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MAINE PUBLIC DOCUMENTS

(in three volumes)

VOLUME II



# BIENNIAL REPORT

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## STATE OF MAINE DEPARTMENT OF HEALTH AND WELFARE

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For The Biennium  
Ended June 30, 1944





# BIENNIAL REPORT

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## STATE OF MAINE DEPARTMENT OF HEALTH AND WELFARE

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To the Governor and  
the Honorable Council:

In accordance with statutory provision there is submitted herewith the report of the Department of Health and Welfare for the biennium ended June 30, 1944.

Harry O. Page, Commissioner

**State of Maine**  
**DEPARTMENT OF HEALTH AND WELFARE**

**Officers of the Department**

**Advisory Council of Health and Welfare**

Mrs. Helen C. Donahue, Chairman, Portland  
Mr. Adriel U. Bird, Rockland (resigned)  
Miss Ruth Thorndike Clough, Bangor  
Dr. Joelle C. Hiebert, Lewiston (deceased)  
Dr. Frederick T. Hill, Waterville  
Miss Sally P. Moses, Bangor (resigned)  
Dr. Kenneth C. M. Sills, Brunswick  
Mr. Thomas R. Simpson, Millinocket  
Mrs. Priscilla K. Thaxter, Portland  
Mr. H. Albion Wright, Ridlonville (resigned)

Harry O. Page, Commissioner

Harry E. Henderson, Director, Division of Accounts and Audit

Sara Laffin Hammons, Director, Division of Business Management

Vance G. Springer, Principal Statistician, Division of Research and Statistics

**Bureau of Health**

Roscoe L. Mitchell, M.D., Director  
Arch H. Morrell, M.D., Director of Diagnostic Laboratory  
J. Elliott Hale, Acting Director, Division of Sanitary Engineering  
Helen F. Dunn, R.N., Director, Division of Public Health Nursing  
Alonzo H. Garcelon, D.D.S., Director, Division of Dental Health  
Herbert R. Kobes, M.D., Director, Division of Medical Services  
Parker B. Stinson, Director, Division of Vital Statistics  
Katherine Gay, R.N., Tuberculosis Nurse-Technician

**Bureau of Social Welfare**

Norman W. MacDonald, Director  
Frank W. Haines, Director, Division of Public Assistance  
Lena Parrott, Director, Division of Child Welfare  
Fred W. Rowell, State Service Officer  
Emily Murchie, Director, Division of Services for the Blind

**State General Relief**

Charles S. Brown, Director

**Legal Counsel**

Leroy R. Folsom, Assistant Attorney-General  
Jean L. Bangs, Assistant Attorney-General

## DEPARTMENT OF HEALTH AND WELFARE

### Staff Members on Military Leave as of December 31, 1944

Name	Title	Date of Leave
Albling, Edward I.	Director, Research & Statistics	July 3, 1942
Arnold, Dorothy	Junior Clerk Stenographer	October 4, 1944
Armstrong, Elizabeth	Welfare Worker	November 15, 1943
Bagley, Fernald	Welfare Worker	September 3, 1940
Baker, Donald	Junior Clerk Typist	September 10, 1942
Blaisdell, Frank	Sanitary Engineer	February 10, 1941
Bradbury, Ella	Junior Clerk Stenographer	September 4, 1942
Campbell, Elmer, Dr.	Director, Sanitary Engineering	June 18, 1943
Carney, Roderick M.	Welfare Worker	February 25, 1944
Cole, Thelma M.	Junior Clerk Stenographer	September 11, 1943
Curley, Roberta S.	Welfare Worker	June 28, 1943
Dorr, Rupert H.	Welfare Worker	March 24, 1942
Dunn, Ruth	Senior Clerk Stenographer	December 13, 1943
Douglass, John Quinn	Welfare Worker	March 6, 1942
Downing, Frederick W.	Welfare Worker	March 9, 1942
Ferris, Alma	Junior Clerk Stenographer	June 13, 1944
Fish, Helen S.	Junior Clerk Stenographer	May 31, 1944
Gervais, Lawrence	Laboratory Assistant	December 1, 1944
Greeley, George V.	Assistant Indian Agent	July 7, 1942
Hughes, Anna J.	Welfare Worker	November 25, 1944
Mansur, Richard	Junior Sanitary Engineer	December 6, 1943
McClay, Paul D.	Field Representative	October 4, 1943
McConnel, Ada	Nurse	August 25, 1942
Moyer, C. Bruce	Assistant District Supervisor	March 30, 1944
Page, Woodrow E.	Sanitary Engineer	June 27, 1941
Riley, Pauline	Welfare Worker	June 5, 1944
Robinson, Bradford	Welfare Worker	June 4, 1942
Shepardson, Pearl	Nurse	August 3, 1942
Simonds, Dale S.	Machine Operator	June 29, 1942
Taylor, Stuart	Camp Clerk	January 30, 1942

**Department of Health and Welfare**  
**Report for Biennium Ended June 30, 1944**

**Brief History**

In 1885 the Legislature created the State Board of Health, a body made up of six members appointed by the Governor and Council with a seventh member elected by the board to serve as secretary and executive officer. Duties of the board were to have "general supervision of the interests of health and life of the citizens of the state"; to make a study of vital statistics of the state; to make sanitary investigations and inquiries respecting the causes of disease, including those of stock and domestic animals; to advise the state government and local health boards in regard to the location, drainage, water supply, disposal of excreta, heating and ventilation of any public building; and to have "general oversight and direction of the enforcement of the statutes respecting the preservation of health." In 1917, by act of the Legislature, a Department of Health was created to consist of a Commissioner of Health and a Public Health Council. The 1917 Act also divided the state into health districts with a full time medical health officer in each district. Powers and duties of the Board of Health were transferred to the new department.

In 1913, the Legislature created the State Board of Charities and Corrections. The law provided that the board should "investigate and inspect the whole system of public charities and correctional institutions in the state and the work of any department of the same." The board was given very broad authorities of investigation and the act provided that all officers connected with such charities and institutions and departments should furnish to the board or its secretary such information and statistics as they might require. Further provision was made that the expenses of the board and salaries and expenses of any agent, not exceeding six thousand dollars, should be paid pro-rata by the institutions coming within scope of the act and which received state aid. In 1927, the Legislature changed the name of the Board of Charities and Corrections to the Department of Public Welfare and gave it all the powers and duties which belonged to the board.

