CALIFORNIA STATE COLLEGE, BAKERSFIELD

CALIFORNIA ODYSSEY
The 1930s Migration to the Southern San Joaquin Valley

Oral History Program

Interview Between

INTERVIEWEE:	Juliet Thorner, M.D.
PLACE OF BIRTH:	Indianapolis, Marion County, Indiana
INTERVIEWER:	Michael Neely
DATES OF INTERVIEWS:	February 18, 1981
PLACE OF INTERVIEWS:	Bakersfield, Kern County
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Preface

Dr. Thorner was a unique subject. Selected for her personal perspective on the health problems of migrant workers in the Bakersfield area during the 1930s, she was certainly no disappointment. She is a neat, articulate and aristocratic lady. Her house is large, beautiful and immaculate. We always had tea and some sort of cake before we sat down to work. I always had the impression that I was in the company of someone just a little larger than life. There is a special kind of presence about Dr. Thorner. She was very concerned with the quality of material in the interview as it would appear in the final draft and insisted she be given a number of opportunities to make corrections.

I always looked forward to, and enjoyed, our visits together. We often talked more than we worked and I am glad we had the chance to do so.

Michael Neely
Interviewer

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INTERVIEWEE: Juliet Thorner, M.D. (Age: 71)

INTERVIEWER: Michael Neely

DATED: February 18, 1981

M.N.: This is an interview with Dr. Juliet Thorner for the California State College, Bakersfield CALIFORNIA ODYSSEY Project by Michael Neely at 2411 Myrtle Street, Bakersfield, California on February 18, 1981 at 2:15 p.m.

M.N.: It would be of interest to know what your family background is.

Thorner: My father was a surgeon and professor of surgery and obstetrics at Indiana University. He was a graduate of Columbia University's College of Physicians and Surgeons. He served for five years as a surgical resident and pathologist at Mount Sinai [Hospital]. My mother was an opera and lieder singer. She was Hungarian and he was German. They lived in Indianapolis. She was educated in Vienna and Paris in music. He was educated in this country. He was born in Macon, Georgia. He came from the deep South and went up to New York to Columbia University. Then they moved to Indianapolis, Indiana in 1902. Eight years later I was born. The weather was very hard and I was a sickly child with upper respiratory infections chronically. They didn't think I would live because the weather was very inclement. They came to Los Angeles in 1914. This was about the time the first great World War broke out between the Kaiser's Germany when the Arch Duke of Serbia was slain. This started the whole conflagration. Later on in 1917 we came in to save La Belle France and save the world for democracy.

Well, I grew up in Los Angeles until I was eight years old. Then we moved to a little hamlet called Santa Maria which was a rural area of about 5,000 people between Santa Barbara and San Luis Obispo. There I went to school. I was going to go to Stanford in 1927 and fully intended to be a writer or an artist. But in 1929 a great national catastrophe occurred. That was the Great Depression. I lost an uncle who jumped off of the top of a Wall Street building. He was a very wealthy man until the Depression wiped him out. We lost everything we had too. It was sort of

decided that I would postpone my artistic endeavors and go into something practical. Medicine was not my bent. I wasn't that enamored with it. I was persuaded by my mother. My father, being a doctor, thought I should go into anything but medicine. She, being a musician, felt I should go into anything but art. So medicine prevailed. It was the most practical. I entered medical school at Stanford in 1931 and found out that I liked it after the shock of it wore off. I spent four years at Stanford and a year internship. I then went down to Los Angeles Children's Hospital.

M.N.: What year was that?

Thorner: That must have been in 1935. While I was down there I got very ill with scarlet fever after having just had shingles about six months before at Stanford. This was in the pre-penicillin, pre-sulfa days and I was sick. I developed an otitis media, mastoiditis, and rheumatic fever because there was nothing to stop the disease. I was shipped back to Santa Barbara as a basket case and there I was recuperating.

While recuperating and wondering what I was going to do with the shattered remains of my life, I was too sick to go back and apply at one of the teaching institutions and I didn't want to stay home, a friend of mine called. He was a radiologist and a friend of our family's. He was located at a hospital in the Valley in a town called Bakersfield. I'd never heard of it but he was located there in a hospital called the Kern General. That was in the end of 1936 and he prevailed upon me to come over and function as a pediatrician there. They only had four residents in the hospital. They had a lot of work to do and he thought it would be a good way for me to recover and get away from the coastal climate. I'd had rheumatic fever then for two years. I hadn't been on my own for a while. So I came to the Valley in 1937 in March 44 years ago come next month.

I was of course trained in Stanford and at Children's Hospital in Los Angeles. I had all my rigid training there. My formats were all quite structured and the type of patient I was acquainted with was either blue collar or a laboring class worker. That was certainly different from anything I later on met. I hadn't been at Kern General Hospital very long before I found out that the joy experienced by the then attending staff was not because of my charm, my wit, my knowledge or my skill, but was the fact that I was flesh. There was one more body that would be able to take first calls. At that time the fellows were on first call every fourth night besides covering their daily services which included everything. Now with my coming I was given the entire pediatric out-patient clinic. I was given the entire in-patient load which consisted of at least forty beds and all the newborns. In addition to this, every fifth night I was on first call for the entire hospital. This meant pouring anesthetics for anybody that had to have an open reduction or major surgery. I hadn't

done any anesthetics in three or four years. I hadn't done any obstetrics and I was to cover obstetrics. I was to cover out-patient surgery.

