

# Middle Articles

## CONTEMPORARY THEMES

### The Haemophilic Boy in School

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Education is not a subject that would normally be discussed in a medical journal, but in the case of haemophilia, when the patient is severely affected, education and the prevention of crippling are closely associated, and doctors in charge of such haemophilic children are continually forced to consider education. In treating these patients two essential features are always in evidence. One is that potentially crippling lesions should receive immediate and adequate treatment; the second is that unless these children are educationally equipped to hold sedentary jobs their future employment will be precarious. As is shown in this report, they miss much school-time and often receive a very inadequate preparation for life. Over the years it has become clear to us that these difficulties could be solved only by the provision of a special boarding-school for severely affected haemophilic boys, and that the boarding-school should be run in close association with a haemophilia treatment centre.

As a preliminary to making a serious attempt to found such a school we thought that some effort should be made to discover how these children are at present educated, and what are the most urgent problems. To obtain the information questionnaires were sent out to two groups of people. These were the parents of children at present at school or of pre-school age, and boys who had themselves recently left school. The questionnaires were designed to determine what type of education children were receiving, how much school-time was lost on account of illness, and what were the opinions of parents and young adults about the education received and the type of education that might be desirable. It is estimated that there are approximately 1,200 haemophiliacs in Britain in the age group covered by the survey. It was not possible, in the time available, to approach them all.

#### Analysis of Questionnaires

A total of 518 questionnaires were received from patients in England. These patients included 92 who had attended the Haemophilia Centre at Oxford, 251 whose names had been given by consultants in the four Metropolitan Regional Hospital Board Areas, and members of the Haemophilia Society whom the Society had contacted for this purpose. An additional 54 questionnaires were sent by patients living in Scotland and Wales, but these have not been considered in the statistics.

Of the patients diagnosed as having haemophilia, or the similar but rarer condition Christmas disease, some are mildly affected. Instead of a total absence of one of the essential

clotting factors they possess a small proportion of the relevant factor. The mildly affected patients usually do well in normal schools. Unfortunately the degree of severity was often not known with certainty. For this reason we have given separate figures in each of the first three tables for those patients known by us to be severely affected.

#### Results

The types of school attended are shown in Table I; 201 children attended ordinary schools and 131 either attended schools for handicapped children or had home tuition. Of those

TABLE I.—Types of Education Being Received by School-age Haemophilic Patients (Cases Known to be Severely Affected are in Parentheses)

| Age Group | Ordinary Schools | PH Day-schools | PH Boarding-schools | HT      | Total     |
|-----------|------------------|----------------|---------------------|---------|-----------|
| 5-11 ..   | 121 (56)         | 31 (20)        | 14 (9)              | 16 (11) | 182 (96)  |
| 11+ ..    | 80 (33)          | 26 (23)        | *29 (*29)           | 15 (12) | 150 (97)  |
| Total     | 201 (89)         | 57 (43)        | 43 (38)             | 31 (23) | 332 (193) |

PH denotes schools for physically handicapped children, open-air or hospital schools.

HT denotes home tuition.

\* 26 of these boys were at the Lord Mayor Treloar College (see Discussion).

TABLE II.—Assessment of Absences per Term—School-age and Young Adult Haemophiliacs (Cases Known to be Severely Affected are in Parentheses)

| Age Group | -¼        | ¼+        | HT      | Total     |
|-----------|-----------|-----------|---------|-----------|
| 5-11 ..   | 102 (38)  | 64 (47)   | 16 (11) | 182 (96)  |
| 11+ ..    | *80 (*41) | 55 (44)   | 15 (12) | 150 (97)  |
| Adults .. | 44 (11)   | 70 (55)   | 22 (8)  | 136 (74)  |
| Total ..  | 226 (90)  | 189 (146) | 53 (31) | 468 (267) |

HT denotes home tuition.