The so-called Code Act of 1931 abolished the Department of Health and the Department of Public Welfare and created the Department of

Health and Welfare. This new department inherited all the powers and duties previously exercised by the separate departments of health and welfare. The new department was vested also with all the duties and powers formerly lodged in the Boards of Trustees of the state institutions and established in a new Bureau of Institutional Service. The Legislature of 1939 created the Department of Institutional Service and abolished the Bureau of Institutional Service.

Since its creation the department has had the following officers:

Secretary, State Board of Health

A. G. Young, M.D. 1885-1917

Commissioner of Health

L. D. Bristol, M.D. 1917-1920

C. F. Kendall, M.D. 1920-1932

Director, Bureau of Health

G. H. Coombs, M.D. 1932-1939

R. L. Mitchell, M.D. 1939-

Secretary, Board of Charities and Corrections

James F. Bagley 1913-1922

Grube B. Cornish 1923-1932

Director, Bureau of Social Welfare

N. W. MacDonald 1932-

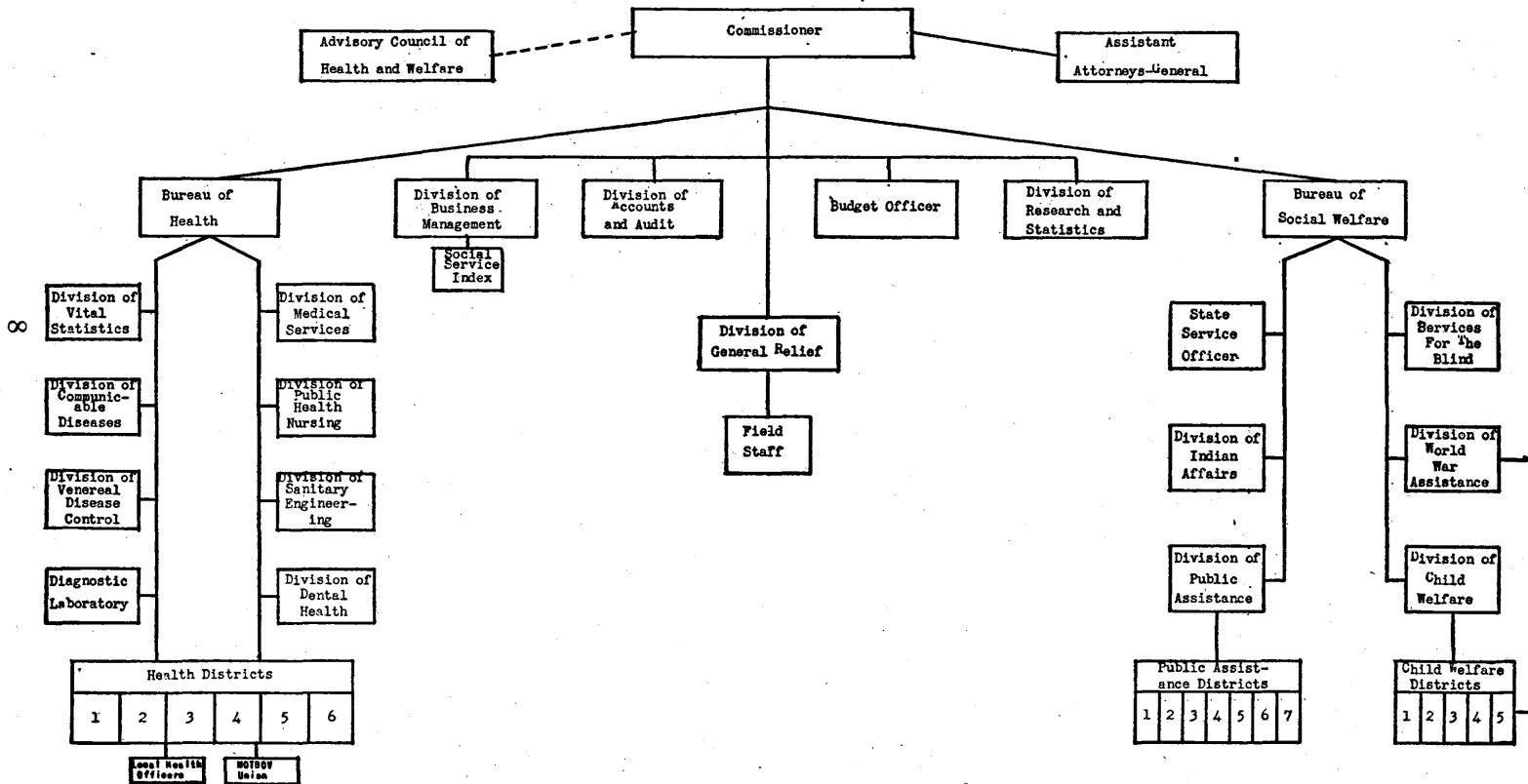
Commissioner of Health and Welfare

George W. Leadbetter 1932-1940

Joel Earnest 1940-1942

Harry O. Page 1942-

State of Maine  
Department of Health and Welfare  
Organization Chart  
June 30, 1944





## General Statement

Contrary to general understanding, a public health and welfare department in wartime faces demands for new services which in volume and variety far exceed the somewhat lessened normal services requirements. War exacts more of everything from everyone and the resultant strains upon families and individuals are reflected in the records of public and private agencies which deal with the well-being of people.

The records of the Maine Department of Health and Welfare during the biennium show these facts about people of Maine in this war period:

1. The health of the citizens was good. There were no serious epidemics of preventable diseases although a single case of smallpox occurred in 1943 in Vanceboro and an outbreak of meningitis caused concern in Portland, congested war industry area.
2. Payrolls and income tax payments soared to new highs and more people had the ability to enjoy a higher standard of living than ever before.
3. The cost of living rose approximately 25 percent thereby causing hardship among citizens with fixed incomes and requiring that payments to public aid recipients be increased. Such payments were equal to approximately 95 percent of minimum adequacy by June 30, 1944.
4. Thousands of Maine citizens left their homes and migrated to war industry centers within the state, thus creating for many cities and towns problems of housing, sanitation, education, recreation, fire safety and law enforcement. Similar problems were faced in towns which became the centers for Army and Navy personnel.
5. Of the more than 70,000 men and women who had entered the armed services by June, 1944, more than 5000 had received honorable discharges and returned to the state. To aid in giving service to veterans a state service officer was appointed by the department in January 1943, and with the employment of additional staff to serve the World War II soldiers, a Division of Veterans Affairs was created.
6. Welfare rolls reached new lows during the biennium. General relief, i. e., public aid granted by the cities and towns and financed by the state and the towns, was being paid in June, 1944, to only

4832 persons at a cost for the month of \$67,178. Aid to the aged, blind and dependent children began a slow decline in September, 1942 and the steady reduction was continuing at the end of the two-year period.

