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

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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 x-rays 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 acute pulmonary tuberculosis, a cancer of the thyroid, a toxic goiter, a cancer of the breast, three cases of diabetes, two hernias, one of which was incarcerated, and two minor 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 the 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 backgrounds 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 with temporal-mandibular joint syndrome. However, many ill-fitting dentures and out-dated 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 metromenorrhagia 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 diagnostic GI 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, 21 ENT problems including 13 with large amounts of wax in the ears, four 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 lipoma, 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 polyp, 2 monilial vaginitis, and 1 premenstrual tension.

A yield of 39 abnormal small x-rays 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 blood sugar and/or urine collected 2 hours after a meal. Three of those with a family history of diabetes were found to have sugar in the urine and a diagnosis of diabetes was confirmed by subsequent blood sugars. Those nuns who were obese in addition to a family history of diabetes, were encouraged to undertake a weight reduction program.

Resume: The level of the general health care and dental care of the

975 nuns examined compared favorably with that of the general population in the St. Louis area.

1.) The immediate field of 1-5 major pathologies each examination day, ranging from acute 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 53% of those examined, will add immeasurably to their comfort and efficiency.

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