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Maine Department of Health and Welfare

Central Maine Sanatorium

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Maine Department of Health and Welfare

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DEAN H. FISHER, M.D.
COMMISSIONER

State of Maine

Department of Health and Welfare

Patient Services Available At Central Maine Sanatorium, Fairfield, Maine

WILLIAM B. GROW, M.D., Superintendent

Patients are admitted to the State Sanatoria usually on referral by their own family physician. It is apparent from talking with various physicians that many of them do not know what can be offered the patient whom they refer to the Sanatorium. Consequently, we plan to list briefly the facilities we have, in the hope that the patients will have a little better idea before they enter as to what is available for them.

Physical Plant: Central Maine Sanatorium has, in common with the other State Sanatoria, several old wooden buildings in various stages of repair and disrepair. However, in addition to these, we have the new George E. Young Medical and Surgical Unit which was opened July 1, 1955. This strictly modern building of fireproof construction was built at a cost of over half a million dollars. It has sixty-four beds, two recovery rooms, and two completely air-conditioned operating rooms, as well as x-ray facilities, diagnostic facilities, therapeutic x-ray facilities, laboratory, pharmacy, out-patient department and administrative offices. Incidentally, the Central Maine Sanatorium has full approval from the American College of Surgeons and, in addition, is approved by the American Medical Association for Residency training in Diseases of the Chest.

Surgical Facilities: Central Maine Sanatorium can offer the in-patient complete surgical service consisting of any type of thoracic surgery, including lobectomy, pneumonectomy, etc. In addition to this bronchoscopies are done regularly. I.V.P.'s and retrograde pyelograms are frequently done. Any necessary general surgery, such as hernias, appendectomies, T & A's, etc. is done as required.

Active Staff: The active staff at the Central Maine Sanatorium consists of the Superintendent and two Resident Physicians. Besides these, there are three qualified Thoracic Surgeons and one Anesthetist who

come here regularly once a week for surgery, and for general conferences on surgical cases and medical diagnostic problems. All three surgeons and the anesthetist are, of course, Board men.

Consulting Staff: The Central Maine Sanatorium has a complete consulting staff in practically every specialty that might be needed for proper care of the in-patient. Consultants are available in cardiology, internal medicine, pathology, roentgenology, ear, nose and throat, ophthalmology, gynecology, genitourinary diseases, orthopedics, allergy, pediatrics, dentistry, chest diseases, psychiatry, and general surgery. Practically all of these men are Board men in their specialties, and a good many of them attend the regular Friday surgical and diagnostic conferences.

X-Ray And Other Facilities: The diagnostic x-ray at Central Maine Sanatorium is the new 300 milliamp General Electric Imperial, which is complete with all accessories for Bucky work, spot films, stereoscopic work, laminagraphy, etc. In our opinion, there is no finer diagnostic instrument in the State of Maine at the present time. We are also in the process of installing a 250 KVP General Electric Maximar deep therapy unit for such cases as may require radiation therapy. For electrocardiography we have the General Electric Cardioscribe, which we find entirely satisfactory. For dental work and immediate post-operative chest x-ray work we use a General Electric portable x-ray.

Dental Clinic: Central Maine Sanatorium has a complete set-up for dental work including x-ray, fillings, extractions, etc. We have a dentist on the regular staff who comes here a half day every week. This is entirely sufficient to care for all dental needs of the in-patients at the Sanatorium. Each patient has a dental chart as part of his clinical record. This service has been available for some time, but has been improved recently.

Eye Clinic: As a result of a Trust Fund set up a

few years ago we have been able to install a completely equipped eye clinic. The ophthalmologist comes once a week to take charge of this clinic. Full diagnostic and treatment facilities are available as well as complete facilities for fitting of eye glasses.

Library And Medical Social Service: A large library of fiction, non-fiction, history, biography, etc., is available to the patients. The librarian visits each patient at least once a week with the bookmobile and a choice assortment of books. Funds are available annually for purchase of new books and this particular service seems to be greatly appreciated by the patients. The librarian, in addition to this work, is also in charge of publication of the "Hilltop Observer," a small monthly newspaper which is published by and for the patients. The patients write practically all the articles, and those who are able assist in assembling and mailing out the paper. The "Hilltop Observer" is exchanged with other sanatorium newspapers throughout the country, giving a good interchange of ideas and patients' attitude toward Sanatoria and toward treatment. Unfortunately, we have just lost our full time Medical Social Service worker and, to date, have not been able to replace her. Consequently our librarian, in addition to her other duties, is carrying on the medical social service work to the extent that her time will permit. She plans to interview at some length every incoming patient and, where possible, the relatives of the patient.

