have received.

Enterprising students also organised a sports social event earlier in the year which raised money for all the sports teams. The event will be repeated each term in order to raise more funds.



RED 'RAG' DAY



Students get up to hair-raising antics for Comic Relief

With end of term exams looming, BSMS students held their Red Nose Day a few days earlier than the rest of the UK.

Though intentions were good, some didn't quite get a grasp of the *'Big hair and beyond'* theme, opting instead to have their hair removed! Epilators, electric shavers, razors and waxing strips (ouch!) were whipped out and put to good use in the name of charity. Red-raw backs, legs and heads were soothed with tea and cake, and all was forgiven as they padded off to their Anatomy lecture in pyjamas and slippers.

The RAG team raised over £500 with more still being collected. Well done!