\* 21 of these boys were at the Lord Mayor Treloar College (see Discussion).

who attended school 119 missed more than a quarter of school-time (see Table II)—20 of these missed more than a half. The proportion of children attending ordinary schools is undoubtedly influenced by two factors: an unknown proportion of the patients are mildly affected, and in the younger age group normal school is naturally tried first, and may not ultimately prove safe or satisfactory.

The survey also provided information about transport to and from school. Also the conditions varied from one area to another. All the boys attending special schools had transport provided by local authorities, though seven parents (six with sons in the 11+ age group) said that their children sometimes missed school because of transport difficulties. For those attending

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ordinary schools the conditions differed considerably. Several children had transport provided by local authorities, some were taken by friends, and one boy aged 6 was taken to and from school every day by the head mistress; for the majority, however, no special transport arrangements were made, and 28 were said to miss school at times because of difficulties of transport.

The physical risks of attending school were considered, and inquiries showed that many parents of boys at schools for the physically handicapped thought that the school hours were the most dangerous ones. Bangs from crutches, callipers, and wheel-chairs were the most common hazards. For the children attending normal schools accidents were averted by keeping them indoors. It was often noted that "he is not allowed out at play-time in case he gets hurt." However, swimming was encouraged for most children, and some teachers arranged special coaching out of normal school hours for the haemophilic boys.

Many parents and young adults felt that too little emphasis was given to academic progress at most schools for the physically handicapped.

### Replies from Young Adults

The opinions of young adults about their education are particularly valuable. Among the 74 known to be severely affected (see Table II) only 13 attended ordinary schools throughout. Of those 13 12 missed more than a quarter of each school-term, and three missed more than a half. The apparent high proportion of severely affected younger children who attend and manage well at ordinary schools (column 1, Table III) may therefore merely reflect the fact that they are at present too young to have encountered the difficulties fully.

TABLE III.—Assessment of the Proportion of Each Term Being Missed at Different Types of Schools (Cases Known to be Severely Affected are in Parentheses)

| Age Group | Ordinary Schools Missing |         | PH Day-schools Missing |         | PH Boarding-schools Missing |         | HT      | Total     |
|-----------|--------------------------|---------|------------------------|---------|-----------------------------|---------|---------|-----------|
|           | -¼                       | ¼+      | -¼                     | ¼+      | -¼                          | ¼+      |         |           |
| 5-11      | 80 (26)                  | 41 (30) | 13 (8)                 | 18 (12) | 9 (4)                       | 5 (5)   | 16 (11) | 182 (96)  |
| 11+       | 51 (15)                  | 29 (18) | 7 (4)                  | 19 (19) | *22 (22)                    | 7 (7)   | 15 (12) | 150 (97)  |
| Total     | 131 (41)                 | 70 (48) | 20 (12)                | 37 (31) | 31 (26)                     | 12 (12) | 31 (23) | 332 (193) |

PH denotes schools for physically handicapped children, open-air or hospital schools.

HT denotes home tuition.

\* 21 of these boys were at the Lord Mayor Treloar College (see Discussion).

Table IV shows the large number of young adults in favour of a special boarding-school, and clearly demonstrates their realization of the inadequate preparation for life given them by their own spasmodic education.

TABLE IV.—Opinions in Favour of Special Arrangements and a Special Board-school for Severely Affected Haemophiliacs

| Age Group | Total No. of Boys | Special Arrangements | Special Boarding-school |
|-----------|-------------------|----------------------|-------------------------|
| -5        | ..                | ..                   | ..                      |
| 5-11      | ..                | ..                   | ..                      |
| 11+       | ..                | ..                   | ..                      |
| Adults    | ..                | ..                   | ..                      |
| Total     | ..                | ..                   | ..                      |

\* Oxford did not approach the parents of children under 5 years of age. 41 are registered there.

The very discontinuous and varied types of education received by these boys may be illustrated by two case histories.

