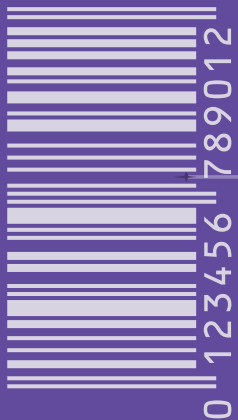


Volume 3, Issue 1

# The Jugular

CUTTING STRAIGHT TO THE SOURCE



WRITTEN WORKS | HUMOUR | ARTWORKS

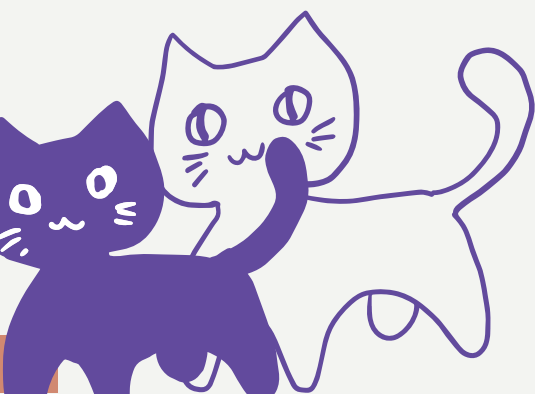
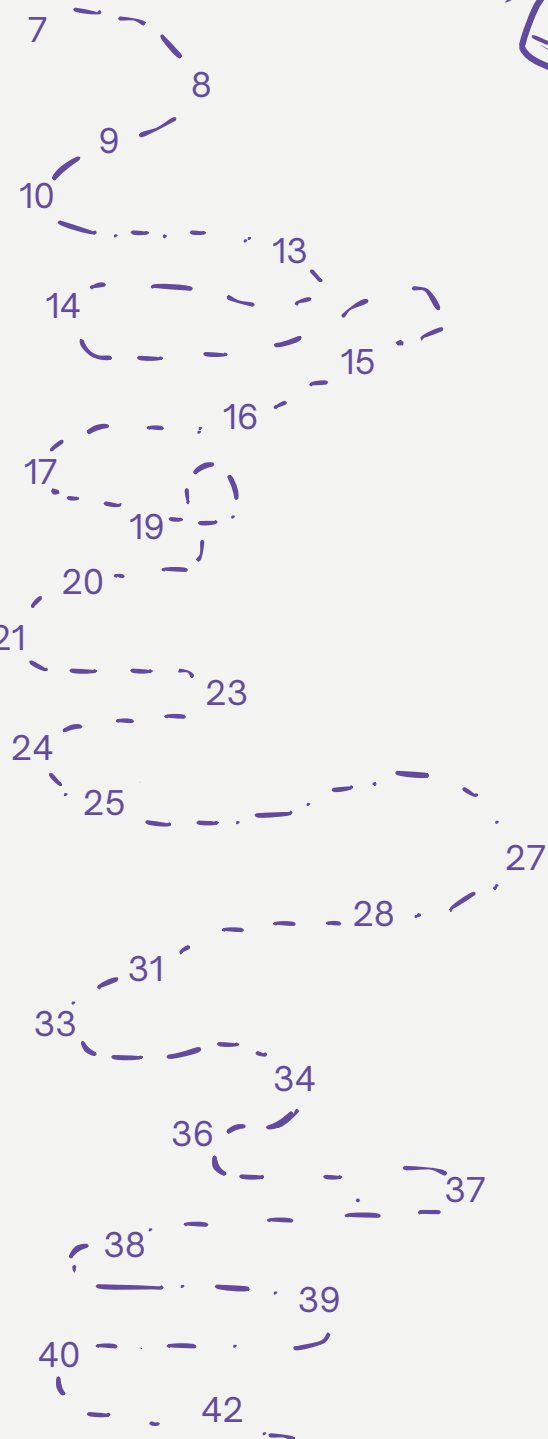
The Jugular



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## SOYEON KIM

Y3

Welcome to this edition of The Jugular! In this issue, you'll find a blend of creative works—from artwork and articles to memes—that showcase the talent and reflect the experiences of our med community. We hope you enjoy this collection and that it brings a smile to your face! :)



## ANTHONY YAP

Y3

Hey everyone! We are so proud to be presenting The Jugular magazine for 2024! Our team has been hard at work writing thought provoking articles, creating eye-catching pieces of art and funny memes. We hope you enjoy the talents of our medicine cohort and that you have an entertaining read!

# From the Editors in Chief





## ALEXANDER PANOV

Editor, Writer | Y1

Favourite Book:

*The Laws of Human Nature* - Robert Greene

This or That:

Play it Safe or **Risk it All**

**Logic** or Emotions

**Past** or Future

## ARA DOWNEY

Editor, Writer | Y2

Favourite Book:

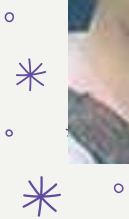
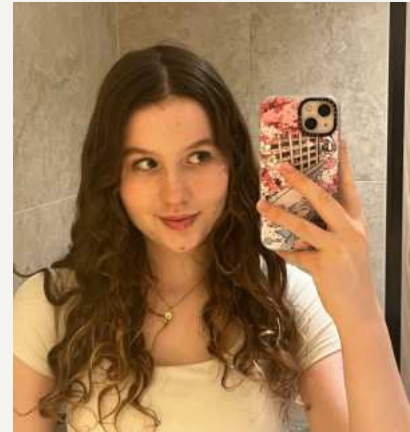
An unnecessarily difficult question! On either ends of the spectrum:  
*This is Going to Hurt* - Adam Kay or *Pride & Prejudice* - Jane Austen

This or That:

**Tea** or Coffee

Sun or **Moon**

Hot or **Cold**



## BRYAN ACEVEDO

Artist | Y2

Favourite Book:

No favourites, but I'm reading '*Fragile Things*' - Neil Gaiman right now!

This or That:

**Snow** or Sun

Cold Shower or **Hot Shower**

**Snowboard** or Ski

## EMILY SEETO

Memes, Editor | Y3

Favourite Book:

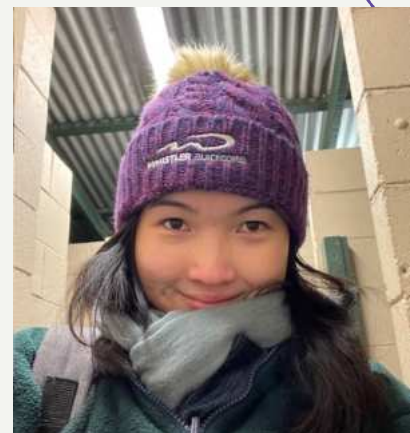
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This or That:

**Tea** or Coffee

Sun or **Moon**

Hot or **Cold**



# Publications Team





## HELENA YANG

Artist | Y2

Favourite Book:

*The Song of Achilles* - Madeline Miller

This or That:

Tea or **Coffee**

Thinking with your Head or **your Heart**

Knit or **Crochet**



## JUSTIN VU

Memes | Y1

Favourite Origami Piece:

*Origami Pinecone* - Beth Johnson

This or That:

Mountains or **OCEANS**

**INTJ** or ESFP

**PHOTOGRAPHY** or ART



## KELLY CHEN

Memes | Y2

Music:

Currently listening to *Von Dutch* - Charlie XCX

This or That:

Bus or **Train**

**Oceans** or Mountains

Sunrise or **Sunset**



## LINETTE KOH

Editor, Memes, Writer | Y1

Favourite Book:

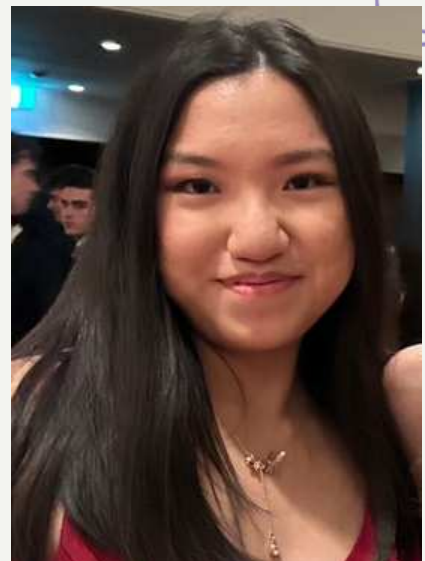
???

This or That:

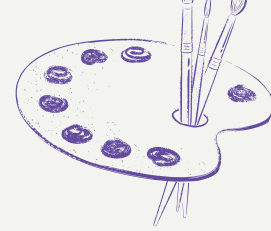
Tea or **Coffee**

Pool or **Beach**

Going Out or **Staying In**



# Publications Team



## MIKAYLA LI

Artist | Y5

Favourite Book:

*The Beach* - Alex Garland

This or That:

Introvert or **Extrovert**

**Board Game** or Video Game

**Oil Painting** or Acrylic Painting



## MONIKA MANOHARAN

Editor, Memes, Writer | Y2

Favourite Book:

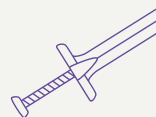
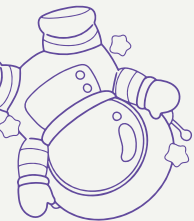
I don't have a favourite, but I'm currently reading '*American Gods*' - Neil Geiman

This or That:

Tea or **Coffee**

**Cafes** or Restaurants

Harry Potter or **Percy Jackson**



## PATRICK ZHANG

Editor, Writer | Y1

Favourite Book:

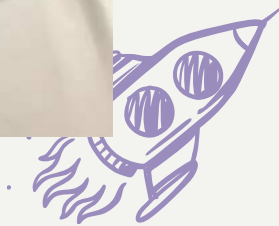
*All the Light We Cannot See* - Anthony Doerr

This or That:

**Time Travel** or Teleportation

Explore Oceans or **Explore Space**

No Music or **No Movies**



# Publications Team



## VIVIAN XU

Editor, Writer | Y1

Favourite Book:

*Dragonkeeper* - Carole Wilkinson

This or That:

Coffee or **Milk Tea**

**More Ice** or Less Ice

**Anthony** or **Soyeon**



## ZHONGHAO ZHENG

Editor, Memes | Y1

Favourite Movie:

How to Train your Dragon

This or That:

Warm Weather or **Cold Weather**

Rice or **Noodles**

**Wake up Early** or Wake up Late



## MONAA REDDY

Artist | Y1

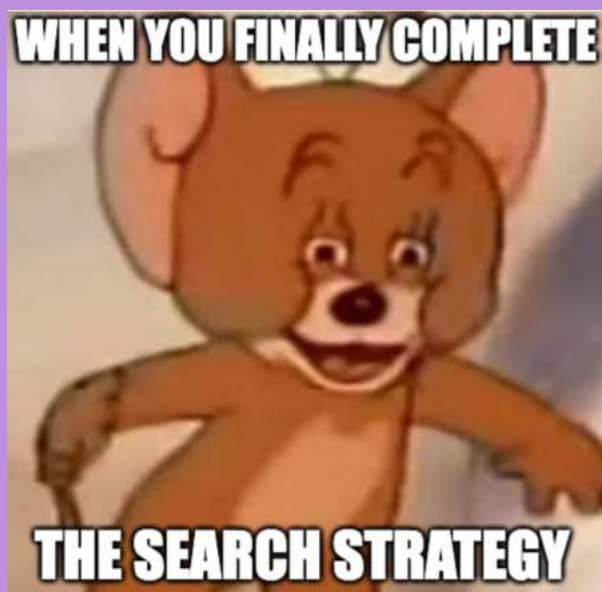
## ANNA CHUA

Editor, Writer | Y2

# Publications Team



# 3 Years of Medicine



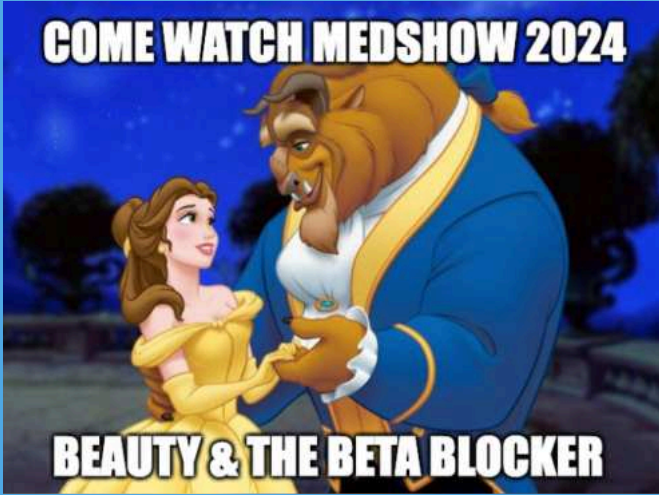
Anthony Yap

A cartoon-style skateboard with yellow wheels.