They sometimes would have wrecks on the old ridge route and eighteen or twenty laborers, most of them were Hispanics then, would come in. They were all cut up. The man on second call was always careful to disappear completely. We had no idea where he went. I'd be on first call and we'd have to call the assistant medical administrator to help pour the anesthetic and at least help me sew up these people. Or we would find a woman having her first baby coming in at two o'clock in the morning. I hadn't done obstetrics since my senior year in medical school. I can assure you it was a very exciting learning experience. I've never been through anything like it. After about a month and a half of that I packed my clothes and left. I said, "I want no part of this savagery." It just so happened that Dr. Al Sox, a wonderful man doing work on Valley Fever, was working in the Health Department. He came down to Santa Barbara and got me back. He said, "You just can't leave. This is a learning experience. You can't leave because you're overwhelmed by it."

I have to tell you something, a funny experience, about being put up in a little cottage just east of the hospital. The hospital then had about 250 beds. At that time I was a rather timid person. I wasn't particularly outgoing nor was I one of these great courageous heroic gals that could tackle the Kentucky mountains with ease. I was very well protected at home and my hospital training had been structured and protected. So I was out there more or less by myself. I'll never forget it. One night I heard a tap on the door and I opened it rather cautiously. There stood an aged man and he asked me if I'd come in to check to see if his roommate was dead or alive. I was living in the old men's home!! Well, I went in and verified the fact that his roommate was very dead. He'd apparently expired from natural causes. This was a depressing experience but I began to see some of the humor of the other experiences living with the old men there.

I hadn't been in the hospital very long when I realized that the work was unsupervised. There were no attending medical men coming over from town and no professors. You sort of did what you had to and you did it to the best of your ability. The assistant superintendent was a Dr. Lambeth and he was a very fine man. He's now deceased. The superintendent was Dr. Joe Smith. He's now deceased. His father was superintendent of the Kern General Hospital before him. I received a tremendous amount of help from Dr. Myrnie Gifford who was the assistant health officer. The superintendent of the Kern General Hospital was also the health officer of the Kern County Health Department. Dr. Gifford was really the person who discovered the cause of what we now know as San Joaquin Valley Fever.

As I began this service I had so much responsibility because everyone under twelve years of age came into my clinic. I would see the patients as they came in to the out-patient department. They were never screened as to whether they were an orthopedic, dermatological, surgical, allergy or an ear, nose and throat problem. There was no attempt to differentiate. All you had to do was be twelve years old or under and you got into my clinic. How lucky could you be?

I started at seven in the morning. I remember the admitting officer who would accept the patients as they came in. He would shout down this long corridor. It was just like hog calling. It used to bother me. The nurses would also take the charts and shout for these patients who would sort of lumber up to the desk and ask where they were supposed to go.

At that time I knew nothing about the so-called migrant situation. However, it wasn't long before I was initiated. I was told that there was an influx of strange people who were coming over from a place called the Dust Bowl which proved to be Texas, Oklahoma and Arkansas. Most were from Oklahoma and that's why they got the name Okies. I was told these people were coming here primarily because Kern General Hospital offered them good medical care. They could have their ailments taken care of free and also they could get work on the farms.

The lab technicians and I became friends. We would take little rides out on Edison Highway and at first there would be nothing but barren fields, sage brush and stubble on either side of the road. There was little or no cultivation at that time. A short time later the once empty fields would be filled with the jalopies which housed families coming over from the Dust Bowl. The old cars of 1929-1930 vintage were parked by the side of the road. They were always near a bush. I didn't know what that was for until later on. I learned that a tent would be erected. The car would be one side and the bush would be the latrine. In this tent-like structure would be a man and a woman, usually husband and wife, and usually a grandmother and grandfather. They brought as many as they could and had an assortment of children of varying ages. We would go out driving on this narrow two lane road and would make bets on how soon it would be before our cases of diarrhea and, at that time, typhoid fever and diphtheria would come in.

In those days we didn't have perfected vaccines against diphtheria, lock jaw, or tetanus. We had no polio and we had no whooping cough protection except the very minimal. We had protection but it wasn't as universally accepted as it is now.

So the migrants began coming over. We would again go and take a ride in a couple of weeks. We would find either side of the highway just dotted with these old beat up cars, some of them had just barely gasped over the mountain and come down by way of Barstow.

They fell into the Valley so to speak with all of their belongings tied up on the top. There were beds, mattresses and boxes. They were wind swept people. There was a leathery toughness about their skin. They were prematurely old. Their eyes were sunk deep into their sockets. There was a lifelessness about their pinched features. Their noses were sharp. Their teeth were often out. The women looked twenty years older than they really were.

