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A Medical Student's Diary and Analysis of the Nebraska Migrant Health Project

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Nebraska Migrant Health Project

Monday-June 1, 1970

June first was spent on the drive from Omaha to Scottsbluff.

At the Migrant Health Office in Gering there were two patients discharged from St. Mary's hospital. The discharged were a newborn and a mother, apparently in good health. These patients will be seen later in the home by the health nurse Mrs. Mitchell and I. There was also a patient discharged from the hospital in Bridgeport-this was a 41 year old male. He has diabetes mellitus and was hospitalized with a diagnosis paraphimosis. This patient will also be followed up in the home by the health nurse Mrs. Mitchell and I.

Tuesday-June 2, 1970

This was the first day of actual involvement in the Migrant Health Office in Gering. At 8:00 A.M. there was a family waiting to be seen in the Migrant Health Office. A child of three years complained of sore throat and sore ear. The nurse took her temperature which was normal at that time. I was not present and she asked the mother to bring the child back to the Wednesday night clinic or bring her back later that day. The mother brought the child back to be seen about 10:30 A.M. At this time the patient had a rectal temperature of 102, the chest was clear to auscultation, regular sinus rhythm, no tachycardia or tachypnea. The patient did not appear to be in any acute distress however she did appear to have otitis media on the left and tonsillitis, with no exudate and 2+ enlargement. This child was referred to Dr. Harvey for definitive treatment.

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Later Tuesday morning Mrs. Mitchell took me with her to St. Mary's hospital to evaluate the census of migrant workers to date. And to the present time there has been 13 admissions to the hospital. The only patient in the hospital at the present time is a 50 year old female, Mrs. Maximo Martinez. She is having low back pain and is a patient of Dr. Karrer's. On the completion of the visit to St. Mary's, Mrs. Mitchell and I went to West Nebraska General Hospital to evaluate their census to date. There have been 12 patients admitted to General Hospital with no patients presently in the house.

At noon I had my first meeting with Dr. Harvey, medical coordinator for the Migrant Health Project. We discussed the goals and the possibilities of the program while having lunch with Mr. Ogg. It was considered a possibility that the student spend time during the week with the local doctor that staffs the Wednesday night clinic. This arrangement may facilitate follow-up on patients seen in the Wednesday night clinic and give the student an opportunity to see several doctors' practice. Dr. Harvey will be out of town for three weeks in the latter part of June. I think that in the future more time spent with Dr. Harvey will be valuable to this preceptorship. We discussed the possibility of making morning rounds on the migrant patients with their doctors. We discussed the possibility of observing general surgery in the mornings with the surgeons in town, not necessarily related to the migrant health clinic. We discussed the possibility of spending one or two days a week at the day school or at the nursery school.

Later Tuesday afternoon Mr. Ogg showed three films that have

been prepared for this program by the Public Health Service. The three films were: "A Healthy Place to Live," "Keep Clean and Stay Well," and "Food Storage and Preparation." These films discussed food handling and preparation, hygiene, the disposal of waste and general health maintenance in the family. Mr. Ogg gave me an outline that he had prepared for briefing and training part-time or short duration employees for the Migrant Health Service. In this is the official definition for a migrant worker that qualifies for this program, what the objectives of the program are and part of this outline will be included in the final report.

Dr. Harvey had informed me at our lunch that he had a Mexican American coming into the office at 4:00 P.M. that day and he invited me to be present when this patient was examined. At 3:30 P.M. I arrived in Dr. Harvey's office and I observed him in the examination of two other patients. I then talked to the Mexican American whose problem was weight control since the birth of her last child. Following the evaluation of this woman's problem and her progress in losing weight, we discussed one other of Dr. Harvey's patients. He showed me through his office and introduced me to his father who is the senior partner. This was the extent of my first day on the migrant health project.

Impressions day one. There is a possibility of becoming too socially oriented and not enough medically oriented. It will take more individual effort of preceptee in order to make the medical aspect of the program valuable.

Wednesday-June 3, 1970

Home visitation note for Wednesday, June 3 rd, on Jesse and Irene Escamilla with newborn. The dwelling was 7 miles east 1 mile south and 1 mile east of Scottsbluff at D.R. Reichert residence. Mr. Reichert was found on the home place and he gave us permission to talk with the Escamilla's. He was not sure of their name and to his knowledge there were no new babies in the area. The migrant dwelling on the home place was the home of the newborn and the mother. The dwelling where the newborn, mother and the rest of the Escamilla family were living was a two room house with two outside entrances. There was inside plumbing and running water. The cooking area appeared to be clean, and the floor was clean. The home appeared to be neatly kept and appeared to be generally clean. The bed the mother was resting in was clean and neatly made. The small card board box the baby was resting in was well padded with clean blankets. The child was dressed in clean clothes and the diaper was clean at the time we were there. The child appeared to be satisfied and comfortable. She said there were no problems and that the baby was getting along very well at home. Mrs. Escamilla said she was having no problems. The baby was presently being fed similac approximately every four hours and there had been no problem with skin rashes or diarrhea. The family appeared to accept the visiting nurse and me very well and they were very cooperative in answering questions. They appeared to be very concerned about the health and well-being of the new baby. This mother appears to be very adequate in caring for the child and very concerned to see that things are kept clean and neat. The mother was advised to keep her appoint-

ment with Dr. Bill Contry, who delivered her baby. The appointment was for June 6th. She was also advised to return to the Migrant Health Clinic on prn basis. Impression: well baby and mother, no changes in diet or treatment of this child at this time.

The second home visit was to the Tristan family. This family consists of 22 year old father, 20 year old mother and an 11 month old male sibling and the new born boy. This family is employed on the Carl Nuss farm, 5 miles east, 3 miles south of Minatare. The Nuss family appeared to be well-informed of the care of their migrant labor and to know the family and the problems they were having at this time. (ie, having a new baby in the home) The family was found in the migrant dwelling, near the main farm house. This dwelling appeared to be well kept, the windows were screened, the yard area was well mowed and kept by the growers. The dwelling was slightly untidy, the floor was quite littered with debris. There was milk and food on the table from breakfast. It did not appear that the dishes had been washed since breakfast, the food storage area was open. There were two children playing in the yard-they were the brother and sister of the father of our family of three. We asked these children several questions; they understood English and answered our questions. They responded well to us and appeared to accept us quite well in their home. They assisted the 20 year old mother of the new baby in answering questions and were very willing to ask our questions in Spanish if the mother did not appear to understand. And then ther interpreted her answers to us. When asked how many people were living in this four room dwelling, the children

said that there were 8 brothers and sisters, the father and mother, the 22 year old sibling and his wife with their two children. That made a total of 14 people living in this dwelling. The beds did appear to be made, and there appeared to be adequate room for everyone to sleep in a bed. The mother and child appeared to be getting along well at home, the mother said she had had no problems with the baby. The baby had been delivered by Dr. Baker and the mother and child had returned home on June 2, 1970. The baby was being breast fed and the mother thought the child was doing very well.

Impressions of home visits: These two home visits were enlightening as to the Mexican-American environment at home. Both these dwellings were adequate if taken care of properly by the Spanish American while they lived in them. The second dwelling appeared to be quite over crowded but living conditions were adequate. It is my impression that more effort should be made on future home visits to answer questions of the Spanish American as far as food storage, food handling, cleanliness around the house and the type of information that would be of general use to the family. I am not sure how the family would accept this type of suggestion but I will consider this problem and make suggestions on the next home visit and see what the response of the family is.

The afternoon was spent observing the day care centers at the Scottsbluff Junior High School. The day care activities are divided into three areas, ages 5-13, 3-4, and newborn to three years. The newborn area is manned entirely by volunteer help. The children are picked

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up in the morning from the parents or brought to the school by the parents, are fed, clothed, changed and maintained during the day by the volunteer help of the Scottsbluff church organization-Women Church United. The children are picked up by bus in the morning from the parents, are taken to school, are fed and bathed. Educational opportunities and recreational activities are provided throughout the day and these children are fed again in the evening and returned home by bus. This facility at the Junior High School appears to be doing a very valuable service to the Mexican American as one of the basic problems in trying to improve the situation of this group of people is in education and communication. It would appear at the present time that I will be spending time each week at the day care center doing physical screens on the students that are there and evaluation of the newborns. From time to time I may be called upon to evaluate students that are there that are questionably ill and may need medical attention.

The remainder of the afternoon was spent in the Gering office in organizing literature that is available to be distributed to the Mexican American when they attend the clinics, and making arrangements for the Wednesday night clinics. Later in the afternoon an organizational meeting was held between the health aides, which are three, Mr. Ogg, the secretary, the nurse and myself. This was to organize the activities for the clinic and to better define the areas of involvement of myself and the nurses. The health aides apparently spend most of their time making home visits, checking on physical environment and physical facilities for the Mexican Americans. They have a standard

registration form which is filled out about each family that is contacted. They try to obtain information on each migrant, such as if they are Spanish or English speaking people, where their home is, what kind of home life they have, their home state, how Nebraska life compares with their home, where they are presently employed, where their next destination will be and the approximate date of their departure for their next destination.

Wednesday night clinic begins at 7:00 P.M. The staff for the clinic if the coordinator of the clinic, Mr. Ogg, three sanitation aides, the migratory health nurse Mrs. Mrs. Mitchell and Dr. Harvey was present for the June 3rd., Wednesday night clinic. I will be involved in four Wednesday night clinics. The migrants workers come to the Migrant Health Office and if they have not been seen before they are registered on the standard form. At the Wednesday night clinic 6-3-70, 12 families presented to be seen and there were 17 patients seen, three of which were referred to local medical doctors. The patients referred from the Wednesday night clinic are either referred to the physicians office that is attending the clinic that night or an attempt is made to spread the patients among the local doctors evenly, so as not to overburden any. The migrants that came to the clinic were anxious to be seen and were cooperative with the doctor and me. There were also two student nurses present in the clinic, they were very well accepted by the people in the clinic.

Wednesday Night Clinic-June 3, 1970-Patients Seen and Treated

- Garza, Meralda-Age 16 with tonsillitis. Rx Tetracycline.
- Garza, Antonia-Age 2, presently on no vitamins. She was given Poly-Vi-Sol.
- Garza, Deloras-Age 5, with a fungal infection on her legs. Rx with Vioform cream.
- Garza, Albert-Age 15, who had been treated for a positive Tine test, and chest x ray in 1968. Follow-up in 1969 was negative. A Tine test will be applied and chest film repeated to continue follow-up.
- Buente, Monica-Age 40, referred to the local ophthalmologist.
- Salazar, Corina-Age 3, otitis media. Rx V-Cillin K.
- Saucedo, Teresa-Age 9, URI. Rx Phenergan plain.
- Saucedo, J.C.-Age 4, URI. Rx Phenergan plain.
- Saucedo, Cesercis-Age 37, otitis media. Rx Tetracycline.
- Gonzales, Ida-Age 18, OB check. Rx Pre-natal vitamins. She was referred to a local medical doctor.
- Trejo, Cleafes-Age 57, blood pressure 184/100. Rx Ser-Ap-Es and low sodium diet.
- Salazar, Anna-Age 15, fungal infection of scalp. Rx Vioform cream.
- Gonzales, Diana-Age 1, diarrhea of two days duration. Rx clear liquid diet and Kaopectate.
- Arambula, Raquel-Age 9 months, well baby check. Rx DPT and oral Polio vaccine.
- Lazcano, Linda-Age 3 months, well baby check. Rx DPT and oral Polio vaccine
- Jimenez, Joe-Age 16, complained of leg cramps related to working in hot weather. By history low salt and increased fluid intake. Rx Salt tablets BID.
- Rosell, Reb ecca-Age 5 months, diaper rash that has been treated for one week with zinc oxide. No improvement, now considered to be a Monilia infection. Rx Vioform cream.

