

REPORT ON HOSPITAL ADMISSIONS AND
OUT PATIENT CARE OF AGRICULTURAL MIGRANTS IN 1969

Commonwealth of Virginia
Department of Health
MIGRANT HEALTH PROJECT
Accomack-Norhampton Counties

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APPENDIX

This is the sixth Annual Report submitted on Agricultural Migrant workers admitted to, or seen in the Out-patient Department of The Northampton-Accomack Memorial Hospital, Nassawadox, Virginia and several patients transferred to The Norfolk General Hospital for neuro surgery.

This report is compiled by members of the Migrant Project Staff. The forms shown on the following page, "Hospital Data Card" Form #1, and "Hospital Referral Form" #2 are completed on each admission or out-patient. The latter form is essential to confirm the migrant status of a patient before any payment to the hospital is approved. Therefore, Hospital Referral Form #2 is used for the purpose of verification, as well as a follow-up on the patient's health after discharge.

Beginning in 1967 a supplemental request for hospitalization funds for indigent migrant patients was approved. This covered a part of the hospital expenses involved, as well as paying a percentage of physicians' fees also. These funds, amounting in total to \$37,673. each year, enabled better care than was heretofore possible, but, as the figures indicate they are far short in paying for all of the services rendered. Thus, there is no question of the burden, financial and otherwise, carried by a small community hospital and its staff, committed to the care of a large group of seasonal, migratory people.

The Medical College of Virginia Hospital cooperated fully in treating two patients requiring specialized care, whose conditions warranted immediate transfer. As the M.C.V. Hospital does not have a hospital agreement with the Migrant Project, there were no available funds to pay for the services in either of these cases.

The Northampton-Accomack Memorial Hospital and The Norfolk General Hospital are two of 165 cooperating hospitals, in 25 states, in which migrant health projects have agreements for hospital service. Funds for this service were made available for use in 1967, by amendment to Sec. 310 of the Public Health Service Act.

As an appendix to the statistical accounts listed, summaries of discharge reports on eight patients treated are included. Limitations of space prohibit summary of the 175 inpatient cases in 1969. Those shown will serve to describe the diagnoses, treatments and reports of eight different staff physicians and surgeons, typical of the treatment provided to all migrant patients.

Form #1

HOSPITAL DATA CARD

Name _____ Race _____ Age _____ Sex _____
 In Patient _____ Out Patient _____
 Camp Name _____ Crew Leader _____
 Admission Date _____ Discharge Date _____
 Diagnosis _____
 Type of Accident _____
 If Followup Recommended, To Whom _____
 Total Bill _____
 Amount Paid _____ By Whom _____
 Amount Due _____
 Doctor's Name _____ Paid _____ Due _____

Form #2 HOSPITAL REFERRAL FORM

AIDE'S NAME _____ DATE GIVEN TO AIDE _____ DATE COMPLETED _____
 PATIENT'S NAME _____ Soc. Sec. No. _____
 NICKNAME _____ NAME ON SOC. SEC. CARD _____
 RACE _____ SEX _____ AGE _____ PARENT'S NAME IF CHILD _____
 NAME OF CAMP _____ ADDRESS _____
 CREW LEADER'S NAME _____ ADDRESS _____
 NICKNAME _____
 DATE INPATIENT _____ DATE OUTPATIENT _____ REASON PATIENT IN
 _____ HOSPITAL _____ LOCAL _____
 WHAT TYPE WORK DO YOU DO HERE _____ DATE OF ARRIVAL IN AREA _____
 ADDRESS OF LAST EMPLOYMENT OUT OF THIS AREA _____ DATES FROM _____ TO _____
 WAS LAST EMPLOYMENT OUT OF THIS AREA IN AGRICULTURE OR RELATED SEASONAL
 INDUSTRY _____ YES _____ NO. WHAT TYPE _____
 HOME ADDRESS _____ STATE OF BIRTH _____
 REASON FOR REFERRAL TO AIDE _____
 AMOUNT PAID BY PATIENT _____ DOCTOR _____ HOSPITAL _____
 DID YOU SEE RECEIPT _____ WHO SIGNED IT _____
 PATIENT REFERRED TO _____
 PATIENT'S CONDITION _____

COMPARISON OF ADMISSIONS - INPATIENTS

TABLE I B.