# MEDSHOW MAGIC



**COME WATCH MEDSHOW 2024**

**BEAUTY & THE BETA BLOCKER**



**THIS IS NOT A MEME, IT'S A THREAT**

**JOIN MEDSHOW 2023**



**WE KNOW YOU GOT THE MOVES LIKE JAGGER**

**SLAY WITH MEDSHOW DANCE**



**YOUR PARENTS FORCED YOU TO PLAY AN INSTRUMENT FOR HOURS**

**DON'T LET IT BE FOR NAUGHT, JOIN BAND**



**THERE'S A BUDDING ACTOR / ACTRESS IN ALL OF YOU**

**WIN OSCARS WITH MEDSHOW ACTING**

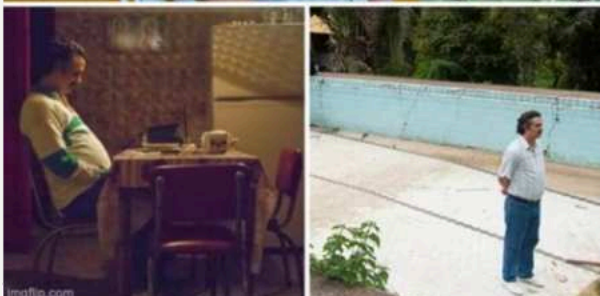


**THERE'S A SINGER IN ALL OF YOU**

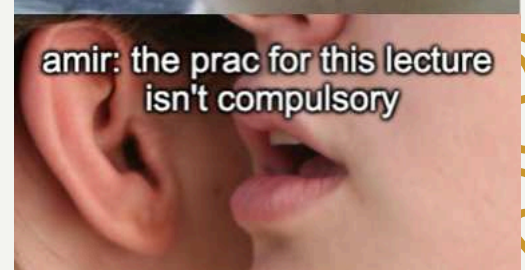
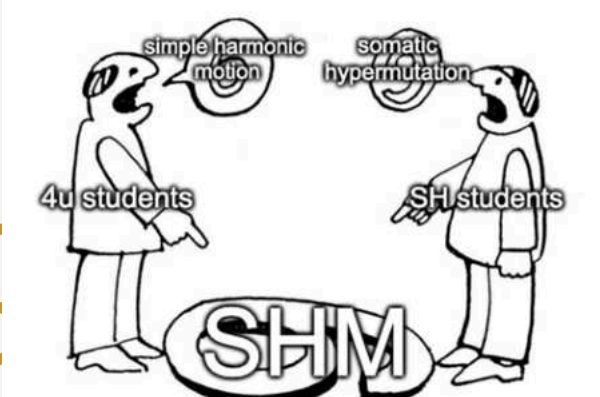
**LET THAT SINGER GO WITH MEDSHOW VOCALS**







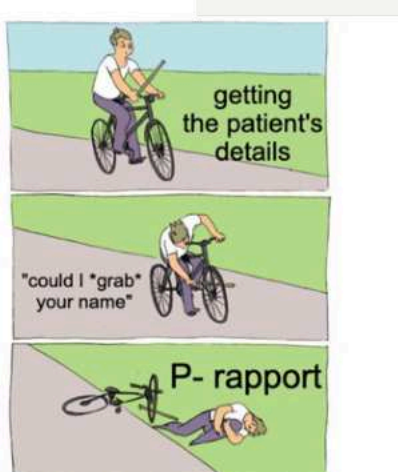
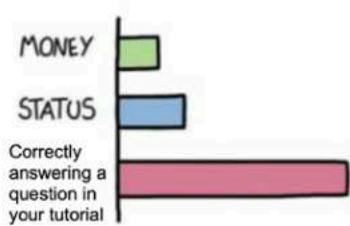
Second years after receiving not one, but THREE rejection emails for negotiated eoi:



First years hearing for the first time that they'll be doing "SH" next year



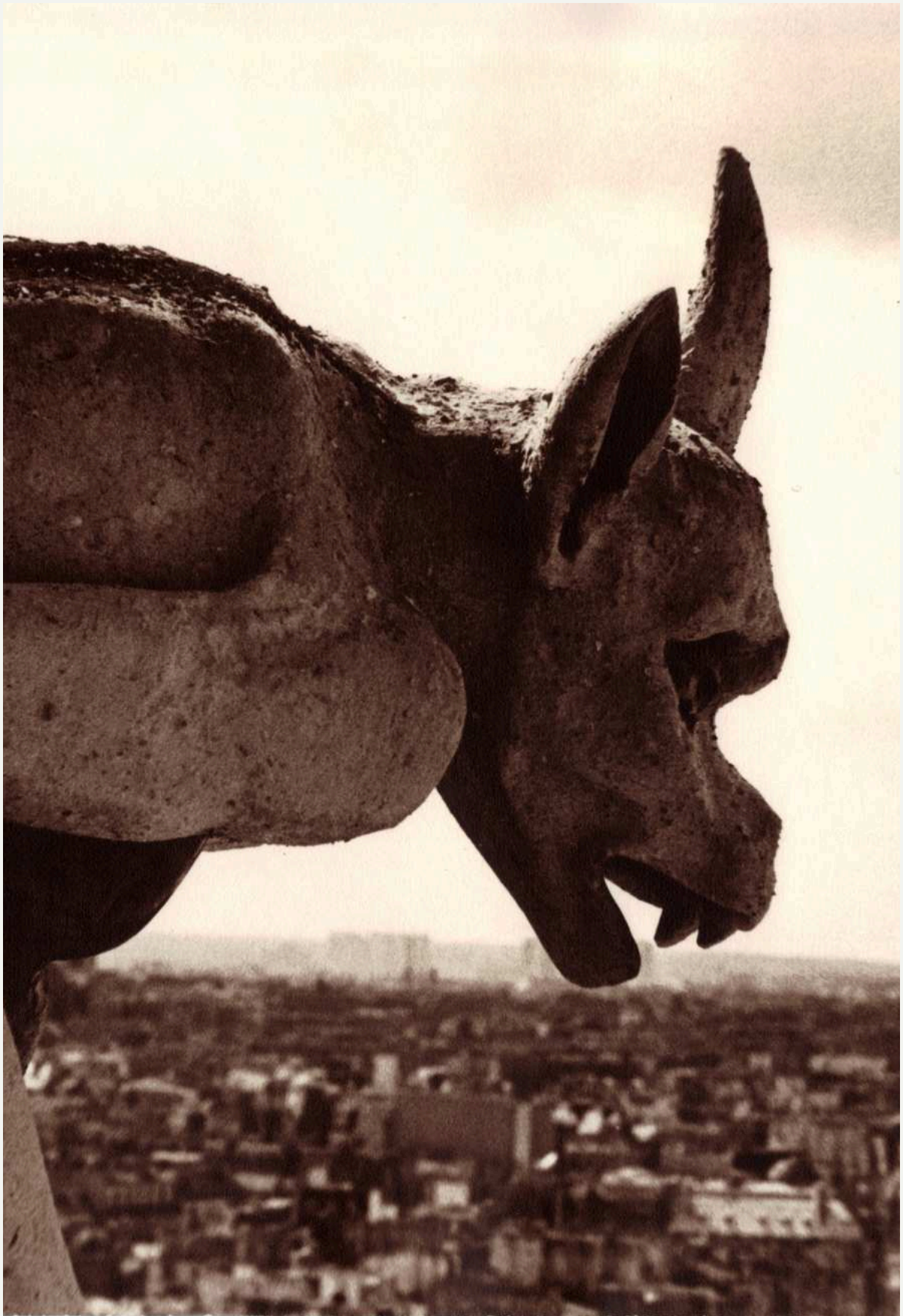
### WHAT GIVES PEOPLE FEELINGS OF POWER



# Meme Classics

Classic meme formats that you know and love





stone-heart

thirty summers gone and a minute past and  
here I am still, my hands clasped that shake the cloister and  
in the whisper, unchanged. This is no Elysium. It is gone and I am here,  
bowed before this dis-torted visage of man, beneath  
nothing that is the sky, and in nothing  
light through the window that pours past wooden floorboards and flows over walls  
and stain-glass,  
spilling away  
nothing that remains of you and I. yet untouched, and perching  
upon ruined foundations,  
do not begrudge me your ugliness, says the stone,  
I see it in your eyes, hollowed-moons, and in  
a thousand nameless faces,  
the shepherd gone and sheep starved,  
that which I know not and cannot say.  
who shall speak for us now? I only have this body, [a body],  
useless body,  
some  
body are you listening? Watch closely. Witness the horrors,  
submit yourself. Time that moves the minute, too quickly, and in the turning of an hour,  
history unmaking itself, grinding gears  
systems upon systems,  
fractal snowflakes, insignificance  
consuming itself, suspended in equipoise the weight of the earth flung  
into my impotent hands, the way syllables  
dribble and  
plop  
past the chitinous shell I have built around  
this beating tumour. Yet, growing still, uncontained. Watch  
fallen monarch, insides calcifying  
insides – twisting and crawling in darkness – the soup of me that oozes and  
congeals, scraping along halls and bowels, ossifying  
cartilage, encasing bone and slow-creeps  
patchwork skin such that in the cocooning and reforming,  
an imperfect copy affixes the copy and I,  
wingless seraph, failed transcription of man.

here is the rock and no water. It is gone and we are bleached bones on the shore,  
cords that vibrate and make no sound.



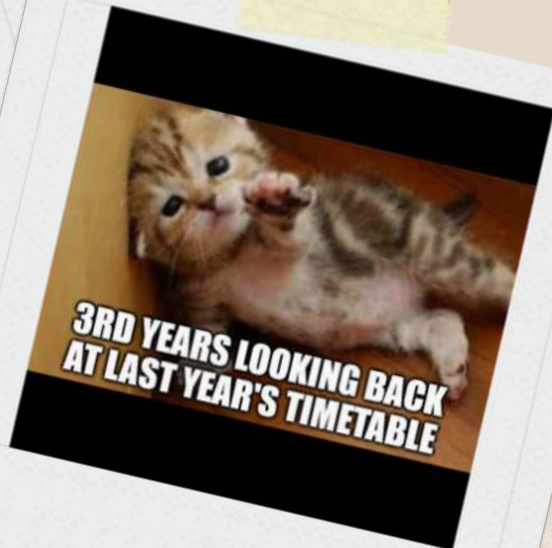
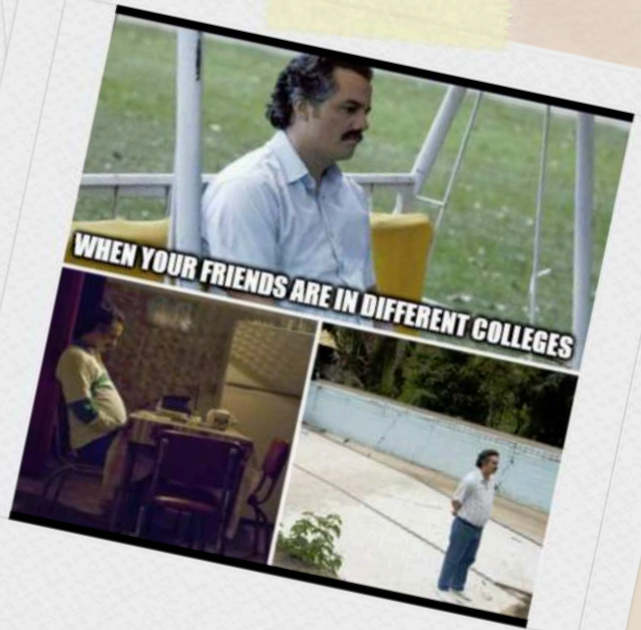
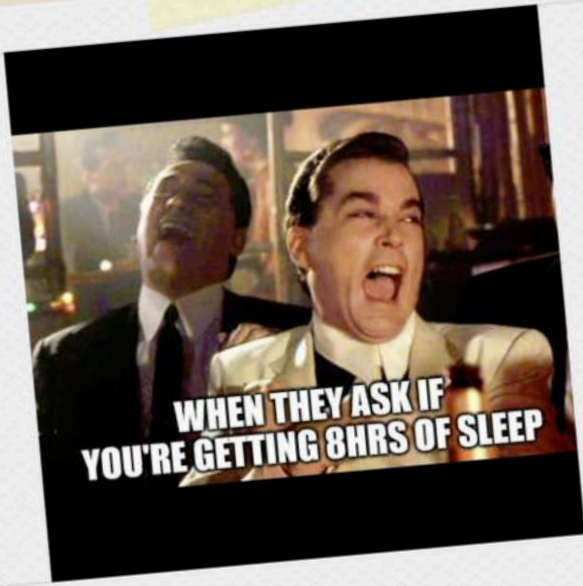


pity the recapitulation, butterfly dreamer,  
we are bracing for the end after the end, the end to end all  
ends  
or else endless continuity, and the  
steady march  
that  
fells buildings, rubbles  
streets, dynasties that tumble and  
disintegrate – fragmentation in a new theme – blurring  
divisions and ways of being and rituals spun from air,  
compresses  
lives, erodes unbelief, covering bodies with ash, unyielding  
chrysalis – only decay within – and too fast the past fades,  
heavens unshifting under hollow pillars,  
and so stumbles soul-wearied pilgrim, lone and  
levelled upon the wreck and the barren sands  
that cascade over existence inchoate and  
promises unbegun and  
over dry plains that  
crumble. Rooted upon this cactus land, I stand here now  
and forever-more  
bereft as you, church without a steeple,  
open-mouthed  
grotesque and cast my throne upon  
a sea of glass, new dawning star and the dust you brush  
from the window-sill.

