

MMC/2/CHISHOLM/1/11

## REMINISCENCES

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IN the first year of this century two excited women entered the Dean's office to register as 2nd M.B. students. Now one of them is asked for some reminiscences of those four years of adventure.

Looking back, it is over four years of happy life we review, and our fellow students never, to our memory, gave us one conscious moment of unkindness, even if there were moments of awkwardness, probably more on our side than theirs. Our teachers also, even though one or two hated the idea of having women students and though they had declared they would resign before they taught us, were invariably kind and helpful and never, to our knowledge put anything in our way more serious than a facetious remark, or once in a way, a story slightly salty for the Victorian trained young woman. Altogether it was a pleasant life we led in those early years, but it was a very different atmosphere to the jolly happy-go-lucky atmosphere of 1948.

It may entertain some of the readers of the *Gazette* to know that the Dean himself, Professor Young, on our arrival took us up to the room over the main entrance and introduced us to our dissecting room, reserved for ourselves, with one table on which to dissect, one long box in which to keep our subject, a column of lockers in which to keep books, etc., a delightful large blackboard on which the anatomist could draw his marvellous diagrams, four pegs on which to hang our overalls and our hats and coats. All was completed by a row of washbasins. I think there was a looking glass. There were certainly no such conveniences as lavatories for women students in the whole of the building.

This one room served us for dissecting room, common room and lunch room for the first year or two till more students arrived.

We were told that the Dean and the senior Demonstrator would teach us and no other demonstrator nor student was to enter the room. The Dean, Professor Wright, was a short, able and witty man with a marvellous gift for drawing and the usual anatomist's power of terse description and appreciation of the value of words. His first remark on entry was to tell us that we would need to remove the well-starched cuffs which ended the feminine blouse of the day—and as soon as he began to demonstrate his dissection he warned us never to use the phrase "tiny little nerve" as was the custom of the young ladies of the famous women's medical school which he was accustomed to examine, but that in our dissecting room descriptions were to be virile and strong, not effeminate.

It was indeed a stiffer world than in 1948. Men and women students did not walk down to college together unless perchance they were very old family friends. It was working at the Infirmary which broke down the barriers. No woman student would dream of being on Christian name terms with her male fellow students; only intimacy justified it between her women student friends. The women students sat on the front rows and if they happened to arrive at lectures or grind class before the men it is literally true that the men would collect in a group till there were four or five of them at least before they attempted to enter. If we came in late there was a storm of applause as we hurriedly fled to our two, or later four, seats in the front row.

Even if we knew the men at home they were scared of talking to us in the medical school and so sometimes we failed to know of arrangements which should have been useful to us.



For instance, there was a very good materia medica museum containing specimens which we would be expected to be familiar with in 2nd and 3rd M.B. We never learnt of its existence till more than half-way through the term at the end of which was the exam.

One of my childhood playfellows crept round once to beg me not to let out at home that he had not attended one of the University exams. I was very interested to hear later on that his mother, attending a tea party at which my mother was present, after congratulating her on my success, poured out to her that it was disappointing her son had not passed as he had worked so hard and could not really understand why he had failed. It is obvious why some students dreaded the invasion of the medical school by women.

There were several adjustments to be made in those early years, adjustments which the present student could not understand causing any difficulty.

During those early years the general college life was developing and I remember the discussion about the new Refectory. You may read in one of the old *Gazettes* that one of our more liberal minded students, protesting against a joint Refectory said that, between the men's and women's Refectories should be built a firm wall to keep tobacco smoke away from the women and Eau de Cologne from the men—you may look that letter up. You may also learn that women students were not known to smoke in those days. As a matter of fact, no one, man or woman, was allowed to smoke in the Medical School when Professor Stirling was Dean, but even after the 1914-1918 war, women were requested not to smoke in the dissecting room because the Professor did not like it.

Then there was the discussion as to how women should be represented on the newly proposed S.R.C., in their years or by direct representation, as women members of the school. Of course, if in their years at that time, it would mean there would be no medical women on the council. But my view was that better have none on than an artificial representation. And so it was arranged that they should wait for representation until their influence in the respective years was felt.

Then I remember the excitement of the first party to celebrate the beginning of the S.R.C.—should it be dinner or dance?—and I remember our triumph when we got the first College Dance. But old Principal Hopkinson, who feared the danger of the precedent—what it would lead to, as he said—never I am sure thought of the number of dances nor the type of dance which occasionally has resulted from that first jolly S.R.C. celebration.

Perhaps a few words about our Infirmary experiences might be of interest.

