CHAPTER 1

A Medical Student

I was born in London in the late sixties, a first child to youthful parents. I entered the world left foot first, inadvisable even for a breech birth, and my brother followed fast on my heels the following year. It was a bold start to a conventional childhood.

My father was a scientist and my mother a teacher, and academic prowess was valued and expected in our family. When I was just two years old we moved north to Glasgow for my father's work, rather to my mother's chagrin. It is fair to say that the Glasgow of the seventies was not the cosmopolitan place it is now, and my mother made a bargain with my father: they would stay for no longer than five years. In fact, they never left. My mother initially tried to instil in my brother and me the belief that it was good to be English, but I soon learnt that promoting your own Englishness is not a good way to get through a Glaswegian school. I am perhaps not entirely Scottish, but I am definitely not English, and Scotland is my home.

I did well at school, and my mother considered medicine to be the only sensible option. I wanted to study history, or English literature, but she firmly discouraged this. 'You're a good all-rounder, you don't want to do that,' she said. 'You'll end up a teacher, like me. Much better to do medicine.' It wasn't negotiable. I look back now and still wonder why I couldn't defy my mother, but I had never been able to risk her anger or her certainty about what I should do, or not do. She had wanted to study medicine herself, but her father

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would not allow it, which may have influenced her ambitions for me. I don't know if I regret it now or not.

But I did what was expected and went east to Edinburgh, sunlit, grey, and beautiful. I was young, still only seventeen and technically underage, but identification was rarely sought then in student hostelries, and youth was not an immediate problem. In my first year, I was fortunate to live in student accommodation on the Royal Mile, in a building surrounding a courtyard, leaning down towards old Edinburgh and the Grassmarket. On the other side, it opened right out onto the Mound, with views stretching across the New Town, as far as Fife on a good day, when the colours were clear, and the air sharp. All around was a feeling of academic endeavour and romance, but reality soon proved different.

At the time when I studied medicine, the first year was dominated by anatomy. We proudly wore white coats and had dissection kits; we also had bags of bones to help us learn their bumps and insertions. Despite our best efforts with soap, the smell of the anatomy room lingered on our clothes; we wandered the streets like pale young ghosts in a fog of formalin, perhaps rather fitting for old Edinburgh.

I was shocked by it all. I had never even dissected a frog, and suddenly, on the first day, we were expected to start dissecting a human body. Six students were allocated to each one, and he or she was kept in formalin-soaked cloth wrappings throughout the year, as we worked our way through the systems. We started on the upper limb, which was bad enough, but seeing a leg being carried over to the sink underneath someone's arm was almost too much for me. My capacity to be horrified was whittled away during that year by exposure to far too much dead flesh.

I never could think about our 'body' as a person, though, and I didn't want to. I couldn't imagine him as someone who had talked and loved and eaten, and, curiously, I never once

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thought of him as having a name. I was never aware of any disrespect, but to us those faded corpses were no longer people. I think we became numbed too soon to death.

Some of the teaching approaches were bizarre. The anatomy lecture theatre, where we went each morning at nine o'clock, was a lofty building with hard wooden seats. One lecturer in particular talked rapidly and maniacally, layering his chalky diagrams to the point of incomprehensibility, and referring frequently to 'my favourite pretty orange colour!' I did badly in the early exams, which consisted of specimens laid out around a room, requiring rapid and detailed identification, and I felt labelled, from then on, as stupid.

This labelling was at least partly of my own doing. 'I think I'm just stupid,' I snivelled to one of my more confident friends. 'I can't do it, it's too hard.'

He looked at me in surprise. His exam results were no better than mine. 'You just need to turn your mind off to learn all this stuff,' he said kindly. 'Don't worry about it.' He seemed to achieve this with ease and quite a lot of beer.

The following year we moved on to neuroanatomy. We shared a brain between two students (I realise how that sounds), and I found memorising all the barely discernible nuclei and pathways even harder than the previous year's work. Our brain had a soft cheesy texture and was unexpectedly heavy – it was very difficult to imagine the head that had once encased it, and I didn't try. I knew I was never going to shine at these subjects, and it was a relief to me when the first two years were finished and passed by the skin of my teeth.

Once the torments of anatomy were over, the next three years of medical school were largely made up of clinical attachments, both on wards and in GP practices. It was difficult being a student in these circumstances, as we were often the spare parts, with no clear role. We also had to look smart. As girls, we had to wear skirts in those days, never trousers,

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with obligatory white coats worn over, these ones fortunately cleaner than our dissecting drapes.