Active polio was reported to exist in an area in Texas from which some of the migrant workers come. This information was relayed to us by a migrant family. The Texas State Department of Health will be contacted to prove or disprove this rumor. Arrangements have been made for me to see two of the above patients in Dr. Harvey's office tomorrow. From talking with these Mexican Americans I am convinced they appreciate having a clinic that they can attend. This evening clinic does not force them to take time away from their jobs and thus it is of benefit to them.

Thursday-June 4, 1970

Thursday morning was spent completing the necessary paper work from Wednesday P.M. clinic. Later Thursday morning I joined Dr. Harvey at his office. I saw two patients with him, a small girl with a urinary tract infection and an older lady with possible CVA.

At the day school center later that morning I was asked to see a small girl with a rash. She had conjunctivitis and koplik's spots and a diagnosis of rubeola was made. She was febrile yesterday and today and the rash had appeared this morning between the time of arrival at 7:00 A.M. and my seeing the child at 11:00 A.M. Another child was seen with the diagnosis of otitis media on the left; this child was given a shot of Lincocin IM by Dr. Harvey at 1:00 in the afternoon. The child with rubeola was also given IM Lincocin. A child with chest pain, secondary to trauma was seen; a child with head ache, secondary to conflict with peers in the classroom was seen; a child with a tooth ache was seen. No treatment given to the above other than as mentioned. A child with a rash on her back was seen-this was believed to be a fungal dermatitis and has been improving with Mycostatin cream. This child will be followed by the nurse. Following the exposure of children in the nursery to rubeola, 27 children received $\frac{1}{4}$ cc of IgG subcutaneously. I returned with Dr. Harvey to his office and saw the Garza family for application of Tine tests and follow-up of TB of 16 year old son. Another migrant girl with URI was given IM Lincocin in Dr. Harvey's office.

Friday-June 5, 1970

Hospital rounds were made with Dr. Kenneth Johnson. Four patients were seen: MI; fracture of L-4 and T-5; D and C with subsequent laparotomy and thrombophlebitis.

Sick call was made at the day school center at the Scottsbluff Junior High School. This morning there were no children in the older age group that the nurse felt I should see. There were no children that were febrile; only one girl had been brought into the nurses office with a mild sore throat. There was one child in the nursery that had a rectal temperature of 100.8 this morning on arriving. She was quite irritable at that time. At the present time the child was resting relatively well. According to the lady taking care of her, the child felt some better than she did in the morning. The child had not received any treatment. Upon physical exam the child appeared to be normal: the chest was clear, the throat was only mildly inflamed with no other significant findings. No signs of meningismus. The child was crying during the exam; there was mild tachycardia, but no resting pulse was obtained. The nurse informed me that the Valdez children, siblings of the girl with rubeola, had been seen in the last week by Dr. Gentry and received measles vaccine. (This information was found out not to be true but rather they had had measles in the last month.) The possibility of giving IgG was discussed with Dr. Harvey and it was decided not to give any further injections.

Following the visit at the day care school I returned to Dr. Harvey's office and spent the remainder of the morning seeing patients in his office. I saw a 15 year old migrant girl who thought that she

might be pregnant. She had lower abdominal pain, but the gravida was negative and by history was not overdue on her period. It was decided that she was having pre-menstrual cramping so she was given phenobarbital and belladonna. I suggested that she return to the clinic on Wednesday if she was not feeling better.

A patient seen in the Migratory Health Office last Wednesday and treated with tetracycline was seen by Dr. Harvey on Thursday and did not appear to be feeling any better. He therefore gave her an IM dose of Lincocin. She was seen today and given a second dose of IM Lincocin. Her throat seemed to be responding, Her ears were not involved today and she seemed to think that she was feeling better. She is scheduled to return tomorrow for a third dose of Lincocin and possible further oral therapy. The brother of this patient is the young Spanish American who had a positive Tine test two years ago and was lost to follow-up. He was to have an x ray follow-up this spring, but they were moving at that time and the x ray was not taken. The x ray is planned to be taken next week and a Tine test applied 24 hours ago was read to be positive today. The sisters present and the mother were given Tine tests today and the remainder of the family will be given Tines on Monday to be read in the Wednesday clinic.

Other patients seen in Dr. Harvey's office were a three month old white boy who had been given a diagnosis of chicken pox tentatively two days ago. The patient returned today and the diagnosis was confirmed. A 30 year old woman was also seen that had a URI. She was treated with IM Lincocin and was advised to return on Monday.

The morning was very enjoyable-the time spent making rounds in the hospital was quite profitable and will plan to continue this type of procedure through next week. The afternoon was spent attempting to arrange for rounds with Dr. Baker. In the afternoon the Migrant Health Office was quiet. The visiting nurse is presently out of town and Mr.

Ogg was not in the office so I returned to Dr. Harvey's office to spend the afternoon seeing patients with him. Two migrant workers were seen in Dr. Harvey's office. One young boy about 10 years of age had a fever of 102 for three days duration, had no nausea, vomiting, constipation or diarrhea. He had no urinary tract symptoms, did not complain of ears or throat. On physical exam the only positive findings were mildly injected throat and decreased light reflex bilaterally.

He was treated with IM Lincocin-this child had previously convulsed with high temperature and the father said he had had an elixir of phenobarbital for possibilities of future febrile convulsions. The father was to give him this when the fever seemed to be going up and they couldn't control it. The second child that was seen had mild head trauma-he had fallen at the day care center and struck the back of his head on the concrete floor. This child was very apprehensive and apparently had not felt well this morning before falling. This afternoon he presented with vomiting and complained of pain in the back of his head. There were no neurological deficits found, fundoscopic was normal, no signs of rigidity or increased pressure. He was treated with elixir of phenobarb. His parents were advised to observe him for possible neurological signs.

Other patients that were seen this afternoon in Dr. Harvey's office: upper respiratory infection with acne vulgaris and two patients with pre-menstrual cramping. Dr. Harvey Sr. has been treating acne vulgaris with an acetone, dry ice and sulfa mixture. He feels that this has improved the condition and also improved the scarring in some patients. It is applied in a gauze bandage gently to the face for a very brief period, using mild superficial freezing.

The afternoon in Dr. Harvey's office was quite enjoyable, however I think that the amount of time spent in this type of activity should be limited somewhat for if it were to become a daily routine to spend time in a physicians office it would become very much like the required preceptorship and the student, I don't feel, would gain what he possibly could from home visits or field contact with workers. However, in order to adequately stimulate the medical student and make this an interesting preceptorship some time in a general practitioners office is necessary. This should be spread through various offices so that the migrant health preceptorship would not become repetition of the four week preceptorship with one general practitioner.

I regret that Dr. Harvey Jr. will be out of town for the next three weeks and thus the remainder of my migrant health preceptorship. However I do not feel that this should compromise the program if I take the initiative to arrange office time and hospital rounds with other physicians in the area. So I do not feel that this will limit the medical exposure that I will obtain in the next three

weeks. But it has been pleasurable working with Dr. Harvey in this past week.

Monday-June 8, 1970

Monday morning began by spending a few hours in the Migrant Health Office waiting for the arrival of the Assistant Administrator of the Nebraska State Department of Health Education, Mr. Harris. There were no plans made for hospital rounds with a local doctor because of the indefinite plans for this morning. When it was learned that Mr. Harris would not be available until the afternoon I went to the day care center in Scottsbluff and saw four patients. A young girl 7 years old with a high fever, temperature of 105 at 11:15, 104.6 at 12:00 following $2\frac{1}{2}$ grains of oral aspirin and tepid water soaks. This girl had not been feeling well yesterday and not eaten well yesterday or today. She had no nausea or vomiting and no diarrhea or constipation. In the last two days she complained of some migratory joint pain especially in the knees, on Sunday, but did not complain of this pain today. She did not appear to be acutely ill, she did not complain of her throat hurting, she just appeared to be drowsy and febrile. On physical exam there were rals bilaterally in the chest, she did not show tachypnea or tachycardia. Her throat appeared to be slightly inflamed, her tonsils did not appear to be enlarged, tympanic membranes were normal and my diagnosis was pharyngitis with possibility of bronchitis or pneumonia. It was recommended that the child be taken to Dr. John Karrer. He did see this patient and she was treated with Bicillin and oral Penicillin and is to be seen again

in his clinic on Friday morning. He felt that this child had a pharyngitis. Dr. Karrer did not take chest x ray or blood count.

A second patient Irene Hernandez, 6, complained of sore ears. She was not febrile at the present time. She had a temperature of 99 and this was following $2\frac{1}{2}$ grains of oral aspirin. On physical exam she had a perforated tympanic membrane on the right and the left membrane was inflamed. Her throat appeared to be normal. I contacted Dr. Harvey Sr. and we agreed that she could be placed on oral penicillin. She received this prescription and is presently on this medicine.

A 12 year old male, Robert Romeriz with foreign body in his right eye was seen. The foreign body was removed. It felt much better and there did not appear to be any corneal abrasion or ulceration.

A young girl, Sulvia Rize, complained of abdominal pain and general malaise. This was felt to be a school anxiety reaction. She had not been in school before today and appeared to be frightened by the surroundings and her peers. Later Monday morning a home visit was made to the home of Heraminia Guerrero. She had received a D and C in the latter part of last week. She was at home today and appeared to be feeling quite well. She was not working in the field as yet, but planned to return to work soon. There were eight people living in the small two room dwelling. There was no indoor running water facilities or toilet facilities. There was an adequate privy and a garbage disposal area. The eight people living in the dwelling consisted of two families. Two children were present in the dwelling at the time that we were there who had been enrolled in the day

care school and were to be picked up tomorrow for school. She appeared to be very apprehensive about admitting us into the dwelling and when we were admitted we stood on the back step just inside the door as she answered the questions we asked. When the remainder of the family returned from the field for lunch about 12:30 P.M., she continued answering our questions as they waited patiently for her to fix dinner. They were very polite to us but did not offer any conversation and they excused themselves as they entered the room and said hello. They all sat around the table waiting for her to fix the food.