7. Better reporting on the part of physicians together with an actual increase in the number of infected persons resulted in a recorded increase in individuals having venereal diseases.
8. Although delinquency among juveniles caused many communities to examine the adequacy of their facilities for youth, the number of children committed to the state's custody by the courts did not increase but showed a slight reduction. The number of requests for services to children in their own homes increased considerably, however, as war-working parents and families broken by departure of the father to military service struggled to hold their homes together.

### **War Services**

In addition to its regular statutory duties, the department was called upon for the following war services during the biennium:

1. To make dependency and related investigations for the Selective Service System.
2. To act as medical field agents for the Selective Service System.
3. To give consultant service in sanitary engineering on Federal housing projects and military establishments.
4. To make blood tests of selectees.
5. To take chest X-rays of selectees.
6. As agents for the Federal Government, to administer the civilian war assistance and assistance to enemy aliens programs.
7. To assist in the establishment and supervision of day care centers for children of working mothers.
8. Cooperation with Federal authorities in the control of venereal diseases and social protection services.
9. Cooperation with the National Council for War Nursing.

### **Personnel**

Serious shortages due to military service and inability to compete with wage scales offered in private agencies, private industry and the

Federal Government have made administration of public health and welfare laws exceedingly difficult. During the fiscal year 1943, resignations amounted to 46 percent of the total staff and in 1944 were 39 percent. With the cooperation of the State Personnel Board, attempts were made to slow down this exodus of valuable workers through salary increases on a merit basis and the upward adjustment of salary ranges for positions in the lower wage brackets. In 1943, the Department of Personnel began a reclassification survey which, when completed, should prove helpful in attracting and retaining qualified staff members.

### **Departmental Trends**

Throughout the biennium considerable thinking and planning was done and some action taken on the direction in which the state's health and welfare programs should go. In terms of organization there was recognition of the need for further consolidation of the health, public assistance, and child welfare districts which number six, seven and five, respectively. In spite of the state's topography and population distribution through many small towns, there appeared to be ample reason for the establishment of six or seven uniform districts from which the department's services could be administered. Such uniformity in districting would permit a reduction in the 30 operating field offices, make readily available health and welfare personnel for consultation on mutual problems and allow for centralization of clerical services and records.

The status of the nation's health as revealed by the results of Selective Service examinations, together with an increasing demand for a broadening of social security provisions for the better protection of all people, indicated the need for further emphasis on decentralization of administrative functions of the state. Adequate services must be accessible to the citizens who need them and the state's representatives in the community must have delegated authority to act promptly with a minimum of investigation and referrals. This is especially necessary in those programs in which the state is directly responsible for furnishing funds to individuals needing food, shelter, clothing, fuel and medical care. By June, 1944, plans for decentralized administration of child welfare services had been developed and were being put in operation while policies and procedures for total administration by districts of public assistance were partially effected. Through the biennium public health nurses were operating under a decentralized plan for which district health officers and supervising nurses were responsible.

The basis for Maine's unique combination of the state health and welfare agencies was a belief that in most instances poverty has its cause in ill health. To fairly test this contention requires that all workers in a combined health and welfare department not only be specialists in a particular field but be able to recognize conditions which can profit by some additional service available within the agency. Development of this awareness is a continuous process among staff members. Through bureau and division staff meetings at both the district and central office level, this educational method was profitably followed during the two years covered by this report. Rapid changes in personnel retarded the progress in understanding which would normally have been made.

Fastest growing program in the department's history is the emergency maternity and infant care program under which medical, nursing and hospital services are provided wives and infants of men in the four lowest pay grades of the armed forces. A Federally-financed program administered by the Division of Maternal and Child Health, the services were first offered in Maine in May, 1943. By June, 1944, approximately 3,000 cases had been accepted for care at an estimated cost of \$210,000. Twofold purpose of the program is to make certain that during the war the wives of enlisted men in the lower pay grades receive needed maternity care and that their infants under one year of age receive medical and hospital care when needed; and the further purpose of relieving the serviceman of any worry regarding financial arrangements for care of his wife or baby while he is away.

Basic to any progressive public health and welfare department is a continuous staff education program. Financed by both state and Federal funds, opportunities for formal training and study have been available to Bureau of Health and Division of Child Welfare members. During the biennium an educational leave program was established for the Division of Public Assistance. Sufficient money was set aside to enable two workers to spend an academic year at a graduate school of social work and to permit four staff members to attend short refresher courses at colleges during the summer. Out of the ranks of the workers granted educational leave will come the future leadership in the department.

Understanding of available public services is essential if the programs are to be most helpful to the people who support them. An outstanding example of community interpretation has been the development of approximately 100 local health committees throughout the state by the Division of Public Health Nursing. Through mem-

bership on these committees citizens have gained a knowledge of local health needs, have sponsored child health clinics and participated in the strengthening of community and state health services.

Federal grants to the state during the biennium for the health and welfare services have totaled \$6,215,871. Staff members of the U. S. Public Health Service, Social Security Board and the U. S. Children's Bureau have cooperated with the department wholeheartedly and actively supported the state's objective of increased and improved services to people of Maine. The department has enjoyed cooperation, also, from the Maine Municipal Association, the Maine Hospital Association, the Maine Medical Society, the Maine Osteopathic Association, local health and sanitation authorities, private social welfare agencies and a great body of socially-minded private citizens.

Within the state house family, the department is indebted for understanding and support given by members of the 91st Legislature, especially the members of the Committee on Public Health and the Committee on Welfare, by Governor Sumner Sewall and the Executive Council and by the heads and staff of other state departments.

## **Department Recommendations to the Legislature**

### **Public Health**

1. That consideration be given to adoption of a new hospital licensing law.

Present statute provides only for licensing of maternity hospitals. The department believes the law should be rewritten and broadened to include licensing of hospitals giving general medical care and include provisions which would prevent substandard places from opening or continuing to operate.

2. That children be required to present a birth certificate at the time of entering school.

The passage of national social insurance and public assistance programs has made obvious the necessity for each person to know that evidence of his birth is publicly recorded. The time to get such evidence accurately registered is during childhood.

3. That the control of venereal diseases law be strengthened by providing for optional reporting by name or number by physicians of persons found to have a venereal disease and by permitting persons suspected of having a venereal disease to be quarantined if they refuse examination or treatment if found to be infected.