*Case 1.*—A boy attended nursery kindergarten at the age of 6 for two terms, but had to be withdrawn because of injuries. From age 6 to 11 he had odd weeks of home tuition by a British Red Cross teacher. At 13 he had six months' continuous education in a hospital school. At 14 he went to a boarding-school for physically

handicapped boys, but by this time his general background in education was so poor that it was thought best to concentrate on a course in tailoring. During the three years at this school between a quarter and a half of school-time was missed through ill-health.

*Case 2.*—This patient's teaching was wholly in the form of home tuition. For one year this was by a qualified teacher from a Nuns' Teaching Order. For three years he went to the home of an invalid lady in the afternoons, when he was well enough, missing between a quarter and a half of the time through ill-health. For seven years he was taught at the home of a local kindergarten teacher in the afternoons; again the schooling was interrupted by illness. He had a period of six months' continuous teaching in a hospital school.

These are not exceptional stories, and reflect the present difficulties of educating some haemophilic boys. It will be noted that the only continuous academic education these two patients received was when they were too ill to have their usual teaching and were in hospital for six months.

The very reasonable feeling that the educational problems of haemophilic children could not be expressed very well by simple "yes" and "no" answers was brought out by the fact that the majority of those who completed the questionnaires wrote essays on various topics in the section headed "comments." Extracts from these essays are given because they emphasize clearly the problems encountered by haemophilic children in school life.

### Advantages of Attending Normal Schools

The majority of comments in favour of normal schooling were influenced by some special circumstance such as the presence of a good haemophilia centre in the vicinity. The mother of a boy of 18 wrote: "We have been lucky in having the complete cooperation of the head and teachers at his [ordinary comprehensive] school and the fact that — Hospital is close by. When he has felt a bleed coming on, if he were at school, he has been rushed to hospital for treatment. Before he was registered as a haemophiliac there, and correct treatment was not available, he suffered considerably and was forced to take long spells in bed."

Several patients felt a real sense of achievement in having survived a normal school life, but only one of these was sufficiently satisfied with his education to think that there was no need for a special school. In fact this boy is rather severely crippled and has clearly not appreciated the medical role such a school might play. He said: "I would not recommend the institution of special haemophilic schools, unless as a last resort, as I feel the day-to-day contact with normal children of very great importance. This may lead to upsetting frustration, but to be educated together with similarly afflicted pupils is not, I consider, the best way of preparing a haemophilic boy for the world in which he must later make his way. It is often the case that to keep a child in cotton-wool is more dangerous, physically as well, than to let him take part, even though discontinuously, in the normal life of children of his own age."

### Disadvantages of Attending Normal Schools

The frequently expressed dissatisfaction with normal schooling centred on the problems of prolonged absences from school and the very reasonable inability of the teachers to make special provision for a haemophilic boy in an environment designed for normal education. Two examples of such comments are given.

*From the mother of a 15-year-old who has attended normal schools:* "He has been to various normal schools since he was 5, but always it has been the same story—weeks off for swollen joints or long spells in hospital for orthopaedic treatment. He became very discouraged and very behind and couldn't read till he was about 9. When he had home tuition for 18 months, this was better in some ways but he didn't have nearly enough to do and became very bored and missed the company of other boys. He is at a boys' school now, in a class of boys a year younger than himself, which

is not too bad really, and can hold his own up to a point, but has already been off school for a long time at the end of last term. As he is now 15 this is very worrying, especially as he is really rather bright. He gets on well with other children, so he quite likes the school, but of course hates being different in that he can't play games, etc."

*From the mother of a 15-year-old boy attending a secondary modern school:* "When he complains of any pain or swelling we keep him at home. He suffers from terrific bruising from quite small bumps. He has been in hospital twice in the last two years and has had a great deal of time off school as a result and is backward in his work. When I visited the head master he said it was hopeless to try for an office job as they couldn't spare the teachers to give him separate lessons. He leaves in another year. Teachers give the impression of thinking I keep him at home for nothing."