I had decided early on that I wanted to do psychiatry, as it was the only medical specialty that really roused my curiosity. I wanted to understand why people said and did things. I wanted to know why minds went wrong, and I had enjoyed psychology more than any other of the science subjects I had studied. In third year we had weekly psychiatry tutorials; it was all very different from medicine and surgery, with much more of the focus on talking to patients, taking a history, and trying to understand their mental state. I never remember a time when I wanted to do anything else, despite my early struggles with neuroanatomy, which was admittedly relevant to the brain and mind. I spent some of my fourth-year elective on a psychiatric ward with an older consultant, who encouraged me to read Szasz, author of the 1961 book, *The Myth of Mental Illness*. The patients had quite a prominent voice on that ward, and I remember sitting in group psychotherapeutic sessions and hearing them talk and finding it fascinating.

At the end of my fourth year, I had two formal ward attachments in psychiatry. In the first, I was attached to a rather small unit; it was a bit disappointing in that there were very few patients, but I did my best to see some of them, including a young girl of a similar age to me. She had just been admitted with a first episode psychosis, a severe illness when people experience hallucinations and can lose touch with reality. Some recover fully, but others will go on to develop schizophrenia, and early treatment is important. I spent some time with her. She was hunched on her bed, looking past me at times, but seemed to want to talk.

'I can hear them,' she said.

'What do you mean?' I asked curiously. I had no idea what questions to ask, despite the previous year's tutorials. We learnt the structure but not the reality; that takes practice.

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'I can hear someone speaking, can't you hear them? It's the plugs, they're speaking through the plugs. They want me to be here, they made me come here, they're talking about me.' She looked terrified, twisting round and looking out the window. I looked too, but I couldn't see anything other than a tall stone wall.

I tried to comfort her, holding her hand and muttering some inanities. I was saddened by her distress but also disturbed by it, as well as interested. I was pleased to see her a couple of months later outside a pub, looking well, and although we didn't speak, we waved at each other across the garden.

I enjoyed that placement, despite the paucity of patients, and attended an interesting psychiatric meeting at the Royal College of Physicians in Edinburgh. The psychiatrists were friendly and encouraging, and I thought that I could see my future here.

Unfortunately, when I moved on to the next placement, the psychiatrist there told me that I had failed that previous one. He was quite young and seemed rather embarrassed and didn't know why I had failed when I asked him. It was a horrible shock. I could accept that my own immaturity might have contributed, but why had no one told me at the time? Had they disliked me, without me even realising? Had I done something very wrong, and not even known? I was left thinking that my career in psychiatry had ended before it began.

However, I enjoyed that second attachment in a much busier ward and remember in particular talking quite a lot to a sweet, middle-aged woman, with a diagnosis of personality disorder. I don't think I really understood what that meant, then, but I liked her. I passed psychiatry overall, but it left me with something of a conundrum. The one specialty that I was drawn to, I had – at least in my eyes – failed. I had done worse than most of my friends, who didn't even like psychiatry, and had no idea what to do instead.

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The next year I had another unpleasant experience, this time with a consultant in general medicine. He decided early on that I didn't know anything and started asking me questions all the time, trying to catch me out. One day he stood by a bed, in front of a patient and other students, looked straight at me, and asked, 'Is digoxin a problem in patients who have high or low potassium?'

This is a drug for the heart, and I felt sure that the answer was low. But my hands were sweating, my heart was beating, and I thought, as you do in such circumstances, that it must be the opposite. 'High?'

'Can we have a word?' he said, and took me aside. 'I don't think you're up to this, in fact I think you're ill. Maybe you need to take some time out.' His sympathy was more unpleasant than his previous hectoring manner. I left the placement in tears and was sent to see the head of the medical school. He didn't seem that concerned and said that there had been personality clashes with this particular individual before, not to worry, and assigned me to a different consultant, where I passed the attachment easily. Bullying, or gaslighting, was alive and well in those days, and was largely ignored.

This left me feeling bad, though, and I wonder, looking back, whether I was more susceptible to such treatment as a young, female medical student, in a predominantly male hierarchy. I was also quite pretty but in an ingenuous, unsophisticated way. And although there is much more awareness now, I remember one of my recent trainees describing a similar experience, something I found rather shocking.

However, I also had some very positive feedback during my final attachment in medicine, and shortly after that I found that I had passed all my exams and that I had become a doctor. I could hardly believe it.

Work predominated throughout medical school, but my love life also had a few ups and downs – I think for many of

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us the maturational processes involved in romance were as important as the academic, and it was a lot to manage all at once. During my first term, I fell predictably in love with a fellow medical student, and I think it is fair to say that I cared more than he did. He wanted to change me, whereas I wanted him to be him – for example, he wanted me to be taller (unachievable) and slimmer (unlikely).

When we inevitably broke up at the end of third year, I wallowed in my own misery and almost certainly bored quite a few of my friends to tears in the aftermath. Even now I can recall that exquisite pain, and the agony of seeing him with someone else. However, it is impossible to say in retrospect whether this was a normal reaction to loss, or whether it triggered a depressive episode. Either way, I didn't pursue treatment at that time.