These diseases can be effectively controlled only if the persons infected or if persons in contact with the disease carrier can be found and placed under treatment. Identification of individuals is best made by names and the current law obstructs the law's objective through permissive reporting by number and relying wholly upon the individual's physician to treat him and his contacts. The present procedure for examination of a person suspected of having a venereal disease has been found difficult of administration by the municipal court judges. Quarantine has been found effective in controlling other communicable diseases and should correct the objections of the judges to the present law.

4. That the prevention of blindness law be strengthened by making mandatory the placing of drops of a prophylactic solution in the eyes of an infant immediately upon its birth.

Present law forbids such practice if either parent or guardian of the infant offer conscientious objections.

5. That the prenatal examination law be amended to make mandatory the taking of a sample of blood from a pregnant woman.

If a pregnant woman has a venereal disease and does not receive proper treatment, a stillbirth may result.

6. That the premarital medical examination law be amended by striking out the word "absolute."

Inclusion of the word "absolute" makes it impossible, by ruling of the Attorney General, for the state laboratory to give the results of its findings to anyone other than the physician submitting the blood sample. In the case of a pregnant woman with syphilis and found by the laboratory to have a positive blood, it is impossible for a public health nurse to contact the physician to make certain that treatment is given and a stillbirth prevented.

7. That consideration be given to adoption of a law requiring vaccination against smallpox and diphtheria.

Nationwide statistics show that the incidence of smallpox and diphtheria is in direct proportion to the preventive measures taken by the various states. Currently, Maine borrows her protection from her neighbors who have compulsory vaccination laws. Both of these dread diseases are preventable and the citizens have a right to the protection offered by medical science.

## Public Welfare

1. That the poor relief laws be revised to provide for simplified administration through local boards of general public assistance, elimination of intra-state settlement and greater state participation in the costs of general relief.

The present state and local laws for providing public aid to needy persons are cumbersome and expensive. There is need for simplification and unification through provision for local administration of all public assistance by employees appointed on a merit basis and under state supervision with the total costs shared by the Federal, state and local governments.

2. That the old age assistance and blind aid laws be amended to provide for payment of certain obligations incurred prior to receipt of last payment.

When a recipient of assistance is for any reason unable to properly endorse the last payment approved for him prior to his death, the department must refuse payment of any obligations incurred by him for board, medical or nursing services. Injustices result which can be corrected by amending the law.

3. That consideration be given to adoption of a law providing for the inspection and licensing of institutions and boarding homes for the aged.

The provision of public assistance has caused the opening of a considerable number of private boarding homes for the blind, aged and other dependent persons. Both the provisions for care and quality of service offered in some of these homes are of questionable value. The public's interest would seem to require that these homes be inspected and licensed.

4. That the Governor and Council be given authority to purchase the property in Jefferson, Maine, on which the Jefferson Camp now operates.

Jefferson Camp is a development operated by the department for the care of homeless men who have no legal settlement in any town and are a financial responsibility of the state.

5. That the department be given authority to suspend or discontinue a Special Resolve Pension if investigation reveals that the recipient is not in need.

A survey of the circumstances of recipients of Special Resolve Pensions indicates that the social and financial situations of the recipients change considerably and, in some instances, there is no need for a continuation of state funds.

6. That, as a postwar project, the sum of \$293,000 be appropriated for the construction of 75 new houses and the repair of 75 houses on the Passamaquoddy and Penobscot Reservations.

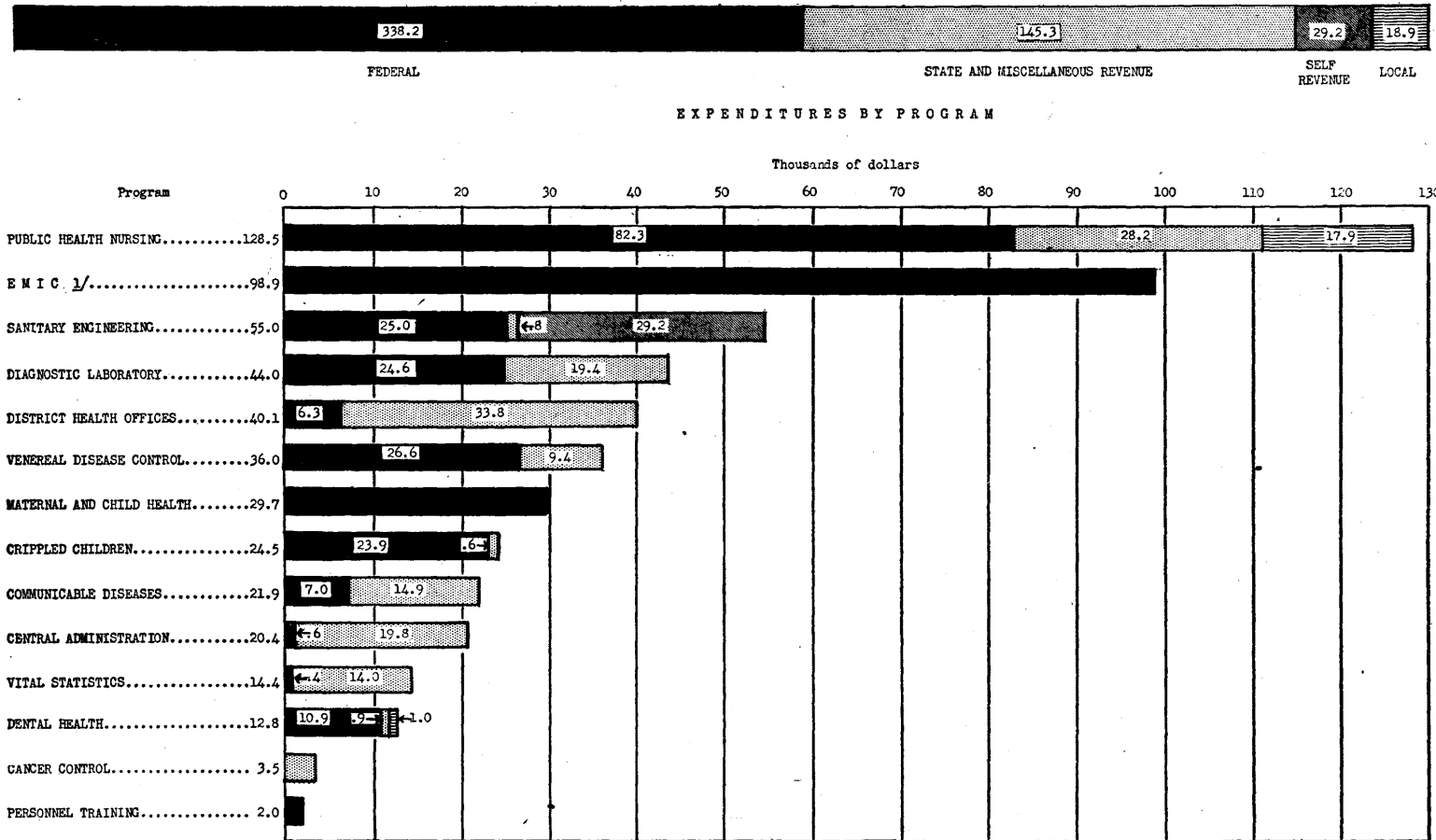
Many of the Indians are forced to live in houses and shacks which are in poor condition, insanitary and crowded. The state's present expenditure of \$100,000 annually would be more profitably spent if the Indians could be provided with a basic essential, such as decent housing.



