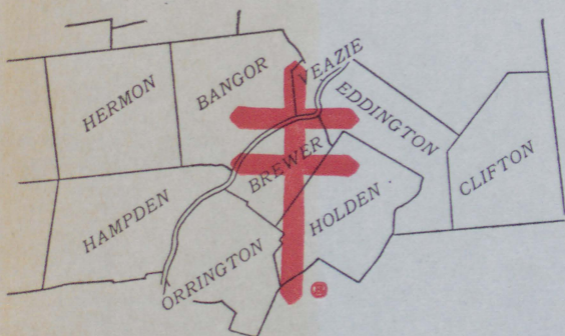


*Your Christmas Seal
helped us to do this . . .*

ANNUAL REPORT

1955 - 1956



BANGOR-BREWER
TUBERCULOSIS
AND HEALTH
ASSOCIATION

April 1, 1955 - March 31, 1956

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GEORGE W. WOOD, III, M.D. Medical Director
HIRAM H. NICKERSON Executive Secretary
MISS ALICE MODERY X-Ray Technician
MRS. DORIS J. WOODWARD Office Secretary
MRS. MADELINE E. THORNTON Bookkeeper

CHANGES IN ASSOCIATION AFFAIRS

The year was a period of transition in personnel and policies — the sanatorium was closed; a representative of the National Tuberculosis Association visited us to assist in planning our future program; Mrs. Maria Carpenter, executive secretary, left to accept a position with the Cumberland County Tuberculosis and Health Association.

New concepts in the treatment of tuberculosis and the lessening in the number of people requiring sanatoria care in this area brought about the action by the Board of Directors to close the sanatorium. The sanatorium, located on Kenduskeag Avenue, was closed August 1. The closing of the "San." was really a success story as when the 30 bed institution closed there were only eight patients while the outpatient department, once having some 50 people coming for treatment and care, had only three. Founded in 1909 it had served thousands of people from eastern and northern Maine during its 46 years of service. For the last five years the operation of the sanatorium has cost more to operate for the limited number of patients than the association could pay and the State had been contributing \$15,000 annually. Wonder drugs of modern medicine have lessened the need for long sanatorium stays; also the State has built more sanatoriums since 1909 and there is no longer a shortage of beds. This is not the first time that the Association has changed the emphasis of its program so that better use of its funds could be made in fighting tuberculosis and in promoting general better health of the people in the area. Once there was the York Street Clinic, the fresh air school, the summer day camp; their functions when no longer needed were abandoned and the emphasis placed on some other phase of health work.

With the closing of the Sanatorium, one of the major projects of the Association, it was necessary to realign our future program. Assistance for expert advice was requested from the National Tuberculosis Association, through the facilities of the Maine Tuberculosis Association. Miss Helen Ostwald, an associate in the Division of Program Development of the Na-

2.4.
Carpenter - Bureau - Tuberculosis and Health Association

tional Tuberculosis Association, spent four days in the area in December meeting with various agencies and members of the Board to find out what the problems are here, what facilities are available and what is still needed. Her report was presented not as a blueprint but as a guide for developing a long-range program. In it she made many suggestions a few of which are as follows: to assist the Eastern Maine General Hospital in setting up a tuberculosis clinic as a part of the chest clinic currently being developed, that until such a project can be initiated the Association expand its current screening X-Ray service especially in the area of recipients of public assistance and industrial groups; to create better understanding of the need for medical social work; to assist the schools in developing and expanding their health education programs; to assist other community agencies concerned with the need of fluoridating water; promotion of a housing code; of the need for a mental health program and psychiatric services; and, that special attention be paid to the need for rehabilitation work since "saving a life is not enough, people must be taught how to live usefully and return to society". Since February, when Miss Oswald gave the Association the report based on her visit, many various committees have been meeting studying ways in which suggestions made could be put into action.

On September 1, Mrs. Carpenter resigned as executive secretary of the Association. During the next few months, until her successor was engaged and able to start work, the activities of the Association and its Seal Sale Drive were carried on by a reduced office staff and volunteer members from the Board. In December Hiram Nickerson was engaged to fill the vacancy and he began his duties on January 4. He is a native of Maine although for three years prior to coming to Bangor was employed by the Massachusetts Department of Public Health as health educator first working out of the State House in Boston, and then from the district office at the University of Massachusetts at Amherst. He is a graduate of Bowdoin College, and holds both a Master of Arts in Education and Master of Public Health from Columbia University.

HEALTH EDUCATION

These facts were told, and retold, through various media:

TB is caused by a germ

TB is contagious

TB is not inherited

You can have TB without feeling sick

X-Rays can help your doctor tell if you have TB

TB can be cured if found early and treated properly

A sanatorium is the best place to go for treatment and to protect others

Christmas Seals fight TB

Talks before Health Councils, Granges, and PTA groups told the purpose of the association and gave facts and figures of TB.

Teachers in every town used some health education materials purchased by Christmas Seals, last year. Films were loaned to supplement classroom teaching.

Booklets on TB, its discovery, treatment, and prevention were sent to clubs, schools, clinics, and libraries.

Talks were given and explanatory folders were distributed at schools during the tuberculin testing program.

Monthly TB Abstracts were mailed to physicians.

To aid in the further development of health education in the local school systems two scholarships were awarded for a three week workshop in School Health Education held at Farmington State Teachers College last summer.

Two physicians were awarded full tuition scholarships to attend a 4 day post-graduate course on pulmonary function sponsored by the American Trudeau Society and the Massachusetts Tuberculosis and Health League.