They walked into the clinic in droves. Long, lean, gaunt heads of the households in dirty jeans that hung loosely on spare frames would come accompanied by an aged looking wife suckling one infant on her flabby breast. The child might be two years old at the time. They suckled because there wasn't anything else to eat. There would be two or three children hanging on the skirt of the old Mother Hubbard she wore. They often came in wearing bonnets. They shuffled in shoes which didn't fit and were loose on their feet but that's all they had to wear. They didn't come in bare foot but they shuffled in in worn, ill fitting shoes. They had a peculiar odor about them. It was a kerosene odor. It was a cross between kerosene, hog fat that had been used to fry food, and old body odors. This was very new to me as was their idea of feeding a child, keeping it on the breast as long as possible. This is an idea to which we are now returning. Then they gave it table foods and scraps, which would usually be biscuits and gravy. The State Rehabilitation Administration gave them salt, flour, side of pork and a little sugar. These were their staples.

The first thing I did was to try to teach them how to be clean and to boil their containers for their milk and to use proper rubber nipples that had been boiled and were clean. I couldn't understand why I had so few people responding to me. Finally one sanitarian talked it over with one of his colleagues at the health department. They decided that something had to be done with me. It was absolutely unrealistic for me to talk formulas and measuring out Karo with canned milk and water and boiling bottles. These people were living out in the dirt and living in cars. They didn't have enough water to drink let alone to wash with.

The sanitarian felt that it was a good idea for me to learn a little bit more about life than what I'd learned at Los Angeles Children's Hospital and at Stanford. He and his colleague took me out and I saw how utterly stupid I had been to talk unrealistically. It wasn't so much stupidity. It was just ignorance. I didn't realize that I was talking a language that the migrants did not understand. They were terribly poor and if it hadn't been for the SRA [State Rehabilitation Administration] and Kern General Hospital helping them, they literally would have starved.

So it was utterly insensitive of me to talk to them about formulas when they were lucky to get a bit of bacon or pork grease to mix with a little milk and flour to make themselves biscuits and gravy.

The government put up some government camps out toward Shafter. The people who occupied them didn't know how to use these camps. For instance, they used a toilet to wash out their clothes. They didn't know what it was for. They still went out and squatted outside. That's where they had always relieved themselves. It wasn't until the government finally learned to put in camp managers who were people from the Dust Bowl who had sought to better themselves that things improved. They were able to impress discipline much more than the government.

Nevertheless, they continued coming over. The attitude of the hospital staff and personnel was not the warmest. I think I can see that we had an attitude of contempt at their ignorance, their poverty, their bad odor and their frightful gaps in cultural knowledge. We didn't realize before that these were people who had been literally blown, starved, and droughted out from their own land. They were not the erudite, cultured, learned people from Oklahoma or Texas that came over later. These were the people that were sharecroppers and farm laborers in their own states. There was nothing there to look forward to at home except advertised promises of work out here in the fields of our great Valley.

M.N.: Did people actually advertise?

Thorner: What I understood was that people would come over from the Valley and tell them there was work here. I never saw an advertisement. They were lead to believe that this was a land of milk and honey. It was the Canaan of the migrants of the Old Testament and they came over.

I'm not aware of the fact that they were particularly religious but I think that they had some hard line religious principles by which they lived. They had a code of life, social and sexual mores that was very foreign to me.

M.N.: Can you describe it?

Thorner: Yes. The problem of incest, which is of course taboo, was due to the closeness with which they had to live in some of the camps.

I visited some of the camps over and toward Oildale. There was a camp called the Hoover settlement camp which had a lot of migrants. It was just where 34th Street runs into Chester. The camp sort of dropped off the road just like there was a gully. I stopped by there one time to see how they were living. I saw bed after bed in the little tents. The men who had no work to do were just lying there staring blankly into space. They looked at me with suspicion. There was a grandmother there mixing flour, water and salt to make biscuits. I thought that that was nice.

She was putting currants in the dough. That was great. What I didn't realize was that actually the currants were flies. Her vision wasn't so good and they had worked themselves into the biscuits.

As for controlling the birth rate, we were quite helpless. We didn't have birth control methods then. There certainly was no education for it. All we could do was tell them to not have so many children. This was the most stupid, hollow thing you could ever advise. There wasn't anything else for them to do all day long and most of the night except to have sex. As a natural outcome the children would be born. It did no good for me to rant and rave.

END OF TAPE 1, SIDE 1

Thorner: It didn't do any good for me to lecture them about propagation and explain that they couldn't take care of what they had. The babies kept coming and the agencies kept providing and the taxpayers kept paying.

There was incest partially because of the close living conditions and their particular sexual mores. Often a mother and father would go together to find work usually taking the children with them if they were old enough to pick cotton. Sometimes a younger girl would be left at home by herself. An older brother might come in and have sex with her. Sometimes the father or another adult male would be involved in the same practice with the knowledge of the mother and without her intervention. This was not viewed with as much abhorrence as it is in our Judeo Christian community.