Chart 1—Status of consolidation of district offices within the Department of Health and Welfare as of June 30, 1944

Location of office	Consolidated	Combined	Individual	
	Bureau of Health	Bureau of Social Welfare	Public Assistance	Child Welfare
Auburn.....	Consolidated	Consolidated	Consolidated	Consolidated
Augusta.....	Consolidated	Consolidated	Consolidated	Consolidated
Bangor.....	Consolidated	Consolidated	Consolidated	Consolidated
Belfast.....	Consolidated	Consolidated	Consolidated	Consolidated
Biddeford.....	Consolidated	Consolidated	Individual	Individual
Brunswick.....	Consolidated	Consolidated	Consolidated	Consolidated
Calais.....	Consolidated	Consolidated	Consolidated	Consolidated
Caribou.....	Consolidated	Combined	Combined	Combined
Damariscotta...	Consolidated	Consolidated	Consolidated	Consolidated
Dover-Foxcroft.	Consolidated	Consolidated	Individual	Individual
Ellsworth.....	Consolidated	Combined	Combined	Combined
Farmington.....	Consolidated	Consolidated	Consolidated	Consolidated
Fort Kent.....	Consolidated	Consolidated	Consolidated	Consolidated
Houlton.....	Consolidated	Combined	Combined	Combined
Lincoln.....	Consolidated	Combined	Combined	Individual
Livermore Falls	Consolidated	Consolidated	Consolidated	Consolidated
Machias.....	Consolidated	Combined	Combined	Combined
Old Town.....	Consolidated	Consolidated	Consolidated	Consolidated
Portland.....	Consolidated	Consolidated	Consolidated	Consolidated
Rockland.....	Consolidated	Consolidated	Consolidated	Consolidated
Rumford.....	Consolidated	Consolidated	Consolidated	Consolidated
Skowhegan.....	Consolidated	Consolidated	Consolidated	Consolidated
South Paris....	Consolidated	Consolidated	Consolidated	Consolidated
Waterville.....	Consolidated	Consolidated	Consolidated	Consolidated

Chart 2—Bureau of Health: Source of funds and expenditures by program and source of funds, fiscal year 1945-1944  
 (Source of funds)  
 (In thousands of dollars)



## BUREAU OF HEALTH

The Bureau of Health is charged with the responsibility for activities designed to maintain and improve the general health of the people in the state.

During the biennium the bureau has operated through the Divisions of Communicable Diseases, Public Health Nursing, Maternal and Child Health, Medical Services, Dental Health, Sanitary Engineering, Venereal Disease Control, Vital Statistics, and Diagnostic Laboratory. The function of the bureau has not changed materially during the biennial period, but personnel losses and the inability to make replacements have resulted in the merger of one division with another and the rearrangement of responsibility in certain areas of function. The Division of Maternal and Child Health was merged with the Division of Medical Services as a result of the resignation of the director of the former and the impossibility of making a replacement. The director of public health education could not be replaced following resignation. Retirement of one district health officer and the loss of another to the armed services has made necessary the rearrangement of district responsibility for the remaining officers. At the end of this period only three sanitary engineers remain to perform services in six districts. The function of the Division of Sanitary Engineering is further curtailed by the absence of the director on military leave. The departure of the Director of the Division of Venereal Disease Control on military leave created a vacancy which was filled when the U. S. Public Health Service lent personnel to fill it. The turnover in clerical staff has been high due to the competition of high wages paid in private industry and Federal services.

Notwithstanding these losses and changes in personnel, the work of the bureau may be said to have functioned with commendable accomplishment during the biennium. No large outbreaks or serious epidemics of preventable diseases have occurred. A single case of smallpox occurred in 1943, but prompt work on the part of the district health officers in vaccinating all contacts and inhabitants of the surrounding area removed the possibility of further outbreak.

Special efforts were made to secure an increase in immunization throughout the state against diphtheria, smallpox, whooping cough, and typhoid fever. The results have been gratifying in the absence of any law requiring immunization.

The fact that tuberculosis habitually increases during and following wars made possible a stepped-up program of control. A special grant

of funds by the Governor and Council enabled the extension of the case finding and chest X-ray program to include industrial workers. Plans are completed for the purchase of a mobile X-ray unit in the next biennium. It will permit greater extension of this program which has been well received by industrial managements.

Much progress has been made in stimulating local interest in public health nursing. Nursing service, financed cooperatively by state and town funds, has been set up in four communities. Several other communities are interested in establishing such services when personnel are available.

The Division of Sanitary Engineering has been affected in various ways by the conditions resulting from war. Tourist trade has decreased, and as a result there are less licenses required for lodging and eating places. On the other hand war housing projects have greatly increased the demand for sanitary engineering service.

The Division of Venereal Disease Control has derived benefits from improved methods and procedures relative to the reporting of venereal disease cases. Payment to clinics and physicians on a fee per treatment basis has proved generally satisfactory and has improved reporting of these diseases to a marked degree. A punch card system of records and reports was adopted as the result of recommendations made by a consultant of the U. S. Public Health Service.

Prior to this biennium the prenatal examination law resulted in increased reports of syphilis in 1941. Reporting of gonorrhea cases in 1943-44 over that for 1942-43 has been about 100%. It is considered that the apparent increase represents better reporting of this disease from the increased interest and appreciation of the public health importance of it, and to some degree, to actual increased incidence both in military personnel and civilians.

Vital statistics, when properly interpreted, are valuable in determining the health status of the state's people and comparing it with that of another state or the nation as a whole. The health of Maine people in general is shown by statistics to be somewhat better than in the United States as a whole. Considered in connection with the age distribution of the population of the United States, as shown in the 1940 census, Maine's death rate is 10.2 per 1,000, when adjusted by age distribution, as compared to 10.7 for the United States. Adjusted in the same way, 28 other states have higher rates than Maine. The crude death rate of 12.5 per 1,000 population is chiefly accounted for by a large percent of persons in the older age group.