On Monday afternoon the two health aides and the Assistant director of the Division of Health and Education in the Nebraska State Department of Health and myself made a visitation to Bridgeport. We tried to contact Mr. Malldanato who was treated for a paraphimosis one week ago. This was reduced by Dr. Post. The patient was reported to be doing well by Dr. Post. The patient was not seen by us. He had been discharged by his initial employer, but had been successful in obtaining work from another grower in the area and is, according to Dr. Post, doing quite well with this employer. He did not know where this grower lived or know where the migrant family lived so we were unable to make contact. According to Dr. Post this patient was reliable in paying his bills in the past and was reliable in taking care of himself medically. Dr. Post was not concerned and did not think it necessary that we make contact today. We therefore returned to the day school in Bayard where I saw two patients that are scheduled to come to the Wednesday evening clinic this week.

They were a small umbilical hernia and a case of tonsillitis. These two are presently planning on coming to the Wednesday night clinic, if they do not come, there will be a follow-up visit made to encourage medical care.

On returning to Gering, a return visit was made to the day care center to make certain that the girl with the high temperature was doing well. The nurse said that she was doing well and was about ready to go home. I did not see the child at this time. The nurse informed me of Dr. Karrer's therapy. A small child was seen in the nursery, this was a 1 year old Mexican boy, temperature of 100, small maculopapular pustule on the right cheek and numerous scars on both cheeks. The assistant that was taking care of this child, at this time, was advised to keep this cheek clean and observe possible spread.

Again today there was a problem of finding out when patients were admitted to the hospital. It was learned today of the lady that had the D and C on Friday and was sent home. The only contact I had with this particular patient was the home visit made today. It was also learned that a patient was to have a D and C today. The operation was in process, when I heard of this admission, so I have not seen this patient. I will continue to try to arrive at some method of learning of the admissions before the patients are dismissed. I am going to try this week to call the admitting offices each morning to find out, if possible, of any admissions of migrant workers.

My impressions of the home visits today. The Mexican American

appeared to be very reluctant to admit us to his home. The Mexican boy with whom I made the home visit this morning said that it had been his observation that each instance the people were quite reluctant to have him come into their home or to accept suggestions from him as to handling of food or food preparation. He did not feel as though this was his place to point out to these people their misunderstandings or misdoings as far as preparing food or in sanitation. He said he felt that people would not accept that approach. He thought that this should be done in the clinics or in groups where this could be shared with a larger number of people. It was my impression that these people wanted to be migrants. They did not feel that it was a disadvantage to be migrants. One Mexican boy I talked with felt that these people would electively be migrants rather than have one stable job in the South where they originate. This has been my observation also, they would rather move around and have less as far as living conditions than to be in one location and possibly improve in their own status.

Tuesday-June 9, 1970

This morning I assisted Dr. Kenneth Johnson with a right inguinal herniorrhaphy on a 4 year old male. The repair was made with no complications and the child seemed to be doing well post op. I then went to the day care school at 10:15 A.M. and saw four or five children that were not feeling well. Oscar Lopez, a 2 year old-the parents sent a note with this child this morning saying that he was sick and wasn't to be bathed. He appeared to be feeling well.

but was a little irritable. On physical examination he was found to be normal so he was returned to the school and was to be observed. Leonard Salazar, he had a lesion on his right ear at the lower margin of the tragus. There was a small fissurae that was draining but did not appear to be infected. The school nurse was advised to cleanse this area with Phisohex and observe this closely for possible spread or infection. Lori Martinez, had a temperature of 101. This was the young girl that had the high fever yesterday that I thought might have pneumonia. Today, on physical exam, she appeared to be improved. Rals were less bilaterally in the chest and the throat appeared to be improved. Myrna Salazar had a sore stomach and appeared to be very apprehensive about school and was upset about being in school. She did not appear to be ill-physical exam was normal. A young girl in the nursery, age 2, Diana Gonzales was reported to have had some blood in a stool earlier this morning. When I was seeing the child she had another diarrhea type stool that did have some pink, blood tinged mucus with it, but there was no blood dispersed through the stool. I asked if she had had a bowel movement in the last two days and no one seemed to know for sure. It was my feeling on palpation of the abdomen that she was constipated. She was to get karo syrup with her milk the rest of the day. I was to be called if she continued to have diarrhea. There was evidence of a small fissurae at her anus and this appeared to be the source of the blood. This child will be followed by the people in the volunteer nursery and I will follow her progress.

This afternoon, at 1:00 P.M. a tour is planned through the Migrant Health Office. This is to be for twenty-five, 10 and 11 year old migrant children, from the day care school. We will instruct them as to what the Migrant Health Office has to offer the migrant workers and also demonstrate a few physical exam maneuvers in hopes to acquaint them further with a doctor and his instruments. And thus alleviate some anxiety and fear these children feel when faced by a physician.

There were 45 children in the group that arrived at the Migrant Health Office about 1:30 P.M. Mr. Ogg had prepared a brief presentation on the function of the Migrant Health Office and what it meant to be a migrant. He talked about the goal of the program. Much of this was above many of the children, but some of them did seem to pay attention. He then introduced me to the group and I briefly informed them of the importance of the medical history. I tried to get the point across of how important it was that they tell the doctor what they were experiencing, the changes, and to be sure to understand the questions that the doctor asked them. I then auscultated a boys chest and gave about half of the group the opportunity to listen to his heart. After this I looked in another child's ear with an otoscope and gave about ten children the opportunity to look through the otoscope at the ear drum. I demonstrated to the children how blood pressure was taken. Then I demonstrated the sterile technique and explained to them what the doctor was trying to do as he prepared to give them an injection. I showed them about the packaging of the materials and what sterile meant and how everything was kept sterile

before the doctor inserted the needle into the skin. I emphasized the importance of everything being kept clean in this process. The children were then shown the reflex hammer and how it was used and what the doctor was trying to elicit. Next the children were shown the tuning fork. Following this the children were on their way back to the day care center.

I have arranged to meet with Dr. Ellis Baker tomorrow morning in his office about 11:00 A.M. At this time I hope to make arrangements to spend time with him at the end of this week. I returned to the day care center this afternoon to check on the children I had seen this morning. I also saw two new children. A diagnosis of otitis media was made for both and they were treated with Pentids 400 QID. These were Ellina Gonzales and Barbara Trio, ages $1\frac{1}{2}$ and 2. Liz Rodriguez was a $1\frac{1}{2}$ year old child that had had ICG last week. She had a temperature of 103 this morning, shortly after I was there so I had not seen her this morning. She presented at 3:00 P.M. with a temperature of 105. She was irritable but did not have otitis, did not hear rals, and her eyes appeared to be normal, her throat was slightly inflamed. She had questionable spots on the mucosa of the left cheek that were questionably koplik spots. She will be treated with tepid water soaks and ASA and will be observed tomorrow for further diagnostic consideration.

The girl I had seen this morning, Diana Gonzales, that had blood in the mucus with her stools had had three large stools this afternoon and apparently feeling much better. She was less febrile than

this morning and resting well. She was advised to not drink milk this evening, only clear fluids. She was to be seen tomorrow to see if this had become a diarrhea problem rather than constipation. There was still some bloody mucous with each stool and a fussurawas seen and believed to be the source of hemorrhage.

Impression: This was an interesting afternoon with the presentation to the children. I think that they seemed to enjoy this. I am not sure if any valuable information was retained by the children. They may understand the physicians role better and may be somewhat less apprehensive on their next visit. However, this is very hard to determine and the definite benefit is questionable. The afternoon in the day care center was quite enjoyable and this seems to me, at this time, the best and largest source of pathology, treatment and follow-up for a medical student to be involved in.

There were two patients admitted to the hospital at St. Mary's on 6-9-70 (Tuesday). Hilario Gonzales was admitted for, what was described as gallbladder pain. She was at the present time in the 6 th. month of gestation; She was observed for one day and the plans were for her to be discharged the evening of 6-9-70. The second patient admitted to the hospital was Antonio Salazar, a 13 year old male, admitted with a possible acute appendicitis. This was ruled out by the attending physicians, Dr. Schmidt and Dr. Harvey, and the patient was discharged.

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Wednesday-June 10, 1970

Wednesday morning two patients were seen in the Migrant Health Office. One was a 45 year old female that had stepped on a nail in the yard. She was to return to the evening clinic. The second was a 20 year old man, complained of abdominal pain. This has been present on and off for two years. He is tired and run-down, drinks much water, and is hungry most of the time. He was advised to return to the evening clinic to be seen by Dr. Baker, to follow-up the possibility of diabetes or chronic abdominal problems.

At the day care center the four patients that were treated yesterday did not return to the school today. Barbara Trio did not return, Diana Gonzales and Elena Gonzales did not return, but were doing well by report, from brothers and sisters. Elena Gonzales's medicine was sent home with other members of the family. Lisa Rodriguez was reported to have broken out with a rash last night..

Another new patient seen this morning, Juan Jose Martinez; this was a follow-up from a head injury of Friday. There were no neurological deficits..That patient said he had had head aches since Friday and complained some of a stiff neck. No further treatment was prescribed at this time, other than observing the child at school and notifying us of changing neurological signs.

I then visited with Dr. Baker in his office to discuss the possibilities of making rounds with him on his hospital patients on Thursday and Friday mornings. I plan to dictate hospital discharge sum-

marries on his patients that are in the hospital at the present to further become acquainted with the type of patients that he seen and the types of therapy employed in his general practice.

Wednesday afternoon, I was entertained by the Scottsbluff Medical Society. At 5:00 P.M. I went to the hospital to see a patient that had been admitted yesterday. This was Holario Gonzales, 44 year old woman, 6 months gestation. She complains of extreme abdominal pain. She was seen and felt to have a possible acute abdomen. She had been vomiting today and Dr. Heinke was called. He evaluated her and could not make a diagnosis and decided to do an abdominal tap. This revealed no fluid and no evidence of hemorrhage. It was decided to place the woman on IV fluids and antibiotics and observe her through the night. Rosie Montelongo was gravitus 7, para 6, delivered a double footling breech. Dr. Paul Baker and I were at the delivery. The patient and the baby were doing well after the delivery. Following this I went to the Wednesday night clinic and Dr. Ellis Baker was present. There were 28 families seen.

Wednesday Night Clinic-June 10, 1970-Patients Seen and Treated

Carza, Urbald-Age 50, Hx of diabetes melitis and positive Tine test in June of 1970, chest film was consistent with old inactive TB lesions. ES on June 12, 1970 was 27% mg%. This patient was advised to have the TB followed up once a year and he was referred to Dr. Harvey for the treatment of the diabetes melitis.

Carza, Albert-Age 16, he is the son of the above patient. He had a + Tine test two years ago and received one year of therapy, apparently INH, but he failed to go in and have the repeat chest film this spring so this was done here and was negative. A repeat Tine test was positive.

Reyes, Hortencia-Age 50 c/o upset stomach every night after eating. No PE findings. Rx Milanta.

Martinez, Solfia-Age 19 c/o dizziness periodically but no definite complaints and no PE findings. No Rx given.

