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Report of Physical Examinations of Religious Communities — Archdiocese of St. Louis

WAYNE O. GORLA, M.D.

This is a preliminary report of the findings in the examination of 975 nuns in six separate examinations.

Number of nuns with major defects: 354 or 36%.
Number of nuns with minor defects: 519 or 53%.
Number of nuns with no abnormalities: 294 or 30%.
Number of nuns who need care: 453 or 47%.
Number of nuns under care: 213 or 21%.

Abnormal small roentgenograms of the chest: 39 or 4%.
Family history of diabetes: 125 or 12.9%.
Dental defects: 214 (only two major) or 22%.
Each examination as it was being conducted yielded an immediately apparent small number (2-5) of major pathologies which needed immediate attention. This in itself, in our opinion, justified the entire project. Such things as an acute pulmonary tuberculosis, a ulcer of the thyroid, a toxic goiter, cancer of the breast, three cases of diabetes, two hernias, one of which was incarcerated, and two major dental problems with severe malocclusion and temporal-mandibular joint syndrome were among the immediate major pathologies discovered. However, a total of 354 nuns with major defects and 519 with minor defects out of 975 nuns gives an exaggerated picture of their overall health. In general, we found the level of health care these nuns have been receiving to be very adequate. It varied considerably with each community as might well be expected considering the varying background and associations of each one. Those associated with nursing orders who have their own hospitals and those who teach at the college level were found to have the highest standard of medical and dental care.

Although 36% of the nuns had major defects, 21% were found to be under the care of physicians and these were almost exclusively for the above tabulated major defects. The remaining 15% of the major defects were either unknown or untreated.

The minor defects, as detailed below, included impacted cerumen, varicose veins of the legs, mostly of minor degree and mostly asymptomatic.

Of the 22% exhibiting dental pathology, approximately three-fourths were listed as needing dental care for prophylaxis only. Two major dental problems were discovered—severe malocclusion and temporal-mandibular joint syndrome. However, many ill-fitting dentures and outdated dental restorations were discovered, and the majority of the nuns did not make dental visits at regular intervals of 6-12 months.

It would perhaps be of interest to detail the major defects found in one of the six examinations: Out of 179 nuns examined on one Sunday there were 3 thyroid adenomas; 1 colloid goiter; 3 cases of diabetes mellitus, all known and under care; 3 eye problems: one retinitis, one enucleation for melanoma of the eye, and 1 blind eye; 1 incarcerated inguinal hernia; 27 cases of cardiovascular disease, including 11 cases of hypertension, most of which were unknown; 1 possible aortic aneurysm, and 10 cases with heart murmurs and enlarged heart, also 2 possible cases of angina pectoris. There were 3 major gynecological problems found: 1 fibroid uterus, 1 metro-menorrhagia of menopause, and 1 ovarian tumor. One breast tumor, probably benign, 2 cases of asthma, 1 case of quiescent tuberculosis not being observed regularly, 5 gastrointestinal problems, 1 diagnostic GU problem, 3 diagnostic neurological problems, 1 case of Parkinson’s Disease, 1 known peptic ulcer not under care, 1 known esophagitis (chronic), 1 major dental problem, 1 case of known polycystic kidney disease, 1 case of chronic otitis media, 2 cases of rheumatoid arthritis, 1 case of osteoarthritis, and 1 case of Meniere’s Disease were also noted.

Of the minor defects on this same Sunday were found: 6 nervous problems, as follows: 4 non-specific nervousness, 1 tension headache, and 1 insomnia; 4 problems of headache of undetermined etiology, 13 cases of varicose veins, 13 cases of obesity; 2 cases of hemorrhoids, 1 ENT problem including 13 with large amounts of wax in the ears, 4 chronic otitis externus, 4 post-nasal discharges, 1 recurrent sinusitis, 1 acute pharyngitis, and 1 healed perforated drum; 1 case of chronic bronchitis and pharyngitis, 1 bleeding rectal polyp, 1 case of chronic cystitis, 8 cases of orthopedic problems of the feet, 2 other orthopedic problems, 1 ptosis of the kidney, 2 nasal allergies, 3 anemias, 7 dermatological problems including 1 limpa, 1 acne, 2 fungus of the feet, and 3 sebaceous cysts requiring attention; 11 minor gynecological problems including 1 menopause, oligomenorrhea, 1 menstrual irregularity, 1 vaginal discharge, 1 dysmenorrhea, 1 hypoplastic internal genitalia, 1 cervical polyph, 2 monilial vaginitis, and 1 premenstrual tension.

A yield of 39 abnormal small roentgenograms of the chest, or 4% of the total nuns examined, was obtained. Most of these correlated with the physical findings of enlarged heart, and/or rheumatic heart disease, or...
hypertension, or with known previous pulmonary tuberculosis. In itself it was of no real value in detecting pathology, the pathology having already been suspected or found by the history and physical examination.

The finding of 125 family histories of diabetes out of 975 people or 12.9%, indicates the high incidence of diabetes in our civilization. It likewise should stimulate all of us to inquire as to the family history of diabetes in each and every patient we see, as it is this group which is going to yield the vast majority of diabetic patients in our practice. Each nun with a positive family history was advised to have an annual examination.

Resume: The level of the general health care and dental care of the 975 nuns examined appeared favorably with that of the general population in the St. Louis area.

1.) The immediate yield of 15 major pathologies each examination day, ranging from active pulmonary tuberculosis, incarcerated hernia, to CA of the breast, CA of the thyroid, alone fully justifies the program.

2.) The long-range benefits in terms of preventative medicine for those found with hypertension, obesity, family history of diabetes, diagnostic problems of the GI tract, and other systems are certain to be considerable.

3.) The stimulus to the nuns to have those minor defects corrected which were found in 19 nuns, or 2% of those examined, will add immeasurably to their comfort and efficiency.

4.) It is intended that these examinations will stimulate the order and the individual nuns to seek out annual or bi-annual dental and medical check-ups.

Economic Aspects
Health Care of Religious

JOHN J. FLANAGAN, S.J.

Every physician and every layman with family obligations is acutely and sometimes painfully aware of the spiraling cost of living which has engulfed our whole country in the last 25 years. One of the most critical areas which families face is the ever increasing cost of health care. The same problems which the head of a family faces are common also to religious communities of men and women whose members live under the vow of poverty. Life has changed for them as much as for the laymen—except that the community income base has not risen in proportion to the cost of educating religious, the cost of supporting them while they are engaged in the apostolate has increased by almost geometrical proportions.

Unfortunately the financial base for supporting these increased responsibilities has not grown proportionately. The earning base and, therefore, the contributing power of the teaching sister to her religious community has not greatly increased. With great effort the stipend for the teaching sister in the parochial school system has moved away from the pre-war scale of $35.00 and $50.00 a month. In good situations