The work of the Diagnostic Laboratory has continued at a high level of volume, particularly in the serology service. The premarital and prenatal examination laws, plus the testing of bloods for inductees of the armed services, account for a large amount of this work. The increased reporting of cases of venereal diseases, which has resulted from the work of the Venereal Disease Control Division, has brought to light many contacts which results in additional blood tests.

The work which was done by the director of public health education during a part of the biennium, emphasized the long felt need for such a division in the bureau. Unfortunately, the director could not be replaced due to present day personnel shortages. In connection with this, a qualified statistician on the staff would enhance the value of records of service in determining the amount of work accomplished and the relative needs in various areas of the state.

The need for a mental health program is clearly demonstrated by the result of examinations of selectees for the armed services and the waiting lists and crowded conditions in mental institutions. It is recommended that preventive mental health service be established with qualified personnel to work particularly with youth in the pre-school and early school ages and with others where preventive work may be effective.

The need for extension of district field services is essential. It is recommended that effort be directed toward the establishment of additional district services so that more intensive general health work than is now possible can be carried on. Thought should be given to the development of the service in districts of suitable size where localities can cooperate financially and administratively.

## DIVISION OF COMMUNICABLE DISEASE CONTROL

Activities on the state level are carried on by the Director of the Bureau of Health through an Administrative Assistant. This division is responsible for collecting and recording morbidity statistics, checking and coordinating follow-up of communicable diseases, periodic check-ups on the activities of typhoid carriers, comparing general morbidity statistics and epidemiological reports, and directing where necessary the epidemiological work in the field.

### Immunization

Immunizations made during the biennium under the auspices of the State Bureau of Health, as reported by district health officers, and reports of immunizations made during the fiscal year 1943-44 by 17 cities and towns not covered by the district programs, are shown below in Table 1.

**Table 1**—Number of specified immunizations reported by district health officers for the fiscal year ended June 30, 1943 and 1944 and number of specified immunizations reported by 17 cities and towns for the fiscal year ended June 30, 1944, by type of immunization.

Type of immunization	Number of specified immunizations				
	Grand total	Fiscal year ended June 30			
		1944			1943
		Total	District health officers	17 cities and towns	District health officers
Total.....	67,329	24,669	17,785	6,884	42,660
Diphtheria.....	21,091	9,778	6,626	3,152	11,813
Smallpox.....	21,655	12,192	9,356	2,836	9,463
Typhoid fever.....	22,805	1,216	1,192	24	21,589
Whooping cough.....	1,778	1,483	611	872	295

Whooping cough immunization on an extensive scale was first sponsored by the Bureau of Health during the fiscal year 1942-43.

### Morbidity

Reported cases of communicable diseases totaled 28,007 for the biennium, a decrease of 38% from the total of the biennium 1940-42. While there was a marked increase in measles and scarlet fever, the decline in mumps and whooping cough was large enough to cause the total decrease.

Three typhoid carriers were added to the list during the biennium. One caused a small milk-borne outbreak, one infected a member of her family, and one moved to Maine from New York.

The following table shows the cases and deaths reported during the two years of the biennium, and a comparison between this biennium and that of 1940-42.

Table 2—Number of reported cases of communicable diseases and number of reported deaths from communicable diseases, by type of disease, for the biennium ended June 30, 1942 and 1944, and for the fiscal year ended June 30, 1943 and 1944.

Biennium ended June 30				Disease	Fiscal year ended June 30			
1942		1944			1944		1943	
Cases	Deaths	Cases	Deaths <sup>1</sup>		Cases	Deaths <sup>1</sup>	Cases	Deaths
45,042	1,867	28,007	2,124	Total	15,905	1,047	12,102	1,077
1	—	1	1	Anthrax .....	—	—	1	1
5,090	2	5,108	2	Chickenpox .....	2,878	—	2,230	2
45	7	48	9	Diphtheria .....	32	5	16	4
1	—	3	1	Dysentery, bacillary .....	—	—	3	1
10	10	7	6	Encephalitis, epidemic .....	5	2	2	2 <sup>4</sup>
9,414	1	1,176	—	German measles .....	344	—	332	—
4,670	262	839	346	Influenza .....	710	207	129	2,139
4	—	7	2	Malaria .....	5	1	2	1
10,392	26	8,965	16	Measles .....	7,640	12	1,325	4
79	25	431	83	Meningitis, meningococcal .....	140	28	291	55
8,115	2	2,662	—	Mumps .....	209	—	2,453	—
11	—	6	2	Paratyphoid fever .....	4	—	2	2
1,865	939	1,871	1,018	Pneumonia .....	986	487	885	531
<sup>3</sup> 59	7	<sup>3</sup> 54	5	Poliomyelitis .....	14	—	40	5
911	6	1,889	8	Scarlet fever .....	1,349	5	540	3
51	10	23	8	Septic sore throat .....	20	1	3	27
—	—	1	—	Smallpox .....	—	—	1	—
5	3	10	7	Tetanus .....	4	2	6	5
—	—	7	—	Trichinosis .....	1	—	6	—
984	518	1,138	546	Tuberculosis, pulmonary .....	537	274	601	237
88		81		Tuberculosis, other forms .....	42		39	35
361	—	92	—	Tuberculosis, childhood .....	34	—	58	—
65	8	50	7	Typhoid fever .....	28	6	22	1
60	1	74	5	Undulant fever .....	*51	4	23	1
74	2	139	2	Vincent's angina .....	105	—	34	2
2,687	38	3,325	50	Whooping cough .....	767	13	2,558	37

<sup>1</sup> Figures for deaths in 1943-44 are provisional only.

<sup>2</sup> Excess of deaths over cases due to delayed death reports.

<sup>3</sup> Paralysis: 39 cases in 1942-44 and 47 in 1940-42.

<sup>4</sup> Includes 20 cases of years' standing.

