REPORT ON HOSPITAL ADMISSIONS AND

OUT PATIENT CARE OF AGRICULTURAL MIGRANTS IN 1969

Commonwealth of Virginia
Department of Health
MIGRANT HEALTH PROJECT
Accomank-Northampton Counties

TABLES

		Page
	Form #1 Hospital Data Card	N
	Form #2 Hospital Referral Form	₽
Α.	Comparison of Admissions - Inpatients	w
₿.	Comparison of Admissions - Outpatients	W
Ε A.	Comparison of Indivisual Inpatients by Age & Sex	w
ъ. П	Comparison of Individual Outpatients by Age & Sex	w
H	Migrant Inpatients and Outpatients Paid and Unpaid	4
V A.	Total Paid Hospital by Source - Inpatient	4
VВ.	Total Paid Hospital by Source - Outpatient	4
A	Total Paid Physician by Source - Inpatient	4
•	Total Paid Physician by Source - Outpatient	4
I A.	Migrant Hospital Inpatients Paid in Full	Vτ
H	Migrant Hospital Outpatient Paid in Fuli	6
II A.	Migrant Hospital Inpatient Visits by Diagnosis	
II B.	Migrant Hospital Outpatient Visits by Diagnosis	9 & 10
III	Migrant Diagnosis Pattern - Inpatient - by Days	11, 12, 13
X A.	Migrant Hospital Inpatient Admissions by Month	141
አ	Migrant Hospital Outpatient Admissions by Month	15
	Migrant Deaths, Cause and Place	16

APPENDIX

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. the sixth Annual Report submitted on Agricultural in the Out-patient Department

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

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 migratory of the services rendered. Thus, there is no question of the burdentinancial and otherwise, carried by a small community hospital and its staff, committed to the care of a large group of seasonal, people. the burden,

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.

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

ations 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 mirror. As an appendix to the statistical discharge reports on eight patients listed,

Form #1

HOSPITAL DATA CARD

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

Form #2 HOSPITAL REFERRAL FORM

AIDE'S NAME	DATE GIVEN TO AIDE DATE COMPLETED
PATIENT'S NAME	NAME ON SOC. SEC. VO.
SEX AGE	PARENT'S NAME IF CHILD
NAME OF CAMP	ADDRESS
CREW LEADER'S NAME	ADDRESS
NICKNAME	REASON PATIENT IN
DATE INPATIENT	OUTPATIENT
ADDRESS OF LAST EMPLOYMENT OUT OF THIS AREA	POUT OF THIS AREA DATES FROM TO TO OUT OF THIS AREA TO THE OR BRIADED SHASONAT.
INDUSTRY YES OUT O	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	DE
AMOUNT PAID BY PATIENT DID YOU SEE RECEIPT	DOCTOR HOSPITAL WHO SIGNED IT
PATIENT REFERRED TO PATIENT'S CONDITION	

TABLE I A.

COMPARISON OF ADMISSIONS 1 INPATIENTS

Total Individual Males Total Individual Females Total Inpatients Total Visits		1
118 56 26	1964	
52 99	1965	
71 63 134	1966	
110 180 100 110	1967	
109 199 205		
101 67 168 175	1	

TABLE I B.

COMPARISON OF ADMISSIONS 1 OUTPATIENTS

Total Individual Males Total Individual Females Total Outpatients Total Visits	
129 60 189	196
90,0	4
144 76 220	1965
134 67 201	1966
162 89 251 286	1967
144 246 300	1968
163 101 264 277	

TABLE II A.

COMPARISON OF INDIVIDUAL INPATIENTS BY AGE 80 XEX

1964 1965 1966 1967 1969	
Male 7 255 26 274 26	Ļ
Female 11 15 16 13 27	vi
25.22 22.22 23.22	15-44
Female 42 29 56 43 48	#
88 88 82 74 74 41 41 61	-54
Female 3 4 7 7	•
Total 118 134 180 199 168	

TABLE II B.

COMPARISON OF INDIVIDUAL OUTPATIENTS BY AGE & SEX

1964 1965 1967 1967	
27 27 27 27 27 27 27 27 27 27 27 27 27 2	-1.
Female 9 12 13 23 25	υί
Male 91 106 106 107	T2-11
Female 48 64 53 67 68	+-
Male 32 32 23 23 23	145-
Female 3 2 10 8	
Total 189 220 201 246 264	

₩ 20.

SUPPLEMENT TO TABLE I A.