Perhaps life and work were all too much, too quickly, but I found those last years at medical school difficult, and I began to feel more and more anxious and stressed, unable to cope with the competing pressures of studying and working on the wards. Admitting weakness was not an option in the competitive climate of medical school, and I felt that I simply wasn't good enough. And I cut my arms with a razor on several occasions. I felt lost and anxious, certainly, but more simply unable to control my emotions. I did it secretly, in the bathroom, and it made me feel better; it relieved the tension and the anxiety. I did it more than once because it helped. At no point was I trying to cause any real damage, and I was not then depressed. But I fast realised that any relief it gave was quickly lost and that I was left with marks that I hated. Self-harm of that visible kind led to stigmatisation, even, or perhaps particularly, from health professionals.

I thought a lot at that time about an old friend, who had self-harmed badly when we were at school, something which made an indelible impression on me. It is quite possible that

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our friendship, and my reaction to her, triggered my own self-harm, all these years later. Cutting was probably less common amongst teenage girls when we were young than it is now, and I doubt I would have even thought of it had I not known her. To this day I have no idea why, but she was very troubled. She never explained.

On the bus going home one day, she asked me out of nowhere, 'Do you ever want to just not wake up?'

I was shocked. 'No.' I looked away and spoke quickly. 'What are you doing later? D'you want to meet up?'

One day at school she showed me her leg, scored by cuts, old and new. She had bandaged them with makeshift steri strips. 'I saw an artery pulsing there,' she said, pointing to one that was particularly nasty. She seemed quite calm. I was shaken and frightened. I had no idea what to do. Self-harm was rarely talked about at that time. She and I went to the same university, but I pulled away from her, scared by what had happened. I heard that she dismissed me too, saying that I had become interested only in make-up and boys. Some years after we graduated, I heard that she had killed herself. I still think of her, her gruff voice and her unarticulated pain.

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There was happiness, as well, though, in those last years at medical school. I met Richard, my future husband, at the end of third year. How can I describe him? In the words of another friend, he was very trendy, largely because he had a sheepskin coat, played in a jazz band, and had been to Africa to work for a year prior to university. I was personally slightly sceptical of these attributes, but he was certainly far cooler and more certain of himself than me. He was also tall and had a beard, and he liked me from the start. He didn't seem to want to change anything about me, although I felt that the beard and I were incompatible. We spent many months as friends, and

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then, just before he graduated, the beard went, and our relationship flickered into something more. The main problem for me was his plan to work in Mexico, with no return date. He had studied agriculture and was far more altruistic than I, going to work with peasant farmers in Chiapas at the end of my fourth year.

But, despite this emotional turbulence, the end was in sight for me at medical school, and fifth year passed quickly. We had a full month off between finishing university and then starting work as house officers, and graduation was bang in the middle of this. I graduated from medical school *in absentia*, in other words I was one of the few who wasn't actually there for the ceremony, having made the decision to go to see Richard in Mexico. I knew that if I didn't, I would probably never see him again. The flight was to Houston, then on to Mexico City, and I shall never forget that final descent. It was dark, and the irregularly lit and waving landscape was like a vision of hell, a portent of something unknown. But I was overjoyed to see him again. There were never any regrets.

His mother's sister, an artist, had married a Mexican, and we visited the family before going down to Chiapas. Richard had omitted to mention (I think deliberately) that his aunt, Susie, was a very beautiful woman, and I felt rather horrified by my post-exam and jet-lagged state. But Richard always made me feel beautiful. He had tried to acquire a suntan before I arrived, by working in the fields without his shirt on. And I was touched by this, if not by the resultant flake fest.

We went on some perilous journeys during that trip, on buses boasting flashing crucifixes and quite terrible music, but San Cristobal de las Casas, where he was living, was a lovely old town in the south, high in the mountains, where it was cool and fresh. He also took me to a remote place called Kipaltic, where he had been setting up educational courses. It was beautiful, with a colonial church front but rather basic facilities.

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'Where's the toilet?' I asked.

He looked a bit shifty. 'Just over here, don't worry, no one'll see.' It stood, unimpeded by a cistern, or even a door.

I looked at him in horror. 'I can't use this!'

'Well, I usually use the field,' he admitted. 'But come and look at the swimming pool!'

I wasn't expecting too much by this point, and even he couldn't deny the fact that it didn't actually contain any water, although there were quite a few dead frogs.

Fortunately, he wasn't on pyramid-guarding duty at the time I was there – I was very taken aback to learn later that this involved a gun, especially as I don't think he had too much training in the use of firearms. More prosaically, there are only so many refried beans one can eat without horrible consequences, and I was rather relieved to get back to San Cristobal.

It was clear that there was always going to be a pull in our relationship – Richard towards travelling and adventure, and me towards civilisation and running water. But, despite this, he decided to return to Scotland for a short while, when I started work.

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