COMPARISON OF ADMISSIONS - OUTPATIENTS

TABLE II A.

COMPARISON OF INDIVIDUAL INPATIENTS BY AGE & SEX

TABLE II B.

COMPARISON OF INDIVIDUAL OUTPATIENTS BY AGE & SEX

	-15	15-44	45-	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
1964	15	9	91	48
1965	18	9	96	64
1966	25	12	75	53
1967	24	13	106	67
1968	16	23	95	69
1969	27	25	107	68
			<u>Male</u>	<u>Female</u>
			23	3
			30	3
			34	2
			32	9
			33	10
			29	8
			<u>Total</u>	
			189	
			220	
			201	
			251	
			246	
			264	

3 a.

SUPPLEMENT TO TABLE I A.

COMPARISON BY YEARS

MIGRANT HOSPITAL ADMISSIONS TO TOTAL MIGRANT POPULATION

	<u>MIGRANT POPULATION</u>	<u>HOSPITAL INPATIENT ADMISSIONS</u>	<u>% OF ADMISSIONS TO POPULATION</u>
1969	6,425	168	
1968	6,750	199	
1967	<u>7,414</u>	<u>180</u>	
3 YR. TOTAL	20,589	547	.0265

PRIOR TO
HOSPITALIZATION
PROGRAM

1966	6,890	134	
1965	7,030	99	
1964	<u>8,541</u>	<u>118</u>	
3 YR. TOTAL	22,461	351	.0156

PERCENTAGE OF INCREASE IN ADMISSIONS 1967 to 1969
OVER ADMISSIONS 1964-1966, BY POPULATION = 69.8%

TABLE III

MIGRANT INPATIENTS AND OUTPATIENTS PAID AND UNPAID

	<u>Inpatients</u>	<u>Outpatients</u>	<u>Total</u>
Total Hospital Bills	82,466.02	6,281.59	88,747.61
Total Amount Paid	33,390.24	2,377.25	35,767.49
Total Amount Not Paid	49,075.78	3,904.34	52,980.12
Total Physicians Bills	12,426.10	1,089.00	13,515.10
Total Amount Paid	8,516.50	883.00	9,399.50
Total Amount Not Paid	3,909.60	206.00	4,115.60

TABLE IV A.

TOTAL PAID HOSPITAL BY SOURCE - INPATIENT

<u>Patient</u>	<u>Rehabilitation</u>	<u>MCH</u>	<u>Medicare</u>	<u>Migrant Project</u>
919.61	542.73	3,962.62	854.33	27,110.95

TABLE IV B.

TOTAL PAID HOSPITAL BY SOURCE - OUTPATIENT

<u>Patient</u>	<u>Rehabilitation</u>	<u>Welfare</u>	<u>MCH</u>	<u>Medicare</u>	<u>Migrant Project</u>
1,190.95	50.00	13.25			1,123.05

TABLE V A.

TOTAL PAID PHYSICIAN BY SOURCE - INPATIENT

<u>Patient</u>	<u>Rehabilitation</u>	<u>MCH</u>	<u>Medicare</u>	<u>Migrant Project</u>
	140.00			8,376.50

TABLE V B.

* TOTAL PAID PHYSICIAN BY SOURCE - OUTPATIENT

<u>Patient</u>	<u>Rehabilitation</u>	<u>MCH</u>	<u>Medicare</u>	<u>Migrant Project</u>
	82.00			801.00

* 150 cases - No Charge by Physician

TABLE VI A.⁵

MIGRANT HOSPITAL INPATIENT PAID IN FULL

TOTAL	DIAGNOSIS	CASES	PATIENT	OTHER SOURCES
4,982.28		14		4,982.28
767.88	014 - Diarrheal Disease Children under 1 yr.	2		767.88
843.75	072 - Cerebrovascular Disease	1		843.75
549.85	086 - Pneumonia	1		549.85
861.16	093 - Hernia	3		861.16
259.70	099 - Acute Gastroenteritis	1		259.70
267.08	105 - Diseases Female Genital Organs	1		267.08
311.75	112 - Spontaneous Abortion	1		311.75
553.11	113 - Referred for Delivery	3		553.11
568.00	151 - Premature	1		568.00

