

AILMENTS FOUND AMONG NURSES.*

By LEONARD D. FRESCOLN, M.D.

Nurses, by reason of their work, especially in hospitals, and through exposure to various transmissible diseases, are peculiarly liable to contract quite a variety of affections. Some of these ills are such as one in any vocation might acquire when overworked and run down; others are gotten from patients they are nursing having infectious and contagious diseases; others are from drugs handled, and in addition accidents often happen to the trained nurse, such as infecting wounds, scalds, &c.

During a three-year course for nurses, at a large hospital training about one hundred and twenty-five nurses, a hundred and more different affections were treated in about as many different nurses. Some of these patients had one, some several visits (as the typhoid cases). Some of the young ladies, of a hardy constitution, are fortunate enough to escape disease, while others fall an easy prey to many troubles, and are prone to relapses.

Among the infections were enteric fever (two cases), most likely contracted from ward patients, phthisis pulmonalis (not likely acquired in the hospital), acute follicular tonsillitis (very many cases), many ordinary respiratory infections ("cold in the head"), one case of scarlatina, rubella, rubeola, several cases of pleurisy with effusion, influenza in epidemic form, some erysipelas and sporadic cases of diphtheria (tonsillar and nasal).

Considerable gastro-intestinal trouble is met with among nurses. They sometimes eat irregularly, generally hurriedly, feel too tired at times to eat at all, &c. Constipation is common, although the nurses are a great deal on their feet and can overcome it.

Conjunctivitis is met rather frequently. Soiled hands, pneumococci from patients, "pink eye" infection from children admitted—all contribute to this condition. The explicit precautions taught nurses render gonorrhœal conjunctivitis extremely rare. Not a case has been seen during the last three or four years, although many of these cases are handled, in the ward for the purpose. Some infection has happened, however, in the institution. You are apt, occasionally, to have a case of mydriasis caused by handling atropin and putting the fingers to the eyes thoughtlessly.

Nose and throat trouble is common, particularly infection of the tonsils. Fortunately a purge, salicin and strychn. sulph., internally, cleansing with hydrog. peroxide and prompt

and thorough punching out of each follicle with 60 grains to the ounce silver nitrate solution, render acute follicular tonsillitis cases of only a day or two duration without sending to bed. Rhinitis is commonly checked by local application in the laryngeal ward. Acute laryngitis, developed by the nurse going off duty in perspiration and going out, is quite common, and is ordinarily easily managed by inhalations.

Surgical affections common with nurses, but, of course, not confined to them, include acute appendicitis, chronic appendicitis, abscesses of various sorts, plenty of finger infections from pins and scissors, scalds, burns, bites and other wounds from refractory patients, contusions, incised wounds from handling instruments, carbolic burns, furuncles. There are a few maladies, such as bi-chloride of mercury poisoning of the hands and flattened arches of the feet, that are so associated with nurses' duties that they might almost be termed "nurses' diseases." These cases are fortunately controlled in the hospital. Skin affections include scabies (this disease being so common in a city hospital), herpes labialis, acne, eczema, and different forms of dermatitis.

In addition, a few sporadic cases of gastric ulcer, hypertrophied tonsils, mastitis and typhoid spine complicating enteric fever, paratyphoid, middle ear disease, hysteria (including hysterical aphonia), salpingitis, ovaritis, uterine displacement, esophagitis, neuralgias, neurasthenia, nephritis, myalgia, miliaria, periostitis, tenosynovitis, paronychia, peritonsillitis, quinsy, ozena, verruce, tracheitis, torticollis, goitre, sinusitis, rheumatism, eye-strain, pleurodynia, cephalalgia, cardiac dilatation, endocarditis, migrain, lymphangitis, lymphadenitis, lumbago, hay catarrh, gastralgia, pneumothorax, myositis, polypus, edema of larynx, gall stones, pes cavus, Vincent's angina, varicose veins, urticaria, rhus toxicodendron poisoning, pulmonary congestion, foreign body on the cornea and impacted cerumen were also treated.

Nurses, like physicians, are generally difficult patients to handle. They brood over imaginary ills, think lightly of real trouble and at times if not watched may be their own physician. The nurse who endeavours to treat or nurse herself when sick must not have heard the old physician's motto, "The sick doctor who treats himself has a fool for his patient."

Dr. Louis Sambon has left England for a third expedition under the auspices of the Pellagra Investigation Committee to study the disease in America and the West Indies. Dr. Sambon is of opinion that pellagra is an infection conveyed by an insect.

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