By: Anna Chua  
Edited by: Monika Manoharan



“It begins...” ~  
Emily Seeto







rows



write up



pay attention



Think



**FOWS**  
- Bryan Acevedo

# HOW TO SURVIVE YOUR FIRST EOC

BY: MONIKA MANOHRAN EDITED BY: ARA DOWNEY

ARE YOU A FRESHIE WHO HAS NO IDEA WHAT TO DO FOR EOC?  
ARE YOU A SENIOR WHO HAS FORGOTTEN WHAT IT IS LIKE TO DO AN  
EXAM AFTER THE LONG SUMMER BREAK?  
FRET NOT! HERE IS A VERY SERIOUS EOC SURVIVAL GUIDE TO HELP  
YOU GET THROUGH THIS EXAM SEASON

1

## MAKE THE MOST OUT OF YOUR ENVIRONMENT.

CAMPUS HAS BEEN CROWDED RECENTLY, BUT DON'T BE AFRAID TO LOOK BEYOND THE MEDICAL BUILDING AND THE LIBRARY FOR STUDY SPOTS. HAVING A CONDUCIVE STUDY SPOT IS VERY IMPORTANT TO GET THE ACADEMIC GRIND STARTED. IF YOU ARE ON LOWER CAMPUS, TRY TO GO TO THE ENGINEERING OR BUSINESS BUILDINGS TO FIND A NICE STUDY SPOT 🍷. ON UPPER CAMPUS, PLACES LIKE THE BABS BUILDING AND MORVEN BROWN BUILDING HAVE SOME GREAT STUDY SPOTS FOR YOU TO USE! IF YOU WANT TO STICK TO THE LIBRARY, I RECOMMEND BOOKING ROOMS IN ADVANCE TO GRAB A HOLD OF MORE VACANT SPOTS.

2

## MAX OUT THE RESOURCES

ALRIGHT SENIORS, YOU KNOW THE DRILL. LEAVE THIS ONE FOR THE JUNIORS TO READ. DEAR YOUNG ONES, PLEASE TALK TO YOUR SENIORS, FORM STUDY GROUPS WITH YOUR PEERS AND MILK ALL THE RESOURCES OUT THERE FOR YOU. I AM SURE YOU WOULD HAVE HEARD LOTS ABOUT IT FROM MEDSOC BUT SERIOUSLY CONSIDER THEM! FOR BEGINNERS, START BY COMPLETING POST-PRACTICAL MODULES AND WEEKLY FORMATIVE QUIZZES PUT OUT BY MEDFAC. NOT ONLY IS IT NICE TO SEE A NOT-SO-LOW PERCENTAGE ON YOUR MOODLE PAGE, IT HELPS YOU REVIEW WHAT YOU LEARNT AS WELL. UTILISE SENIOR NOTES, ANKI STACKS AND GUIDES AS MUCH AS POSSIBLE WHEN STUDYING FOR EXAMS AND MAKING NOTES. TRUST ME, IT WILL SAVE YOU A LOT OF TIME.

3

## TALK TO YOUR FRIENDS (DON'T GATEKEEP!)

YOU'LL BE SURPRISED HOW MUCH YOU LEARN WHEN YOU SHARE AND LEARN WITH OTHERS. REACH OUT TO YOUR FRIENDS AND TALK TO THEM! SHARE RESOURCES WITH EACH OTHER AND HELP EACH OTHER OUT. THIS CAN BE AS SIMPLE AS FORMING A SMALL STUDY OR DISCUSSION GROUP TO DISCUSS LECTURE CONTENT, OR SOMETHING BIGGER LIKE RUNNING MINI-TUTES TOGETHER.

4

## COFFEE/ENERGY DRINK INVESTMENT

THIS ONE IS FOR THE NOCTURNAL ANIMALS OR ASPIRING NOCTURNAL ANIMALS OUT THERE. HAVING A CUP OF COFFEE OR A CAN OF AN ENERGY DRINK TO PULL A LONG STUDY SESSION OCCASIONALLY IS ALRIGHT. I HAVE REACHED THE STAGE WHERE CAFFEINE DOES THE EXACT OPPOSITE OF KEEPING ME AWAKE. DO NOT BE LIKE ME. PLEASE CONSUME THESE IN MODERATION :)

5

## PRIORITISE YOUR CONTENT.

IDEALLY YOU SHOULD AIM TO KNOW EVERYTHING, BUT REALISTICALLY, KNOWING EVERYTHING CAN BE A LITTLE HARD — ESPECIALLY WITH THE SOMETIMES-OVERWHELMING AMOUNT OF CONTENT THERE IS TO COVER. SO, WORK SMART AND BE STRATEGIC WHEN YOU'RE PRIORITISING. PERSONALLY, I LIKE USING THE LEARNING OBJECTIVES AS A GUIDE TO KNOW WHICH PARTS OF A LECTURE I NEED TO FOCUS MORE ON.

6

## SMALL GOALS TO LOOKS FORWARD TO (POSITIVE AFFIRMATIONS)

SOMETIMES WE JUST NEED A LITTLE NUDGE TO GET THROUGH THE WEEK. GO MAKE SOME FUN PLANS, NOT JUST STUDY PLANS. YOCHI LOVERS, THERE IS A GOOD DEAL GOING ON THIS MARCH. SO, GO AND CHECK IT OUT (SORRY IF YOU ARE READING THIS LATER, I WILL PRAY FOR ANOTHER GOOD DEAL TO COME YOUR WAY). HAVING SOMETHING TO LOOK FORWARD TO EACH WEEK MOTIVATES YOU TO WORK A LITTLE BIT MORE AND FILLS YOU WITH A SENSE OF ACCOMPLISHMENT 😊

7

## STONE A BIT (FOR REAL)

REST IS VERY IMPORTANT. STUDYING IS IMPORTANT, BUT SO IS A SEMI-INTACT SLEEP SCHEDULE. THIS GOES OUT TO ALL THE SENIORS AND JUNIORS ALIKE. DURING TIMES LIKE THIS WE OFTEN FORGET TO GIVE OUR BODY AND MIND THE LOVE IT DESERVES FOR PUTTING UP WITH ALL THIS. YOU ARE STILL HUMAN, SO PLEASE BE KIND TO YOURSELF THIS EXAM SEASON!

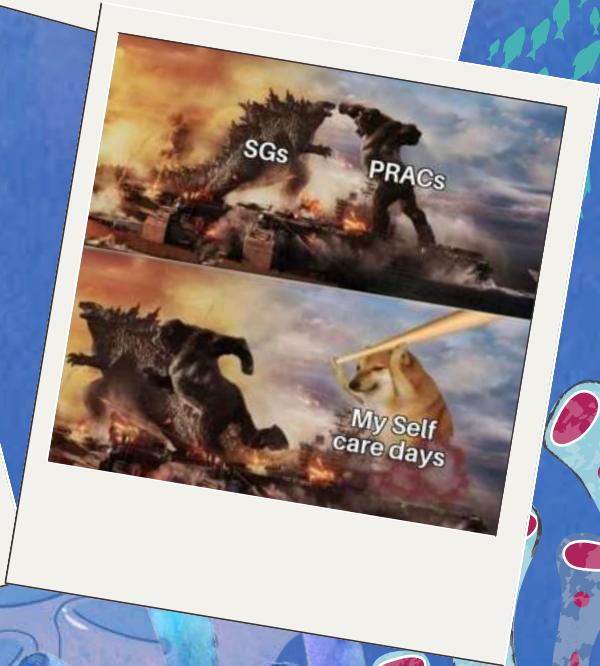
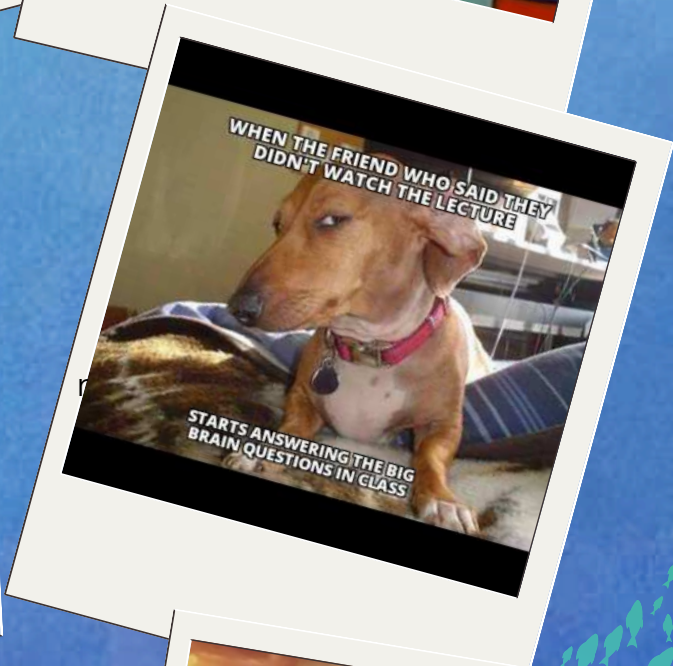
HD!



HD!