MIGRANT HOSPITAL OUTPATIENTS **PLTD** IN FULL

TOTAL	DIAGNOSIS	CASES	PATIENT	OTHER SOURCES
2,148.75 1,148.75		66	915.70	233.05
15.00	013 - Intestinal Parasites	1	10.00	5.00
50.00	029 - Cyst	1		50.00
13.50	052 - Alcoholism	1	13.50	
14.25	059 - Anxiety	1	14.25	
11.00	075 - Hemorrhoids	1		11.00
33.00	080 - Cold, Sore throat	3	22.00	11.00
32.75	082 - Tonsillitis	2	32.75	
13.25	083 - Bronchitis	1	10.00	3.25
7.40	090 - Toothache	1		7.40
48.75	099 - Other Digestive System Conditions	4	37.75	11.00
33.75	100 - Urinary Tract Infect.	2	33.75	
17.00	105 - Diseases of Female Genital Organs	1	17.00	
11.50	109 - other Genitourinary System Conditions	1	11.50	
42.55	113 - Delivery	1	42.55	
47.95	119 - other Cond. Complications of Pregnancy	4	18.15	29.80
50.70	120 - Soft Tissue Abscess or Cellulitis	3	39.70	11.00
21.00	129 - other Conditions of Skin	2	10.00	11.00
10.00	162 - other Symptoms Referrable to Limbs & Joints	1		10.00
155.90	169 - Ill Defined Conditions	8	155.90	
359.05	170 - Lacerations, abrasions	16	346.65	12.40
29.25	172 - Fracture	1	29.25	
116.20	179 - Other Cond. due to Accidents, violence etc	8	71.00	45.20
10.00	212 - Screening Chest X-ray	1		10.00
5.00	219 - Other Services (Pregnancy Test)	1		5.00

TABLE VII A.

MIGRANT HOSPITAL INPATIENT VISITS BY DIAGNOSIS

DIAGNOSIS	Male	Female	TOTAL	VISITS	-1											
					M	F	M	F	M	F	M	F	M	F	M	F
01- INFECTIVE AND PARASITIC DISEASES																
010 Tuberculosis																
012 Gonorrhea & Other VD													1		1	
014 Diarrheal Disease																
015 Children Under 1 yr																
015 All other													4		3	
02- NEOPLASMS																
029 Malignant Neoplasms																
029 Cancer Cervix																
029 Cancer Penis																
029 Neoplasms uncertain nature(Cyst)													1		2	
03- ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES																
031 Diabetes Mellitus																
04- DISEASES OF BLOOD & BLOOD FORMING ORGANS																
040 Iron Deficiency Anemia													1		1	
05- MENTAL DISORDERS																
051 Neuroses & Personality Disorders													1		1	
052 Alcoholism													1		1	
053 Mental Retardation (Intelligence Disorder)													1		1	
059 Other Cond. - Anxiety etc.)													1		2	
07- DISEASES OF CIRCULATORY SYSTEM																
070 Rheumatic Fever																
071 Hardening of Arteries & Degenerative Heart Disease													1		1	
072 Cerebrovascular Disease (Stroke)																
073 Other Diseases of the Heart													1		1	
074 Hypertension																
075 Varicose Veins (Hemorrhoids)													1		2	
079 Other Cond. (Hypotension, Vascular Lesions, Phlebitis)																
08- DISEASES OF THE RESPIRATORY SYSTEM																
080 Common cold, cough, sore throat													1		1	
083 Bronchitis																
086 Pneumonia													2		2	
088 Chronic Lung Disease(Emphysema)													1		4	

