



Gillian Hunt studied medicine at Girton College Cambridge and the West London Hospital during the second world war. She curtailed a transatlantic career in academic paediatrics to marry Christopher Poulton, assistant director of the Medical Research Council's Applied Psychology Unit in Cambridge. She worked as a part time general practitioner in Cambridgeshire while bringing up four children, three of whom became medical practitioners. Since 1970 she has been studying a cohort of 117 consecutive children born with open spina bifida.

# Receiving an MD at 90: an interview with Gillian Hunt

Born in 1922, when few women had careers, Gillian Hunt received an MD for her research in November 2012 at the same ceremony as her youngest daughter, Alison Poulton, received her MD. Her granddaughter **Rosalind McLean** spoke to her about her experiences.

## How did a governess educated 18 year old decide she wanted to become a medic?

My older sister was a prewar debutante, but the social implications of that kind of life didn't appeal to me at all. Also, I was very interested in the subjects that one would study in order to become a doctor, like observing animals. One night in 1940 after listening to a prom on the radio we heard bombs start to drop round us. We got up and found an incendiary bomb in the stable yard, two craters in the garden, and an unexploded bomb, which later went off in a wheat field. Having missed the bombs, I thought God had saved me for something and decided I wanted to be a doctor.

## What was your experience of being a female medical student in 1941?

I studied medicine at Girton College Cambridge, although women could not be members of Cambridge University at that time. We went to lectures where 90% of the medical students were male, and they would make comments when the women entered. Lecturers would address us as "gentlemen." The men wore gowns but we were not entitled to. However, I felt so privileged to be a student at Cambridge that it did not worry me in the least. Like many others, I chose to complete the preclinical course in two years rather than three because of the

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war. When I applied to do the clinical course at Guy's, where my father had been a physician, the response from the dean of medicine was, "Women medical students? Over my dead body."

## What do you remember about wartime hospitals in and around London?

They were very short handed. As a medical student I found myself also acting as a hospital porter, fire watcher, or x ray or pathology technician in the casualty department. And when you were over halfway to being qualified, if they were short of doctors, you did hospital locums, which was excellent experience for me, but not necessarily so for the patients.

## How did you combine the roles of mother and medic in the 1950s?

Most women gave up their careers on marrying and having a family, but mine became a mix of part time appointments, mainly in general practice, as they fitted in with my family life. My husband, Christopher, encouraged me to continue working. Together we investigated fatigue in junior hospital doctors and showed that sleep deprivation of three or more

hours affected performance. This underpinned subsequent national guidelines. He also taught me early on that if you do research you must get the statistics right. At the time I thought, "What's statistics got to do with it?"

## In 1970 you were asked to be the independent observer for an ongoing study started in 1963 of children treated for open spina bifida. What did you find out?

Instead of dying in infancy, these children's lives had been saved by closing their backs and inserting a cerebrospinal fluid shunt for hydrocephalus if needed. I found that the neurological deficit in terms of sensory level recorded by a neurosurgeon in infancy related to mobility, intelligence, continence, overall disability, and death from renal failure. I later discovered that adults with spina bifida with the best outcomes, who are incredibly courageous in dealing with all their enormous problems, tended to be the ones who didn't need a shunt or didn't need to have their shunt revised. Episodes of severe or prolonged symptomatic shunt insufficiency could be followed by loss of motivation or blindness.

## Why did it take you 40 years to receive your MD?

It needed a long follow-up to investigate expectation of life in spina bifida and the late onset of numerous complications that had

never previously been recorded, including increasing dependency. I was awarded my MD for a lifetime of "published works," including five *BMJ* papers, rather than a piece of work, as would be the case with a PhD.

## What troubles did you have doing your research?

If you are 70 years old and not part of a team, it is difficult to get funding. I did get small grants towards costs from the hospital and a spina bifida charity [the Newlife Foundation], but I was never paid a salary. However, as it was the only complete cohort of people with spina bifida followed up from birth, I thought the research was so important I couldn't stop.

## How does it feel to have your MD?

It's very satisfying. It's nice when you've had disappointments and people not being interested in or ignoring your crucial findings. Every little encouragement becomes rather important.

## Were you happy to be receiving it alongside your 55 year old daughter?

Absolutely! It's rather like being beaten at tennis by your child. You're really rather pleased that they are good enough to do that. Competing interests: None declared.

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