Martinez, Aquila-Age 41 c/o shoulder pain and he needs a TB follow-up chest film. Rx ASA. He is to return to the clinic next week after having the chest film taken by the County TB Department.

Arambala, Guadalupe-Age 17, small laceration of thumb. No sutures needed. Rx DPT.

Narvaez, Angle-Age 10 c/o sore eyes. Dx conjunctivitis. Rx Necdecadron.

Narvaez, Asario-c/o sore eyes Dx conjunctivitis. Rx Necdecadron.

Menda La Rosa-Age 50 c/o cough night and day for several months. No known exposure to TB. Mantoux test applied and is to be read on Friday. Rx Phenergan with codeine.

Barrera, Obdulia-Age 18, DPT.

Barrera, Tresa-Age 15, DPT.

Barrera, Isidro-Age 1, DPT.

Barrera, Armando-Age 28, DPT.

Canacho, Rosa Maria-Warts to be removed. Referred to local MD.

Canacho, Gloria-Twelve warts to be removed. Referred to local MD.

June 10, 1970 Clinic Continued:

Martinez, Romeo-2 years, cough and sore throat. Tonsillitis with exudate.
Rx oral Penicillin.

Benegas, Raymond-Age 15, DPT and OPV.

Benegas, Maria-Age 18, DPT and OPV.

Lazcano, Norma-Age 3. Birth marks on the upper thigh. Mother is concerned about the appearance of hair on the mark in the last few months. She was advised to take the child to a Dermatologist when she got home to have the growth removed. No Rx.

Tristan, Guadalupe-Age 22, c/o abdominal pain in the mid epigastrium, weakness, dizziness in mid morning and afternoon. Dr. Baker said he would like to see this patient in his office to evaluate his blood sugar. No Rx.

Martinez, Aurora-Age 18, history consistent with gallbladder pain. Rx Dactilase tabs after each meal and was advised to return to the clinic next week.

Gonzales, Ida-Age 18, gained 2 pounds in the last week. EDC is in August to see IMD for OB check.

Valdez, Antonio-Age 25, c/o chest pain in the right lower chest. Rx ASA 15 gr. QID. Dr. Gentry took chest film last week to evaluate this same complaint. It was negative. The patient is to return to the clinic if the pain does not improve.

Perez, Maria Luica-Age 26, c/o pain in the left side. Dx pleurisy and pregnant 5 months gestation. Rx ASA gr 15. Return to clinic in 1 week.

Gonzales, Fernanda-Age 44, stepped on a nail. Rx. Epsom salt soaks and DPT.

Olivan, Nestor-Age 35, c/o sore throat and wants more BC pills.

Olivan, Randy-Age 4, URI, ASA and Phenergan prescribed. This child also had a small umbilical hernia.

Olivan, Ellis-Age 7, URI, ASA and Phenergan prescribed.

Merales, Marival-Age 7 months, URI. Omnipen and Phenergan.

Salinas, Sylvia-Age 5, URI. Phenergan prescribed.

Salinas, Raymond-Age 15, URI. Phenergan prescribed.

June 10, 1970 Clinic Continued:

Salinas, Milia-Age 32, conjunctivitis. Rx NeoDecadron.

Kata, David-Age 6 months. Well baby by history, possible fracture of left clavicle at birth.

Castillo, Manuel-Age 52, continue Valium as prescribed by Texas Dr.

Cervantes, Epimania-Age 32, eyes inflamed and rash on hands. Rx Neo-Decadron and Vioform for hands.

Iascano, Alfano-Skin irritation, intertriginous. Rx Vioform-cream.

Russell, Rebecca-Age 5 months old, diaper rash much improved from last week. She is to continue on Vioform-cream.

Salazar, Juan-Age 16, c/o watery eyes and dizziness. Rx NeoDecadron.

Salazar, Jose-Age 46, c/o dizziness, was a diabetic by history. He was on Diabinese two times a day. He was advised to increase the morning dose to 2 and evening dose 1 and return to the clinic next week.

Salazar, Guadalupe-Age 50, c/o nervousness. He is on Valium 5 mgm QID and Elavil BID from Texas. We advised her to decrease the Valium to BID dose and return to the clinic next week.

Anrod, Ralph-Age 3 months, DPT and OPV.

Trejo, Cleofas-c/o pain in the chest and back and rash on her arms. She was placed on Ser-Ap-Es last week. Her blood pressure dropped from 180/100 to 140/90 and the patient said that she was feeling better this week. Additional Rx A and D ointment for rash.

Thursday-June 11, 1970

Impressions of Wednesday: Wednesday was a very interesting day due to the variety of patients seen in the clinic. Also the delivery that I was involved in and the successful following of patients in the hospital after two weeks of attempting to locate migrants in the hospital, made my day more enjoyable.

Thursday morning I scrubbed on a C section with Dr. Krieg and Dr. Johnson. This was a section on a woman who had had two previous cesarean sections. A low transverse abdominal incision was used and a low fundus incision was used in the uterus. Mother and child both got along well following the procedure.

Following this delivery I made hospital rounds with Dr. Ellis Baker seeing approximately ten of his private patients and briefly discussing each case with him. The doctors at this hospital seem very willing to discuss any of their private patients with the student and are very open to suggestions or questions in diagnosis or work-up of a patient.

Following the rounds on his private patients, we saw the migrant that was in the hospital, Mrs. Holario Gonzales. Dr. Heinke was seeing the patient at the same time that we were. One of the mentioned laboratory studies when we were seeing the patient last night was serum amylase. This was obtained this morning and was found to be over 500 units. The diagnosis of acute pancreatitis was made. An NG tube was inserted and a large amount of fluid was

removed. This seemed to relieve the patient and she was put on Pro-Bantine and will be followed in the hospital. I am planning to study the past records of another of Dr. Baker's patients in consideration of her present diagnosis. This is a Mexican woman, also named Gonzales, she is not a migrant worker.

Following this was a stop at the day care center. There were two patients to be seen. These were Robert Comancho, 12 year old boy, who had an insect bite on his left frontal area at the hair line. This did not appear to be infected or to be bothering the child. The nurse was advised to keep this area clean and observe for further induration or infection and to notify me if such developed. The second child was Irene Herrera. This was a little girl I had seen before and had placed on Omnipen because of otitis on the left. She has had four days of therapy and her throat is improved today. There is still inflammation of tympanic membrane and she is advised to continue with the medication.

When I returned to the office in Gering there were two patients waiting to be seen. One was Jesus Rodriguez, who was an 11 year old boy suffering from diarrhea and URI. He did not appear to have an otitis or tonsillitis however he did have rales in his chest and a productive cough. He was given Phenergan plain. The mother was very concerned with the diarrhea, so he was given Kaopectate. The second patient was Theresa Casarez, a 50-year old woman that complains of dizziness but no other specific complaints. She was a very confused and confusing lady. I think that she was there only because her

daughter-in-law insisted that she go to the doctor. Her daughter-in-law was interpreting for us. I would ask the daughter-in-law questions and she would not even ask the older lady the question, but instead answer the question herself. No diagnosis was made and no treatment was given. When the patient left she said that she was going to go to Dr. Gentry to be seen by a real doctor.

Thursday afternoon, the early part of the afternoon was spent recording the patients and diagnosis seen in the Wednesday night clinic. There were ~~30~~ 31 families seen and 37 people treated.

I then returned to West Nebraska General Hospital where I wrote a discharge summary on one of Dr. Ellis Baker's patients. And reviewed the history on the old charts of another of Dr. Baker's patients presently in the hospital. She has a fifteen year history of multiple admissions for colostomy, coronary insufficiency and neurosis. I then returned to the office in Gering and talked with sanitation aides and migrants present in the office who were being registered. I stopped at Dr. Harvey's office because Mr. Ogg suggested that he may be very busy and would like to have some assistance in seeing patients because of the absence of his son Dr. Harvey Jr. This was evidently Dr. Harvey Sr.'s day out of the office for the office was closed.

Impression of Thursday: A different type of project was undertaken in reviewing the old charts of one of Dr. Baker's patients, to assist in the diagnosis for the current hospitalization. The history and physical on one of his patients that was discharged from the

hospital handbook was read and discharge summary written. I think that this would be valuable, but a rather time consuming way for the preceptor to become familiar with the patients that a general practitioner is seeing. Rounds with Dr. Baker were quite enjoyable. Dr. Baker is quite deliberate and rather slow in his evaluation, this gives the student a chance to ask questions and he is very willing to explain what he is doing, what his thoughts about his patients are.. This makes it very easy for the student to learn from making rounds with him.

Friday-June 12, 1970

Friday morning I was involved in hospital rounds with Dr. Ellis Baker. He has had six patients in the hospital, these consist of pneumothorax, appendectomy, Parkinson's disease, CVA, fracture of the hip and humerus, acute pancreatitis.

This morning Dr. Baker took me to the home of a patient he has in the hospital with the fractured hip and humerus. This is a family of five sons and one daughter. The mother that is in the hospital with the multiple fractures has an average IQ according to Dr. Baker and is presently 91 years old. Her sons are all retarded and are not able to work. The family is on welfare. One son has passed away and the daughter is apparently of low average intelligence. She is married and has a family of her own. This was an interesting home visit with Dr. Baker. The four sons that stay home by themselves now, were extremely dirty and care nothing about

keeping themselves or their environment clean. They have a wood burning stove-it was quite an experience to see their home.

Following rounds with Dr. Baker, I returned to the Migrant Health Office in Cering and saw several patients that were waiting to be seen. These were: Ualdo Garza (this is a patient that has been seen here before), he was sent to the hospital yesterday to have a blood sugar. This was obtained this morning, the value was 274 mgm %. He was sent to Dr. Harvey because I could not prescribe the necessary medicine. He has been on Orinase in the past. Two females, both the name Malina, one aged 50 and one aged 30, complained of arthritic pain and muscle stiffness. They were advised to use heat, massage, and aspirin. A patient Domingo Divas, 17 year old boy, had a URI, cough so Phenergan with codeine was prescribed. Lomas Raul Jr. and Sr., ages 14 and 30, both had URI's and Phenergan with codeine was prescribed. A young man by the name of Lopez, a 17 year old boy, was in a car accident two days ago and was treated in the emergency room of General Hospital. He returned complaining of an aching in the chest. This was felt to be a fractured or a bruised rib. He was not tender in the abdomen and no masses were palpable so it was not felt that he was bleeding internally. I gave him aspirin to relieve the pain in the evening so that he could sleep. He is to return to General Hospital on Tuesday to have stitches removed from a laceration on his left arm. Another patient, Castillo, a 17 year old boy; this young mans chest

sounded congested with some rhonchus. He was advised to return to the clinic if he did not get better. He said that he had been on some medicine before, but could not remember what it was. He thought that it was just a cough medicine. The last patient seen this morning was Fabian Escavudo. He had a URI and was referred to the Centry clinic because of enlarged tonsils. He was febrile and the tympanic membranes were enlarged bilaterally.