It was felt that this kept the progeny within the family. The girl who was sexually involved with her father was at least having sex with someone who supposedly would have her best interest at heart and would take care of her.

I remember one time having to deliver a mother. In the next bed was her daughter who was also giving birth. It was excellent timing. Standing outside the door waiting to find out the results was the father of both infants. He happened to be the father of the young adolescent who was giving birth as well. That was not regarded with any great abhorrence or as a sin by some migrants. Others had a real taboo against this practice.

M.N.: How did this affect you personally? Were you shocked?

Thorner: No, it's a funny thing. You learn in medicine to be very unshocked. You suppress it. I think there are many people in related medical fields who appear very sanguine. They actually have buried long since any feelings of shock or abhorrence. I think the fact that we had such a volume of patients made me callous. It wasn't that I was inhuman but I began to adopt the same attitude in the hospital situation--the cattle call attitude. Here are some more of these people who don't keep clean. They propagate. They've come here to

take advantage of the hospital situation. There was sort of a contempt coupled with a desire to practice good pediatrics.

M.N.: Sounds to me like you were probably tired as well.

Thorner: I was exhausted. There was absolutely no flicker of responsiveness from these patients. It was almost as though they expected to be taken care of. Whenever that happens the person who dispenses the gratuity becomes indifferent to the sensitivities and the nuances of interpersonal relations which you develop as you get older. You actually feel that, as the person who dispenses these gratuities, you are being put upon and taken advantage of. People are not really wanting to go out and do an honest day's work when they can get a handout.

M.N.: Did the case load gradually increase?

Thorner: Oh yes, oh yes. The case load increased because I was the only sucker that would take care of anything under the age of twelve. All the other doctors who had previously been taking everybody were more than happy to send this vast number of children to me. Then the population increased as more and more people were coming from a totally deprived area. It was blown to a cinder in Texas and Oklahoma. The thing that struck me about the people was wherever they went they carried their eating, co-habiting, and their health customs which were very primitive. They had very little trust of doctors yet they came to us when they needed us. They didn't trust a woman doctor too well. I was the only thing they could have so they learned to trust me. Babies would sometimes be brought in dead or almost dead. They would be kept out in the fields so to speak and would not be brought in. Sometimes they would be starved. I'm sure I saw cases of child abuse and didn't recognize it as such. I blamed it on the circumstances in which they lived. I'm positive that child abuse was probably very prevalent when life became so grim and just a matter of having enough water and food to keep body together, let alone the soul. I just didn't know it. In fact, child abuse as a term wasn't recognized as such until 1962 when I'd already been in Kern County for a good twenty-five years.

M.N.: What was the most common thing that you saw come into the hospital?

Thorner: Starvation, malnutrition, and profound ignorance of proper hygiene habits. They brought with them many of the customs that had been handed down from generations. One time I was called and went out with someone from the sheriff's office. There was a child supposedly dying out in the fields at one of the locations which was not a government camp. They had camped and the child was very sick. One of their customs was that you buried a child up to its nostrils as some form of a death-avoidance procedure. I don't know what they attempted to accomplish by that. Another child had whooping cough very severely. It was a terribly hot day of about 112°. There was no cultivation going on out there to cool the environment at all.

This child had just been placed on a board as the parents had some idea that laying it out and exposing it to the sun would cure it. Well, of course, it died. It went into heat stroke. We had a lot of children coming in with heat stroke. I remember later on when I went into private practice that I began seeing a different grade of migrants. A good grade of migrants came over and stayed on. They distinguished themselves and became outstanding community residents. But I remember hearing about a very brilliant child in the schools. The schools were just ecstatic about this little boy. He had such a high I.Q. and he was so interested in his work. Then he just disappeared. When we followed up, the family said, "No, we need to have him work in the fields," and there was no amount of talking that would make them change their minds. They felt it was much more important that he migrate with them up into the Salinas area when the grape picking was through here. It was more important that he go with a family and work in the fields than that he become educated.

M.N.: Did the tremendous increase in population and the kinds of problems that they brought affect the entire hospital?

Thorner: I wouldn't say it was overloaded but I would say a good 60% of our business was the migrant population.

M.N.: What about other migrant groups? Were they a problem?

Thorner: No, they weren't. There were Hispanics or Mexicans but nothing compared to the tremendous influx of people from the Dust Bowl areas of Oklahoma, Texas, and Arkansas.

M.N.: At what time did that reach a peak?

Thorner: I think about the time I was there in 1937 and 1938.

M.N.: And then it gradually decreased?

Thorner: Then it leveled. Word got back to some of the families there that there wasn't that much work here for them. They still kept coming because whatever little we had here was better than what they had in their home states so they still kept coming.

M.N.: Would you say the war was a breaking point for it?