TABLE VII A. - Continued

MIGRANT HOSPITAL INPATIENT VISITS BY DIAGNOSIS

DIAGNOSIS	VISITS	-1-1-4 5-14 15-44 45-64 65+											
		M	F	M	F	M	F	M	F	M	F	M	F
09- DISEASES OF THE DIGESTIVE SYSTEM													
090 Caries & Other Dental Problems													
091 Peptic Ulcer								1	1				
092 Appendicitis								1	1	2			
093 Hernia								1	1	1			1
099 Other Cond. (Colon Disorder, Rectum Disorder, Cirrhosis, Gallbladder, Liver Diseases, Constipation)	1							3	7	2	1		
10- DISEASES OF THE GENITOURINARY SYSTEM													
100 Urinary Tract Infection								1	2	4			
103 Disorders of Menstruation									1				
105 Other Diseases Female Genital Organs													
109 Other Conditions									7	1		1	
11- COMPLICATIONS OF PREGNANCY, CHILD BIRTH & PUERPERIUM													
112 Spontaneous Abortion													
113 Referred for Delivery								1	3	12			
119 Other Conditions										5			
12- DISEASES OF SKIN & SUBCUTANEOUS TISSUE													
120 Cellulitis					1			3		2			
13- DISEASES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE													
132 Arthritis, Unspecified								1				1	
15- CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY													
Immaturity	1												
16- SYMPTOMS & ILL DEFINED CONDITIONS													
169 Other Conditions								1	4	2			
17- ACCIDENTS, POISONINGS, VIOLENCE													
170 Lacerations, abrasions, etc.													
171 Burns													
172 Fractures					1								
173 Sprains, strains, dislocations								12	2	3			
179 Other cond. due to accidents, poisoning, violence, insect bites								6	1				
								1	8	4			
									3				
20- SPECIAL CONDITIONS & EXAMINATIONS													
200 Family Planning Services													
205 Medical and Surgical Aftercare										2			

DIAGNOSIS	VISITS								
		-1	1-4	5-74	15-44	45-65	65+		
		M	F	M	F	M	F	M	F
Male	173								
Female	110								
TOTAL	283								

[illegible]

TABLE VII - B. - Continued

MIGRANT HOSPITAL OUTPATIENT VISITS BY DIAGNOSIS

DIAGNOSIS	VISITS	-1												
		M	F	M	F	M	F	M	F	M	F	M	F	
11- <u>COMPLICATIONS OF PREGNANCY, CHILDBIRTH & PUERPERIUM</u>														
113 Referred for Delivery														
119 Other Conditions							2				1			
12- <u>DISEASES OF SKIN & SUBCUTANEOUS TISSUE</u>														
120 Soft Tissue Abscess, Cellulitis								2		1		1		
129 Other Conditions				1						2		1		
13- <u>DISEASES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>														
132 Arthritis, Unspecified														1
16- <u>SYMPTOMS & ILL-DEFINED CONDITIONS</u>														
161 Backache								1		1				1
162 Other symptoms referable to limbs & joints										1				
169 Other Conditions				2		1		4		14		9		2
17- <u>ACCIDENTS, POISONINGS, VIOLENCE</u>														
170 Lacerations, abrasions & other soft tissue injuries				3		2		5		33		5		1
171 Burns						1				2		1		
172 Fractures						2				3		3		1
173 Sprains, strains, dislocations														
179 Other conditions due to accidents, poisoning, or violence, insect bites				1		1		7		3		28		4
20- <u>SPECIAL CONDITIONS & EXAMINATIONS WITHOUT SICKNESS</u>														
205 Medical & Surgical Aftercare										2		2		1
212 Screening Chest X-ray										1				
219 Other Services										2		2		

