

## Medical Matters.

### THE SPREAD OF DISEASE IN ELEMENTARY SCHOOLS.



Dr. Ralph E. Williams, Medical Inspector of Schools and Assistant Medical Officer of Health to the City of Sheffield, contributes an interesting note to the *British Medical Journal* on the Attendance Prize System and its relation to the Spread of Disease in Elementary Schools, which he considers a risk to individual health and a risk to the public health.

In support of this, Dr. Williams states that in regard to physical defects; he often receives answers to his letters requesting parents to obtain medical attention, to the effect that the child will be attended to in the holidays, so as not to miss its special prize. He knows cases of children who have lost special rewards owing to one half day's absence at the hospital for the removal of adenoids.

In regard to the public health, children are sent to school with the early symptoms of scarlatina and measles, and sit close to healthy children, and thus disease is spread.

In one case a mother brought a little boy to school, and begged the teacher to allow him to stay, although he was obviously far from well, so that he "might not miss his prize." This was on a Tuesday morning; on Thursday he died of scarlatina. In another case a child was kept at school all one day and till noon the next. During the afternoon she was delirious, and, on the family doctor being called in, she was sent to the fever hospital suffering from scarlatina. Another child was seen sitting by the fire on account of a sore throat. This child had diphtheria, and her reason for being in school was that absence would deprive her of a prize. In all these instances grave risk had been run of infecting other children.

In visiting schools when measles is prevalent in the district, how often colds in the head and red eyes are noted and excluded! Supposing these symptoms occur in the last fortnight of a child's six years' perfect attendance, with a silver medal full in sight, ignorant parents can scarcely be blamed for sending the child, although even to the unprofessional eye it ought to be in bed rather than at school.

I think all interested in the problem of health at school will agree that the weight of evidence is against the attendance prize system, and that some effort should be made to remedy it.

## Gastric and Intestinal Disorder.

*A Lecture Delivered at the Infants' Hospital, Vincent Square, S.W.*

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(Concluded from page 285.)

There is another condition of the stomach which is giving rise to a great deal of discussion in the medical profession at the present time, and about which many different opinions are held. It is known as Congenital Pyloric Stenosis. There are other names, but that is the one by which it is most commonly known. It is a remarkable condition in which there is a spasm of the pylorus, so that when food attempts to pass from the stomach to the intestine, the pylorus comes into a condition of spasmodic contraction, and prevents the passage of the food. As a result of that dilatation of the stomach ensues, associated with vomiting. In the typical cases the vomiting is rather characteristic, because it is not after every feed, nor does it necessarily occur every day, but at periods of about every 24 or 48 hours large amounts of food are vomited, while at other times the baby takes its food without vomiting.

Another characteristic feature of these cases is the marked tendency to constipation. We therefore have a somewhat remarkable clinical picture. Very often you will find that the stomach is dilated so that you can not only feel it, but you see the stomach rising in the abdomen of the infant so that it looks like a hen's egg protruding from the abdomen. It is a very interesting class of case, and one of the most interesting features to me is that one of its cardinal features has never been referred to—that is, that most of these babies are just under the length of the normal infant at birth, not very much under, they are not 18 or 19 inches, but they are not 21 inches—they may be 20 inches, and very often 20½ inches. It is as well therefore, as these cases should be recognised early, that I should describe the characteristic features to you.

The opinion is held by many experts very strongly that there is an organic stricture of the pylorus, that is to say, there is an amount of material in the region of the pylorus which is altogether pathological, which amount of material is responsible for the obstruction. Without going into all the details of the matter, I am confident that the great majority of these cases are not due to that condition at all. Nor do I think that the spasm of the pylorus is the

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