provided but not necessarily the best they feel they could for an individual patient given good facilities.

The need to refer patients for an ENT opinion will depend on the standard of undergraduate and postgraduate training received by the practitioner; his skill in using the instruments for viewing the hidden structures; and his ability to recognise not only the abnormal but also the normal. Few practitioners seem prepared to devote the time to practise the skills required and therefore reference largely depends on the history obtained. All discharging ears of long standing need specialised treatment; hoarseness of more than one month's duration needs a laryngoscopy; and all cases of dysphagia need hospital investigation. Lumps in the neck must be referred and chronic nasal disorders need expert examination. If in doubt or in difficulty or the patient demands it referral is essential. Many minor symptoms are the early indications of a major disorder. It is better to seek expert advice rather than procrastinate with symptomatic treatment that in itself may be harmful.

This patient is obviously under emotional stress. The label of strep throat is loose terminology that may mean nothing. Were cultures done; had she pharyngitis or tonsillitis or just a feeling of something wrong with her throat? The use of strong penicillin does not mean that any abnormality was seen. It is often used as a placebo for want of a diagnosis but unfortunately convinces the patient that something serious may have gone wrong. Her present strep throat looked normal and was associated with a globus, all suggesting a stress reaction but now this is followed by a true dysphagia for solid foods, almost always indicative of an organic disorder. There is now an absolute need for a full oesophageal investigation by barium swallow and oesophagoscopy. No abnormality may be found, in which case the dysphagia for solid foods may be a hysterical

spasm or an early achalasia of the cardia. Occasionally, achalasia of the cardia in the young presents with precisely this type of history.

Referral for a second opinion is mandatory, and management will depend on the eventual diagnosis. Whether or not this opinion is sought privately or on the NHS will depend entirely on the background of the patient and the local facilities available. Certainly if she wishes a private consultation she is unlikely to be satisfied with less and if there is a problem in management the more senior and expert the consultant handling her the better.

Postscript to the problem

The patient saw an ENT specialist privately and had two long consultations. No radiological or endoscopic examinations were carried out and quickly a new symptom—tachycardia and missed beats—developed, with the dysphagia apparently disappearing. During the past nine months numerous consultations with one of the more experienced principals have taken place, most lasting about 15 to 20 minutes. Despite a growing insight into her various emotional problems, she has had two further separate referrals for private consultation to one general physician and has recently returned with renewed "gynaecological" symptoms. She has discussed these with a gynaecologist—again privately—but, two months ago, disappeared without notice from the practice. We did know she had given her fiancé an ultimatum about her twice postponed marriage; she could be on her honeymoon, or she may have left this area and returned home, or she may even have changed doctors.

Contemporary Themes

When a woman's place is not in the home

F ANN MUSSON

British Medical Journal, 1977, 1, 1141-1142

A happy life for physically handicapped people includes independence—especially that of a job which supports them. In a society where a woman's place is no longer "in the home" a disabled woman has every chance that her career orientation will be accepted, but will the special importance of her *independence* be appreciated by those who guide her? It is in a profession intelligent severely handicapped people most easily achieve this. Muscular strength is often unimportant in a job which depends on brainwork. Consequently, schooling up to a standard which will lead to professional training is imperative for all who can benefit from it. Such schooling implies a staff of teachers trained to teach to advanced level.

It is increasingly stressed by those who are informed on the subject that there are overwhelming advantages in sending handicapped children to normal schools so that they rub shoulders with normal children. This is certainly true when the handicap is not severe. But when the child is severely handicapped, though a small expenditure on access to toilets and lifts might impress the fit, a handicapped person can often see just how much the child is having to do without. Can the child reach the laboratories, and make full use of the equipment? Have adequate adaptations been made to accommodate a wheelchair at the bench, to enable the child to reach taps, and use a suitable microscope or typewriter (fig 1)? Can the handicapped pupil take a full part in physical education—swimming, archery, table tennis, badminton—or is he an onlooker at hockey, tennis, football (probably getting chilblains out on the field)?

The only school in Britain entirely for girls with various physical handicaps, taking them up to several "A" levels in the general certificate of education is the Florence Treloar School at Holybourne, Alton, Hampshire. It celebrates its twelfth

Topsham, Devon

F ANN MUSSON, MRCS, MRCOG

Possum and Electraid typewriters are available for those who need them. These girls compete with fellow pupils in open examinations.

anniversary this year. Starting with a few girls, it has grown to nearly 100, for which it was purpose built. The school was founded by the Treloar Trust, fees being paid by local authorities for all girls attending from Britain (there are one or two pupils from abroad, whose fees are paid by parents).