COMPARISON BY YEARS

MIGRANT HOSPITAL ADMISSIONS TO TOTAL MIGRANT POPULATION

1966 1965 1964 3 YR. TOTAL	1969 1968 1967 3 YR. TOTAL
6,890 7,030 8,541 22,461	MIGRANT POPULATION 6,425 6,750 7,414 20,589
PRIOR TO HOSPITALIZATION PROGRAM 134 99 118	HOSPITAL INPATIENT ADMISSIONS 168 199 180 547
•0156	TO POPULATION 10265

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

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

TABLE IV A.

TOTAL PAID HOSPITAL BY SOURCE - INPATIENT

19.61	Patient
542.73	Rehabilitation
3,962.62	MCH
854.33	Medicare
27,110.95	Migrant Project

TABLE IV B.

TOTAL PAID HOSPITAL BY SOURCE 1 OUTPATIENT

1,190.95	Patient
50.00	Rehabilitation
13.25	Welfare MCH
	MCH
	Medicare
1,123.05	Migrant Project

TABLE V A.

TOTAL PAID PHYSICIAN BY SOURCE -INPATIENT

	Patient
140.00	Rehabilitation
	MCH
	Medicare
8,376.50	Migrant Project

TABLE V B.

× TOTAL PAID PHYSICIAN BY SOURCE - OUTPATIENT

82.00	Patient
	Rehabilitation
	MCH
	Medicare
801.00	Migrant Project

* 150 cases - No Charge by Physician

TABLE VI A.

MIGRANT HOSPITAL INPATIENT PAID IN FULL

TOTAL	DIAGNOSIS C.	CASES	PATI ENT	OTHER SOURCES
1,982.28		14		14.
767.88	014 - Diarrheal Disease Children under 1 yr.	N		767.88
843.75	072 - Cerebrovascular Disease	ך		843.75
549.85	086 - Pneumonia	Ч		549.85
861.16	093 - Hernia	W		861.16
259.70	099 - Acute Gastroenteritis	سر		259.70
267.08	105 - Diseases Female Genital Organs	.		267.08
311.75	112 - Spontaneous Abortion	Н		311.75
553.11	113 - Referred for Delivery	W		553.11
568.00	151 - Premature	ļ⊷ d		568.00

MIGRANT HOSPITAL OUTPATIENTS PAID IN FULL

5.00 219	10.00 212	116.20 179	29.25 172	359.05 170		21.00 129	50.70 120	47.95 119	42.55 113	11.50 109	17.00 105	33.75 10	48.75 09	7.40 99	13.25 08	32.75 08	33.00 0	11.00 0	14.25 0	13.50 0	50.00 0	15.00 0	1.0 TAL 1.148.75	
	2 - Screening Chest X-ray	9 - Other Cond. due to Accidents, violence etc	2 - Fracture	0 - Lacerations, abrasions	ŧ	 Other Condition Skin Other Symptoms 	I TO	- Other	13 - Delivery	Other Ge	- Diseases	100 - Urinary Tract Infect.	099 - Other Digestive System	990 - Toothache	083 - Bronchitis	082 - Tonsillitis	080 - Cold, Sore throat	075 - Hemorrhoids	059 - Anxiety	052 - Alcoholism	029 - Cyst	013 - Intestinal Parasites	DIAGNOSIS	
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		71.00	29.25	346.65	155.90	10.00	39.70	18.15	42.55	11.50	17.00	33.75	37.75		10.00	32.75	22.00		14.25	13.50		10.00	PATI ENT 915.70	
٦ >	10.00	45.20		12.40	10.00	11.00	11.00	29.80					11.00	7.40	3.25		.11.00	11.00			50.00	5.00	OTHER SOURCES 233.05	l

TABLE VII A.

MIGRANT HOSPITAL INPATIENT VISITS BY DIAGNOSIS

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DISEASES OF THE RESPIRATORY SYSTEM Common cold, cough, sore throat Bronchitis Pneumonia Chronic Lung Disease(Emphysema)	Cerebrovascular Disease (Stroke) Other Diseases of the Heart Hypertension Varicose Veins (Hemorrhoids) Other Cond. (Hypotension, Vascular Lesions, Phlehitis)	CIRCULATORY SI Fever of Arteries &	Disorder) Other Cond Anxiety etc.)	MENTAL DISORDERS Numoses & Personality Disorders Alcoholism Mental Retardation (Intelligence	DISEASES OF BLOOD & BLOOD FORMING ORGANS Tron Deficiency Anemia	ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES Diabetes Mellitus	MEOPLASMS Malignant Neoplasms Cancer Gervix Cancer Penis Neoplasms uncertain nature(Cyst)	Children Under 1 yr All other	ΩZ	Fem) [
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TABLE VII A. - Continued