Each Tuesday we have a staff conference, in which we discuss the patients who entered during the previous week. At these conferences the house staff is present, as well as representatives of the nursing service, the operative nursing service, the dietary service and the medical social service. Each case is thoroughly discussed as to diagnosis, prognosis, estimated length of stay, treatment and possible surgery, and the medical social service interview is tied in with this discussion. Following this staff meeting, those patients who wish to see their x-rays are brought to the conference room, are shown their x-rays, and any questions they may have are answered as fully as possible by the medical staff. This seems to alleviate a good many of the fears to which a newly entered patient is liable. It also gives the patient a better understanding of his disease, what we can do and what the patient can do in the treatment of the disease and any other factors which may be involved.

Laboratory: The Central Maine Sanatorium has a well equipped laboratory and, at the present time, is fortunate enough to have two technicians. This situation, of course, will not obtain for very long if things go as they usually do in the technician field. Each incoming patient is typed for possible blood transfusion, has a complete blood count, sedimentation rate and urinalysis routinely. Some blood chemistry is done in our laboratory and we hope to do more in the near future. What we cannot do at present is handled for us by the Thayer Hospital laboratory. Our laboratory

now makes its own culture media which we find superior to the commercial media available. In the future, assuming that we can acquire technicians as needed, we hope to do resistance studies. These we are unable to do at the present time and, in fact, I know of no laboratory in the State of Maine which is now doing them. In order to do resistance tests we will have to increase the equipment considerably. Consequently, the idea of doing resistance tests is, at present, merely something we hope for and not an accomplished fact.

The Children's Ward: Until about two and a half years ago we did not have a single child in the institution. Recently, however, we have had as many as twenty, and as of today we have ten children, varying in age from three months to eight years. All these children have extensive primary infection; most of them have cervical and axillary adenopathy, and a good many of them have true pneumonic tuberculosis, in some cases involving an entire lung. We have also had several miliaries in the past two years. The explanation for the sudden increase in the amount of severe childhood tuberculosis is not known at the present time. However, at the sanatorium, it has become necessary to set aside a ward for the care of these children. A specially trained pediatric nurse is in charge of this ward, and we attempt to keep the atmosphere as informal and home-like as possible. We realize that it is distressing to take a child from its home and put it in an institution. Nevertheless, it is interesting to see how quickly and how well these children adapt themselves to their changed circumstances. With the invaluable aid of various TB associations and other outside organizations, we have been able to establish a nursery school for these children at the Sanatorium, and have almost completed work on a large playroom which will be fully equipped with child size furniture, toys, television, etc. We take pride in the fact that almost without exception the children respond remarkably well to chemotherapy and supportive treatment. A consulting pediatrician is available at all times.

School Facilities: This is a service in which we are particularly fortunate. We were able to hire a retired high school principal who is competent to fulfill the entire educational need. Any child from grade I in grammar school through high school who is well enough physically to study can continue his courses while in the Sanatorium and receive full credit toward graduation from any grammar school or high school in the state. The latest count showed four children taking grade school subjects and six of high school age taking high school subjects. If we are to continue to receive grade school and high school children as in-patients, this service is of the utmost value, and certainly the family physician should know that it is available.

Miscellaneous Services: — Recreation: Each floor is equipped with a television set. Patients who are able see movies regularly here at the Sanatorium. Besides this, various church and fraternal groups, as well

as other organizations, frequently present minstrel shows, plays, concerts, etc.

Rehabilitation: While we do not have an in-sanatorium rehabilitation service we work closely with the State Vocational Rehabilitation Division. Their representative makes regular visits and arranges for courses in various rehabilitation projects.

Veterans Administration: A representative of the Veterans Administration calls regularly on all veterans in the Sanatorium and discusses with them any problems that they may have. This has proved to be a very valuable service and is one which we hope will be continued and amplified.

Handicraft: With the assistance of various TB associations and other outside organizations, materials have been made available for leather-working, wood-working, fly-tying and similar handicraft projects. Special rooms have been fitted up for this purpose.

In the foregoing remarks we have attempted to acquaint physicians throughout the State with the facilities that we can offer the patients whom they send to us and, in conclusion, we wish to extend a sincere and cordial invitation to any physician in the State of Maine to visit the Central Maine Sanatorium and see for himself how these various services are planned and carried out.