

From Gordon Starkebaum 3/13/2017:

Hi everyone,

I just found a report I had written to Dr. Harold Brown, who was the head of Columbia's Tropical Medicine department and had approved my going to Guatemala as a medical student in March and April 1970. So I composed this report just at the end of my rotation, typed with a carbon copy... I had put it into a folder of pictures, not with my other correspondence from Guatemala, but just ran across it again.

It does seem a bit unbelievable but that is what I wrote. I enclose the copy of the report below.

Gordon

Chimaltenango

April 27, 1970

Dear Dr. Brown:

This letter will serve as a report of the elective in Chimaltenango in the Behrhorst Clinic. I have enjoyed this two month elective immensely and feel that it has really contributed significantly to my medical education in the broadest sense.

Dr. Behrhorst is a pleasure to work with and I was constantly amazed at both his abilities as a doctor and as an organizer, and at the extent of his program in rural Guatemala. One of the first things I noticed was that "the Doc" is always busy, but that when he takes time out to talk to you, it doesn't seem that way, in the next moment he is off again. Getting oriented in the hospital and clinic is a matter of picking up

things bit by bit, and asking questions, since Dr. Behrhorst doesn't actually have any formal orientation. He says, why don't you make rounds with us and see how things are..." and a few days later you're making rounds alone. Flexibility may be the hallmark of the Behrhorst program.

Spanish is an absolute necessity, but one does not have to speak much to be able to take an adequate history, offer a simple explanation to the patient, or communicate with the nurses. In addition, one learns rapidly on the scene.

My responsibilities have been mainly three: the hospital, the clinic on certain occasions, and clinics in the "campo". Very often Dr. Behrhorst would make only cursory rounds in the morning, seeing only a few of the sickest patients admitted the day before or that night. I would then make formal rounds on each of the seventy to eighty patients, with the charts and often with several visitors or a few of Dr. Behrhorst's students. Then I would write any new orders as were needed, and discharge those who felt able to go home. This would take most of the morning. For the remainder of the morning there would be various tasks and procedures such as draining abscesses, inserting IV's on babies, occasionally setting and casting fractures, putting in Foley catheters and looking in the pharmacy for the "new" medicine that I had ordered that morning. Occasionally there would be an urgent IV to start on a very sick patient being admitted from the clinic (which Dr. Behrhorst was running next door to the hospital).

In the afternoon there would be a number of odds and ends depending on how sick the patient population was. Just before leaving in the afternoon, I would make quick rounds to check on the really sick patients. Since I lived about a mile from the hospital and had no car, I wasn't called at night. The nurses either handled problems themselves, or they sent for Dr. Behrhorst.

The patients and their diseases are what make this such a fantastic experience. The vast majority of them are Cakchiquel Indians who often come many miles for treatment. They are truly gentle people, with bright costumes, a genuine sense of humor, and grateful for the medical care for which they have a great need.

The spectrum of diseases is heavily infectious, especially pneumonia, diarrhea--either bacterial or amebic or both, and tuberculosis. In addition, there were frequent subcutaneous abscesses requiring drainage, impetigo and infected eczema, tonsillitis, otitis media, urinary tract infections, liver abscesses (amebic mostly), prostatitis, and conjunctivitis. Typhoid fever is common too. Interestingly, there is a high incidence of cholecystitis which we could treat in the instance well with belladonna and chloramphenicol. In addition there are a lot of patients with "rheumatism", many of whom seem to have rheumatoid arthritis, the rest having myalgias and bursitis. I have seen several cases of acute rheumatic fever; rheumatic heart disease is not uncommon and occasionally patients enter in severe failure. We have had at least one case of SBE. Interestingly there is a real paucity of such common stateside diseases as cancer, coronary artery disease, hypertension and diabetes. This offers fertile grounds for a revealing and provocative study someday.

A second part of the work here involves holding clinics in highland towns, often many miles from Chimaltenango, reachable only by jeep over very rough dirt roads. We brought the medicines and usually held the clinic in the "office" of one of Dr. Behrhorst's students. I would examine the patients and prescribe on a piece of paper, and a nurse from the hospital would dispense the medicines and give injections. On a typical day we would see between fifty and a hundred patients. The sickest ones we would bring back to the hospital.

On some occasions when Dr. Behrhorst had to leave for the afternoon, I would see patients in the afternoon outpatient clinic. Usually there were only about ten, but sometimes there were more than thirty. Here one can't do a Group Clinic work-up on every patient! As a medical student, I especially

enjoyed the opportunity to work in the clinic, because when the patient steps up to the examining table, I was his Doctor. There was no other ready source of medical care, and no one for me to turn to. Often there were problems for which I had no answers, but it WAS exciting to see a child who had come in with a cough and high fever improve rapidly after a couple days of penicillin. Down here antibiotics still seem to work miracles.

Living arrangements are very satisfactory in Chimaltenango, and the climate is very pleasant. Guatemala is a highly interesting and varied country with high mountains and hot, humid beaches. Travel and sight-seeing opportunities shouldn't be missed. Plan on taking home a lot of Indian textiles.

Future students will be welcomed by the new hospital which will be ready for patients this month. It is a very handsome structure with a tile roof, stained cypress woodwork and whitewashed walls, and will be very pleasant to work in. Students who come here can not only look forward to an interesting experience, but also will be making a definite contribution to the health of the Cakchiquels.

Sincerely yours,

Gordon Starkebaum