“EOC is so easy”  
This can be you too



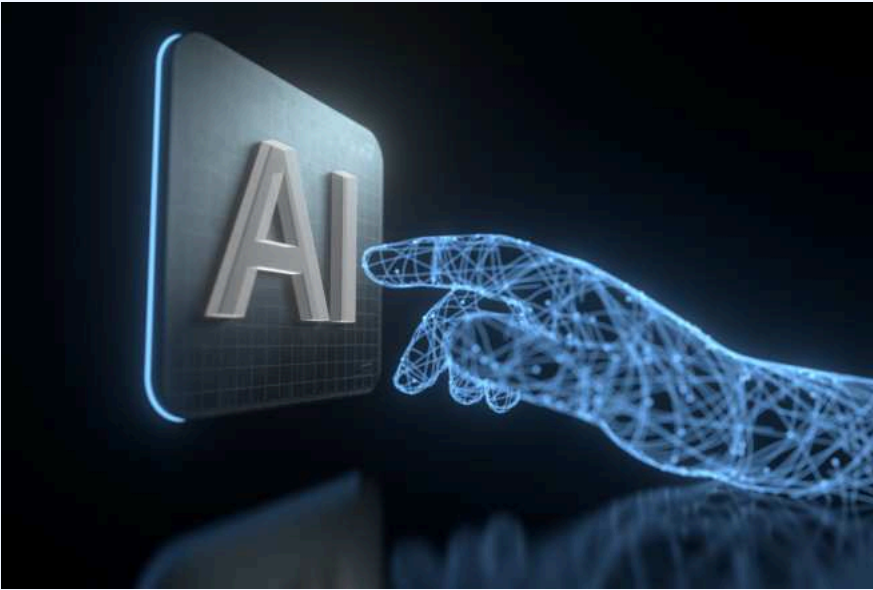


Stepping into the grind season  
By: Monika Manoharan

# A VERY SERIOUS META-ANALYSIS OF AI'S FUTURE

Written by Patrick Zhang

Edited by Alexander Panov



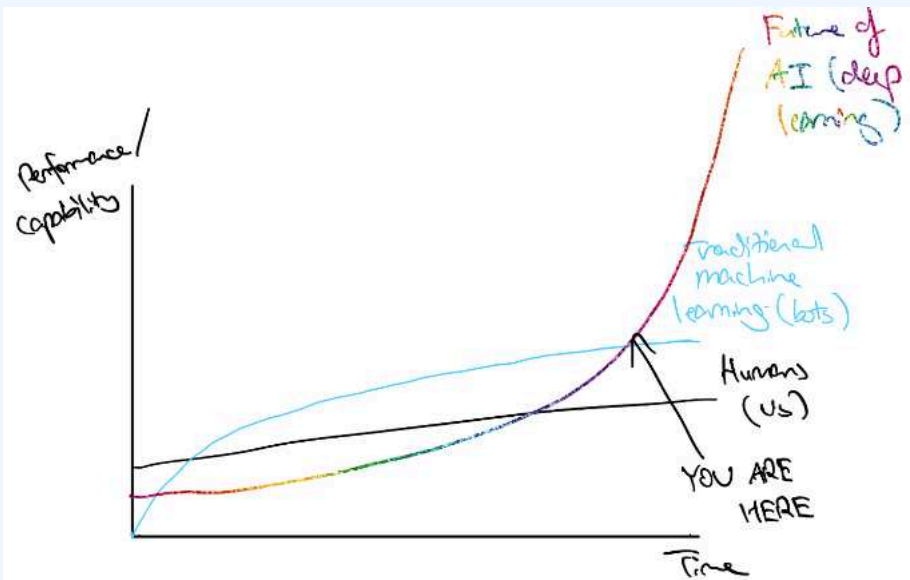
I'm proud to say I was a commendable participant of the 2024 Global Health Short Course 'The Future of Medicine' (That's what my certificate said - btw it was personally signed by the Dean of Medicine). This is where our story begins today. On GHSC Night 1, I was enraptured by four incredibly fascinating speakers.

In particular, there was a lady (shoutout Professor Mary-Anne Williams) who gave a spiel on the future of AI and humans solving problems - I can't remember exactly how it was relevant to medicine, but the most memorable part was a funky graph which I've tried to recreate below (See Figure 1).

It's probably news to nobody that 1. AI is a thing, and 2. it's already overtaken human performance. Now don't worry - using a parameter measure (effectively how interconnected your neurons are), you still take the cake. However, AI is predicted to surpass your human brain by 2026, allowing it to host a quadrillion different parameters. What was particularly striking to me from the graph was the predicted exponential growth. That means it won't be long before the AI apocalypse is upon us helpless homo sapiens.

During my writing of this piece, Netflix recommended Atlas to me, a film about how AI had gone out of control and the protagonist (played by JLo) was forced to team up with a good AI in order to stop the big bad AI from ending humanity. The movie itself was nothing special - featuring your average Hollywood tropes and cliches, but one thing it did get right was AI's capability for exponential learning.





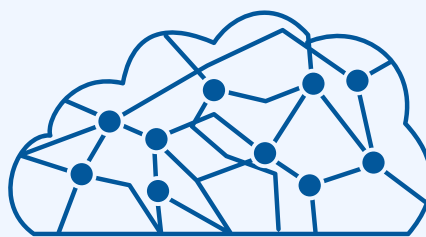
Okay, so we've established through two reliable and factual sources that the cat's out of the bag and the apocalypse is inevitable. If you were hoping to find some solace here, sorry to disappoint. However, the film does raise an interesting concept - the question of what constitutes life. I hope we all remember MRS NERG from Year 7 Science.

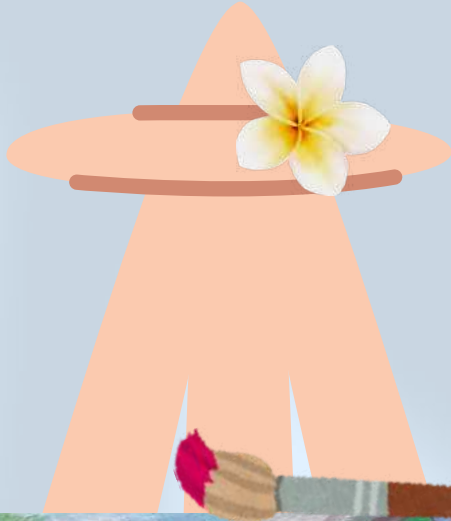
Sadly, our AI friends are rejected as living under this definition. But Smith (the Good AI) profoundly declares "We're all programmed - humans by DNA, AI by code". Now, I couldn't help but feel there was some truth in this statement and I extend that thought as an olive branch to you, dear reader - when the robots do cause humans to become extinct, at least we can view it as a natural living process and not some horrific abomination that we caused.

But hopefully, the end of the world for us is still far away enough to not worry about - so what about in the short term? Well, have you ever been tempted to ChatGPT your entire IA?

If you answered yes, I recommend you stop reading and take a long, hard look at yourself. So how does AI detection work anyway? I scouted Reddit and Quora for the answers and came to the conclusion that the detectors (also AI) base the outcome on 'Perplexity' (how unexpected or illogical the piece of writing is) and 'Burstiness' (variations in sentence length). Low values for both parameters indicate a high likelihood of an AI text. So theoretically, making your assignment as nonsensical and convoluted as possible should guarantee it won't show up on an AI checker. However, the more likely reality is when markers read your work, if it looks

and sounds like it was written by AI, they'll probably flag you for it. Speaking of professors, earlier this year, esteemed Jugular writer and part-time celebrity Ara Downey wrote a piece interviewing a faculty member about ferrets, who replaced students, being replaced with AI language models (go check out that article if you haven't). Spoiler alert: there was no professor - it was an AI all along. This begs the question, how long before our beloved Reza's are replaced with their corresponding RezaAI's? I'll leave you with this terrifying thought to ponder over.





*Self Care Spa Day*

*By: Mikayla Li*



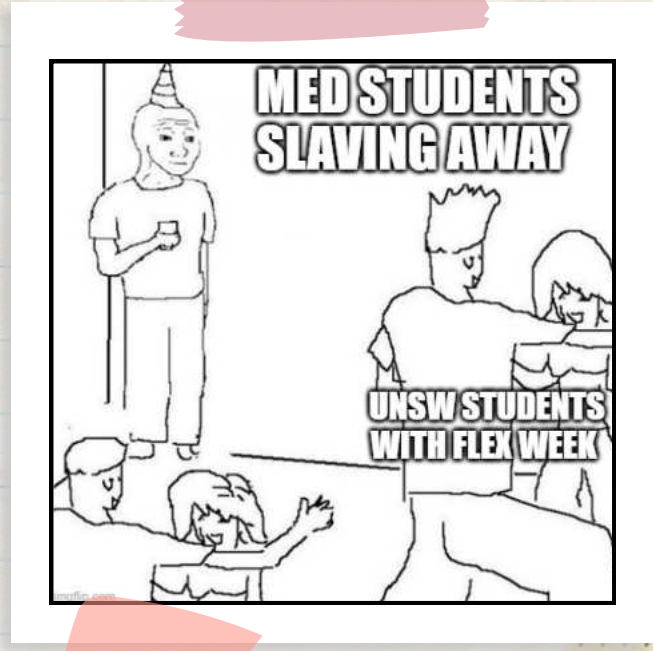




2024

# THE MED STUDENT EXPERIENCE

ZHONGHAO ZHENG



# OBGYN OSCE FEEDBACK



MED BMedMD Academic Program Management  
By: [ara\\_downey@jugular.unsw.edu.au](mailto:ara_downey@jugular.unsw.edu.au)  
Edited by: [anthony\\_yap@jugular.unsw.edu.au](mailto:anthony_yap@jugular.unsw.edu.au)



Dear [STUDENT],

Please find attached the feedback for your Obstetrics and Gynaecology Clinical Examination. We regret to inform you that **you have not passed this exam.**

## OVERALL GRADE: F

### GENERAL FEEDBACK:

It appears that you were underprepared for this exam. Your discomfort was incredibly evident to the markers and we imagine also to the patient. We advise you spend more time familiarising yourself with common presentations of pregnancy, birth, and obstetrics prior to re-attempting this exam.

More specific notes are provided below.

- The examiners noted that you did not sanitise your hands upon entry.
- While the examiners understand that sometimes you may be surprised by a patient's presentation or appearance, it is inappropriate to yell "OH MY GOD" when seeing a patient. Additionally, the extent of your surprise suggested you had little, if any, exposure to pregnancy previously.
- While the examiners appreciated your efforts to ensure the patient understood the limitations of your scope of practice as a student, for future reference it would be sufficient to simply state that you are a medical student rather than providing a three-minute overview of your education thus far and listing every procedure you are permitted to perform. This significantly cut into the time you had to take a history.
- The examiners noted that you took a GIT-focussed history rather than an obstetric history. Not only did this mean you missed several major findings, it also suggested a grave misunderstanding of the patient's presentation.
- When summarising your findings, please be aware that it is unnecessary to describe the abdomen of a pregnant patient as 'extremely distended', as in this case this was a normal finding during pregnancy.
- Although the examiners noted you performed an abdominal ultrasound well, we feel that you displayed excessive shock upon discovering the foetus. The examiners encourage you to tone down your reaction in future and refrain from shouting.