MIGRANT HOSPITAL INPATIENT VISITS BY DIAGNOSIS

205 200 200	17- 170 171 172 173 179	16- 169	15-	13- 132	12-	112	109	100	099	09- 090 091 092	DIA
SPECIAL CONDITIONS & EXAMINATIONS Family Planning Services Medical and Surgical Aftercare	ACCIDENTS, POISONINGS, VIOLENCE Lacerations, abrasions, etc. Burns Fractures Sprains, strains, distocations Other cond. due to accidents, poisoning, violence, insect bite	SYMPTOMS & ILL DEFINED CONDITIONS Other Conditions	CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY Immaturity	DISEASES OF MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE Arthritis, Unspecified	DISEASES OF SKIN & SUBGUTANEOUS TISSUE Cellulitis	COMPLICATIONS OF PREGNANCY, CHILD BIRTH & PUERPERIUM Spontaneous Abortion Referred for Delivery Other Conditions	Other Diseases Remale Genital Organs Other Conditions	THE	Hernia Other Cond. (Colon Disorder, Rectum Disorder, Cirrhosis, Gallbladder, Liver Diseases, Constipation)	DISEASES OF THE DIGESTIVE SYSTEM Caries & Other Dental Problems Peptic Ulcer Appendicitis	DIAGNOSIS VISITS
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TABLE VII - B.

MIGRANT HOSPITAL OUTPATIENT VISITS BY DIAGNOSIS

109	10- 100 102	999	090	082 083 087 089	08-	07- 075	059	88	03-	1	012 015 01-	TOTAL
Organs Other Dis. of Female Genital Organs Other Conditions	SYSTEM Urinary Tract Infection Other Diseases of Male Genital	Other Conditions (Colon Disorder, Rectum Disorder, Cirrhosis, Gallbladder, Constipation, Liver Diseases)	DISEASES OF THE DIGESTIVE SYSTEM Caries & Other Dental Problems Hernia	Tonsillitis Bronchitis Asthma, Hay Fever Other Conditions (Sinusitis)	SYSTEM Common cold, cough, sore	DISEASES OF CIRCULATORY SYSTEM Varicose Veins (Hemorrhoids)	Alcoholism (Other Cond Anxiety etc.)	MENTAL DISORDERS Neuroses & personality Disorders	METABOLIC DISEASES Diabetes Mellitus	ms	INFECTIVE & PARASITIC DISEASES Gonorrhea & Other VD Intestinal Parasites	Male 173 <u>Female 110</u> 283
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TABLE VII - B. - Continued

MIGRANT HOSPITAL OUTPATIENT VISITS BY DIAGNOSIS

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	Medical & Surgical Aftercare Screening Chest X-ray Other Services		poisoning, o	Fractures Sprains, strains, dislocations Other conditions due to accid-	ACCIDENTS, POISONINGS, VIOLENCE Lacerations, abrasions & other soft tissue injuries	s & joints Conditions	SYMPTOMS & ILL-DEFINED CONDITIONS Backache Other symptoms referrable to	DISEASES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE Arthritis, Unspecified	TISSUE Soft Tissue Abscess, Cellulitis Other Conditions	MPLICATIONS OF PRILIDBIRTH & PUHRPE Referred for Deli Other Conditions	DIAGNOSIS VISITS M
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MIGRANT DIAGNOSIS PATTERN - INPATIENT - BY DAYS

TABLE VIII

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08- DISEASES OF THE RESPIRATORY SYSTEM 080 Common cold, cough, sore throat 083 Bronchitis 086 Pneumonia 008 Chronic Lung Disease (Emphysema)	O7- DISEASES OF CIRCULATORY SYST. O70 Rheumatic Fever O71 Hardening of Arteries & Degenerative Heart Dis. O72 Cerebrovascular Disease O73 Other Diseases of the Heart O74 Hypertension O75 Varicose Veins (Hemorrhoids O79 Other Cond. (Hypotension, Vascular Lesions, Phlebiti	05- MENTAL DISORDERS 051 Neuroses & Personality Dis- orders 052 Alcoholism 053 Mental Retardation (Intell- igence Disorder) 059 Other Cond. Anxiety etc.	Olto DISEASES OF BLOOD & BLOOD FORMING ORGANS Olto Tron Deficiency Anemia	03- ENDOCRINE, NUTRITIONAL & METABOLIC DISEASES 031 Diabetes Mellitus	02- NEOPLASMS 020 Malignant Neoplasms Cancer Cervix Cancer Penis 029 Neoplasms uncertain nature (Cyst)	01- INFECTIVE & PARASITIC DISMS. 010 Tuberculosis 012 Gonorrhea & Other VD 014 Diarrheal Disease Children Under 1 yr. 015 All Other	DIAGNOSIS 1 Male 109 TOTAL Female 72
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TABLE VIII - Continued