Thorner: I'm trying to remember; you know by the time the war began I was in private practice and I wasn't coming in contact with the migrants. At that time Kern General Hospital was strictly a charity hospital. That's where all indigent patients went. It was very difficult to get medical residents then. There was no intern training program. As a result the residents from good hospitals weren't about to go and spend time getting their requirements for certification or specialty training in a place that wasn't approved for certification. But the wealth of the medical material was particularly fantastic

in many diseases especially coccidioides. At that time we only had skin tests by which we could identify a case. The mode of treatment of coccidioides--Valley Fever--was very limited. The private doctors and doctors out at the hospital were treating what was called the "bumps"--the Valley Fever bumps which you very rarely see now. Those were large painful nodules mostly on the leg shins but sometimes on the arms and often on the face as well. They would be very painful, very red, tense and tight. They would most often happen to individuals who were newcomers to the Valley, after they'd been here anywhere from two to six months and worked in the fields chopping cotton inhaling the dust. We could almost predict when cotton chopping season started we would see what we call San Joaquin Valley Fever "bumps". They used to be called "desert bumps". We don't see this form of the disease as often anymore.

M.N.: What was the course of the disease?

Thorner: Very much like it is now. We had fatal cases of it in the dark skinned people and in pregnant women in the last trimester of their pregnancy. The deaths would come from invasion of tissues and organs by fungus. In the advanced state the fungus somehow or other got out of the lung tissue where most people get it and wall it off and invaded any organ in the body. You know when I went to medical school they used to say syphilis was the great imitator. Well you could now say that coccidioides imitis was the great imitator. It imitated cancer. It imitated skin disease or heart disease. Anything you could imagine could be imitated by coccidioides. We had no treatment for it.

M.N.: It was something they contact here?

Thorner: It was first found to be very endemic here in this Valley. Later on researchers found it in the Panhandle of Texas. They found it in Imperial Valley and I think they found it in other parts of the western states. But here is where we had the most cases.

M.N.: Did they make a permanent change on the way that the hospital operated?

Thorner: No, except that we had to finally appropriate more funds to build more beds. The west wing was built and later the east wing of the fourth floor became our pediatric ward.

M.N.: You were talking about the customs of health care such as burying people.

Thorner: I didn't find out why they did it. This may have been peculiar to a family or a group of families. Usually when they had people that were very, very sick they brought them into the hospital.

M.N.: What about home cures and home remedies?

Thorner: They had a lot of poultices that they would put on. For instances, when you had a skin abscess or an abscessed ear you would have a "risin" or something that was rising. For these "risin's" they would invent all sorts of poultices that the grandmothers had taught them to use and apply to them. They poured various supposedly currative oils into

M.N.: Was it helpful?

Thorner: No. It just confused us when we tried to examine the ears. We couldn't tell whether we were seeing a ruptured drum or a lot of grease and, besides, it usually smelled bad and you couldn't be sure it was a chronic infection or rancid oil.

M.N.: What about herbs and teas?

Thorner: Ah, let me see. They used alfalfa tea a lot for whatever ailed you. They never discussed these customs with me. I can't remember them. I don't know whether I just didn't pay any attention to them or whether it has just slipped my memory.

I'll tell you a funny story. It wasn't funny at the time. A young man was brought in who wasn't too bright. He had a problem with elimination. His mother would never evacuate him but when he got sufficiently distended, so he looked like he was about eight months pregnant, his mother would bring him in. At that time the residents had a quaint custom that the newest resident was given the task of cleaning the patient out. When I came in I was the newest resident and I didn't know what was in store for me when they called me into the out-patient clinic. They said that they needed me. I saw this immense boy coming with his mother who had an impish smile on her face. I learned that I was supposed to put on elbow length rubber gloves and manually evacuate him. I promptly said, "I quit." Whereupon the assistant administrator, who was a very good friend of mine, came down. He said, "I don't blame you. We'll let you give the anesthetic." I said, "I'll pour but I won't clean up." Well, we had to give him an anesthetic every time. Actually, after manually evacuating him a long catheter was put in--I don't mean a little enema tube--and it would take several hours and a much malodorous clinic to get him evacuated. He had Hirschsprung's Disease. The family wouldn't consider surgery and they much preferred this horrible six-month ritual.

M.N.: Where there any other cases that particularly stand out?

Thorner: Yes, there was a rather interesting one. A young 16 year old girl came in with a problem. I took care of her. She asked if I would look at her younger sister who was a rather dull appearing child and very obese. She was about eleven or twelve years old. I had her get on the table. Her sister said they were worried because they thought that she had a tumor. I looked at the tumor. I examined it and felt it. I decided to put my stethoscope on it and heard a good fetal heart [beat] and decided the tumor was a baby. I had to tell the sister that this little eleven or twelve year old

girl was going to be a mother pretty soon. The sister didn't look at all surprised. We got her mother in and the mother said that she didn't see how it could be. I said, "Well, it's so." A couple weeks later the little girl was delivered of a baby, a puny child. We could never find out who the father was. The child refused to talk. We don't know if it was a member of the family or somebody that was living there. Then one day I was walking down the clinic and a lady tugged my sleeve. I looked down. It was the grandmother. She had a little bundle in her arms and she asked me to look at this infant. I looked at it and it was gray, cold and it looked very dead. I went through the routine examination because I thought it unfair to just look at the baby in the hallway and say, "Your baby is dead." I wanted to give the grandmother the benefit of the doubt. I said, "I'm afraid your baby's dead." She was very philosophical about it. She said, "Well, maybe so." In those days you didn't report things as possible incest or sexual abuse because we didn't realize this existed. Remember that was in 1937.