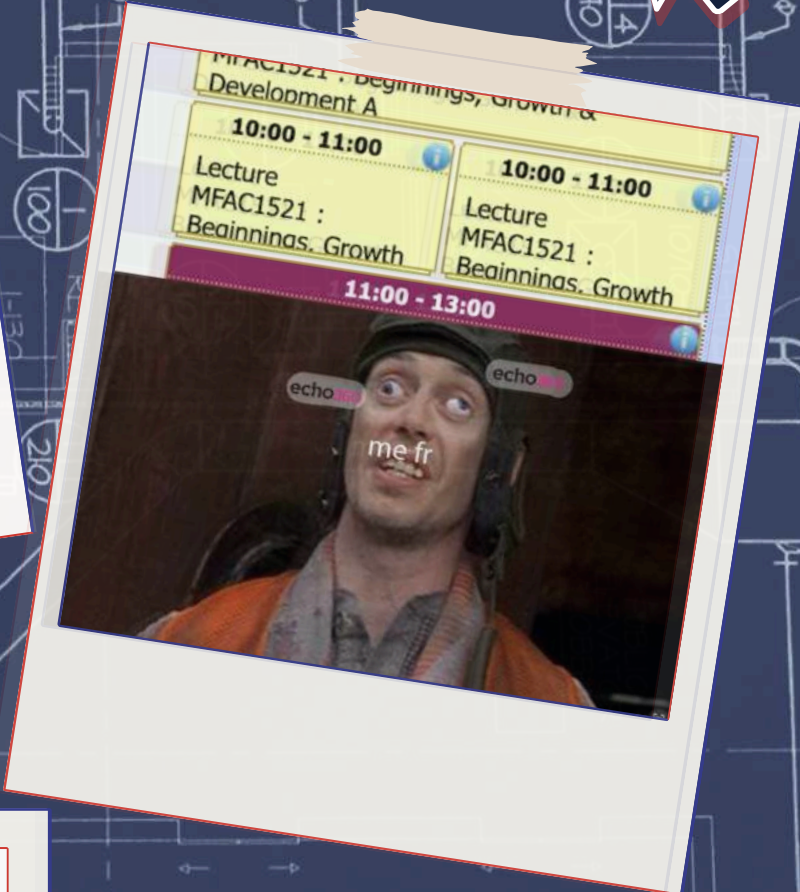
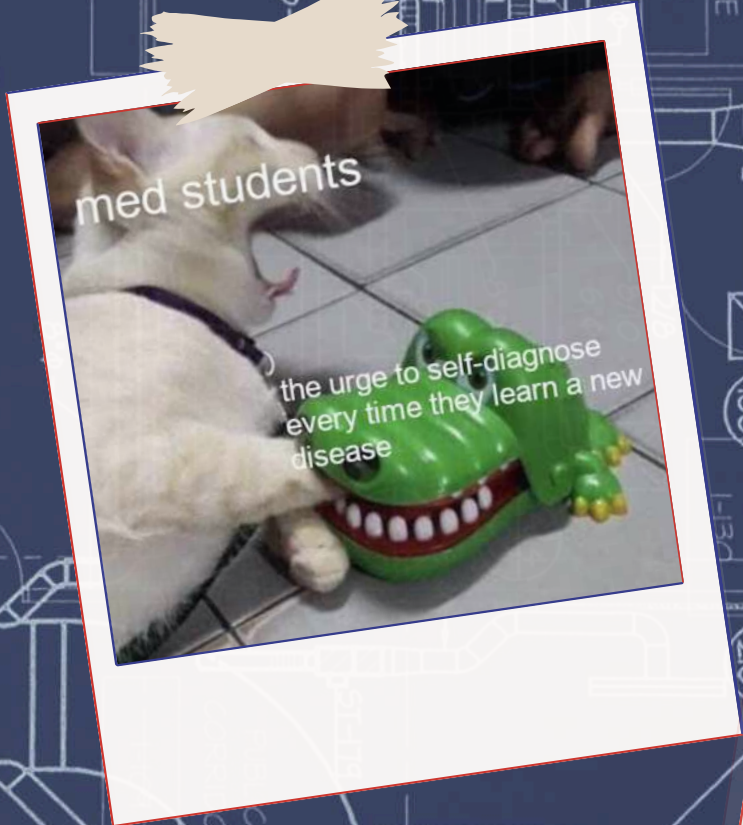
- The examiners noted that your tone was potentially inappropriate when informing the patient that she was pregnant. They requested that you do not, in future, tell a patient they have ‘a very small person’ inside their abdomen. Please also note that at thirty-six weeks of pregnancy, a patient is usually already aware that they are pregnant.
- Please do not tell patients that their foetus is ‘most likely not malignant’. Not only does this show an obvious misunderstanding of pregnancy, this is not a common concern for a pregnant patient and is likely to create, rather than relieve, anxiety.
- Please do not wonder aloud where the infant came from. The examiners initially interpreted this as an inappropriately salacious comment; however, as the exam progressed, it appeared that you genuinely did not understand how the infant had come to be inside the patient. The examiners were extremely disturbed by this implication.
- The examiners noted your attempts to assess the foetal development, however, many of your comments heavily implied you were expecting the third-trimester foetus to be a fully-developed adult.
- While the examiners appreciated your efforts to use patient-centric language, please be aware that the term ‘child’ will suffice, rather than ‘person affected by childhood’.
- Although your statements were technically accurate, your comments about the predicted development of the child showed a shocking misunderstanding of obstetrics and paediatrics. Although this was not strictly a paediatric exam, it is expected you will have at least a basic functional awareness of childhood. Some specific comments are noted here:
  - Please refrain from implying that childhood is a pathological process. Although technically correct to say that children will eventually develop into adults, it is extremely unusual to refer to this process as “recovering from childhood”. You can safely assume that the patient knows that their child will eventually become an adult.
  - Regarding your comment, “when we remove the person from your abdomen...” This is a very strange way of referring to birth and made the patient feel uncomfortable. In general, when speaking to a pregnant patient, it is most appropriate to use the term ‘baby’, ‘infant’, or ‘child’. Do not say ‘the person’ or ‘the human’.
  - The examiners surmised you were trying to communicate expectations about early childhood development. However, your comment that “the person will probably not be able to walk or talk for at least a year or two” raised unnecessary anxiety in the patient. It is entirely normal for a baby to be born unable to talk or walk. In future the examiners request you refrain from making such comments, especially as a medical student who should not be making prognostic assumptions.

The examiners noted candidly that this was one of the worst performances they have witnessed in many years and suggest you undertake significant remedial efforts to improve your understanding of obstetrics, gynaecology, and paediatrics before reattempting these — or frankly, any — examinations. The examiners wish you well and hope to never fall under your care in future.

← Reply

→ Forward





## "bro trust I'm getting that P+ for IA "

the article bro's referencing:

Analysis and Qualitative Effects of Large Breasts on Aerodynamic Performance and Wake of a "Miss Kobayashi's Dragon Maid" Character

N. Rabino

**ARTICLE INFO**      **ABSTRACT**

*Keywords:* Computational fluid dynamics, ANSYS, drag coefficient, human aerodynamics, SST k- $\omega$  model, anims, Quadrilateral, stiles, hies

*AMT Subject Classification:* 90A72, 76A01, 76D12

**1. Introduction**

The aerodynamics of the human form has been an area of valuable research in various aspects of sports and competition. Air resistance (hereinafter referred to as "drag") is a concerning factor in many time-based trials, and enhancing potential efficiency can be done through the elucidation of the flow around the human figure. Studies concerning the drag of the human body using wind tunnels can be found dating back to the 1920s [1]. A small sampling of subsequent studies exploring the effect of drag covers areas such as running [2], cycling [3], skiing [4], and skating [5], all of which reinforces the relevance of aerodynamic investigation on the human shape in regards to performance.

In many of such studies, the authors seek to investigate the effect of variations in addition to drag [6], and some utilize numerous techniques to the human shape can be represented by a grouping of uniform circular cylinders [1] and therefore existing studies on this type of geometry can provide general insight into the wake region. Sommer et al. [12] described the wake and development of vortex structures of cylinders with aspect ratios (i.e. height to diameter) of 3, 5, and 9, and determined that a transition in vortex shedding occurs at  $Re = 3$ . An investigation by Okamoto and Sunabohri [13] also supports this finding, adding that cylinders with an aspect ratio of 3 experience a recirculation region that extends four diameters downstream. Assuming the human form takes on a roughly large cylindrical shape near this aspect ratio, it is to be expected that the recirculation region will behave similarly and extend approximately four body widths downstream.

A readily apparent deviation in geometry compared to studies done on angular cylinders in the presence of the gap between the legs,

### FRESHERS USING POLLEV

Join by Web: [PollEv.com/Herring](http://PollEv.com/Herring)

What examples of protective experiences did you observe?

reza teaching histo

3 ♀ 1

**MED STUDENT  
CANON EVENTS**

**JUSTIN WU**





"Whose strange results are these...?"



Me and my lab group:  
(two of us also forgot our lab coats)

Dark mode users when CWAapp forces them to use light mode

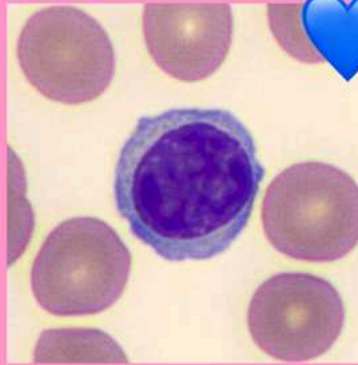
After you realise you have to answer questions to make sg finish sooner



## 🎀 brain decomposition 🎀 memes

💖 You got big eyes nucleus, small faee cytoplasm, I like. 💖

What's your wechat?



Breaking hits for the modern consumer

GET YOUR SHIRT TODAY FOR ONLY

💫 \$free.99 !💫

Retroviruses



4 Lylfe

Lolee loe loh leeeee 🎀💫

kel\_ch\_ bro actually thinks this is funny (it is) Reply



Taking loop diuretics with no indication



Analysing your own pee



Administering your own injection

What Marty Le Nedelec's beginners' pharm classes must have looked like back in the day:

**PK CALCULATIONS FOR IV INFUSION**

Patient given single 220 mg dose of Drug X as a 60-minute infusion. Based on the information below, calculate  $t_{1/2}$ ,  $K_e$  and  $V_d$ . How many hours after the end of the infusion will the concentration fall to 2 mg/L?

DATA

Performing atom-splitting mathematics in pharmacokinetics

# FROM WHITE COAT TO RED CARPET

## ANALYSING MEDICAL TV SHOWS FROM A MEDICAL PERSPECTIVE

By Alexander Panov  
Edited by Emily Seeto



With the clock ticking down and the publication date fast approaching, I was terribly afraid I would not finish this article in time. Naturally, I decided to reach for my phone, the best thing to do when procrastinating, and browse the Jugular's Facebook page (which boasts amazing content – be sure to follow) for inspiration. My hope was to stumble upon some magical idea that would propel me to success. Lo and behold, I came across a hilarious meme depicting how various individuals perceive the work of medical students. After modifying the topic slightly, I finally discovered what I would write about in my article: **do medical drama shows portray the realities of the medical profession accurately?**

We all appreciate taking a pause from our daily routines to indulge in a Netflix series. Specifically, Medical shows have an undeniable appeal; after all, who wouldn't enjoy watching Patrick Dempsey? Shows like "Grey's Anatomy," with its captivating story arcs and "ER," with its raw depiction of hospital highs and lows, have etched a place in our hearts. However, as doctors don their scrubs with aspirations of saving lives, it's imperative to cut through the glamorous facade that these series present and probe the realities they often mask.

### **The Illusion of Glamour**

Contrary to the elegant personalities and whirlwind romances that flood our screens, the medical field is wrought with rigor. The portrayal of doctors performing miraculous surgeries before heading out to a candlelit dinner is a stark contrast to the routine of grueling shifts and the necessary, albeit mundane, paperwork that form the backbone of medical practice. This disconnect between reality and fiction often leads to misconceptions about what being in medicine actually entails.





### **Striking a Balance: Entertainment vs. Reality**

Medical dramas like “House M.D.” and “Scrubs” weave compelling narratives around the precision of medicine, featuring maverick characters and complex cases. However, these shows often prioritize dramatic flair over the realities of medical practice. In truth, medicine is defined by protocols, evidence-based procedures, and collaborative problem-solving rather than the dramatic “eureka” moments of a solitary genius. (I knew our Teamwork assignments were there for a reason). While these shows entertain and engage audiences, they may oversimplify or distort the true nature of medical procedures and decision-making processes in real life.

### **Morality in the Spotlight**

In medical dramas like “The Good Doctor,” ethical dilemmas are dramatised to engage viewers with heightened tension. These portrayals emphasise the moral complexities physicians face, such as life-and-death decisions and challenges related to patient confidentiality. However, in reality, medical ethics are broader and more nuanced. Healthcare professionals navigate complex landscapes involving patient care, resource allocation, organisational policies, cultural sensitivities, and interdisciplinary collaboration. Real-life ethical decision-making is guided by established codes of conduct and professional guidelines, focusing on patient-centred care and shared decision-making. While medical dramas raise awareness about ethical challenges, they may oversimplify these issues compared to the complex nature of medical ethics in actual practice.

### **Diversity and Representation**

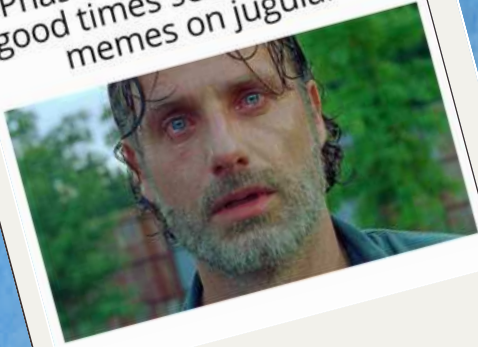
“New Amsterdam” showcases a diverse cast, reflecting a trend towards inclusivity in the medical field. However, there is still a notable gap that the media must bridge to accurately represent the full diversity of practitioners and patients. It’s essential to advocate for a more inclusive portrayal that resonates with the broader community, capturing the rich tapestry of backgrounds and experiences within healthcare. This calls for an authentic depiction that reflects the reality of everyone involved in healthcare settings.

### **Fuelling Aspirations**

Despite their dramatised storylines, medical series serve as more than mere entertainment; they often ignite aspirations toward a career in medicine, possibly influencing our own choices. By critically analysing these shows, we can extract valuable lessons while acknowledging their theatrical nature. Embracing the call to medical service that these series inspire, we can channel our enthusiasm into a realistic and meaningful pursuit of healthcare education and practice.

In the journey from classrooms to clinics, medical dramas are not merely a realm of entertainment; they have long captivated audiences with their riveting storylines, compelling characters, and dramatic portrayals of life in hospitals. From the iconic “Grey’s Anatomy” to the gritty “ER,” these shows offer a glimpse into the fast-paced world of healthcare. As aspiring medical professionals, how do we separate fact from fiction when watching these popular TV series? While nobody wants to critically analyze a Netflix program during leisure time, it’s crucial to keep in mind that these shows are purely fictional and do not illustrate the challenging work doctors may have to undertake.