I was in the Cering office until about 11:30 A.M. this morning, so following the lunch hour, I returned to the Cering office to do further paper work and statistical evaluation of the patients seen to date. The day care center was called this morning and this afternoon and there were no patients to be seen by me today.

Monday-June 15, 1970

I reported to the Migrant Health Office at 8:00 A.M. and planned to catch up on the statistical evaluation of the preceptorship to date. At 8:00 A.M. there were two families waiting to be seen and families continued coming in throughout the morning. I saw a total of 14 people in the clinic on Monday morning. The patients were: Juan Perez, 7 year old, with diagnosis of tonsillitis with exudate. He was treated with Omnipen, a prescription from Dr. Harvey. His sister Lypita, 8 year old girl with a diagnosis of tonsillitis and URI, was treated with Omnipen from Dr. Harvey. The third patient Veronica Costillo, this is a 1 year old, also had URI and was treated by Dr. Harvey. The fourth patient Jose Guardiola, was a 55 year

old man who complained of pain in his right side. He says it always goes to sleep. He did not relate this pain to physical activity and says that only the lateral aspect of his thigh felt as though it were asleep. He had full range of motion, pain was not elicited with any movement. Neurological evaluation appeared to be normal. He also complained of some abdominal tenderness and had some guarding in the abdomen. No masses were palpated. He was given aspirin to be taken to relieve the pain and was asked to come back to the Wednesday night clinic to see Dr. Karrer. The next patient was Janice Gomez-she complained of abdominal pain and pustules on her heels. Her father, Mr. Gomez, was also seen-he had serous otitis media on the right. These two patients were referred to the physician in Mitchell. The next patient was Lucia Puente, 3 year old girl, temperature of 104 rectally. She had had a diagnosis of pertussis made by Dr. Loeffel about two weeks ago and had been treated with oral antibiotics and Triaminic. This appeared to be resolving and she was advised to continue with the Triaminic and to follow Dr. Loeffel's advice. A family of four, the Perez family, was seen. Two of the children had areas on the scalp that appeared to be a tinea capitis. The other children had areas that seemed to indicate they may be getting the infection. The parents were advised to wash the areas carefully and to use the Vioform cream two times a day. The next patient was Marcelino Macias, 25 year old male who complained of abdominal pain. He had had an appendectomy and a second operation last year. He was not sure what the second

mid-line incision was for. He had been seen by Dr. Harvey and given medication last year. He did not want to go back to see Dr. Harvey so I gave him six Phenobars and Belladonna #1 tablets, advised him to take three a day and to come back to the Wednesday night clinic to be seen by Dr. Karrer. The next patient was Raul Maldonado, 65 year old man who hurt his arm six weeks ago in a fall. This arm hurt him after a fourteen hour day of working in the fields. This did not appear to be joint pain, there was no limitation of motion, no pain elicited at the present time. He was given ASA and BenGay and advised to return Wednesday if this did not seem to help. Mrs. Paul complained of abdominal pain and nausea. She was a 14 year old girl that had been married about three months. The last menstrual period was about the first of May so it was felt that this young lady may be pregnant and I advised her to see a local doctor for further evaluation. This spontaneous clinic on Monday morning ended about 11:15 A.M. so I went to the day care school and saw a 10 year old, Mac Hinozas. This boy had a foreign body in his right ear which appeared to be a piece of eraser. This was removed. This boy complained earlier of nausea, felt slightly dizzy. As soon as the foreign body was removed the patient said he felt much better and wanted to go back and join his friends. I then went to the nursery and saw Idelia Gonzales, 1 year old girl who had bilateral serous otitis media. This was draining, the fluid was gently absorbed with a cotton applicator, but the tympanic membrane could

still not be visualized on either side. She was treated with Pentids TID for ten days and will be followed by the nurse. Her sister Diana Gonzales, who had been seen before because of blood in her diaper and diarrhea type stools, after several days of constipation, (this was on Thursday of last week and she did not return for the rest of the week) returned today apparently feeling much better. However after drinking her milk she vomited once and had a rectal temperature of 103. This child will be followed today and if not feeling better tomorrow will be referred to Dr. Karrer. Another sister of the Gonzales children mentioned above, Elana, had been treated for otitis media with Pentids. This appeared to be resolving at this time. Another patient, Oscar Lopez was diagnosed with bilateral otitis media and was treated with Pentids 400 TID.

After seeing 14 patients in the Migrant Health Office on Monday morning and making the rounds at the day care center, I returned to the office and spent the rest of the afternoon there seeing two additional patients.

A 30 year old man that had had ear surgery was referred to Dr. Grubbs for further evaluation. It appeared that he had a fungal infection on the tympanic membrane on the right and he had had a tympanoplasty on the left. It was injected and draining. I saw a 1 year old boy with a URI and rectal temperature of 103. He was referred to a local medical doctor.

Impression of Monday: I don't feel that the number of patients seen in the Migrant Health Office on Monday is beneficial to the student because there is no supervision and no prescriptions can be given. It is more like a referral center and probably not worth as much of the student's time as other supervised activities. I do believe that it is good experience for the student to see some patients when he must make a decision as to whether treatment should be instituted and if necessary take the proper steps to administer therapy. But seeing 17 patients in one day is probably taking good things much too far.

Tuesday-June 16, 1970

Tuesday morning I reported to the Migrant Health Office at 8:00 A.M. and completed some paper work and statistical analysis of the patients seen to date, before a scheduled meeting at 9:00 A.M. with Mr. Rapp from the State of Nebraska Department of Health. Mr. Rapp discussed rodent and insect problems in the home. His discussion consisted of types of insects and rodents present, problem areas that make certain houses susceptible to insects and rodents and possible means of eradication or control.

At 10:00 A.M. I met Dr. Land, the Chairman of the Department of Family Practice at the University of Nebraska Medical Center. He was coming to Scottsbluff to evaluate my progress and the program. After meeting Dr. Land, we returned to the Migrant Health Office and he was introduced to the employees of the program. He was also shown through

the Migrant Health Office. Mr. Carl Ogg, Dr. Land and I continued our discussion of the problems of the project and its possible benefits to the medical student over lunch. After lunch Dr. Land and I went to the migrant day care center at the Scottsbluff Junior High and I showed him the facilities that were being used there. I was asked to see a few children while we were present. These were: Robert Romero, 12 year old male with rubella. He was certain that none of the females he lived with or were in close contact with were pregnant. He seemed to be old enough and seemed to understand what we were talking about and what the problem may be if he did expose pregnant ladies. We saw an 8 year old girl, Eulonda Delbosque. This girl complained of abdominal pain, feces were palpable in the lower abdomen and the girl had had no bowel movements for two days. The girl was given Milk of Magnesia. Ricky Amorilia, 4 year old boy was seen with a diagnosis of otitis media. He was given Pentids. Victor Lopez, 3 year old male, temperature of 102 this A.M. but this had gone down to 100 by the time I saw him. No symptoms were present and no treatment was given. Diane Gonzales, follow-up from last week; she had had bloody diarrhea. She had a normal bowel movement today and no further treatment was given.

Following this brief tour of the Migrant Health Center, Dr. Land and I went to each hospital; West Nebraska General Hospital and St. Mary's Hospital. We arranged for the student to be notified on admission of migrant workers by each hospital in hopes that this may facilitate the students following the migrants while they are in

the hospital. After these meetings in the hospitals, Dr. Land and I attempted to make a home visit to a family I had seen previously in the Migrant Health Clinic. We arrived at the farm, but the grower was not at home so we were unable to complete the home visit. I did not talk with the migrant since it is the policy of the Migrant Health Office to make contact with the grower before going on to the farm to talk with the workers.

This was an enjoyable day, showing Dr. Land the project and hearing his ideas about the program and what the possibilities of the program may be. If the possibility of my following the patients in the hospitals improves this will help a great deal in making this a worth while preceptorship.

Wednesday-June 17, 1970

On Wednesday morning rounds were made with Dr. R.W.Karrer. We saw his private patients in St. Mary's Hospital. These consisted of a hysterectomy, a mammary gland mass, pneumonia, congestive heart failure, low back pain, mother and newborn. Following rounds with Dr. Karrer, a visit was made to the migrant day care center. At the day care center several children were seen. Lydia Lopez, 12 year old girl who spoke English, had a laceration on her left foot. She was not certain what she had stepped on, but it was felt that there may be a foreign body present. She was referred to Dr. Karrer's office. Virginia Gomez, had a URI. She had a note from her mother asking that she be seen by the doctor. No symptoms or findings

were noted and she was given an expectorant. She was followed by the nurse throughout the day. Idelia Gonzales, the 1 year old twin that had previously been seen and treated with Pentids, was seen and was advised to continue with her therapy. Bobby Mendoza, 3 year old boy who a volunteer worker said sounded croupy was seen. His chest was clear and he had a 98.6 temperature. He had no other symptoms and was not treated. Victor Valdez, 3 year old boy had a slightly inflamed tympanic membrane. He was given a decongestant and the nurse was to observe him and refer him back to me, if he developed a temperature. Alvira Trio, 2 year old girl, had a URI. She had no temperature and no symptoms, she was not treated. Norma Harrera, 1 year old girl with a temperature of 105 before I arrived, had a temperature of 104 by the time I saw her. She had vomited on one occasion-tympanic membranes were normal. She did have tonsillitis. She was not able to get into a doctors office by 5:00 P.M. but she could be seen by Dr. Karrer at the Wednesday night clinic at 7:00 P.M. However she did not arrive at the Wednesday night clinic. Maria Minna, 3 month old girl, had a temperature of 103. This child was also to be brought to the clinic and indeed was brought to the clinic Wednesday night. She was treated with Pentids. Frances Degret, 1 year old girl, fell off a table. There were no injuries noted, neurological was normal and the child was not treated. Gloria Cruz, 2 year old girl, had a slightly inflamed tympanic membrane, throat was normal and a temperature of 101. Phenegan was given and she was to be seen tomorrow. Adelia Gonzales seemed to be feeling

better but her ears were still draining slightly. Bobby Mendoza was feeling well.

Wednesday afternoon on return to the Gering office I saw one woman that demanded Indocin, the medicine that she had received last year. This woman had been seen by Dr. Ellis Baker and myself last week at the Wednesday night clinic and was given aspirin for the arthritic pain she described. She was advised to take this for one week and come back to the Wednesday night clinic for further evaluation. She said that she could not come back to the Wednesday night clinic and that she wanted the medicine now. I advised her that I could not write the prescription and could not refer her to the doctor because we had the clinic that night. The patient said that she might come back and left. But she did not return to the Wednesday night clinic.

At the Wednesday night clinic there were a total of 25 families seen and 41 patients treated.

Wednesday Night Clinic-June 17, 1970-Patients Seen and Treated

Matta, Berta-Age 43. Complained of low back pain, Weight 191. Rx 1,200 calorie diet.

Matta, David-Age 2 months, URI. Rx Caniper.

Matta, Ciernina-Age 19, English speaking. C/o sore eyes. Rx Boric Acid.