### Disadvantages of Attending Schools for the Physically Handicapped

A number of parents noted that the children's education suffered at these schools, and some felt that the staff at the school chosen for their son had no real understanding of haemophilic problems. An example of a parent's comment is as follows:

*From the mother of a 14-year-old:* "I consider the years spent at — (day-school for the physically handicapped) an absolute loss. When he left there at 11 he could only just read and knew no maths at all. The attitude there seemed to be to let them play, and he had more than one very serious bleeding through fighting in class. The teachers seemed to have no idea how painful or serious this complaint can be. If he had stayed there until the age of 16 he could not have taken G.C.E. I think it is wrong to put haemophiliacs with very bad spastics, also mentally retarded children, as they are normal, bright intelligent children and they are just held back all the time, so I definitely agree they would be better off at a school for haemophiliacs."

### Disadvantages of Home Tuition

Though home tuition had proved a godsend to some patients, many found the curriculum too restricted, the hours too short, and, without competition from other children, the incentive to work insufficient. There is also a great shortage of qualified home teachers who are able to teach in normal school hours, with the result that many children have their lessons only after the teacher has finished duty at school. It appears to be a major problem for a child to receive a "grammar school" education at home, and boys who have an interest in foreign languages, science, and other subjects requiring specialized instruction seldom can pursue them. A further disadvantage of home tuition is that, unless the child comes from a large family, or has young friends living close at hand, the companionship of other children is lacking and he becomes shy and antisocial.

*The opinions of a young man of 18 were:* "The problems of haemophilia are as much psychological as physical. In order for an educational system to work there must be some degree of adversity and competition. . . . I would support any steps to reduce crippling and physical suffering, but mental suffering must also be considered. Having experienced home tuition, and I can only speak for myself, I am certain that it had a retarding effect on my progress. With the competitive factor removed, and a highly personal relationship created between pupil and teacher, a state of apathy is reached. The special boarding-school would be a good idea for haemophiliacs, and the factor of close cooperation between school and haemophilia centre would be very valuable." (This young man went on to a grammar school at 13, and missed nearly half of each term while there.)

### Views on a Special Boarding-school for Haemophilic Boys

In this section we include rather more comments because one of the main doubts about establishing a boarding-school was

the fear that most parents would be unwilling to entrust their haemophilic sons to the care of others.

*From the mother of a 15-year-old:* "He was given the wrong chances to start with. He was sent to a special school where he was the only haemophilic, was put in a wheel-chair with a bad knee, and they just thought it would be better keeping him in it. They transferred him to another school on the same lines and he just lay in bed most of the time. On top of this he has asthma and was fretting his heart out, so we decided to bring him home. Then they decided to try him at the local school and provided transport, but he was so far behind with his lessons the teacher could not bother with him. Then he knocked his knee on the desk and that finished it. I was determined he would have to try home tuition. He is not doing too badly but does not get enough hours. He will be 16 at Christmas, and then he will have the worry of finding himself the right kind of work. We wish you luck in getting the special schools—it is no good haemophiliacs mixing, as they cannot get the attention in medical care and education."

*From the mother of a 13-year-old:* "He is a bright boy. He was absent a great deal from ordinary school, so we had no choice but to agree to his being placed in a boarding-school for physically handicapped children. It has a first-class staff and everybody is so helpful, but his education is severely penalized—'Mummy, because you did not want me to get hurt you have chosen this school, but really there is not enough work for me here.' I trust the authorities will give consent to this project of a special boarding-school, which I support wholeheartedly, and I shall not hesitate to send my child when it is ready."

*From a young man whose education had been inadequate:* "Every haemophilic should be given the best chance available of a good education. The majority of haemophiliacs have to find jobs in offices, and this is where education is a necessity. A boarding-school would be ideal if the necessary arrangements were made to obtain plasma quickly, as this would help to save time lost."