TABLE VIII

MIGRANT DIAGNOSIS PATTERN - INPATIENT - BY DAYS

DIAGNOSIS	VISITS		1-4		5-14		15-44		45-64		65+	
	Male	Female	M	F	M	F	M	F	M	F	M	F
TOTAL	109	72	181									
01- <u>INFECTIVE & PARASITIC DISEAS.</u>												
010 Tuberculosis			2									
012 Gonorrhea & Other VD			1									
014 Diarrheal Disease					15	22						
015 Children Under 1 yr.			7		7	4						
015 All Other			4				2		6			
02- <u>NEOPLASMS</u>												
020 Malignant Neoplasms												
Cancer Cervix			1						5			
Cancer Penis			1						52			
029 Neoplasms uncertain nature (Cyst)			2						7			
03- <u>ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES</u>												
031 Diabetes Mellitus			1									
04- <u>DISEASES OF BLOOD & BLOOD FORMING ORGANS</u>												
040 Iron Deficiency Anemia			2						3	8		
05- <u>MENTAL DISORDERS</u>												
051 Neuroses & Personality Disorders			1						1	7		
052 Alcoholism			1						1	7		
053 Mental Retardation (Intelligence Disorder)			1						1	9	2	
059 Other Cond. Anxiety etc.			3									
07- <u>DISEASES OF CIRCULATORY SYST.</u>												
070 Rheumatic Fever			1						5			
071 Hardening of Arteries & Degenerative Heart Dis.									19	5	24	
072 Cerebrovascular Disease			1						6			
073 Other Diseases of the Heart			2						27	1		
074 Hypertension			2									
075 Varicose Veins (Hemorrhoids)			1									
079 Other Cond.(Hypotension, Vascular Lesions, Phlebitis			2						5			
08- <u>DISEASES OF THE RESPIRATORY SYSTEM</u>												
080 Common cold, cough, sore throat			1						2			
083 Bronchitis			2		2							
086 Pneumonia			9						13			
088 Chronic Lung Disease (Emphysema)			2						5	12		

TABLE VIII - Continued

MIGRANT DIAGNOSIS PATTERN - INPATIENT - BY DAYS

DIAGNOSIS	VISITS	-1-1-4-5-14-15-44-45-64-65+											
		M	F	M	F	M	F	M	F	M	F	M	F
09- <u>DISEASES OF THE DIGESTIVE SYSTEM</u>													
090 Caries & Other Dental Prob.	1							2					
091 Peptic Ulcer	3							6		19			
092 Appendicitis	1									9			
093 Hernia	6							8	5	8		1	
099 Other Conditions (Colon Disorder, Rectum Disorder, Cirrhosis, Gallbladder, Liver Diseases, Constipation	14							8	60	43	10		
10- <u>DISEASES OF THE GENITOURINARY SYSTEM</u>													
100 Urinary Tract Infection	7							2					
103 Disorders of Menstruation	1							9	5	48			
105 Other Diseases Female Genital Organs	8							43	5	14	6		
109 Other Conditions	2												
11- <u>COMPLICATIONS OF PREGNANCY, CHILD BIRTH, & PUERPERIUM</u>													
112 Spontaneous Abortion	3									12			
113 Referred for Delivery	13									40			
119 Other Conditions	5									19			
12- <u>DISEASES OF SKIN & SUBCUTANEOUS TISSUE</u>													
120 Cellulitis	6							21		19			
13- <u>DISEASES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE</u>													
132 Arthritis, Unspecified	2							15		4			
15- <u>CERTAIN CAUSES OF PERINATAL MORBIDITY & MORTALITY</u>													
151 Immaturity	1									37			
16- <u>SYMPTOMS & ILL DEFINED COND.</u>													
169 Other Conditions	8							2		2	16	7	
17- <u>ACCIDENTS, POISONING, VIOLENCE</u>													
170 Lacerations, abrasions, etc.	16							4		58		26	
171 Burns	3							17		15			
172 Fractures	7									73		18	
173 Sprains, strains, dislocations	1									14			
179 Other conditions due to accidents, poisoning, violence, insect bites	17							3		2	59	13	27

MIGRANT DIAGNOSIS PATTERN - INPATIENT - BY DAYS

MIGRANT HOSPITAL INPATIENT ADMISSIONS BY MONTH

MONTH	MALE	FEMALE
TOTAL	175	71
January		
February		
March		
April	3	3
May		
June	9	7
July	46	29
August	18	20
September	13	5
October	10	5
November	5	2
December		

TABLE IX B.

