

## THE PUBLIC HEALTH.

## THE INCIDENCE OF DISEASE AMONG NURSES.

*Abstract of Address at the Royal Institute of Public Health.*

By DR. GRAHAM LITTLE, M.P., F.R.C.P., B.A.

The appreciation of incidence of disease in nurses has been much more difficult to make than in doctors, owing to the absence of any official statistics, which ignore diseases in women, but I have had some very valuable help, which I wish to acknowledge fully, from the matrons of the great Teaching Hospitals of London, and also very particularly from the Lady Superintendent of the Nurses' Co-operation, who has furnished me with a most useful return of the character of the diseases for which nurses upon the Co-operation have received sick benefit during the past ten years. The five categories which head this list are: (1) influenza (90); (2) tonsillitis (56); (3) nervous debility (47); (4) bronchitis (36); (5) cardiac affections (25). Rheumatism (23), appendicectomy (22) and gastritis (17) are the chief runners-up in this list. The very experienced lady who gives me this information draws attention to cardiac affection as being "probably occasioned by over-strain and lifting," and the nervous debility she would ascribe to "the exacting nature of a nurse's life, and the varied conditions to which she has to adapt herself."

The reports from the matrons of the Teaching Hospitals, St. George's, Westminster, St. Mary's, St. Thomas's, St. Bartholomew's, University College, Royal Free Hospital, London Hospital, King's College Hospital, Guy's Hospital and Charing Cross Hospital, while less detailed, give very much the same picture.

The Resident Medical Officer of the Middlesex Hospital, who has been good enough to answer my query in the place of the matron, gives rather a different list. He writes: "The main causes of ill health are minor medical and surgical maladies, cold and sore throat foremost, then come 'bilious attacks,' toothache, bruises and sprains, scalds and burns, conjunctivitis, cut fingers, boils, headaches, foot-strain, whitlows, etc."

In some of the reports of the Teaching Hospitals septic fingers take a prominent place, and in two (Westminster and King's College) flat foot is mentioned as one of the most important causes of absence from duty. In this connection there is an interesting paper published in the American Journal of Orthopædic Surgery, August, 1903, with the title, "The Occurrence of Painful Affections of the Feet among Trained Nurses," based on the examination of five hundred nurses over a course of eight years, in which certain opinions are offered. The first is that inspection of the feet by an expert orthopædic surgeon proved to be an unsafe guide in predicting future trouble. The weight, and size of the boot, again, appeared to have little relation with the development of the disability. More value was attributed to the way in which the nurses walked and an ingenious test, by inspection of the imprint of the foot seen through glass, is described for measuring the degree to which nurses carry their weight upon the outer border of the foot rather than upon the centre, the fault which seems of most importance. It is curious that 64 per cent. of the cases of trouble occurred in the early months of the year, February, March, April, May, that is to say, "in the early spring when the nurses had been indoors all the winter," and 60 per cent. within the first three months of the nurse undertaking her duties. The strain was definitely greater in those wearing a tight boot, with a pointed toe, a high heel and a slender flexible shank. Unhappily it seems impossible to persuade women to regard anything but fashion in the selection of footwear. Although general conditions causing muscular debility are probably even more important factors than the

character of the boot, the bad effect of faulty boots is considerable.

The matron of St. Bartholomew's Hospital commenting upon the frequency of sore throat which was placed first as the most important cause of illness in nurses, expresses the hope that this cause will become less frequent with new regulations by which candidates for the nursing profession with enlarged tonsils are not accepted unless these tonsils have been removed. She also draws attention to the project of stamping out diphtheria by a regulation that all candidates on entry shall be immunised against it.

The matron of the London Hospital gives the interesting information that candidates for admission, before being accepted for training, undergo a thorough medical examination, and this is repeated by the same physician after a month's trial in the wards, and her list would take the following form:—infectious diseases 1; aural and nasal cases 2; medical cases 3; surgical cases 4; abdominal operations 5. She is alone in giving first place to infectious diseases which in other lists seem to occupy relatively unimportant places.

The matron of Charing Cross Hospital in a most admirable contribution draws attention to certain conditions of the life of nurses which merit attention. Nursing is a vocation for which only exceptional women are really fitted and many are accepted for training who are physically and temperamentally unsuited for the work. Probably much more care should be exercised in the preliminary examination of candidates for entry into the nursing profession and those at any rate who are physically handicapped should be weeded out immediately. Some of the habits of nurses are to be condemned as being productive of illness, the first in importance probably being the neglect of constipation, which is one of the most persistent drawbacks of a nurse's life. The neglect, again, of obtaining proper sleep is a fault which no rules can enforce since they are so easily evaded. A nurse on night duty, for example, will often spend in other ways the time when she ought to be sleeping. The distribution of work is sometimes very badly made; as Miss Cochrane says: "Nurses in some hospitals will work all day for two or three days and then get a day and half off-duty," and she ascribed burns, cuts, etc., as due to the fatigue of these prolonged spells on duty. Another very important cause of illness and staleness in nurses is to be found in the insufficient and improper feeding which, in some institutions, is simply to be described as disgraceful. Monotony and lack of consideration of food values are some of the greatest faults of the hospital diet provided for nurses. A famous French physician once said to me in his pleasant broken English, "De stomach, he like sometimes to be surprised!" The menu for nurses too often ignores this perfectly proper desire of the stomach, and "when the same food is served on the same day of the week, so that it is known beforehand exactly what is to be eaten on Monday, Tuesday, Wednesday, etc., it is not perhaps to be wondered at that nurses will often leave their food at table and eat between meals in their bedrooms, sweets, cakes, sardines and tinned food of all descriptions to the accompaniment of too much tea. Margarine instead of butter, absence of fresh vegetables and fruit, food which has been re-cooked and which retains little food value (hashes, minces, rissoles, etc.) may be given as examples of this very serious fault too often found in institutions which practise a very false economy in this respect. Miss Cochrane again gives me very valuable pointers regarding the stupidity of exercising too much restraint upon the nursing staff; she writes: "The rigid inflexible rules in force in the Nurses' Home exaggerate the feeling of confinement and react adversely on the mental condition and cause depression." It requires some effort of will for the nurse to take daily walks in the fresh air in preference to toasting herself by the sitting-

[previous page](#)

[next page](#)