Castro, Santos-Age 54, Spanish speaking. Sebaceous cyst to be removed as out patient at St. Mary's Hospital.

Castro, Paul-Age 14, English speaking. Referred to Dr. Karrer for ear evaluation.

Vasquez, Maria-Age 30, English speaking. Fungal infestation of left axilla. Rx SSKI.

Mereles-Female age 7 months, well baby check. Rx DPT and OPV.

Mereles-Female age 2 years, well baby check. Rx DPT and OPV.

Mereles-Male age 3 years with no complaints. Rx DPT and OPV.

Mereles-Female age 5 years with no complaints. Rx DPT and OPV.

Gonzales, Roberta-Age 3 years with no complaints. Rx DPT and OPV.

Macias, Marcelino-Age 13, Spanish speaking. C/o abdominal pain. No Rx.

Matta, Roalinda-Age 2 1/2 years. Tonsillitis. Rx V-Cillin K and Triaminic.

Loscano, Marvela-Age 59, Spanish speaking. Diabetic. Rx Crinase.

Salazar, Ophelia-Age 42, English speaking. UTI treated by Dr. Harvey in the past. No further Rx.

Castillo, Jose-Age 57, Spanish speaking. He is on Ser-Ap-Es BID from Texas. Refill Rx.

Castillo, Raul-Age 16, English speaking. URI. Rx Phenergan with codeine.

Christobal, Grace-Age 2. Temperature of 104.8 Rectally. URI. Rx Pen-G and Caniper.

Rocha, Arbano-Age 2. No complaints. DPT and OPV.

Rocha, Betty-Age 2 months. Well baby check. DPT and OPV.

June 17, 1970 Clinic Continued:

Lopez, Carlos-Age 12, English speaking. Otitis Media. Rx Omnipen and Chlor-Trimeton.

Lopez, Guadalupe-Age 43, English speaking. Infected cut on little toe. Rx Penicillin.

Gonzales, Idelia-Age 1 year. Otitis Media-being followed at the day care center. Rx Phenergan Plain & Pentids.

Gonzales, Diana-Age 1 year. URI. Rx IM Penicillin, Pentids & Phenergan Plain.

Olivan, Mary Elis-Age 12, English speaking. Tonsillitis. Rx IM Penicillin & Omnipen.

Olivan, Patricia-Age 11, English speaking. Aphthous ulcer. Rx Glyoxide.

Olivan, Randy-Age 4, English speaking. Tonsillitis. Rx IM Duracillin & Omnipen.

Guardiola, Jose-Age 67, English speaking. C/o numbness in his right thigh. No diagnosis. Rx Oral Medrol.

Gonzales, Esmeralda-Age 7, English speaking. Sore throat. Rx Pentids & an expectorant.

Arrona, Everisto-Age 1 year. Tonsillitis. Rx Omnipen & ASA.

Arrona, Everisto-Age 35, English speaking. Nose bleeds. Rx Nose drops.

Solis, Marcello-Age 42, English speaking. Weight 206 pounds. Rx Eskatrol for two weeks.

Faustria, Solis-Age 40, Spanish speaking. Blood pressure check.

Valdez, Antonio-Age 25, English speaking. C/o chest pain last week, controlled with Aspirin. Rx ASA.

Men de La-Rosa, Ana Mira-Age 4 months. Tonsillitis. Rx Penicillin G & Pentids.

Men de La Rosa, Juanita-Age 1 year. Tonsillitis. IM Penicillin & Pentids.

Men de la Rosa, Antonio-Age 3. DPT & OPV.

Eamarillo, Irma-Age 6, English speaking. Ascaris. Rx Antepar.

June 17, 1970 Clinic Continued:

Emanillo, Alberto-Age 4. Diarrhea. Rx Quintess & Panicillin G.

Martinez, Felipe-Age 60, Spanish speaking. Tine Test.

Gonzales, Juan-Age 1 year. Tonsillitis. Rx Omnipen.

Gonzales, Elva-Age 18, English speaking. Tired and weak. Rx Referred to local medical doctor.

Thursday-June 18, 1970

Thursday morning I went to St. Mary's Hospital and scrubbed with Dr. Karrer on a D and C and a tonsillectomy on patients that were not migrants. This was an educational experience for Dr. Karrer was very willing to instruct me on how to do things and very willing to allow me to participate. Following the surgery Dr. Karrer and I made rounds on his hospital patients at St. Mary's Hospital and West Nebraska General Hospital. This included the previous D and C, tonsillectomy, already in the hospital a hysterectomy, pneumonia, mother and newborn times two, back pain, congestive heart failure mammary gland tumor removal.

Following rounds with Dr. Karrer, I made a visit to the day care center and saw Samona Perez, 3 year old girl who had a small abrasion on her heel. This was cleansed and covered. John Trio, 3 year old male, had a minor skin rash around the elbows. This looked like small furuncles. The nurse was advised to keep this clean and observe it for a two day period, then notify me if this had not improved. Adelia Gonzales's ears appeared to be slightly improved today. There was still a small amount of drainage so cotton was again applied and she is to continue on Pentids. Diana Gonzales, who has tonsillitis, was seen at the Wednesday night clinic and was given IM Penicillin and was started on oral Pentids today. Gloria Cruz, a patient seen yesterday, appeared to be much improved and was advised to continue on the decongestant started yesterday. Following

rounds at the day care school, I returned to the day care office. There were four patients waiting to be seen. Arterio Cavazos, 15 year old boy with tonsillitis was given a prescription for V-Cillin K 250 QID and an expectorant and Aspirin. Walt Madda, 1 year old male, had a URI. He was referred to Dr. Karrer. He also had a carbuncle or abscess on his left scapula. Paul Cabellaro, 25 year old male was post tympanoplasty. We tried to get an appointment with Dr. Grubbs for this patient, but he refused to see any migrant worker. He was therefore scheduled to go to Dr. Karrer's office. Lisabell Madda, 6 year old female, had tonsillitis and was referred to Dr. Karrer's office.

After seeing these patients I went home for lunch and while at home I recorded the statistics from the Wednesday night clinic. Following the statistical work I returned to Dr. Karrer's office to see this afternoons appointments with him. He was willing to let me see any patients that came induring the aftermpgn, and ask questions and observe anything that he did. He was quite good at explaining why he was doing things and quite interested in having me ask questions. This afternoon several of the patients were migrant workers. Dr. Karrer speaks very good Spanish, the Mexicans appreciate being able to communicate directly with him rather than talking through an interpreter. A patient seen this morning, Paul Cabellaro was treated with tetracycline and antihistamine by Dr. Karrer. The Madda children, Walt and Izabelle were given IM AP V-Cillin and Omnipen as well as decongestants and were asked to return. A 15 year old boy, Martiñ Figueroa had a boil on his

forehead. This was lanced by Dr. Karrer and he was given penicillin. The young lady that had brought him into the office, Martha Vilapondo, wanted some medicine for her cold so Dr. Karrer gave her a combination expectorant and decongestant.

This was a very interesting day and Dr. Karrer has been a good preceptor and has been willing to see the migrants and seems to enjoy working with them. I think it would be my recommendation for a student to spend a certain amount of time in his office. Both he and his senior partner, R.W. Karrer speak fluent Spanish and it is felt that the student could learn a great deal from these two physicians about the problems of the Mexican Americans. Especially Dr. John Karrer seems to know a great deal about the Mexican culture and is apparently interested in talking with these people about the problems that they have.

Friday-June 19, 1970

On Friday morning I scrubbed with Dr. Karrer on removal of a sebaceous cyst from the thumb of a 50 year old migrant lady. Dr. Karrer let me do whatever I felt that I could and explained what he was doing and what I should do. After the surgery, I returned to the Migrant Health Office in Gering. The secretary had called the hospital to inform me that there were several patients waiting. The first patient to be seen was Lizabelle Madda, 6 year old girl, had tonsillitis. She was sent to Dr. Karrer's office. The second patient was Cirilo Rodriguez, 45 year old woman, has had four previous cesarean sections and

the repair of an abdominal hernia. She fears that she is pregnant now and wants to have this pregnancy interrupted. In two of the previous cesarean sections, the children have died shortly after delivery. She is afraid for herself and for the baby that she thinks she is carrying. She has an appointment with Dr. Karrer on Monday to discuss this problem with him-she wants to see a doctor that will end the pregnancy.

The next patient was Corena Salazar, she complained of sore throat and cough for two or three days. Her throat did not appear to be inflamed. She was placed on Phenergan plain and Aspirin. Jesus Salazar, 10 year old boy who had a kidney problem by history. He needs to have a physical evaluation every six months. He was sent to Dr. Karrer's office for this follow-up. Next patient was Daniel Delgado, 21 year

old English speaking Mexican. He complained of abdominal pain for the past two days with white stools and cramping pain with each bowel movement. He was referred to Dr. Centry's office for further evaluation.

The next patient was 3 month old Linda Lascanto. She had a mild diarrhea of two days duration. The child did not appear to be dehydrated and was taking fluids. She had had 4-5 diarrhea stools. The child was placed on clear liquids for 24 hours. She is then to increase to the original dilution of infant gradually. The next patient was Adrian

Cavalas, 10 year old. He had tonsillitis. He was placed on Pentids, ASA and Phenergan plain. The next patient was Louis Fernandez. This is a 9 year old boy that weighs 49 pounds. The mother said that he had been losing weight for the last few days and that he had not been eating. The tonsils were mildly enlarged, no inflammation or exudate

was present. He was placed on Phenergan plain and increased fluids and advised to return to the office on Monday if he did not get better.

The next patient was Daniel Pina. This child had had a rubeola type rash for two days and a temperature for the last three days. He had be irritable and not feeling well. The temperature at the present time was 102.5 axillary. The child had conjunctivitis, otitis media, and tonsillitis. The diagnosis of rubeola was made and the child was placed on Omnipon, Aspirin and Phenergan..

After seeing these patients the afternoon visit to the day care center was made. The first patient seen was Patsi Martinez, 5 year old girl who had complained of nasal congestion. Her adenoids

appeared to be enlarged. The child is a mouth breather; she was placed on Actifed and was advised to see a local physician if she did not improve. The next patient was Rosa Mascaro, a 10 year old from a family fifteen. She is in the nurses office frequently requesting ASA. She complains of a headache after fighting with and older brother. She is an English speaking girl and most of the problem seems to have psychological overlay. No physical signs

or symptoms of disease were noted. The next patient was Irene Saidona, a 12 year old English speaking girl who fell last night in p.e. and sprained her ankle. She is able to bear weight today and has full range motion with mild pain. One small area of local tenderness, no discoloration or edema present. She was advised to keep the ankle elevated today, with cold for 24 hours then heat.

The ankle was wrapped with an elastic bandage. The next patient

was Sonja Duran, a 1-year old, who had vomited this morning and had had two diarrhoea stool, but had not had any symptoms since early this morning. She appears to be well now with no temperature, no treatment was given. Paul Cabara, a 1½ year old, whose parents sent cough syrup with the child. He had a temperature of 99 and a congested chest. He was placed on Phenergan plain and Aspirin. The parents were advised to take the child to a physician this week-end if the child did not improve.