MIGRANT HOSPITAL OUTPATIENT ADMISSIONS BY MONTH

MONTH	MALE	FEMALE
TOTAL	277	110
January		
February		
March		
April	3	1
May	3	3
June	22	17
July	81	40
August	30	32
September	15	12
October	10	4
November	3	1
December		

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TABLE X

MIGRANT DEATHS, CAUSE AND PLACE

NUMBER	CAUSE	PLACE
1	Alcoholism	Hospital
1	Cerebral Thrombosis	Hospital
1	Drowning	Home
2	Gunshot	Home
4	Heart Disease	Nursing Home (1) Home (3)
1	Pneumonia	Home
3	Unknown	Home (2) Hospital (1)

APPENDIX

DISCHARGE SUMMARY: 5-23-69

ADMITTED: 4-26-69

A Puerto Rican Male, Age 21, was admitted here on 4-26-69 and discharged on 5-23-69 with the diagnosis of a fractured right humerus. This boy was in an automobile accident and fractured the right humerus. When he came in an attempt was made because of his intoxication to treat him with a hanging arm cast but this failed and the patient was carried to the operating room and a Schneider rod inserted. The post-operative course was uneventful and the patient was discharged and it is my understanding that he will be sent back to Puerto Rico by his crew leader for follow-up care there.

DISCHARGE SUMMARY: 5-26-69

ADMITTED: 5-23-69

This patient, age 20, was admitted to the hospital on May 23, 1969 for treatment of uterine bleeding which had occurred on 3 different occasions in the month of May, 1969. She had been on birth control pills.

PHYSICAL EXAMINATION revealed moderately dark vaginal bleeding. The fundus was normal size. There was no adnexal mass. URINALYSIS was essentially negative. Her hematocrit was 40 and her leukocyte count was 6,200 with 56% segmented, 4 eos, 32 lymphs, 5 monos and 3 abnormal lymphocytes. D&C under general anesthesia was done on May 24, 1969. A catheter urine was sent to the laboratory. It was negative except for 0-1 white cell per high power field.

CONVALESCENCE in the hospital was uneventful and she was discharged improved May 26, 1969. PATH REPORT was: "inactive endometrium with focal necrosis and subacute inflammation."

DISCHARGE SUMMARY: 7-7-69

ADMITTED 6-19-69

This 51 year old Negro male was admitted to the hospital on June 19, 1969 with abdominal pain. (See admission note for details).

LABORATORY DATA: Hematocrit 43%; white count normal; urine occasional white cell; blood sugar and creatinine normal; total bilirubin normal; alk. phos. extremely elevated at 30; acid phos. normal. Amylase 112; enzymes normal. Pro time normal; blood serology normal. Chest x-ray negative. GI series showed moderate chronic gastritis and duodenitis with a small ulcer in the duodenal bulb. Calcification of the head of the pancreas. The duodenum was compressed by either the common duct or a nodule in the pancreas. I.V. Cholangiogram showed the common and hepatic ducts to be normal. Gallbladder showed no function. Because of the marked elevation of the alk. phos. and the poorly functioning gallbladder it was felt this man either had a malignancy of the liver or gallbladder. For this reason he was explored under general anesthesia on June 26th at which time obstruction of the common bile duct was found presumably due to extrinsic pressure from either carcinoma

of the head of the pancreas or chronic pancreatitis. A cholecystodeno-stomy had to be performed. The pathological report was "chronic cholangiolitis with slight biliary cirrhosis."

Postoperatively the man did relatively well and was discharged from the hospital on July 7th. He was strongly advised never to drink and to return to Florida immediately for long term convalescence; he should be retired.

DIAGNOSIS: 1. Chronic pancreatitis; 2. Chronic cholangiolitis with early biliary cirrhosis; 3. ? malignancy head of the pancreas; 4. Duodenal ulcer.

DISPOSITION: To the Migrant Clinic. MEDICATIONS: Mylanta after meals, bland diet, frequent change of bandages.

DISCHARGE SUMMARY: 7-18-69

ADMITTED: 7-4-69

This patient has been in the hospital from 7-4-69 to 7-18-69 having been admitted with separation of the right acromioclavicular joint on 7-4-69 after being hit in a local football game in one of the migrant camps. He remained in the hospital until 7-9-69 when he was operated on having reduction and fixation of the joint with heavy wire. He apparently did nicely post-operative and at the time of discharge sutures were out, wound clean and healed, and the symptoms were gradually disappearing. This patient is to report to the Migrant Clinic of his camp near Jamesville at Ekmore and was given the proper dates for doing this. Meantime, he has found an opportunity to return to Florida and will sign up with the local clinic or family physician there.