M.N.: Was there any particular strength that these people had? Was there something that you saw that seemed to keep them going?

Thorner: I decided they kept going and didn't succumb because they'd reached the bottom of the barrel and there was no place else to go but up. They had nothing to lose by staying here. Health wise I marveled that more of them didn't die. I finally figured out that they were so emaciated, lived on such slim rations, and were in such poor physical condition that even the bacteria gave up and left.

M.N.: They actually didn't provide a proper environment.

Thorner: In those days we had a lot of cases of meningitis. We had cases of syphilis. We had a very active anti-syphilis clinic run by Dr. Buss who's now retired. He was a resident at the hospital. He was very interested in public health and in venereal disease prevention and we had a lot of venereal disease then as we do now.

M.N.: Was it just in the migrants or was it the population in general?

Thorner: I think it was the population in general but most of our patients were the migrants. We had a tremendous migrant population.

M.N.: What did you do for it?

Thorner: We treated it with whatever was currently used. Penicillin hadn't become that universal to us. We had things like mercury, bismuth, arsenicals and rubbing preparations into the skin.

M.N.: Was that an effective treatment?

Thorner: It was the only thing we had. It delayed the process and arsenicals given intravenously were the only way you could control the disease.

M.N.: Were there significant side effects to that?

Thorner: Sure, especially when you got out of a vein. That was particularly upsetting. You'd get sloughs but the side effects of syphilis were so much greater.

M.N.: Was there a lot of untreated syphilis?

Thorner: Not if we could help it. If we knew they had syphilis we'd get them in by law. We had a lot of tuberculosis. That's why Stoneybrook Sanitarium and Keene were always full. We had no specific drug to control the disease as we have now.

Stoneybrook was the hospital where you treated the active tuberculosis. Keene was a preventorium, a sort of sanitarium for prevention of tuberculosis and rheumatic fever through better food and hygiene. That was the only place where you could send suspected and potential TB and rheumatic fever children. We didn't have any specific treatment for strep infections so we had a lot of scarlet fever and thus, we had a lot of rheumatic fever and a lot of diseases that medical residents rarely encounter now. We had diphtheria, tetanus, scarlet fever, red measles, and paralytic polio was rampant. Oh, we had a lot of polio.

M.N.: In the migrant people?

Thorner: More in the migrant but it would hit all walks of life as you know. We didn't have any treatment except the Sister Kenny treatment which consisted of hot packs on the involved paralyzed muscles and the passive movement of the extremities.

Oh, I'll tell you another story. A kid came in with a migrant family from Taft. I'm amazed that any migrants went over to Taft. The supervisor from the Taft area sent a message in that I wasn't to dismiss this child until he said so. Then, he promptly forgot it.

END OF TAPE 1, SIDE 2

Thorner: He's now deceased. I guess they're all dead but me. Well Rosemary came in and was sick. I admitted her to the hospital per his orders. In those days you took orders from the supervisors because they ran the whole place. They often said who went in. She was found in the back seat of a car by somebody. That's where they were living. She was sick and we put her in the pediatrics ward. In two days she erupted into a full blown case of hard, red measles for which we had no serum or vaccine. I knew that most adults who have had measles have enough antibodies in their whole blood to prevent hard measles. If you citrated that whole blood, injected 10cc's [two teaspoons] into the muscle of exposed children there would be enough antibodies in that 10cc's of blood to prevent them from getting hard measles or rubella. Well we had nothing else. We didn't know anything about Rh incompatibility or sensitizing people by injecting whole blood into them. We had one wing

back of the hospital called the Old Men's Home or G Ward. There the old men stayed who were too old to take care of themselves. They were old and declining. They just resided there.

I went to G Ward with a big sterile beaker and enough citrate in it to keep the blood from clotting and a sterile gauze cover pad. Talk about primitive!! I bled one old man there of about a pint of blood to provide enough blood to immunize all the kids on my floor that had been exposed to Rosemary's measles. I probably was responsible for causing anti Rh antibodies to appear in the serum of the recipients but we did not know this. I not only did that. I was able for the first time to put up a big sign saying MEASLES--CONTAGIOUS--KEEP OUT on the doors leading to the pediatric floor. Until that time I'd never been able to keep out the hordes of relatives. They would come in at visiting time and stay from two o'clock in the afternoon until eight at night. The relatives would hover around each crib and I could get nothing done. At last I had a bona fide reason to keep them out. Every child in there but one was given the shot. That one had a father who saw me giving these blood shots. All the other parents had said it was all right. He said he wasn't about to have his child immunized this way. He was a Jehovah's Witness. No blood of anybody else was going to go into his child. Well that child came back in ten to fourteen days so sick with measles we nearly lost her. It still didn't convince him. The child developed a measles meningitis and went home with brain damage. In those days our diseases were very, very hard. Terribly hard. And our whooping cough was awful. We had children that would die from whooping cough. We didn't have enough good antibiotics to treat the pneumonias that would complicate the disease.