On rounds this morning with Dr. Karrer, patients seen included the D and C and tonsillectomy performed yesterday. The patient who had a hysterectomy was still present this morning and complained of hives. The pneumonia appeared to be resolving. The mother and child at St. Mary's Hospital were discharged today. The migrant with back pain appeared to be some better and is going to leave the hospital in the near future.

Impression of Friday: After a week of the hospitals contacting me to let me know of migrant admissions, there has only been one contact made. This was 11:00 Wednesday night when I was still in the Migrant Health Office and I was not able to reach the attending physician at that time, so I was not able to see the child that night. I saw the child the next morning, after talking with the doctor. The doctor was willing to let me follow the child, but I did not feel that the child was very ill, and he probably would not have admitted the child if he had been able to evaluate the child more thoroughly before admission. The mother was very

insistent that the child was desperately ill and needed hospitalization so therefore was admitted. It is my impression that arrangements will have to be made with the physicians in order to allow adequate follow-up of hospital patients. This will take a great deal of initiative on the part of the preceptor. I think that during this month of June two preceptee's would be reasonable and would have plenty of things to occupy them. They would be able to take turns making themselves more available for contact on admission of migrants. But I do feel the previous arrangement or at least notification of each physician in this area should be made so that he will be aware of the preceptee who is interested in following the migrant workers when hospitalized.

To date there is only one instance of a local doctor refusing to see a migrant. This was an ENT specialist in this area. I am not sure of the reason for his not wanting to see a migrant worker. I think it was not because of the migrants race, but rather he would not be able to follow the patient after a rather delicate and expensive surgical procedure. The migrants are not concerned at all about having follow-up care and it is my impression that this physician would rather not work on this type of patient and doesn't feel that this gives him the maximum opportunity of doing his best work.

On Friday afternoon, a home-visit was made with Mrs. Mitchell. We went to Ophelia Rodriguez's home. She is the patient who was referred to our office by the Harlingen County Hospital Tubercu-

Lois Center. This patient was to have follow-up chest film in May but she failed to return for this appointment. This hospital notified us that she was probably in the area. We made contact with her and had the chest film done which was questionable. Sputums were collected and a positive sputum was found. She was then referred to the County TB Office and they recommended that she either go to Kearney or return to the Harlingen County Hospital for further evaluation. This home visit was made to inform her of the positive test and give her the alternatives. She then chose to go to Texas; arrangements are being made for this journey. The dwelling in which she lived had several windows broken out that were covered with cardboard. The floor was rather dirty but the house appeared to be tidy as far as things being picked up and beds being made. There was no food on the table and the dishes were clean. There was no running water or indoor plumbing. The privy appeared to be adequate but rather close to the house. The well was right next to the house with probably the water supply the farmer uses.

Monday-June 22, 1970

Monday morning I reported to the Gering office at 8:00 A.M. and began to do some statistical work on patients seen last week in the various clinics, day school, etc. However several patients came into the office to be seen. First of these was Rumos Ludwig, this is a 25 year old woman that was sent in by Dr. Loeffel because

she needed dental work done. In talking with her she had no acute pain and was about six months pregnant. She said that she would prefer to wait until after the pregnancy if she could have the dental work done. I informed her that we had limited funds for dental work on migrants and then she decided to wait until she returned to Texas to have the migrant office there help her with the necessary dental work. The next patient was Angelo Negrete. This patient had diarrhea and vomiting, with a temperature of 101. She was a 14 year old girl. She had vomited once at 2:00 A.M. and once in the office at 9:00 A.M. She had had two diarrhea stools. She was given Kaopectate to take after the stools and advised to stay on a liquid diet for the next 36 hours. Francis Negrete, 6 months old, had a diaper rash, and was given Zinc Oxide jelly for the rash. She was also given Phenergan plain for a mild cough. A brother, Ramone Negrete, had essentially the same symptoms. He did not understand English. He was also given Phenergan plain and Aspirin. The next patient was Manuella Perez, 1 year old child with a temperature of 99. The mother said the child had a rash this morning, big white spots all over her body. There was no evidence of a rash, the child appeared to be well and very happy. After normal physical exam the mother was advised to bring the child back the next time the rash came, when the rash was still present. The next patient was Edgrena Tristana, 1 year old. This patient had marked edema on the feet and legs. This child's father said she had been bitten during the night by some type of insect. The places the father said

were bites were small discrete pustules with a slightly indurated.

This patient was referred to Dr. Gentry for further evaluation. The next patient was Jauancia Camarillo, 1 year old. He was treated by Dr. Gentry in the emergency room yesterday. The patient misunderstood when Dr. Gentry told him to come back to the clinic tomorrow. He thought he meant the Migrant Health Clinic. I referred him to Dr. Gentry's office. After seeing these patients in the morning, rounds were made at the day school. The first patient seen there was Sylvia Remundo, an 8 year old girl who spoke English. She had abdominal pain. She had been given Pepto-Bismol before I arrived. She felt much better by the time I arrived and was anxious to get back to class. Her physical exam was normal. Liz Matta, a 4 year old with otitis media. I called Dr. Karrer and he was willing to o.k. my prescription of Omnipen and Actifed. David Matta, a 2 month old had a temperature of 100 rectally. He was fussy; his throat was much improved from the Wednesday night clinic and his cough was better. He was advised to continue medications. The next patient was Floristella Merales, had vomited early in the morning when she got off the bus. Since then she had been feeling well. She had a temperature of 99.4, and a normal physical exam. Merivel Merales, brother to the above patient was placed on Omnipen at the Wednesday night clinic and his symptoms seemed to be much improved from Wednesday. After seeing these children I went to the hospital and saw a patient who was admitted on Monday. This patient was Mrs. Serilio Rodriguez, she was admitted complaining of abdominal

pain. The diagnosis was partial bowel obstruction. A barium enema is to be done. Mrs. Maximal Martinez was still complaining of much back pain. She is being sent to Denver for an appointment with a neurosurgeon on Wednesday. Arrangements have been made for her transportation and the Colorado office has been called and they are very willing to accept the financial responsibility for her care when she arrives in Colorado. Mrs. Conzales, the woman with pancreatitis still complains of much pain, but she is leaving the hospital this evening against medical advice, to try to go back to Texas with her husband. Later this afternoon I attempted to make contact with Dr. Barnwell to arrange for rounds this week, but was unable to reach him. I will try again tomorrow.

Tuesday-June 23, 1970

On Tuesday morning rounds were made at 8:00 A.M. at the hospital on migrants. The first patient seen was Mrs. Serilio Rodriguez at St. Mary's Hospital. She had had the barium enema, the fasting blood sugar, the UA and the CBC scheduled for today. No results were back, the patient said she was still having marked abdominal pain and distention. This patient had been examined in the Migrant Health Office and several questions had been asked of her through the interpreter. Therefore, no physical exam was done at this time. She is a 45 year old woman who is admitted suspecting pregnancy, she had had five previous cesarean sections. The patient is not believed to be pregnant however. The second patient seen is

a Angelina Cruz, 5 month old. Dr. Loeffel had admitted this patient, the diagnosis of probable pneumonia. The patient was admitted on Monday evening and a chest x-ray confirmed the diagnosis. The patient is being treated with Dancobin IM and appears to be responding well. The next patient is Havis Gomez, a 50 year old male, in West Nebraska General Hospital. This is Dr. Harold Gentry's patient. It is thought that he was having ureter pain, probably from passing of renal calculi. He was admitted in much pain at 8:00 A.M. on Tuesday. He was evaluated by a urologist and an IVP was scheduled, the results not yet known. Mrs. Reeves, is an OB admitted by Dr. Harold Gentry. She was not in active labor but said she had passed some blood. She was to be watched for 24 hours. If no labor developed she was to be dismissed. Mrs. Maximo Martinez was sent home on Tuesday, but passed out at home. She was re-admitted Tuesday night.

Following rounds at the hospital, a visit was made to the clinic at St. Mary's Hospital. She had had the barium exam, the Migrant Health Office in Gering. A patient who had been discharged from the hospital was waiting to have his Orinase filled. The results were back, the patient said she was still having pain. patient was referred to the Wednesday night clinic to have the abdominal pain and distention. This patient had been examined in prescription refilled. A patient of Dr. Harold Gentry's from last year wanted Lomotil and arthritis medication. She wanted to return tonight the interpreter. Yesterday no physical exam was done at to Dr. Gentry's so she was referred to his office. Yvonne Katta, 11 month old boy on Canipan from Dr. Karrer, (seen last Friday in his procedure, she had had five previous operations including the procedure in office, he also has a carbuncle on his left scapula). The child appeared to be some improved, the throat was better, the tympanic

membranes were normal today. But the mother and father said that the child had had a terrible night and had had a high fever. He had several pustules on his body; he was advised to continue his medication and return. Miguel Matta, a 4 year old, had tonsillitis. The child was given Phenergan plain and asked to return to the clinic Wednesday.

After seeing these patients in the Gering office on Tuesday morning, I went to the home of Mrs. Ubaldo Garza to obtain the social history of this family. I arrived at the home about 11:45 A.M., Mrs. Garza was fixing dinner at the time. I observed her in this activity and it was very interesting to watch her prepare the food. She was frying hamburger and made some kind of gravy with this hamburger. They also had beans and sweet bread. She fed the family while I was there and I took a couple of pictures of the family while they were eating. There are eight children in the family. The house is a two room house, no inside plumbing, no inside toilet facilities, no area to bathe. There is however an electric washer, according to Mrs. Garza.

Following this visitation, I returned to the day school and saw several children. The first child was Isabelle Matta, a 4 year old sister to the boy treated yesterday for otitis and tonsillitis with Omnipen. This child has the same diagnosis and will be treated with the same medication. Next patient was Mary Inez Saldonia, a 5 year old English speaking girl. She smashed her finger in a locker door, there was a small laceration. She was sent to Dr. Karrer's office

for DPT booster. Maria Hernandez, a 13 year old girl, had a temperature of 101, chest was clear, tonsils were slightly enlarged and inflamed, tympanic membranes were clear, a few anterior cervical nodes, and a tachycardia of 130, but no tachypnea was noticed. She was also sent to Dr. Karrer's office. The next patient was Florentino Cavazos, an 8 year old. The mother asked for the ears to be checked. There was much cerumen present; the child did not appear to be ill. The mother was advised to have the child lay on a warm water bottle for an hour at a time for the next 3 or 4 days and wash his ears to remove the cerumen. Then have the child examined again. After seeing these children at the day school, I returned to the Gering office to speak with Mrs. Garza. She had brought her children in for me to examine. We also talked further about the family and social history. After talking with this family for about an hour, I wrote the brief social history that I had obtained and saw one other patient on Tuesday. This was Martha Valdez. She was complaining of mild cold symptoms, slight cough, no temperature and physical exam was normal. She was given Phenergan plain and advised to take Aspirin if she developed a fever.