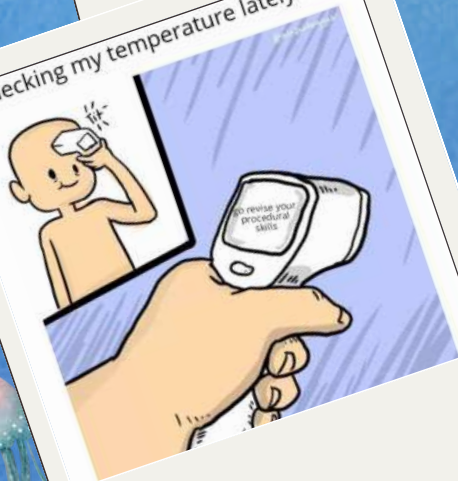
Phase 3s reminiscing the good times seeing phase 1 memes on jugular



BGDA students turning up for their first hospital sessions



Checking my temperature lately:



Year 3s seeing Year 2s going through phase 2 hospital allocations





# 'A SHELL OF A MAN': POST TRAUMATIC STRESS DISORDER IN WARTIME VETERANS

**By:** LINETTE KOH  
**Edited By:** ANNA CHUA



*"Crazy as their old man"*, a passer-by describes Desmond and Harold Doss as they fool around the precipice of a small cliff. In the critically acclaimed *Hacksaw Ridge* (2016), we follow Desmond navigating the battlefield whilst holding onto his unconventional belief of refusing to kill another human being. While an interesting premise, the focus of this article lies within a theme more apparent in Desmond's father, W. Thomas Doss.



We are first introduced to Thomas standing in the middle of a cemetery, reminiscing to several headstones which we subsequently learn were his fallen comrades. As the movie progresses, we start to glean more information on Thomas, an emotionally absent and abusive father figure who leans on alcohol as a crutch. From the tremble in his voice as he reacts to Harold enlisting in WWII, to his seemingly yearning depictions of passed soldiers, Thomas embodies what we now know as **Post Traumatic Stress Disorder (PTSD)**.

## Understanding PTSD

PTSD, despite being a relatively new term first used in 1980, in the 3rd Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM III), has had many names throughout history. In WWI, soldiers returned home shell-shocked, and in WWII they suffered from battle fatigue, all descriptions lining up with behavioral tendencies that fall within what we now know as PTSD.

PTSD is described by the National Institute of Mental Health (NIMH) to be a disorder developed by those who “have experienced a shocking, scary, or dangerous event”. It is characterised by a constant state of fear in response to said traumatic events.

According to NIMH, a person must display symptoms of PTSD that are “severe enough to interfere with aspects of daily life” for more than a month to meet the diagnostic criteria.

## PTSD Symptoms:

- Re-experiencing (flashbacks, recurring dreams, etc.);
- Avoidance;
- Arousal and reactivity (engaging in risky behavior, easily startled, irritable, etc.); and
- Cognitive and mood (poor memory, negative self-thought, etc.).

Notably, PTSD often presents itself alongside panic disorders, depression, substance abuse, and suicidal thoughts (National Institute of Mental Health, 2023).

## PTSD in Veterans

Naturally, being on the frontlines of a battlefield is traumatic. Hence, it shouldn't come as a shock that veterans (7%) generally display a higher likelihood of developing PTSD than the average citizen (6%). Further research shows those who were deployed were 3 times more likely to develop PTSD (National Center for PTSD, 2023). PTSD in veterans is commonly symptomatic of higher rates of suicide and substance abuse.

## Substance Abuse

Studies have shown that US veterans (7.5%) were more likely to report heavy use of alcohol than non-veterans (6.5%), with higher levels of combat exposure associated with heavy and binge drinking. In recent years, opioid usage has also been indicated to be a cause for concern among military veterans (Teeters et al., 2017).





### Suicide Rates

Substance abuse and suicidal tendencies often go hand in hand and are clear indicators of other mental health disorders that appear alongside PTSD, such as depression.

Figure 3: Age- and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran U.S. Adults, 2001-2020

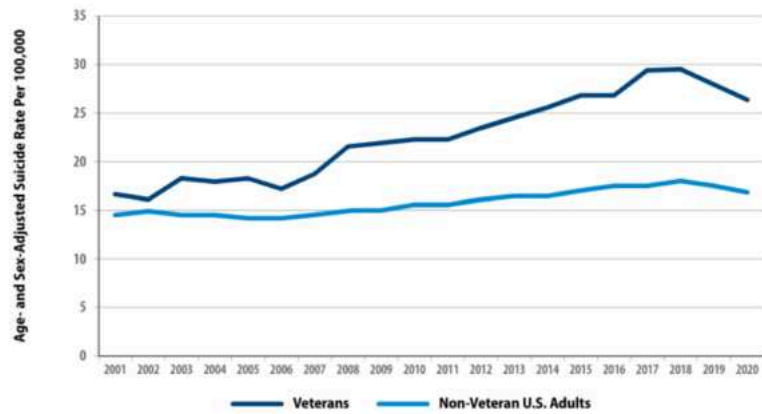


Fig.1 Age and Sex-Adjusted Suicide Rates, Veterans and Non-Veteran U.S. Adults, 2001-2020 (U.S. Department of Veterans Affairs, 2022)

### Recurrent Memories

Many symptoms of poor mental health may be difficult to quantify and can often be overlooked in the process of diagnosis. PTSD symptoms in war veterans can be observed more clearly in media depictions and biographical accounts of war.

In the aforementioned Hacksaw Ridge, Thomas refers to his fallen comrades as being “lucky” and regards himself as having “died with [his passed friends]” concerning his passed friends. Many soldiers feel as though they have never returned from the battlefield. One of WWII’s most decorated soldiers, Audie Murphy, was reported to suffer from headaches and nightmares, only being able to sleep with a loaded handgun under his pillow.

### Seeking Help

#### PTSD in the Australian Military

In a mental health study conducted in 2010, the likelihood of a member (90%) of the Australian Defense Force (ADF) experiencing a traumatic event is higher than that of a regular person (73%) in the Australian community. Furthermore, men in the ADF (8.1%) have a higher reported rate of PTSD than those in the general (4.6%) community (Commonwealth of Australia, n.d.).

### Resources Available

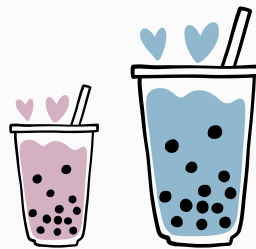
It is important to acknowledge that while military enlistment is associated with higher incidence of PTSD, anyone can experience traumatic events and suffer from PTSD. Resources are available to those who are suffering from mental health disorders or are going through a difficult time. Do not hesitate to reach out to loved ones for help.

Black Dog Institute: [Body](#)

# “ — Best Bubble Teas in Sydney

Written By: Vivian Xu

Edited By: Patrick Zhang



I've tried hundreds of different milk teas across my 6 years of high school and first term of uni! Here is an overview of my favourite bubble tea store: **Tea Spot**



You can find a Tea Spot at Burwood, Cabramatta and Eastwood. So it's everywhere!

Anyways, a bit of context to their drinks: they use more modern tea brewing techniques: using the machine in the picture to the left.

However, a downside to this is that the drink takes a lot longer to make since they aren't just mixing powders, unlike many other bubble tea stores!

## How to order:

### 1. Pick a Tea Base

Featured Teas:

**Camellia Oolong:** A little bitter, but very refreshing

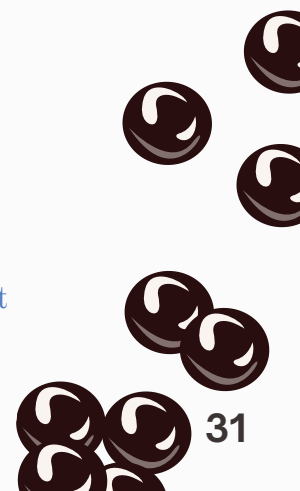
**Snow Top Jasmine Tea:** The delicacy of the jasmine flowers fused with green tea offers a perfect balance of floral sweetness and natural undertones of green tea. This tea base is a lot sweeter and doesn't have the strong bitterness of the oolong tea bases.

**Osmanthus Oolong Tea:** The oolong tea bases are generally more bitter than the jasmine tea base but the osmanthus blossoms cover over the bitterness of the oolong tea in this tea base.

**Duck Green Oolong:** An oolong tea from Fujian, China. It has a stronger floral taste and isn't as strong as some of the other oolong tea bases.

**Sticky Rice Pu Erh:** Like other pu erh tea bases, it is darker in colour and also has a stronger tea flavour.

**Phoenix Oolong:** It is a rare Dan Cong oolong from Guangdong's Phoenix Mountain. Similar to the famous traditional Chinese teas, it is quite bitter and a lot less sweet than the standard bubble teas we buy.





**Bi Luo Chun:** One of the most popular green teas from China and unlike other green teas it features a more mellow and fruity taste.

**Rose Oolong:** Likewise to the Osmanthus Oolong, the Rose Oolong base is also quite sweet but has an underlying taste from the dried rose petals.

**Orchid Oolong:** This tea base is less strong and therefore less bitter, compared to some of the other oolong bases. It is also slightly less floral and may taste watery if you get a lower sugar level.

**Peach Oolong:** Most people have probably tried/seen this at other bubble tea places and yes, it does taste quite similar (still tasty though)

**Tie Guan Ying:** A popular oolong tea from Fujian, China. Well known for its rich floral aroma and buttery flavour. Definitely more bitter than sweet: very rich tea taste.

**He Yun:** An oxidised oolong tea. Does have a little bit of a funny, “leafy” taste to it.

**Long Jing:** Primarily produced in the West Lake region of Hangzhou, Zhejiang Province, China. Has a nutty undertone and a slightly sweet aftertaste.

## 2. Choose between fruit tea or milk tea

### A. Fruit Tea

Choose a flavour of the fruit tea:

- Guava
- Red Grape
- Lemon&Lime
- Peach
- Grapefruit

### B. Milk Tea

- Can choose milk or soy milk

### C. Pure tea

- Don't add fruit nor milk and enjoy a pure tea base!

## 3. Choose ice and sugar levels

Sugar Levels:   
0% 20% 50% 70% 100%

Ice Levels:

- No Ice
- Less Ice
- Normal Ice

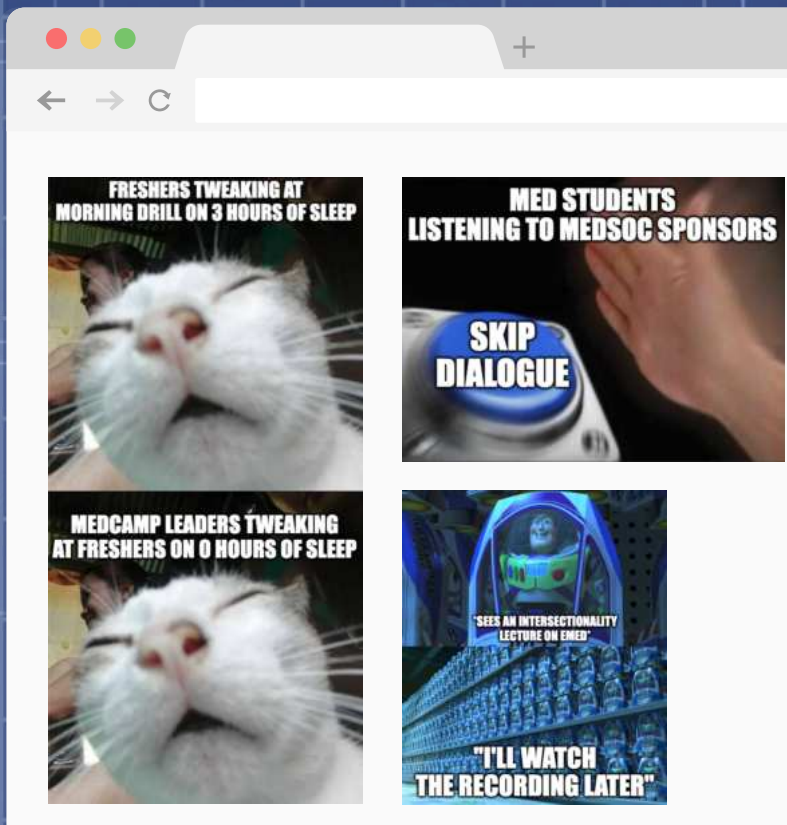
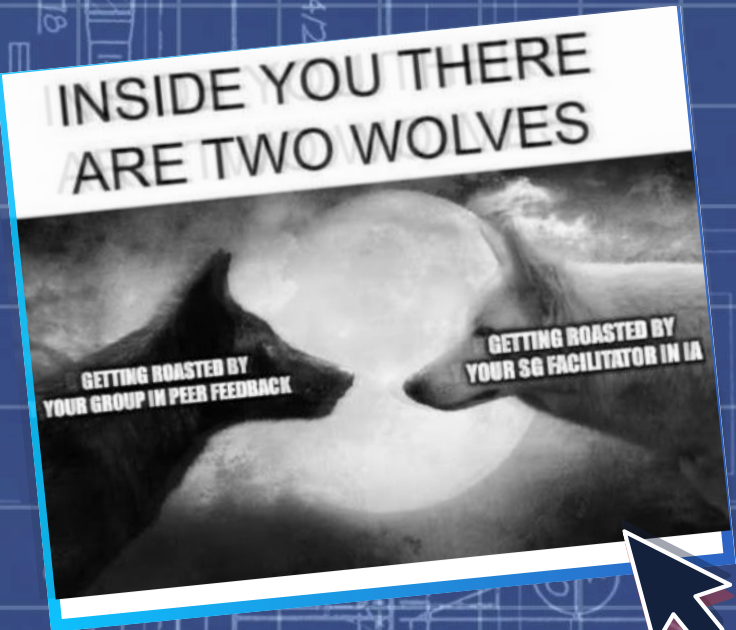
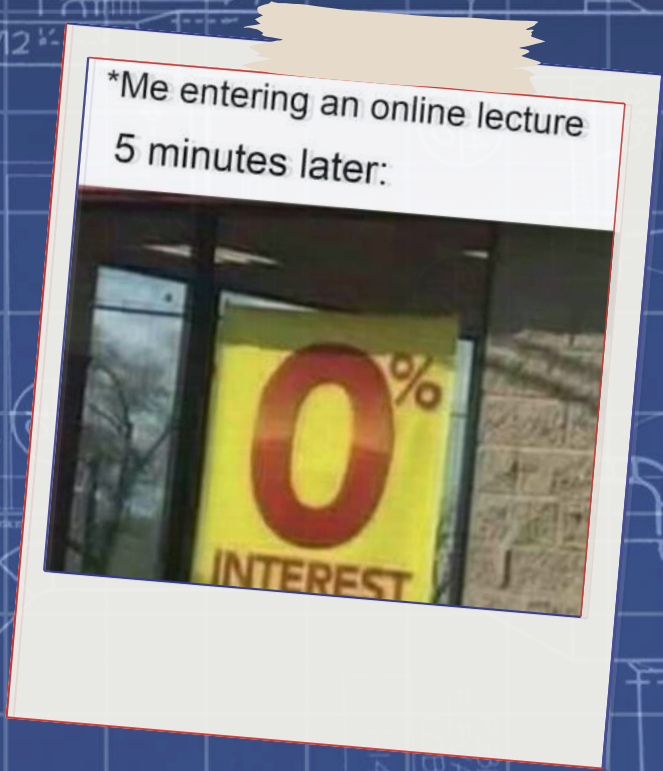
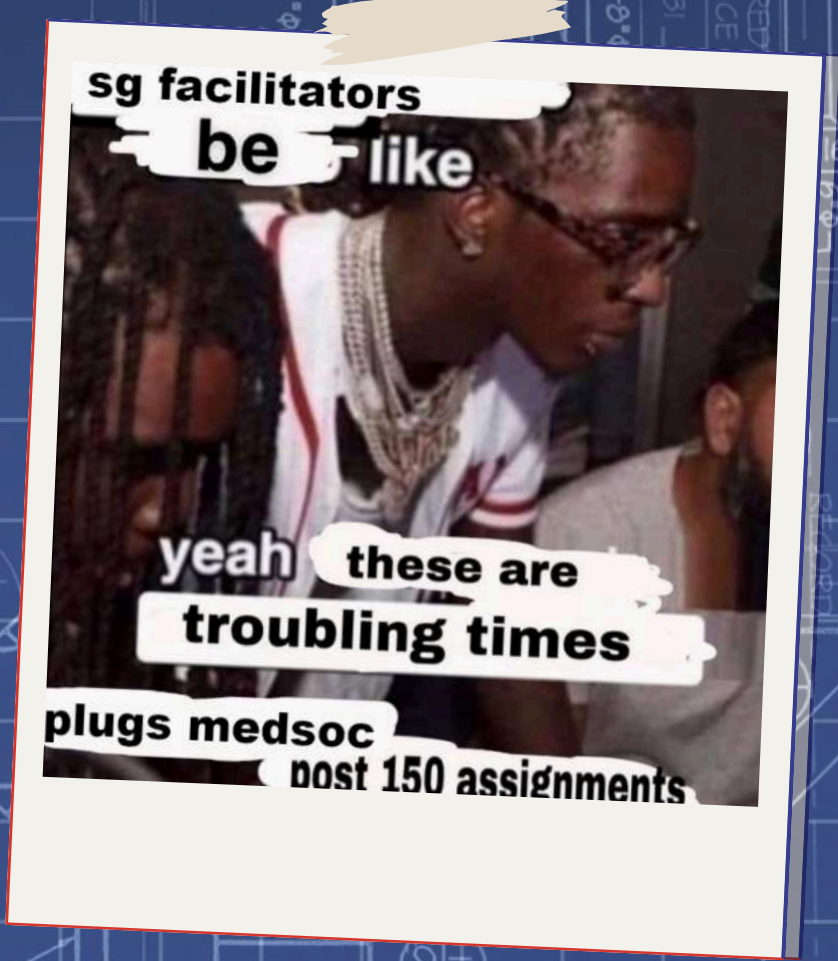
The scale stops at normal ice, but as an icy drink lover: I always specify extra ice - hopefully some of you are like me ;)

## 4. Add toppings

- Grass Jelly
- Pearls
- Coconut Jelly
- Egg Pudding
- Crystal Pearls
- Oat
- Barley Babo

**AND FINALLY...  
ENJOY :)))**





**MED STUDENT  
CANON EVENTS Pt.2**

**JUSTIN WU**



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# Medicine Program Redesign Proposes Replacing Students With Well-Trained Ferrets

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by Ara Downey

Edited by Victoria Sun

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In an unexpected departure from traditional teaching styles, the new Medicine Green Paper proposes replacing students with “well-trained ferrets”:

*“The shift from human students to ferrets is expected to increase the financial and logistical efficiency of our program without sacrificing the quality of teaching or learning. Students should be reassured that this applies only to incoming classes and current enrollment will not be affected (UNSW, 2023).”*



Program convenors declined to comment on why they’ve taken this drastic step, but an anonymous source close to the faculty cited “size constraints” as the main reason for the change. It is believed that, with the Australian Government’s goal to double the number of medical students by 2030, there is concern about the ability of Wallace Wurth to accommodate a program expansion. The decision to implement ferret students will ease this pressure and allow for up to 500,000,000 medical students to be taught at any one time.

The use of the term ‘well-trained’ has raised eyebrows, with many feeling that this specification could become a form of subtle discrimination.

“Who’s to decide what counts as well-trained?” asked notoriously poorly-behaved second-year student Seth Clearwater\*. “Sure, it starts with being toilet-trained, but it’s a slippery slope — suddenly there’s a ferret being told that they can’t study medicine because they don’t know how to juggle.”

A spokesperson for the Faculty of Medicine and Health stated that “juggling is not considered an inherent requirement of studying medicine” but declined to provide further comments on the use of the phrase ‘well-trained’, instead providing a generic statement that “all ferrets will be subject to the same academic and interview screening process that humans currently undergo.”



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# Medicine Program Redesign Proposes Replacing Students With Well-Trained Ferrets

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by Ara Downey

Edited by Victoria Sun

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“I think this is great,” said current student Jessica Stanley. “I’ve always felt that medicine is far too focused on the needs of humans. Hopefully by shifting away from human doctors, we’ll stop being so obsessively focused on human patients.”

However, not all opinions were positive.

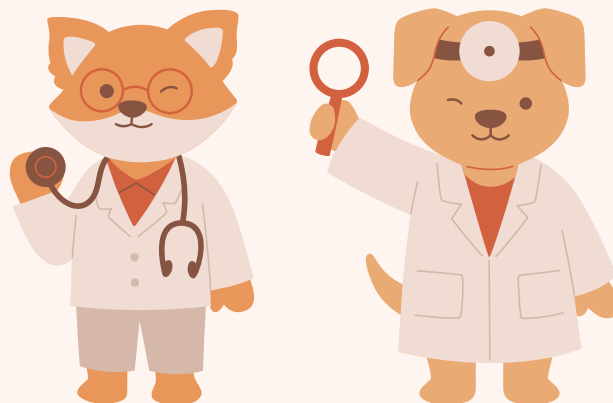
“This is stupid,” said recent graduate Mike Newton. “Seriously, can no one else see that this is stupid? How are they supposed to perform surgery with their tiny little hands? Soon they’ll decide that ferrets are too big and we’ll be a school for ants. Mark my words.”

The Medicine faculty says that they are open to comments on the Green Paper. However, the removal of human-sized tables from Wallace Wurth rooms to prepare for the installation of ultra-small ones seems to indicate that this is a change that we’re likely to see implemented sooner rather than later.

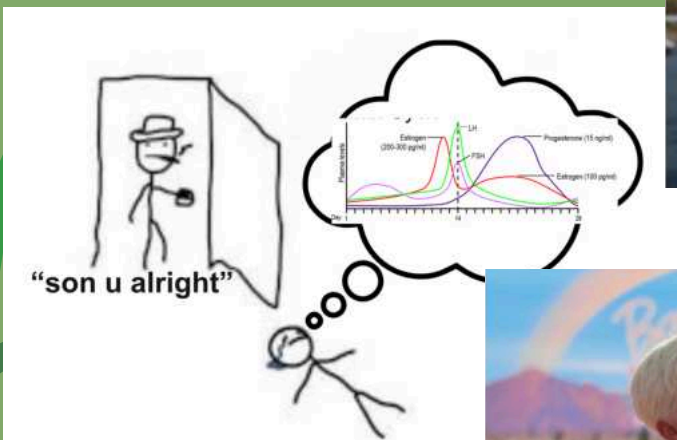
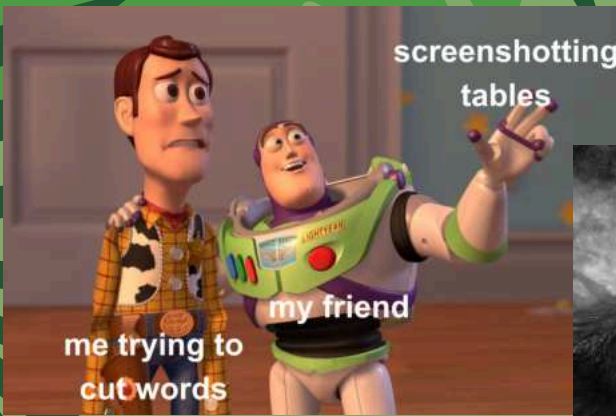
While UNSW is the first medical school to shift to non-human students, it’s unlikely to be the last. Recently, the University of Queensland announced that enrollment would be open to “all species with opposable thumbs”. While indirect, this change means a number of species such as orangutans are now eligible to apply for study.

Minister for Education, Jason Clare, stated: “Education is for all, no matter where you live, how you identify, where your family is from, what you aspire to do, or whether or not you’re human.”