M.N.: It would seem to me that you may not have seen cases until they were so far advanced that they would be very difficult to treat.

Thorner: That's right. A set of twins came from Kernville and I couldn't tell if they were alive or not. So I had to put a mirror over one of their mouths to see if any mist was on it. They were almost dead. I couldn't even get a heart beat.

M.N.: Did they die?

Thorner: One died, the other survived. Oh, I'll never forget. The worst disease we had with all of them was diarrhea. It was unbelievable. We had nothing much to treat them with. In those days to treat them was a hopeless thing. What's more, the parents didn't like needles stuck into their children. We had just primitive rice water and weak tea. Very often the families would come in with their own bismuth preparations which we now find out is a very excellent treatment of La Touristas when you go overseas. In those days we were very leary of anything with bismuth because we felt it was toxic. Bismuth is a heavy metal.

M.N.: Why did they get diarrhea?

Thorner: Number one, their sanitation was poor. They had to "tote" or carry their water--that's an expression I learned from working amongst them. They sometimes had to tote their water in containers for five miles. There was no boiling of utensils. Their toilet hygiene was terrible. It was a bush or any outside place. Children played in the dirt. They ate the dirt. In their quarters they passed infections back and forth to each other. They were such poor specimens when they were born. They weren't healthy, chunky nine or ten pound babies when they came to the hospital.

M.N.: You said you visited a camp.

Thorner: It's hard for me to remember now. I just remember a lot of tents on concrete bases. Some had wooden floors. Forever that odor of old kerosene stoves and grease. Dank hair, lank, spare frames huddled in one room.

I'll never forget a funny experience I had after I started practice. There was a woman who was gifted in dress making. I learned about her from a couple friends of mine. Some of the best dressed people in town were going there to have their clothes made. She was an inspired seamstress. She was an Okie migrant. She and her husband lived north of that Hoover Camp just right off the side of North Chester which would be 34th Street now. They had a neat little house and I think the state rehabilitation [SRA--State Rehabilitation Administration] was taking care of the family. He was a plasterer and he had a little income from what the state gave him. She was a couturier, a genius at sewing. You could take a picture that you'd cut out of Vogue or the L.A. Times, show it to her and she would make a butcher paper copy of it. Fit you with a rough design one day, fit it on you the second visit and on the third visit you'd have a finished product. So one time I came out with some material and another picture for her to make an outfit for me. She said, "I'm not making clothes anymore." I said, "Why not?" She said, "Well, they tell me we'll get off of SRA if I do and my husband says I can't do it because we need the money from SRA." Yet she had within her the potential to have been set up in business to have made many times what she ever made on SRA. The motivation and vision was so minimal in some of the people as with another family that took a brilliant child out of school to work in the fields. We couldn't induce them to let their child remain in school to get an education because they needed the income from his small hands.

M.N.: Did you establish a long term relationship with any of these children?

Thorner: One of them, yes. He's dead now. As was the custom with many of these people, they came in and they didn't have first names, they had letters. His name was J.C. Smith--that isn't his real name. I'd been in practice about a year or two. It must have been around 1941. This boy was a neat, clean, attractive looking twelve year old child. His parents were so nice and clean. He had come in on a jalopy from Barstow holding the top of the dresser or the bed on top of their truck. He came in with a complaint that he was

having some weakness in one of his arms. I wasn't able to figure out what his problem was. I knew a specialist who was at that time coming up to Kern General Hospital from Los Angeles. By then we were having paid specialists come up in plastic surgery and orthopedics from Stanford and Los Angeles Hospital. This boy was operated on but he wasn't getting any better. Finally I sent him up to Stanford and there they diagnosed him. He had a rare degenerative condition of the spinal cord called syringomyelia. He was only twelve when I saw him and he developed a great fondness for me and I for him and his family. He was deteriorating by inches. First a little bit more muscle of his foot, then his hand, then his back and then later on his speech. He was determined that he was going to sell real estate. He was bright as a dollar. His mother was married when she came and later her husband died. She remarried and apparently married fairly well. This boy deteriorated neurologically but he never gave up. He wanted so badly to work in a real estate office because he could sell anybody anything. They had a rule, however, that you couldn't get your license until you first had worked in a realtor's office. Yet the realty offices wouldn't give him a trial because of his handicap so he couldn't take his Realty Boards. So here he was between a rock and a hard place. He couldn't take his boards because they wouldn't let him "intern" first because of his handicap. He was such a plucky kid. He finally died two or three years ago in a nursing home. He couldn't have been more than 48 at the time.

M.N.: But you followed him.

Thorner: All that time. He was a dear boy, a precious boy. In the times before he wanted to be a realtor, he got himself a banjo and then a guitar. He composed songs and found some outfit in Los Angeles that would make recordings. He had that much spunk and initiative. But he was the exception to the rule. Most of them were poorly motivated.