REHABILITATION

During the half year that the sanatorium was operating ladies of the Association carried on a patient service program. This activity consisted of encouraging patients to develop their own individual interests in occupational therapy, instruction in arts and crafts such as needlepoint and the provision of the necessary material.

Upon recommendation by the medical director of the Bangor Sanatorium, the committee referred one patient to the State Division of Vocational Rehabilitation for further education. The patient was accepted and has begun a special course of studies at a local business college.

A study of the exact vocational needs of those afflicted with TB is to be undertaken. Since a wage-earner with TB must rest to recover, he must leave his job, often one too strenuous for him. Usually, he must prepare to take a position after his cure better suited to the limitations of his condition to prevent a relapse upon his return home from the Central Maine Sanatorium in Fairfield where most of the patients in this area now go. Rehabilitation, vocational guidance and occupational therapy all work to that end.

ADULT MEDICAL CLINIC

The following is a typical case history of a patient attending the clinic: A 74 year old lady with a cardiac condition; she has been coming to the clinic since 1952, at least once a month and usually more often; medications are furnished by the clinic; the Bangor District Nurse gives her injections as prescribed by the clinic physician; the Red Cross Motor Corps furnishes transportation to and from the patient's home.

The clinic is held weekly. The patients are referred to the clinic by physicians, nurses and social workers and are without funds. Upon admission a social and medical history is taken and he is given a complete physical examination. Laboratory procedures and treatments as necessary are performed at the Eastern Maine General Hospital and paid by the Association.

The total number of visits from all patients this year to the clinic has been 306. Of these 47 are new patients which have been accepted.

COOPERATION

A check was given the Eastern Maine General Hospital for \$1,500 with which to purchase equipment needed before a pulmonary function unit could be set up as a part of the hospital chest clinic.

The fluoroscopic unit which had been used at the Bangor Tuberculosis Sanatorium was also presented to the chest clinic when the Sanatorium was closed.

FINANCIAL

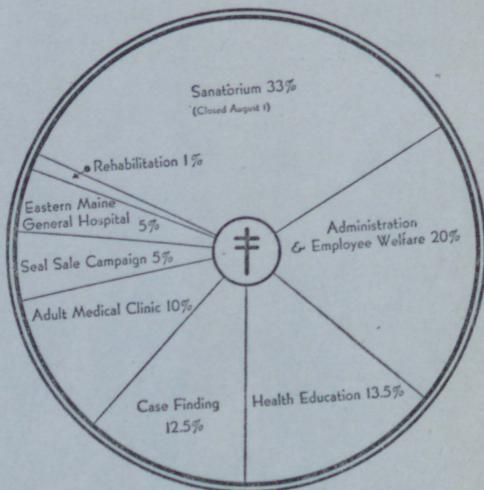
A voluntary organization, the Association is governed by a board of volunteer directors, all employees are bonded and an audit of the books and records has been made by a certified public accountant.

RECEIPTS

Interest and Dividends	\$17,693.46
1954 Christmas Seal Sale	8,531.86
State of Maine for Operating San.	6,825.89
Gifts	3,628.00
Board of Patients at Sanatorium	1,947.19
Rent at 116 State Street	960.00
X-Rays and Medications	889.00
	\$40,475.40
Total	\$40,475.40

DISBURSEMENTS

Sanatorium, Net Expenses	\$11,617.87
Salaries	8,034.95
Clinic and Case Finding	5,924.19
Printed and Audio-Visual Materials	1,123.11
Tel., Auto, Heat, Light and Maintenance	1,053.97
Scholarships	972.35
Audit, Custody Fees and Payroll Taxes	914.61
Conferences and Dues	51.13
	\$30,355.61
Balance, to Contingency Fund	\$10,119.79



CASE FINDING

Tuberculosis is still the nation's number 1 communicable disease. Although the number of reported deaths due to TB is dropping each year, the number of cases diagnosed is increasing. Successful eradication of tuberculosis depends upon finding every case of tuberculosis. Until that time no one is safe. A chest X-Ray is one of the best methods for discovering cases of tuberculosis and the Association offers chest X-rays to the public for a slight fee.

The total number of X-rays taken during the year was 1,462.

470, more than one third, were patients who were referred by their private physician.

257 were foodhandlers who are X-rayed annually without charge in a program carried on cooperatively with the Bangor Health Department.

184 were school employees who are required to have a chest X-ray every two years.

49 were high school students who had participated in the tuberculin test or members of the students home.

64 were patients who attended the Adult Medical Clinic operated by the Association.

106, the remainder of the total, were miscellaneous categories.

Sophomores and Juniors in all schools in the area, except Eddington where all grades were included, were offered an opportunity to be tuberculin tested. 956, 73 percent, of the combined enrollment of 1,302 participated. There were 44 reactors, 3.4 percent, all of whom were later x-rayed together with the other members of their immediate family.

33, 100 percent, of the children at the Bangor Children's Home were tuberculin tested after a part-time employee was found to have active TB.

5 cases of active tuberculosis were reported to health authorities as a result of our case finding program.

ACKNOWLEDGEMENTS

The major share of tuberculosis control is achieved through assistance with other organizations in the community and to all we are grateful.

To those who bought and used the 1955 Seal.

To the postal employees who sort, deliver and collect Christmas Seals and other letters.

To individuals who have given time and effort as volunteers.

To the radio and television stations and the daily newspapers.

To the hospitals, nurses and private physicians.

To the State and local health departments.

*This is what you and the
Christmas Seal helped us
do this year . . .*