DISCHARGE SUMMARY: 7-9-69

ADMITTED: 7-5-69

A 64 year old male Negro migrant from the Melfa Labor Camp, was admitted to my service on 7-5-69 at 1:15 A.M., (See admission note for details) and subsequently died on 7-9-69, at 1:25 P.M., with the final diagnosis of: 1. Abdominal pain, etiology undetermined; 2. Probable perforated interabdominal malignancy.

LABORATORY STUDIES after admission revealed a delayed IV conduction on his EKG. Urine showed 4+ albumin and 40-45 red cells with 0-1 white cells; hematocrit 40%; white count 8,850 with 78 polys; repeat white count was 7,100 on 7-6; serum amylase was normal at 73; serology was positive 1:2; total bilirubin 0.5; alkaline phosphatase was markedly elevated at 20; repeat amylase 92; on 7-8 repeat hematocrit 46% with a white count of 12,450; fasting blood sugar 79; creatinine 1.8. On admission his chest x-ray revealed a cardio-thoracic ratio of 70%; lungs fields were clear. Flat and upright films of the abdomen suggested an ileus. The morning of 7-7-69, when he had marked tenderness in his right upper quadrant, a gall bladder series was done which revealed a fairly functioning gall bladder without evidence of stones. Repeat flat and upright on 7-8 showed ileus. On the morning of 7-8-69 he had marked pain and tenderness in the right upper quadrant. An IVP had been done which was not remarkable. His temperature rose to 104.6° on

the morning of 7-8; he was sweaty, lying on his left side. I planned to do a GI series on him, but he was too ill to do this. He was therefore moved to the intensive care unit and started on antibiotics and was seen in consultation again by Dr. _____. It was felt that he probably had an interabdominal malignancy and was in no shape for surgery. He continued to complain bitterly of pain in his abdomen. No pulsatile mass could be felt. He was extremely restless and required large amounts of narcotics. On 7-9 we considered again doing an exploratory laparotomy on him; it was felt he was in no condition. He expired quietly on 7-9-69. We attempted to obtain a post mortem examination but were not granted permission.

DISCHARGE SUMMARY: 9-10-69

ADMITTED: 7-20-69

Final Diagnosis: Squamous cell carcinoma of penis (Grade III). Without regional node metastasis.

Operations: 1. Biopsy of penis; 2. Complete amputation of the penis; 3. Right radical groin and pelvic node dissection; 4. Left radical groin and pelvis node dissection.

SUMMARY: This 50 year old Negro male was admitted to the hospital on 7-20-69, having been referred to the office because of severe varicosities of the legs. On examination his heart and lungs were clear; his blood pressure was 130/80; and he did have extensive varicosities of both legs and when these were examined he was found to have a very much swollen eroded penile foreskin and glans penis with cauliflower-like masses growing out from these suggesting carcinoma of the penis. Dark field examination was obtained and this showed no evidence of Treponema pallidum. His admission laboratory work was within normal limits and a chest plate was negative except for calcified granuloma in the left lower lung field. On the morning following admission the patient was taken to the operating room and the penis biopsied under anesthesia; the tissue report revealed a diagnosis of squamous cell carcinoma of the penis, Grade III. The problem was discussed with the patient, complete amputation of the penis recommended, and the patient accepted the advice and accordingly on July 28, 1969 he was taken to the operating room and a complete amputation of the penis carried out and a perineal urethrostomy set up. Following this the patient's course was uneventful, his wound healed per primam and on August 12, 2 weeks after the amputation, the patient was returned to the operating room and a right groin and pelvis lymph node dissection carried out from the level of the aortic bifurcation down. Following this the patient's course was uneventful; he had slight slough of the skin edges in the femoral area, but this was not sufficient to warrant grafting. The patient was returned to the operating room then on 8-21-69, and a similar radical groin and pelvic node dissection carried out on the left side. Tissue from both groin dissections showed 15 and 16 lymph nodes without evidence of any tumor involvement. On the left side there was some slight slough of the skin edges in the femoral area but this was relatively minimal; he did collect some fluid under the flap in the upper end of the area of subcutaneous dissection on the abdominal wall but this was evacuated on simple pressure through the sloughing area. The

slough was not sufficient similarly, as on the right to require a skin graft. The patient's wounds were healing quite well and he was discharged to nursing home care on September 10, 1969, to be followed as an outpatient.