Wednesday-June 24, 1970

On Wednesday rounds were again made in the morning. I had planned on making rounds with Dr. Barnwell, but he had been out of town for several days and had no patients in the hospital, so he advised me that it would not be possible for me to meet him at the hospital for rounds. So I went to see the various migrants that were

in the hospital. I saw Mrs. Serilio Rodriguez, she began having heavy menstrual flow last night so she feels much better that she is not pregnant and is anxious to go home. The barium enema, fasting blood sugar, urine analysis and CBC were all normal. Angelina Cruz appears to be doing much better today, her temperature is down and pneumonia appears to be responding well to therapy.

Nevis Gomez is resting comfortably and ureter pain is much less today. This man does not understand any English, but was able to tell me through an interpreter that he felt much better. He does have an obstruction of the left ureter on x-ray exam and will be evaluated by Dr. Hayhurst the urologist. Mrs. Reves, an OB admitted by Dr. Harold Gentry did not go into labor and was discharged this morning. Mrs. Maximo Martinez was re-admitted on Tuesday night because of fainting at home. She complains now of severe back pain again. Dr. Karrer plans to wait to refer her until he has evaluated the previous x-ray from San Antonio. A Sonja Duran, seen by me at the day school, was admitted to St. Mary's Hospital by Dr. Karrer on Wednesday afternoon. And Maria Hernandez, also seen by me at the day school yesterday and today, was admitted by Dr. Karrer at St. Mary's Hospital.

Following rounds on hospital patients on Wednesday, I returned to the office in Gering and saw two patients. Artero Cavaza, a 13 year old boy, had been treated for tonsillitis a week ago. He was much improved and advised to continue his medicine as prescribed. Caroline Matta, a 15 year old girl was a patient of Dr. Grubb's in

1967 for nasal polyp removal. I called Dr. Crubb's while she was there to see if Dr. Crubb's would take her for an appointment and an evaluation. He refused to see the patient. So the girl was advised to return to the clinic on Wednesday evening so that Dr. Barnwell could see her. Another Matta girl, a 17 year old, had been having menstrual flow for 13 days. She had regular periods every 50 or 60 days, usually 8 days duration. There was no pain, no abdominal distention. She was referred to a local doctor for further evaluation. After seeing these patients, I left the Gering office and went to the day school. I saw Gloria Basoldua, an 8 year old girl, complained of diarrhea and pain in her ear. The diagnosis of otitis media was made, she was referred to the Wednesday night clinic. Debbie Trio, a 9 year old girl, had a sore throat and sore right ear. The diagnosis of otitis media was also made. Both of these girls were afebrile and not acutely ill. Both were referred to the Wednesday night clinic. Anna Maria Hernandez, a 13 year old girl, was sent to Dr. Karrer's office earlier this morning. She had a tachycardia of 142, increased temperature to 102.2 and tachypnea today. She was sent to the hospital from Dr. Karrer's office. Sonja Duran, a 1½ year old girl, with a temperature of 103.6 at 10:30 A.M. was given a grain of ASA and was wrapped in tepid water towels. Diagnosis of otitis media on the right and tonsillitis was made at 11:30 A.M. when I saw the child. At this time the temperature had not responded at all to therapy and was still 103.6. She immediately referred to Dr. Karrer's

office with the diagnosis of otitis media, tonsillitis and possible pneumonia. She was seen by Dr. Karrer and he felt the child did have pneumonia. She was admitted to the hospital.

After lunch a home visitation was made to the Mascaro family.

I had received the wrong information on where to go and arrived at the wrong place. I did not have time to make the journey to the other farm place and will if necessary go to the correct place tomorrow. However, the school was called and they asked the child to come into the Wednesday night clinic for evaluation. It was felt that this child may have some psychological problems.

Following this home visit, I went with the nurse to the home of the Hernandez family in Haag, to inform them of the hospitalization of their daughter by Dr. Karrer. We needed to get written permission for the hospitalization, evaluation and treatment if necessary. After this visitation, some time was spent in the Gering office with Carl Ogg evaluating certain parts of the program.

I then spent time catching up on dictation and paper work from the last couple of days. I will be in the Wednesday night clinic this evening.

Wednesday Night Clinic-June 24, 1970-Patients Seen and Treated

- Guardiola, Connie-Age 6, English speaking. Rx Refill of Benemid.
- Navvis, Manuela-Age 50, Spanish speaking. C/o constant chest pain, pleuritic type, rals were heard on the left. Rx Tetracycline.
- Olivan, Nancy-Age 39, English speaking. C/o Aphthous ulcers and cold sores. Rx Glyoxide and chewable Erythromycin.
- Olivan, Pandy-Age 4, English speaking. Cough. No further Rx, continue medication of last week.
- Olivan, Mary Elis-Age 12, English speaking. Improved. To continue medication until gone.
- Salazar, Arobella-Age 15, Spanish speaking. C/o headache and nausea. Rx Decongestant.
- Salazar, Antonio-Age 6, Spanish speaking. Patient improved. Follow-up of last weeks Rx.
- Salazar, Amalina-Age 40, Spanish speaking. Constipation. Rx MOM-2 Iron.
- Duran, Sonja-Age 1 year. Diagnosis URI and questionable pneumonia. Rx Penicillin G and Omniben.
- Macias, Maralino-Age 35, Spanish speaking. Abdominal pain. Rx Combid.
- Matta, Caroline-Age 12, English speaking. Sinus itis. Rx Chlor-Trimeton.
- Fernandez, Oralia-Age 50, Spanish speaking. Refill Rx of Valium.
- Fernandez, Jose-Age 12, English speaking. C/o losing teeth. No Rx.
- Fernandez, Louis-Age 9. Much improved. Follow-up of Rx.
- Caballero, Aurelia-Age 60, Spanish speaking. C/o weakness of legs. Rx Os-Cal-Mone.
- Caballero, Santa-Age 18, English speaking. Pain in abdomen. Rx bland diet.
- Caballero, Paul-Follow-up of Tetracycline therapy. Rx Continue medication.
- Hernandez, Elva-Age 40, Spanish speaking. Abscessed teeth. Rx Referred to dentist.
- Uribes, Mary Elva-Age 1 year. Tonsillitis. Rx Omniben.

June 24, 1970 Clinic Continued:

Negrete, Francis-Age 6 months. Otitis Media. Rx Penicillin IM & Canipen.

Negrete, Ramon-Age 7, English speaking. Tonsillitis and otitis media. Rx Canipen.

Sardero, 2 year old female. Tonsillitis. Rx-Canipen.

Escamilla, Rosalina-Age 10 months. Gastro enteritis. Rx none.

Rodriguez, Dominga-Age 21, English speaking. Follow-up of threatened abortion. Rx May return to work.

Rodriguez, Francisco-Age 2 years. URI. Rx Decongestant.

Mereles, Marviel-Age 2 years. URI. Rx Sumicin.

Mereles, Florestela-Age 2 years. Tonsillitis. Rx Sumicin.

Guzman, Margarita-Age 42, Spanish speaking. Dermatitis. Rx Hydrocortisone Cream.

Matta, Uyvan. Age 1 year. URI & carbuncle. Rx Referred to Dr. Barnwell.

Matta, Isabelle-Age 6, English speaking. Tonsillitis follow-up. Much improved, no further Rx.

Matta, Miguel- Tonsillitis. Rx Canipen.

Matta, Elizabeth-Age 8, English speaking. Multiple caries. Rx Referred to dentist.

Thursday-June 25, 1970

On Thursday morning there were several patients seen in the Gering office. The first of these was Bertha Alman, a 16 year old girl. The girl had tonsillitis and pharyngitis. There appeared to be no other signs of infection. This girl was placed on Tetracycline and decongestant. The next patient to be seen was Roselle Luna, a 14 year old girl. She complained of menstrual pain the second day of each period for the past four months. She was examined and there were no abdominal physical findings on physical exam. A pelvic could not be done here-she was advised to return to a doctors office the next time she had the pain. I also examined this patients mother Feliz Luna, a 48 year old female who spoke English. She complained of sore eyes. She was given a Boric Acid eye wash. She also complained of nasal congestion. She was given Phenergan and was advised to return Wednesday if she did not get any relief. A patient that Dr. Nelson had worked up in the hospital and started on Orinase, was to return to the Wednesday night clinic for a larger prescription of Orinase, did not come in on Wednesday night. He came in on Thursday wanting the prescription so he was sent to Dr. Nelson's office to have the prescription written for him.

Thursday morning at the hospital, Mrs. Maximo Martinez, still had much back pain and is waiting for the decision on when to go to Denver. She is presently planning to go on Friday. Mrs. Rodriguez's upper GI completed today was normal. There have been no

abdominal physical findings; she feels much better. I feel a great deal of her problem is psychological from the fear of her being pregnant. I feel the most important part of this hospitalization for her is to receive adequate birth control. The Gomez and Cruz babies were discharged today by Dr. Loeffel. The parents of the Duran baby did not want the child to go to the hospital so she came to the Wednesday night clinic and received more medication. The Hernandez girl with tachycardia is much improved; she spiked a temperature of 104 Wednesday night and her heart rate came down to just below 100 Thursday morning. Nevis Gomez, a patient with renal calculi was not seen this morning. He was not in his room when I was at General Hospital and I was not able to make it back later in the day to see this patient.

On Thursday afternoon the Mascaro family was visited. The Mascaro girl, who is 12 years old is going to the Scottsbluff day school, was having a childhood adjustment reaction and was very self conscious about the development that she is going through and is very concerned about the beginning of her menses. She thinks that this is caused by her father beating her. There are 17 people living in this small house. It has running water but no hot water and no indoor toilet facilities. I think that this girl should probably be seen at the Community Mental Health Center if she does not seem to get along better in the future. The older sister that I talked with when I visited the family dwelling said that the girl has similar episodes with each menstruation. She says

that following the period the child becomes much more normal and is as normal as the other children until the next period is about due. One of the teacher aides at the day school has been spending a great deal of time with this girl explaining things to her and trying to help her understand the situation. The girl said that the mother has given her no instructions, has not explained anything to her. She was having breast development and the mother had made no attempt to get her the proper under garments or to explain to her what to expect. This teacher aide has done this and the girl seems to be doing quite well.

At the day school there were only three children to be seen. A 5 year old boy named Tony, we could not find out the last name. He had a small abrasion on his abdomen that was covered by a band aid. The band aid was removed and the wound was cleaned. The nurse was advised not to cover the small abrasion, unless the child demanded. She was to follow the child for the possibility of skin infection. Misa Dreo, an 8 year old, had mild diarrhea. She was given Kaopectate and seemed to be doing well. She had not had a stool in the afternoon and seemed to be feeling much better. No further treatment was initiated. Diana Gonzales, a 1 year old, had otitis media on the left. This is a sister of the Gonzales girl that has been seen and treated. She at first seemed to be responding and now seems to be worse. I will refer this family to Dr. Karrer for the possibility of changing therapy.

Following the stop at the day school, I returned to the Gering