MIGRANT DIAGNOSIS PATTERN - INPATIENT - BY DAYS

5. 1 2. 2 3. 37 4. 17 3. 37 4. 17 3. 22 4. 17 3. 18 3.	ACCIDENTS, POISONING, VIOLENCE Lacerations, abrasions, etc. Burns Fractures Sprains, strains, disloc- ations Other conditions due to accidents, poisoning, violence, insect bites	CERTAIN CAUSES OF PERINATAL MORBIDITY & MORTALITY Immaturity SYMPTOMS & ILL DEFINED COND. Other Conditions	ANEOUS TISSUE Cellulitis DISEASES OF MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE Arthritis, Unspecified	COMPLICATIONS OF PREGNANCY, CHILD BIRTH, & PUERPERIUM Spontaneous Abortion Referred for Delivery Other Conditions	SYSTEM SYSTEM Urinary Tract Infection Disorders of Menstruation Other Diseases Female Genital Organs Other Conditions	SYSTEM SYSTEM Caries & Other Dental Prob. Peptic Ulcer Appendicitis Hernia Other Conditions (Colon Disorder, Rectum Disorder, Cirrhosis, Gallbladder, Liver Diseases, Constip- ation
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TABLE VIII - Continued

MIGRANT DIAGNOSIS PATTERN - INPATIENT - BY DAYS

200 Family Planning Services 2 205 Medical and Surgical
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MIGRANT HOSPITAL INPATIENT ADMISSIONS BY MONTH

#

MONTH		MALE	FEMALE
TOTAL	175	104	71
January			
February			
March			
April		\u	u
May			U
June		9	7
July		94	29
August		18	20
September		13	۷٦
October		10	νι
November		ত া	N
December			

MIGRANT HOSPITAL OUTPATIENT ADMISSIONS BY MONTH TABLE IX B.

MONTH		HALE	FEMALE
TOTAL	277	167	110
January			
February			
March			
April		w	Jul
Мау		W	w
June		22	17
July		81	140
August		30	322
September		15	12
October		10	4
November		w	فسإ
December			

TABLE X

MIGRANT DEATHS, CAUSE AND PLACE

w	٢	4	N	<u> </u>	1	1	NUMBER
Unknown	Pneumonia	Heart Disease	Gunshot	Drowning	Cerebral Thrombosis	Alcoholism	CAUSE
Home (2) Hospital (1)	Home	Nursing Home (1) Home (3)	Home	Ноте	Hospital	Hospital	PLACE

DISCHARGE SUMMARY: 5-23-69

ADMITTED: 4-26-69

A Puerto Rican Male, Age 21, was admitted not right humerus. 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 treat him with a hanging arm cast but this failed and the patient was treat him with a hanging arm cast but this failed and the patient was 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 occured on 3 different occasions in the month of May, 1969. She had been on birth control

was essentially negative. Her hematocrit was 40 and her leukocyte count was 6,200 with 56% segmented, 4 eos, 32 lymphs, 5 monos and abnormal lymphocytes. D&C under general anesthesia was done on Mal 24, 1969. A catheter urine was sent to the laboratory done on May al bleeding. URINALYSIS was neg-

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

DISCHARGE SUMMARY: 7-7-69

ADMITTED 6-19-69

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

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 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 common duct Chest x-ray negative. GI series showed moderate chi duodenitis with a small ulcer in the duodenal bulb. the head of the Was found presumably or a pancreas. nodule in the due The duodenum was compressed by either the the pancreas. I.V. Cholangiogram showed the be normal. Callbladder showed no function. ç extrinsic pressure and the poorly functfrom either carcinoms

denostomy had to be performed. The pathological report cholangiolitis with slight biliary cirrhosis." was "chronic