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Enclosed is a copy of our discharge summary on M. G. We are very pleased at the satisfactory course that she followed. It does seem a shame that relatively intelligent parents as she seems to have must be limited by their migrant status.

DISCHARGE SUMMARY: 8-28-69

ADMITTED: 8-11-69

PRIMARY DIAGNOSIS: Partial thickness burns both hands 5% body surface area involvement

SECONDARY DIAGNOSIS: Oral moniliasis

OPERATIONS:

None

COMPLICATIONS: None

ADMISSION SUMMARY: This one year old infant was born of a full term normal pregnancy at N.A.M. Hospital on July 23, 1968; she was in good health until noon on the day of admission when she emersed her hands in boiling water for an instant. Blisters formed and the patient was subsequently brought here.

REVIEW OF SYSTEMS: Discloses that the patient has occasional colds but has had none since June. PAST MEDICAL HISTORY indicates that she had her last DPT injection in July and needed a booster at this time. Her paternal grandfather is asthmatic. She is the daughter of migrant worker parents. ON PHYSICAL EXAMINATION she is well hydrated and she is in considerable distress from burned hands. Her hands are blistered and swollen and fingers, forearms are involved bilaterally. The blisters have been broken on her right hand. They all appear to be partial thickness burns at the time of admission. The remainder of the physical examination is unremarkable. LABORATORY DATA: Hemoglobin 15.1 grams %; white count 39500 with a moderate shift to left in the differential; BUN 28; fasting blood sugar 104; urinalysis completely normal; nose and throat culture grew out Neisseria, Alpha Strep and many pneumococci and a moderate number of Klebsiella aerobacter group. Urine culture was contaminated with a mixed flora of a very few colonies. Chest X-ray was negative. O.T. skin test for tuberculosis was negative.

HOSPITAL COURSE: The patient followed a very febrile convalescence for quite a few days. Dressing changes were instituted twice a day, to begin with, and Sulfamylon topically applied was utilized to control infection. On the 13th white plaques were noted in the patient's mouth. They were thought probably to be moniliasis. Mycostatin was started subsequently. The plaques cleared. The hands slowly improved by 8-19-69 her left hand was virtually healed. On 8-22-69 almost no complete healing of the right hand had taken place and there was no evidence of scarring and no evidence that grafting procedure would be needed. By

8-26-69 the right hand was healed it was still edematous but there was no evidence of scarring. By the 28th even the edema was beginning to subside quite well and the renewed epithelium appeared to be relatively tough. The patient was discharged to the care of her family on the 28th and she was instructed to return to my office in a few days for a routine check-up to be sure that healing continued satisfactorily.

DISCHARGE SUMMARY: 3 October 1969

ADMITTED: 9-19-69

This 49 year old male patient was admitted on 9-19-69 with the history of having had some cold and cough for several months prior which never quite completely cleared and in the past week or ten days had been accompanied by progressive shortness of breath.

Systems history was essentially negative as was past medical history. Family history revealed that his wife had died of tuberculosis a few years ago. Physical examination on admission was essentially negative except for the signs of a large accumulation of fluid in the left chest. This was confirmed by x-ray and thoracentesis on two occasions productive of 1500 cc's and 2000 cc's of straw colored fluid. This pleural fluid was sent to the lab where it was negative for AFB culture and Pap smear. However his sputums were positive to direct smear for AFB on two occasions out of three. An O.T. test 1:1000 strength on the right forearm produced a positive reaction 2 cm in diameter. This patient was febrile for about the first three days in the hospital and was treated with Penicillin. After the first three days he has been afebrile and essentially asymptomatic after the thoracentesis. At the present time he continued to cough some and physical examination continued to demonstrate the presence of fluid in the left chest. Repeat examinations by x-ray after aspiration of some of this fluid has shown no lung changes. The patient has been started on INH 100 mgm 3 times a day and because of the positive sputum and positive tuberculin test it is considered that he has pulmonary tuberculosis and he is accordingly being transferred to Blue Ridge Sanatorium this date.