Although an unknown number of mild cases were included among the 518 haemophiliacs for whom questionnaires were returned, 292 were in favour of a special boarding-school—76 of the boys concerned were between 5 and 11 years of age and 33 more were under 5; 465 were in favour of special arrangements for the schooling of haemophiliacs (see Table IV).

### Discussion

The most informative results from the questionnaires on schooling were given in the comments by young men and parents. The parents of known mildly affected children were almost all satisfied with the ordinary schooling that their children received, and thus no special provision is necessary for them. The result is of importance from the point of view of prognosis. A proportion of severely affected patients also do well in normal schools, and clearly every effort should be made to encourage a child to continue with normal education when this is possible.

The detailed comments received in reply to the questionnaires suggest a number of conclusions.

1. That, whereas patients have a real sense of achievement in attending normal school, they miss so much time through illness that they fall behind with their work and are constantly trying to catch up with the rest of the class. Also, many boys intensely dislike being regarded as "different," and this cannot be avoided in an ordinary school when the haemophilic child has to be excluded from sports and is kept in the class-room at playtimes. Many parents have commented on the cooperation of teachers, but some have found great difficulty in convincing them that the frequent absences from school are for good reasons. Several of the young men said that they felt they were a burden on the teachers when at school.

An important feature which would ameliorate the difficulties of attending normal school would be the possibility of having books for use at home, or temporary home tuition during long absences. More than half the boys at ordinary

schools, but very few of those at schools for the physically handicapped, were provided with books for home use when ill. The procedure for obtaining temporary home tuition is complicated and is not normally set in motion unless a doctor states that he considers a child is likely to be absent for at least six weeks. A shortage of home teachers exists in all areas. Only nine children (two attending ordinary infants' schools, three at ordinary primary schools, two at ordinary senior schools, and two older boys at schools for physically handicapped children) were said to have had this service "sometimes" in term time. Several parents tried to arrange private tuition for their sons in the holidays.

2. The haemophilic children who attend schools for physically handicapped children also have problems. Their disability is very different from that of other children who attend these schools, many of whom are permanently crippled, suffering from heart disease or cerebral palsy. The curriculum is restricted on account of the wide age-range per class and the varied handicaps of the pupils; there is usually an emphasis on health, with long rest periods and less time actually spent in the class-room than at normal schools. The result is that, although some haemophilic children find it encouraging to mix with people suffering from worse disabilities than their own, most of them are frustrated by the slow pace of the lessons and become bored and disheartened. A fairly high risk of injury seems to be encountered at these schools, which is worrying for parents and dangerous to the haemophilic children.

3. Home tuition has helped many haemophilic boys but has the disadvantages of short hours, restricted curriculum, and the lack of company, competition, and incentive.

### Special Boarding-schools

Views about a special boarding-school for haemophilic boys varied a good deal. Many parents and young men were unequivocally in favour. On the other hand, a number expressed the fear that segregation of haemophilic boys might encourage an introspective and self-pitying attitude to life. This is undoubtedly a possible danger, which might be avoided by the older boys attending a local grammar school, secondary school, or technical college for special lessons. There would be every chance to experiment in solving the problems of the haemophilic patient in a school specially designed for such cases. This problem has been considered in other countries, and progress has been made towards a solution.

The first boarding-school especially designed with the needs of haemophilic boys in mind was the Centre Emile Rémy, opened by the French Red Cross at Montain, Jura, in 1958, for boys from 6 to 15 years of age. This pioneer venture was the more remarkable because of the absence of a boarding-school tradition in France. The decision to establish this school was taken after many years of thought, discussion, and experimentation by the medical and educational authorities. The tremendous success of the school is illustrated by the fact that a second boarding-school for haemophiliacs was established only two years later, near Paris, with 58 boys. By 1964 there were 83 pupils at the second school. In 1963 Le Centre "L'Espoir" was opened in the Savoy with 20 boys aged 15 to 19. This is a hostel for haemophiliacs who attend normal schools in the district. There are long waiting-lists for all three establishments (Favre-Gilly *et al.*, 1964; Josso *et al.*, 1964; Barrachin and Bossier, 1964).