A heated indoor swimming pool, specially equipped gymnasium, and facilities out of doors make it possible for girls to use their spare time at sport, and several have won gold medals at the Disabled Olympic Games. Forty of the pupils learn to ride, and there are opportunities for some seniors to go pony trekking in the New Forest in the summer term. Canoeing is popular with many, and some visit Calshott Activities Centre to participate in water sports on river or sea. There is a regular exchange with a school in France, and a group has gone abroad each summer, first to Belgium and lately to Iceland. There are facilities for wheelchair gardening, guiding, and a very high standard of music (a girl with muscular dystrophy recently passed her LRAM in the sixth form). Girls are encouraged to take part in the social life and shopping in Alton, where they go under their own steam. The sixth form have their own kitchen adjoining their common room. It is a boon when friends call in and enables them to have a little more freedom in arranging their social life at weekends.

The school caters for pupils of average and above ability. Although the range of IQ is approximately 90-130 on the WISC tests, with the majority at 100-110, the average number of "O" levels (or equivalent) gained last year was five. Sixth form girls stay in school during the summer half term so as to meet the old girls at their reunion. Here the practicalities of higher academic institutions and job openings can be discussed. Able career guidance from the age of 14 onwards, along with this know-how, has led to an unemployment level in old girls of the school of 8%, which is below the national average (this includes only four in sheltered employment).

In view of the time many of the girls need for dressing, toilet, and eating, can one really hope that severely physically handicapped girls lead such rich lives at ordinary schools or can claim such academic achievement?

Many handicapped children are best served at primary school level by a day special school in the area or, where it is possible, by the normal State system. But parents often become concerned when their child is nearing secondary school age. Will the day special school continue to meet the educational needs of the bright child? Will the special class attached to the normal school allow the severely handicapped child with potential to participate in *all* lessons and *all* activities? Where the child appears to have a genuine need, a general practitioner, paediatrician, neurologist, or orthopaedic surgeon can obtain

literature and films to apprise the parents of the possibilities. If it then seems to be in the child's interest, parents can approach the local education authority to ask for a full educational psychologist's report so that an objective assessment can be made. Parents can then, if indicated, request the authority to arrange an interview at a school such as the one described in order to have a full discussion and to discover whether this is the most suitable establishment. Admission at the Florence Treloar School is normally preceded by a two-week assessment, when the child can discover the school while the staff can gain some knowledge of the youngster's potential and attainment.

The school caters for children with many different kinds of handicap. The largest group at present is composed of those with spina bifida, some with associated hydrocephalus. Many of this group are multi-handicapped, being paraplegic and incontinent; some also have learning disabilities, particularly in mathematics and geography. Other children have cerebral palsy, muscular dystrophy, fragilitas ossium, rheumatic conditions, thalidomide deformities, and arthrogryposis. Surprisingly there are still some suffering from the after effects of poliomyelitis. In most cases these are children who have lived abroad or who have contracted the disease while on holiday abroad. There are children with many combinations of handicap at the school, but as there are no facilities for epilepsy or severe visual or hearing defects the parents of children with these defects are advised that they should apply to appropriate schools.

Not all the children come only because of the severity of their physical handicaps. For some the home circumstances make boarding school advisable. In this case the handicap, such as haemophilia or asthma, may lead to the child being rejected by a normal boarding school for lack of a matron trained in nursing. Others may have a minimum physical disability but have some social disadvantage—an only child in a rural area, or one suffering from rejection or over-protection at home. Occasionally the child is from a large family, possibly immigrant, where little English is spoken, and a large comprehensive school does not offer sufficient experience to a child who cannot get about and mix with others.

Recently, as a first move towards coeducation, a mixed section for 9-11-year-old boarders (some weekly) has been started, so that the boys and girls are adequately educated prior to starting their secondary education. These have a chance to make up, with remedial help where necessary, schooling lost through hospitalisation in the past.

The geographical origin in the United Kingdom of children attending the school is uneven. Possibly in some parts of the country this comparatively new school—with its headmistress herself severely disabled—is not yet widely known. For this or doctrinaire reasons there may be handicapped children failing to be entered for the secondary schooling which is their only road to higher education—their key to fulfilment and happiness.

Pharmacology books say that progestogens are not associated with thromboembolism, but the drug manufacturers of such oral contraceptives as Noriday (norethisterone) say that thromboembolism is a contra-indication. What advice should be given to a woman who has small varicose veins, needs contraception, and wants the pill?

The pharmacology books are probably right. Drug manufacturers have to be very cautious in case they might be in some way arraigned. Prescribers have to weigh many factors, especially individual ones. This patient seems determined not to have other forms of contraception or sterilisation. Small varicose veins are probably a slight contra-indication to any form of combined contraceptive pill, but if such should be prescribed then more careful surveillance is needed than usual. Probably a progestogen-only pill should be cautiously tried, accepting its drawbacks in relatively poor cycle control and relatively high pregnancy rate, though both of these are often acceptable.