M.N.: Do you feel that this experience contributed to your own life experience?

Thorner: Only in that it made me much more understanding of people. You don't judge a whole culture by the people who are driven out by natural catastrophe, poverty and ignorance and who are destitute. We categorized the whole state of Oklahoma, Texas and the southern part of the United States by these people who came here. Had the very poor people of California drifted up to Washington or Oregon to pick apples, I'm sure they would have been called "Calies" because they weren't any less dirty, any less ignorant, or any less disease ridden than these people who were literally blown out of the southern part of the United States.

M.N.: Were there any of these people that made a success that you know of?

Thorner: Oh yes. I've heard of quite a few that have become very successful

in this community and in other communities. In fact, the sanitarian who decided somebody ought to pin my ears back was himself a migrant from a family that had come over from the Dust Bowl earlier.

M.N.: Was it surprising that some of these people made well?

Thorner: It was only until later that, in retrospect, I began to see this in a much broader scale. This was a migration that could have happened to me had I been driven out, poverty stricken, deprived of money, clothing, sanitation and had I never known anything other than living in a poverty ridden situation I might not have been any different if as good.

M.N.: Are you able to compare the migrants from Oklahoma with migrants from other areas that you've encountered? Do you see any similarities?

Thorner: Only in that people who migrate, the first ones to come over this way, will be those driven out by poverty and who have always been poor even in their own land. With the Hispanics, the first ones that we deal with are those that are very poor and ill in Mexico. The same situation pertains now. Many of the illegals bring with them their cultural and health customs and you cannot change them easily. You only try to educate them patiently. You can't change the macho image of the men. You can't change some of their concepts of how to treat disease early and not accept the customs that have gone on in their country for generations. They stay in this country and they take back better sanitation, better education, better nutrition and some of the medical knowledge that we have. The second or third generations that remain here now demand these things. They come into our well baby clinics and some of them actually inquire about fluoride for prevention of tooth decay. When you discuss health options now they accept you as an authority. They want vitamins for their children. They want the immunizations. They want corrective and diagnostic procedures. They want to limit the size of their families. I only regret that they do not nurse their babies more often.

M.N.: Did you find that true also with the "Okie"?

Thorner: No, no, heavens no! They were deathly afraid that there would be something to interrupt their life style. So that's why they would bring their children and themselves in only in extremus, as a last resort. This made it impossible sometimes for us to save them. This would bear out their contention that when you went to the hospital you died there.

M.N.: Did they gradually begin to demand these services?

Thorner: Sure they did. As they stayed here and got their lives and businesses established and became located they learned they wanted these innovative programs. I would have done the same thing if I had been a migrant, wandering all over the country. Some of them were more motivated than others. It's true in people right

here for generations--friends of yours. You look at the children of your friends, some of them are terribly motivated and some couldn't care less. So the poorest people came over and then later, better educated people arrived. The latter had a little bit more to keep them going in their own land before they were forced to leave.

M.N.: Did you run into any instances of midwifery in the camps?

Thorner: Not that I recall.

M.N.: I talked to a gentleman whose father was a midwife and he said that they never had a problem with childbirth and I found that hard to believe.

Thorner: Well, not too hard when you consider that probably most of the women that he delivered were multiparous--more than one pregnancy. I don't think they were having too much contracted pelves and I would suspect that the babies weren't too large. Maybe he did deliver giants, but most of the women were malnourished during their pregnancies and I would say that they didn't have big babies as a rule.

M.N.: So there wouldn't be that many problems.

Thorner: I don't think there could have been but there were a lot of other illnesses that followed. For instance, a lot of Rh negative problems and erythroblastosis cases that we did not know how to treat then. Many children died because of neglect and from diseases that were rampant then. They sometimes didn't live past the age of five years.

M.N.: You did see a lot of early death that way.

Thorner: Oh yes. They just couldn't survive. Nutrition was poor and disease prevention was nil. The only thing that saved some was that they often remained on the breast till two years old and derived some maternal antibodies.

M.N.: That must have been very hard for you to deal with.

Thorner: I got frustrated at times. It was one reason why I was glad to leave and go into private practice and see how the other world lived.

M.N.: Did it wear you out seeing that?

Thorner: You burn out. Anybody that works in deprived areas burns out and needs time to recoup.

M.N.: Is there any last comment you'd like to make?

Thorner: I think it was a learning experience and if I had it to do over again I'd do many things differently. I would have spent more

time with the migrants.

M.N.: In what way?

Thorner: Living amongst them. Visiting them more often. Attempting to talk their language and to really get into their skin.

M.N.: Why is that?

Thorner: I would have had a much better understanding of them. I think that I shared the feeling of the institution that this was a necessary evil. It was a nuisance and that these people really didn't appreciate what we were doing. That they didn't comprehend what we were doing and wouldn't do what we said to do anyway.

M.N.: Now?

Thorner: Oh well, forty-three years later, age mellows you and you begin to understand that people do the best that they can with what they've got. My job is to work with people just where they are--not to be judgemental.

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