In some of the patients' comments the value of early plasma treatment for haemarthroses was emphasized. This beneficial effect has also been our experience. Early treatment without loss of schooling is difficult to achieve without a special boarding-school for haemophilic boys.

The suggestion of opening in Oxford a boarding-school similar to those in France was first discussed with officials of

the Ministry of Education in 1963. The main difficulties in accepting this proposal were that any such school would be very costly, and, if it were to be undertaken, the authorities felt that they must be certain that this was the right solution for educating haemophilic boys. They also wondered whether, even if this was accepted in principle as the best arrangement, there would be enough prospective pupils and support from parents to make the project worth while. The first objection rests mainly on the argument that a group of children suffering from the same disease and handicap might develop behaviour patterns and attitudes which would make it difficult for them to fit into a heterogeneous and competitive society. There may be some truth in this, but, on balance, it is difficult to accept that a slightly less than perfect education is not better than an extremely imperfect one. The question of the support a boarding-school would receive could be answered only by the detailed and unprejudiced survey which we have attempted to carry out.

In fact our survey has shown that 292 patients or their parents are in favour of a boarding-school for haemophilic boys. Since clearly we have had the opinions of the parents of only a limited number of affected patients, there can be no doubt that such a project would have support. Our survey has also shown that of the 332 patients of school age included in it 150 miss more than a quarter of their schooling or receive home tuition. In addition we know of 91 children of pre-school age for whom education will soon be a problem. Of the 50 parents of these babies and toddlers who were approached by us, 33 wanted a boarding-school to be available. These figures, together with the very favourable response to the French schools, shows beyond doubt that there is a place for a boarding-school in the arrangements for the education of haemophilic boys.

### Lord Mayor Treloar College

At present the only school in the United Kingdom which takes a large number of haemophiliacs as boarders is the Lord Mayor Treloar College at Froyle, near Alton in Hampshire. This is a "non-maintained special school" for physically handicapped boys from 11 years of age who are of normal intelligence. It is run on comprehensive lines with a grammar stream, an alternative educational course, and training courses in a variety of trades. Out of the 130 pupils in the summer term of 1965 31 were haemophiliacs. Plasma is available on request at Lord Mayor Treloar Hospital, Alton, for joint and muscle haemorrhages, and there is close liaison between this hospital and the Coagulation Unit at Oxford. There is no similar school for boys under 11.

This school was visited by us in July 1965 and the haemophiliacs were examined. All of them are severe cases and many were found to have major deformities of long standing.

If a boy is unable to attend classes he is given work to do in the sick-bay. In 1965 five haemophiliacs took 37 G.C.E. subjects between them at ordinary level—two passed eight, two passed six, and one passed five.

The parents of 26 haemophiliacs at the College completed our questionnaire. Nearly all these boys had been missing more than a quarter of each term before going there—21 were said to be missing very little time at the College. Most parents commented on their good fortune in having been able to get their sons into the College.

The Warden of the College spoke of the immense improvement in the school attendance and general health that had occurred since plasma treatment had become readily available for the haemophilic boys. Even so, it was usual for a boy to be away for a whole day each time plasma was given.

Conditions for haemophiliacs at the Lord Mayor Treloar College appear to be much better than at any other school in England. However, it will not be possible for larger numbers

of them to benefit from the College's special facilities, as it is generally felt that an increase in the proportion of haemophiliacs would involve too much reorganization of many aspects of the College's present arrangements.

### Conclusion

It is not enough for young haemophiliacs merely to survive, nor even for them to grow to manhood with good physique—they must also be able to take their place in society as well-integrated, independent individuals, able to earn a salary and support their families. Since all forms of manual labour are closed to adult haemophiliacs, educational attainments achieved during childhood are obviously of the greatest importance. Success is possible only if their education has fitted them for clerical, professional, or other work which does not involve physical strain. Constant interruptions in their schooling will bar them from just this type of work and livelihood. Because the illness is utterly unpredictable in its periodicity, and because minor injuries are inseparable from normal childhood, good and continuous education can be achieved only if school and treatment centre work together as an integrated unit.