Chart 3—Number of reported cases of whooping cough and measles, by month, July 1942-June 1944

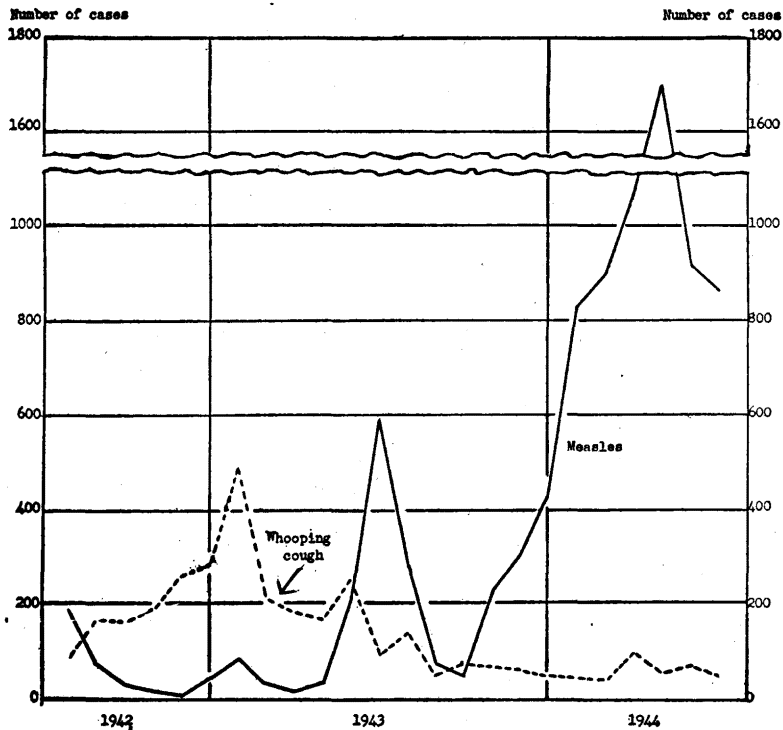


Chart 4—Number of reported cases of mumps, chickenpox and German measles, by month, July 1942-June 1944

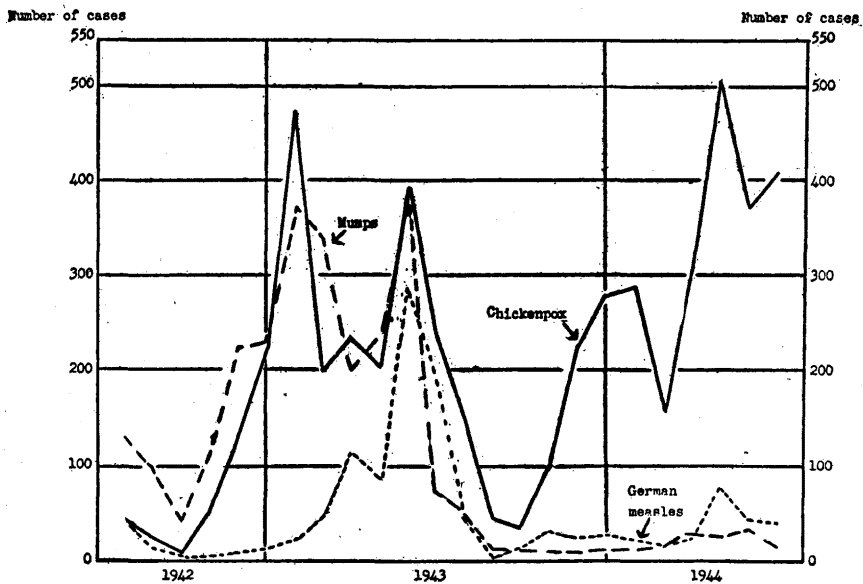




Chart 5—Reported incidence of meningococcal meningitis, poliomyelitis and scarlet fever, by months, July 1942-June 1944

Number of cases

Number of cases

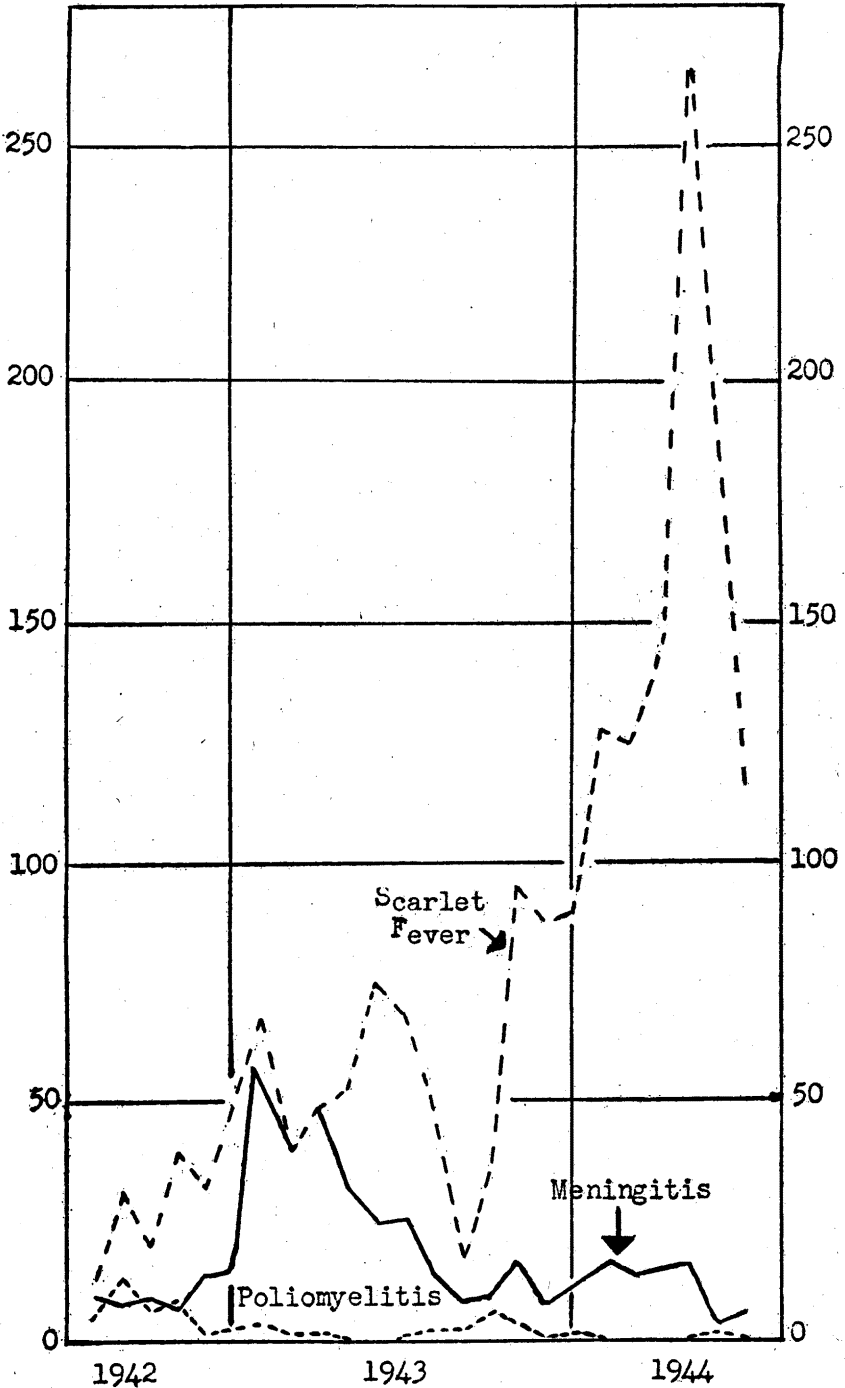
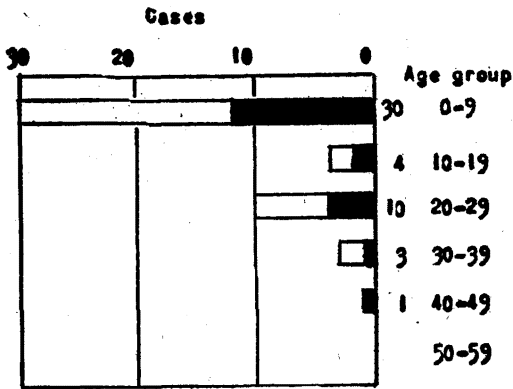
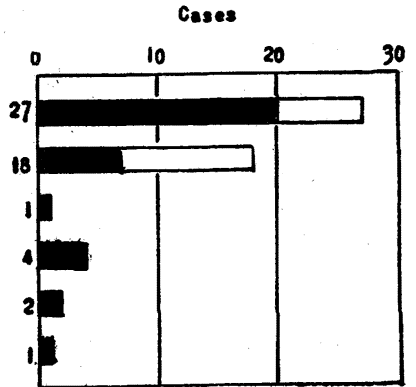