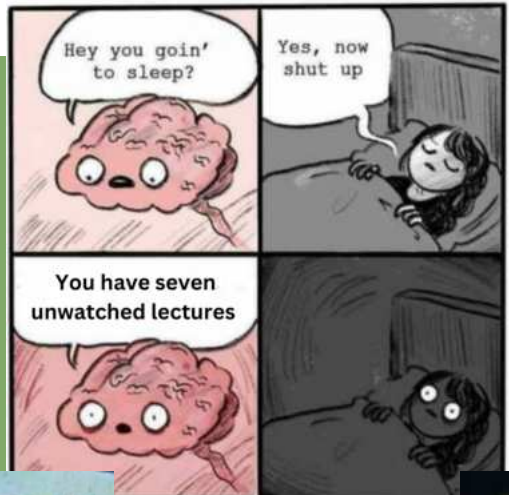
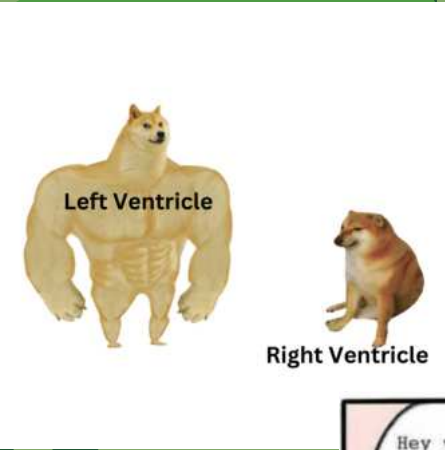
*\*Real names have been substituted with the names of minor Twilight characters. Except Jason Clare.*







**"BGDA MID-TERM CRISIS"**  
**LINETTE KOH**



**“WHAT IS HMA”  
LINETTE KOH**

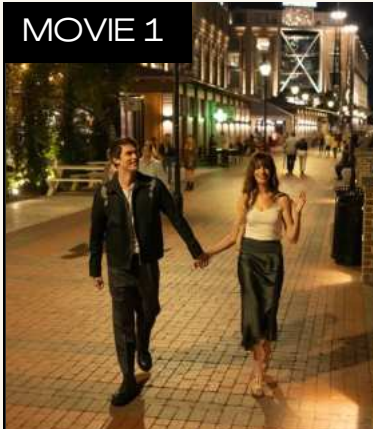


# THIS WEEK'S LETTERBOX RUSHES

As we are heading towards winter, I find myself trying to find ways to keep myself entertained, trying to keep the winter blues at bay. I know for sure that I'm not the only one struggling to keep my mood up amidst this seasonal shift. It really does kill your mood when it feels like 10pm, but it's still 7pm.

Like many others, I turned to film and cinema to find a quick escape (well especially when your friends live timezones away). However, one thing I always struggled with was picking something to watch. This struggle is universal isn't it? So, here is a short spoiler-free review of three movies I watched very recently so that you can have an easier time deciding what to watch when you are free.

## MOVIE 1



### TITLE: THE IDEA OF YOU

ALRIGHT, I AM ASHAMED OF THIS ONE. I CAN'T EVEN BLAME THEM. IT WAS MARKETED AS A FANFICTION MOVIE ADAPTATION AND THAT WAS EXACTLY WHAT IT WAS. HOWEVER, IF YOU'VE HAD A BOY BAND ERA, YOU MIGHT BE A BIT MORE APPRECIATIVE OF THE NOT-AT-ALL REALISTIC PLOT. AFTER ALL, THE BEST WAY TO GET A POPSTAR TO FALL IN LOVE WITH YOU IS BY READING A BOOK AT HIS CONCERT.

RATING: 5 empty star icons.

## MOVIE 2



### TITLE: THE FALL GUY

MOVIES LIKE THIS, YOU SHOULD NOT GO IN EXPECTING A LOGICAL PLOT. IT HAS THAT ALOOF BARBIE-ESQUE HUMOUR THAT I FOUND TO BE VERY ENJOYABLE. THE STUNTS WERE VERY NICE TO WATCH AND THE HUMOUR HIT QUITE WELL. SADLY, THE LIGHT RAIL RYAN CRASHED INTO DID NOT MAKE THE FINAL CUT. HONESTLY, I THINK RYAN GOSLING SHOULD DO MORE COMEDY MOVIES. THIS MOVIE IS BY THE SAME DIRECTOR WHO DIRECTED THE MOVIE, "BULLET TRAIN". SO, IF YOU LIKED THAT MOVIE, YOU WILL SURELY LIKE THIS TOO. OVERALL, WAS THIS MOVIE BELIEVABLE – WELL NOT REALLY, BUT IT WAS CERTAINLY VERY FUN TO WATCH!

RATING: 5 empty star icons.

## MOVIE 3



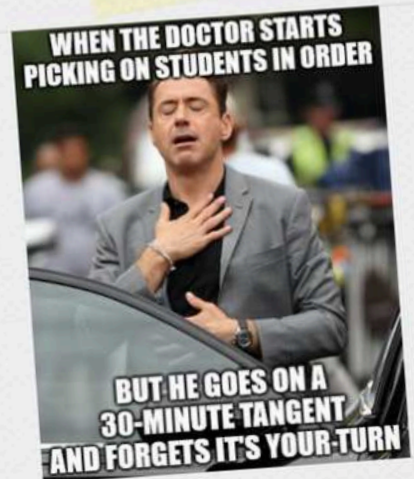
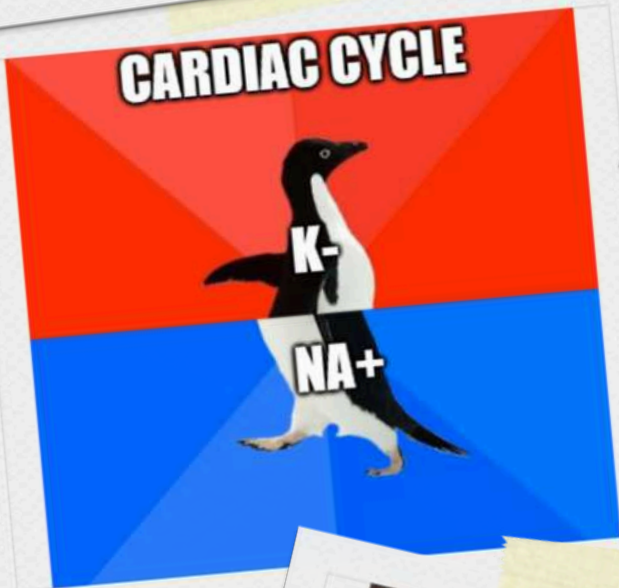
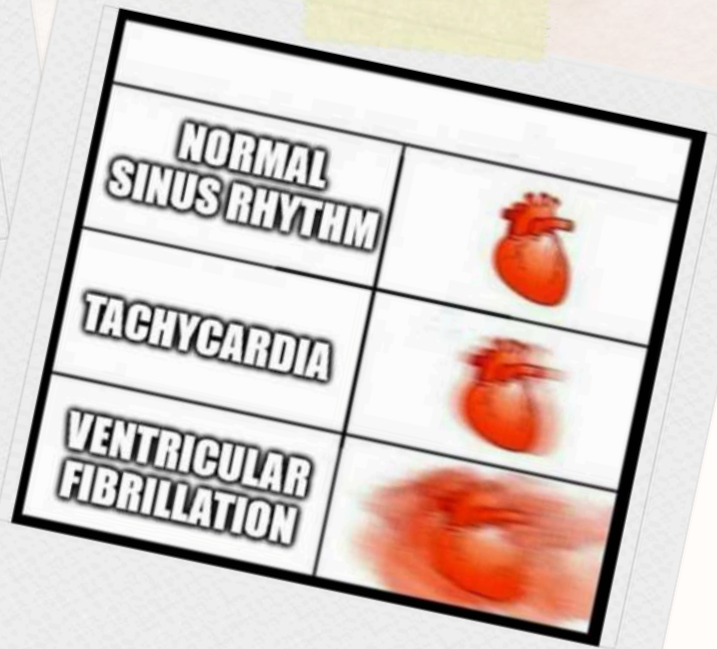
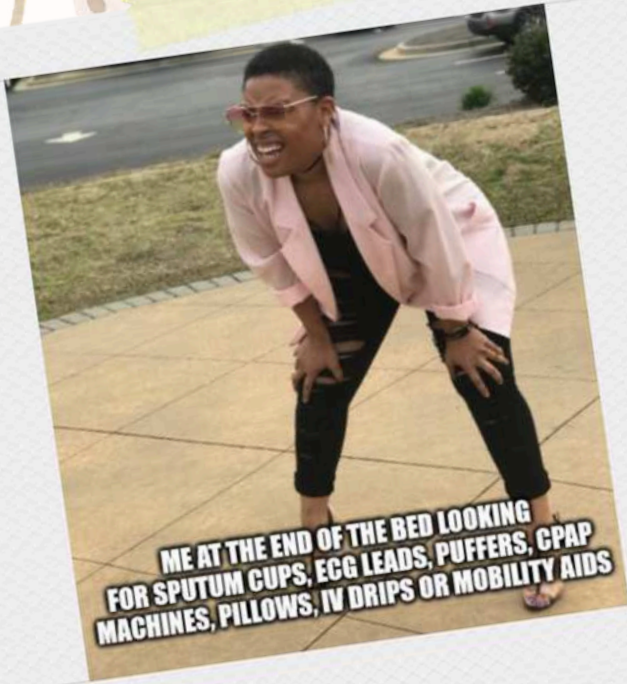
### TITLE: CHALLENGERS

I HAVE MIXED FEELINGS ABOUT THIS ONE. FIRSTLY, LET ME TALK ABOUT THE POSITIVE POINTS. THE MOVIE WAS SHOT WELL AND WHEN ALL THE PUZZLES CLICK, EACH CHARACTER'S TRUE NATURE IS UNVEILED, LAID BARE BEFORE THE AUDIENCE. I FOUND THIS MOVIE TO BE MORE LIKE A SPORTS/DRAMA THAN A SPORTS/ROMANCE. HOWEVER, AT POINTS, PLOT PROGRESSION WAS QUITE SLOW AND THE JUMPS BETWEEN THE PAST AND THE PRESENT FELT DISJOINTED. I GUESS THEY WERE TREATING THE STORY LIKE TENNIS ITSELF, GOING BACK AND FORTH FROM PAST TO PRESENT.

RATING: 5 empty star icons.

“The perks of being a med student”

~ Emily Seeto





# I Just Discovered Second Years

Written by Patrick Zhang

Edited by Ara Downey



Until recently, I knew little about the enigmatic specimens we call second years. They were faceless individuals who coalesced into a singular, homogenous entity. At times, I would observe them scuttling around campus, or as the distant other at Medsoc events; they blended in, no different from the rest of the intimidating people senior to me. But all this changed one fateful day: July 1st.

July 1st was a Monday. More significantly, it was the first day of HMA. HMA marked the first time us callow first years would encounter the class of 2028 machine. To be honest, when I walked into that lecture hall a few minutes late, I expected to find a sea of weary, hardened faces stained with permanent eyebags and mouths moulded into resigned frowns, marks of suffering med school for an extra year. Instead, the hall was surprisingly empty and all the second years, though unfamiliar, looked oddly normal.

In my opinion, the event that formally demarcates the assimilation is Integration Night. The occasion itself is and probably will be the most promoted event in the history of Medicine Facebook Messenger chats. Perhaps it's just that I come across as more reserved and unapproachable than the average person, but I personally met a total of zero second years that night.

That being said, if the purpose was to unite students from different years, campuses and backgrounds through a shared interest in bottomless drinks, I'd say the night was a great success.

Let's scrutinize Medfac's decision to integrate first and second years. Starting with the positives, one obvious benefit is the prospect of meeting new people. A key quality of Medicine is its small cohorts relative to other degrees. Whilst this is usually conducive to tight-knit social groups, it also means that the cohort can become a bit stale. New people also means new options, which some meddies have already got their hands on. Another advantage, especially from a first-year standpoint, is the opportunity to partner with peers who know more than you. Why is this a good thing? Well firstly, they're a pool of knowledge, waiting for you to dip your toes into. Furthermore, faculty members will facilitate more advanced learning, pushing students to reach their full maximum potential because studying medicine wasn't already challenging enough. And if nothing else, second years can humble yet motivate you into realising how little you know and how much there is to learn.



But of course, every silver lining has its cloud and every rose its thorn. The thorns, though few, hurt pretty bad. For one, we see our friends in our own cohort even less than we used to. This has only been exacerbated by the larger cohort size, forcing Medfac to move almost all our lectures online because O'Shane 104 is perpetually occupied.

We all know the real reason behind this integration is so Medfac can reduce costs and resources needed by running a unified course instead of two concurrent ones. On the bright side, I'm sure these savings will be reinvested into enhancing our education. Although it may take a bit of getting used to, I'll be the first to admit that the benefits outweigh the drawbacks. Only time will tell, but I have a good feeling about these little piggies.





# WHAT MAKES A HEART PUMP?

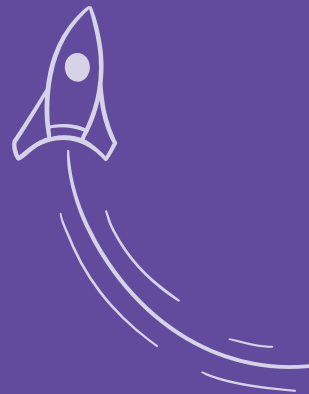


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