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

DIAGNOSIS: creas; early biliary cirrhosis; Chronic pancreatitis; 4. Duodenal ulcer. ωN Chronic cholangiolitis with • • malignancy head of the pan-

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

DISCHARGE SUMMARY: 7-18-69

ADMITTED: 7-4-69

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 Exmore 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. 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. having been admitted with separation of the This patient has been in the hospital from $7-\mu$ -69 to 7-18-69 g been admitted with separation of the right acromic lavicul acromioclavicular

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 markedle 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 his right upper quadrant, a gall bladder series was done which reverse a fairly functioning gall bladder without evidence of stones. Reperflat and upright on 7-8 showed ileus. On the morning of 7-8-69 he marked pain and tenderness in the right upper quadrant. An IVP had been done which was not remarkable. His temperature rose to 104.60 abdomen suggestwas markedly Repeat g

was seen in consultation again by Dr. . It was lett the was seen in consultation again by Dr. . . It was lett the was extremely 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 amounts of narcotics. quietly on 7-9-69. We attempted but were not granted permission. ď morning of morning of 1-0, --- o a GI series on him, but he was too lift to no untibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics and moved to the intensive care unit and started on antibiotics. narcotics. On 7-9 we on him; it was felt he 7-9-69. We attempted to 7-8; he Was attempted to obtain a post mortem examination sweaty, lying on his but he was too ill to left side. I planned

DISCHARGE SUMMARY: 9-10-69

ADMITTED: 7-20-69

Final Diagnosis: Squamous cell carcinoma o regional node metastasis. ೦ಕ್ಕ penis (Grade III). without

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

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 uneventful, his would 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 7-20-69, 1 ties of right groin and pelvis lymph node dissection carried out from the level of the acrtic bifurcation down. Following this the patient's course was unevented; 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 relatend of the area of 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 m swollen eroded penile foreskin and glans penis with cauliflower-like masses growing out from these suggesting carcinoma of the penis. Da ively was evacuated on simple minimal; the legs. This 50 year old Negro male was admitted to the hospital having been referred to the office because of severe various. hе the skin edges in edid collect some subcutaneous dissection on On examination his heart and lungs were clear; his pressure fluid under the flap through the the abdominal wall sloughing in the upper area. varicos-The much

graft. The patient's wounds were healing quite well charged to nursing home care on September 10, 1969, to outpatient. to be followed as an to require and he was TSTD SK

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Enclosed is a copy of our discharge at the satisfactory course that she relatively intelligent parents as sl their migrant status. as she followed. seems to g H 13 have must does ₩e seem be limited are þ very pleased shame βğ that

DISCHARGE SUMMARY: 8-28-69

ADMITTED: 8-11-69

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

SECONDARY DIAGNOSIS: Oral moniliasis

OPERATIONS: None

COMPLICATIONS: None

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

%; 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. 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 ters have been broken on the rems thickness burns at the time of admission. The rems examination is unremarkable. LABORATORY DATA: Her examination is unremarkable. LABORATORY DATA: Her examination is unremarkable. The amoderate shift to left. remainder of the Hemoglobin 15.1 Urine culture was physical

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

no evidence of scarring. By the 28th even the edema was beginning subside quite well and the renewed epithelium appeared to be relat tough. The patient was discharged to the care of her family on the 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. 8-26-69 the right hand was healed it was still appeared to be relatively of her family on the 28t edematous edema was beginning but BBM S O 28th

DISCHARGE SUMMARY: 3 October 1969

ADMITTED: 9-19-69

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

a few years ago. Physical examination of a large accumulation of fluid in negative except for the signs of a large accumulation of fluid in 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 cocasions productive of 1500 cc's and 2000 cc's of straw colored. This pleural fluid was sent to the lab where it was negative for this pleural fluid was sent to the lab where positive to directions. fluid has shown no rung characters. In 100 mgm 3 times a day and because of the tuberculin test it is considered that he he is accordingly being transferred to B. centesis. 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 the strength on the right diameter. This patie culture and Pap smear. days he smoar for AFB on two hospital and was treated with Penicillin. After the she has been afebrile and essentially asymptomatic of nination continual Systems history Family history revealed that his wife had died of tuberculosis ago. Physical examination on admission was essentially except for the signs of a large accumulation. r. However his sputums were positive to direct odpasions out of three. An O.T. test 1:1000 and essentially asymptomatic after the thorapatient Blue Ridge positive sputuhas pulmonary has been started on first three Sanatorium this sputum and positive reaction 2 cm in tuberculosis first days three fluid. date.