We were invited to use as cloak room the entrance to the Senior Surgical Sister's ward of the old Infirmary at Piccadilly. She was a tall stiff sister of the old school and did not approve of our advent, but she was kindness itself in teaching us our work and we were afforded in those old days far more opportunities of practical work, than, I gather, most students get now. We boiled our scissors, prober and needle in an old saucepan on the ward fire but we did dress our appendices, which had to be dressed several times a week, empyemas, chronic osteomyelitis, adenitis and burns—such burns, such smells as resulted from burns dressed with boracic ointment spread on lint. We were taught to be careful with our hands. On operation day we, not the nurses, took instruments and stood all morning with our base hand in 1 in 20 carbolic—housemaids were not in it at the end of the week!—but we did learn how to apply a dressing and how to keep our hand free from spreading infection.

The men were just beginning to wear white coats. I decided that with a clean washable blouse and a long serge skirt fringed with "brush braid" which swept Oxford Road, the important thing was to substitute a white pique skirt which was renewed at least weekly.



We were allowed all over the Infirmary except in the male surgical outpatient and when attending the male ward round we were expected to fade out when scrotum cases were examined. But we sat through every Monday morning 9-15 lecture when Mr. Southern expounded his favourite genitourinary cases.

This paper is rather fragmentary but I have probably written enough to reassure Mr. Metcalfe, whose article invited this one, that our early fellow students behaved well to us. I can only repeat that those pioneer years were happy years and students and staff alike were very kind and helpful to us, by just behaving as sensible, rational, kindly men.

## The Manchester Medical Society

At a meeting of the Manchester Medical Society, on December 1st, 1948, Dr. J. H. Kellgren delivered an address on "Deep Pain Sensibility." He said that the phenomena of pain are usually described in terms of distribution, time intensity and relation to other phenomena such as movement and rest. Not all the differences between one pain and another can be described in these terms only, for there are three main types of pain that can be distinguished by their qualities. These consist of deep pain which arises in muscles, bones and joints, and cutaneous pain which can be further subdivided into the immediate and delayed response. The delayed pain having a component of itch which gives it a distinct quality. These types of pain sensibility can be dissociated in nerve blocks and in disease, so they are probably mediated by different types of nerve fibres.

The normal sensory gradation which accompanies a graded stimulus may be lost so that a threshold stimulus gives rise to severe prolonged pain. This explosive exaggerated response affects all three types of pain and it is probable that terms such as "protopathic," "hyperpathic" and "peculiarly unpleasant," were coined to describe this phenomenon rather than an alteration in quality.

The deep tissues vary in this sensitivity to pain. In the less sensitive tissues pain-sensitive spots are infrequent and the varying sensitivity of the tissues probably results from a varying density of innervation. Pain from the deep tissues is also localised with varying accuracy. Thus subcutaneous periosteum, ligament and fascia give rise to local pain whilst structures lying deeply within the trunk and limb girdle give rise to diffuse pain of segmental distribution; the intermediate structures give rise to segmental pain which is more or less modified by a crude attempt at localisation. The areas of cutaneous hyperalgesia that are occasionally found in visceral disease are entirely different phenomena from deep pain of segmental distribution and it is a mis-statement of fact to say that pain is referred to this or that dermatome, because segmental deep pain is felt in the deep structures and is not misinterpreted as arising from the skin. The possible mechanism of pain localisation and reference were discussed and it was suggested that the density of innervation, body consciousness, reflex phenomena and disturbances of the central nervous system may all play a part.

Now deep pain is accompanied by segmental muscle spasm. This spasm has been studied in decapitated cats and found to be produced by a spinal reflex. Electromyographic studies in various painful diseases such as sciatica, rheumatoid arthritis and fibrositis have often revealed this type of muscle spasm and its presence has been used to support the view that these diseases are primarily neurogenic, but the only conclusion that can be drawn from these findings is that the subject's pain was deep since cutaneous pain is not accompanied by this type of muscle spasm. Of more interest is the possibility that this continuous motor activity may lead to muscle fatigue and so to secondary sources of pain.

Deep pain sensibility is peculiarly susceptible to cooling. Thus cooling tissues rapidly causes severe pain whilst the temperature is falling from 30° to 15° C. but with further cooling the pain fades away because deep analgesia develops and becomes complete at about 10° C. With slow cooling analgesia develops without preceding pain so that the usual climatic fluctuations of temperature give rise to no pain in the normal individual. But if deep hyperalgesia is present even slow cooling of the affected part may give rise to prolonged and severe pain and the analgesia which normally accompanies cooling develops imperfectly.

Pain which is produced by cooling and relieved by warmth is a feature of many painful conditions of the extremities including post-traumatic syndromes, painful nerve injuries, glomus tumours and many forms of arthritis and rheumatism; in these cases the cold pain is mainly due to abnormal sensitivity of the deep pain nerves though vascular disturbances may contribute to the symptoms by allowing abnormal cooling.