It is clear that there may be more than one solution to this social problem. In some towns it might be possible to adapt a day-school, or in others a special hostel for haemophilic patients who attend ordinary schools might be considered; but there is no doubt that a boarding-school, combining as it should early treatment for crippling lesions with continuous education, is the first essential in any plan for educating these children.

### Summary

The education of haemophilic boys presents a special problem. The boys need to have immediate and satisfactory treatment for potentially crippling haemorrhages and education to equip them for a sedentary life. This report analyses the results of a questionnaire sent to haemophilic patients or their parents, and shows that the present education arrangements are not satisfactory. The case is argued for establishing a boarding-school for haemophilic boys to be run in association with a haemophilia treatment centre.

We wish to thank the many consultants, general practitioners, school medical officers, and school principals who have cooperated with us, and especially Dr. G. I. C. Ingram and Dr. R. M. Hardisty for their encouragement and assistance, and Dr. R. H. Gandy for his hard work on the clinical aspects of the survey, which will be reported elsewhere. Professor R. G. Macfarlane gave us most helpful criticism throughout the preparation of this paper, and for this we are most grateful. We thank the Medical Research Council and the Haemophilia Society for grants without which this work could not have been carried out. We also wish to express our gratitude to all the patients, and their parents, who so willingly took part in the survey.

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## Memorandum on Surgical Training

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There is at present no plan of training in surgery in the United Kingdom. A man qualifying in medicine from one of the British universities who wishes to specialize in surgery has a very uncertain ten years ahead of him before he succeeds or fails in obtaining a permanent consultant post as a surgeon in his own country.

During the year following registration he will probably take time off work to study for the primary fellowship, and he may attend a course designed for this examination. This is a period of severe financial strain for a young married doctor. He may prefer to spend a year as a demonstrator in anatomy and physiology, but a year spent away from clinical surgery at this stage is too long. When he passes the primary fellowship he then seeks junior posts in S.H.O. and registrar grades. He may be able to study during these appointments, but his chances of passing the final fellowship are increased if he attends a full-time course, which again involves considerable expense. After a minimum of two or, more likely, four years as a middle-grade registrar it is possible to seek a senior registrar appointment. The senior registrar posts that are most likely to result in an attractive consultant position are those in famous teaching hospitals. In London many of the teaching hospitals are extremely short of clinical material, so it is quite possible for a man to obtain one of these highly competitive senior registrar posts and spend most of his time doing minor surgery, supporting his chief in the clinics, and attending tedious undergraduate ward rounds. However, the alternative of a senior registrar-

ship in a busy non-teaching hospital is considered to be professional suicide. Recently there has been a gradual awareness of this appalling state of affairs, and many teaching hospitals have now arranged rotations for their senior registrars, so that half the time as senior registrar is spent in a busy peripheral hospital. This is the beginning of a move in the right direction, but does not go nearly far enough.

"The provision so far made for postgraduate medical education in Great Britain lacks organization and cohesion. A nation embarking on a comprehensive health service cannot afford to do without a comprehensive system of postgraduate medical education." This observation from the Goodenough Committee in 1944 still holds true in many respects today.

### Objectives

Postgraduate surgical training should be closely linked to the requirements of the hospital services of the country. In less attractive areas, particularly in non-teaching hospitals, it is very difficult to get junior surgical staff of registrar status, and most of these posts are extremely busy, give little training, and are filled by graduates from overseas who have come to this country seeking, in vain, teaching in surgery.

It is necessary to formulate a plan of training to produce enough surgical specialists to fill consultant vacancies and at the same time to staff non-teaching hospitals at registrar grade. It is essential that a man who has decided to specialize in surgery should at the outset be aware of what this involves,

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