Chart 6—Reported incidence of specified communicable diseases, by sex and age group, July 1942-June 1944

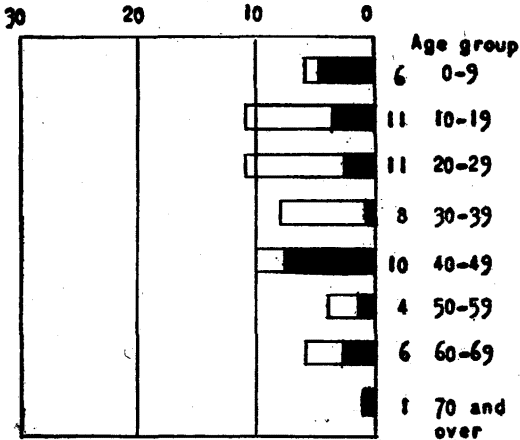
**Diphtheria**



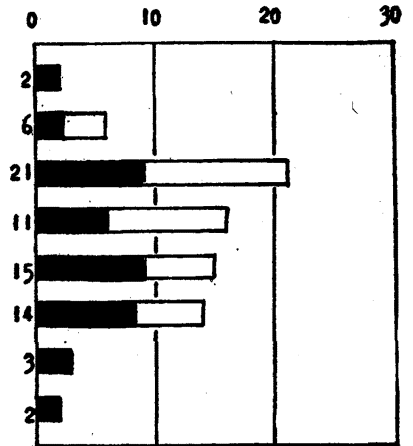
**Poliomyelitis**



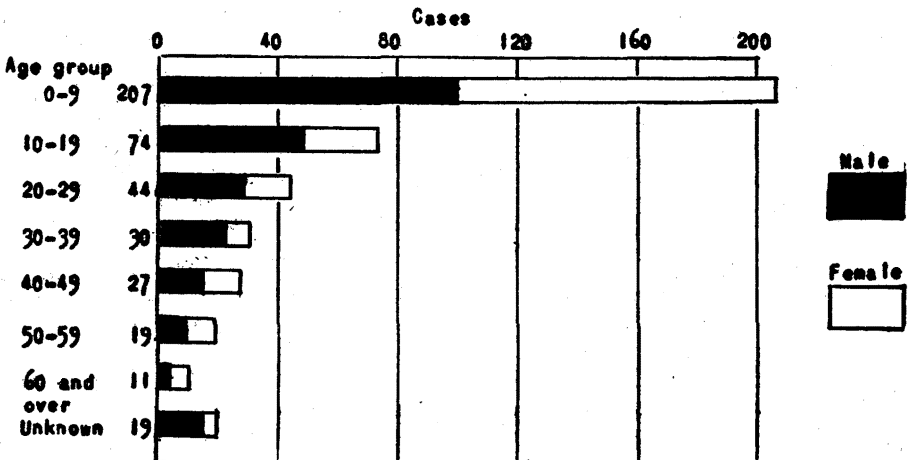
**Typhoid and Paratyphoid**  
**Cases**



**Undulant Fever**  
**Cases**



**Meningitis, Meningococcal**



## Tuberculosis Diagnostic Clinic Service

During the year 1942-43 chest X-ray clinics were held in 52 different places. A total of 3,961 chest X-rays were taken. Of this number 589 were in two industrial establishments.

In the year 1943-44 clinics were held in 38 places. A total of 6,217 chest X-rays were taken, of which number 3,093 were in 13 industrial establishments.

**Table 3**—Tuberculosis diagnostic clinic service: Number of individuals x-rayed in Maine, by status of x-ray service and number of individuals receiving tuberculin skin tests, by age group, for the fiscal year ended June 30, 1943.

Age group	Number of individuals							
	X-rayed			Receiving tuberculin skin tests				
				Number			Per cent of total	
	Total	Old	New	Total	Negative	Positive	Negative	Positive
Total .....	3,961	1,385	2,567	4,242	4,048	194	95.4	4.6
Adults .....	1,872	387	1,485	124	103	21	83.1	16.9
Children:								
14-18 .....	887	519	368	2,128	2,019	109	94.9	5.1
5-13 .....	1,104	468	636	1,984	1,920	64	96.8	3.2
Under 5 .....	89	11	78	6	6	—	100.0	.0
Unclassified .....	9							

Table 4—Tuberculosis diagnostic clinic service: Number of individuals x-rayed in Maine, by status of x-ray service and age group and by diagnosis of individuals x-rayed, fiscal year ended June 30, 1943.

Diagnosis	Number of individuals												
	Grand total	Total		Adults		Children							
		Old	New	Old	New	Total		14-18		5-13		Under 5	
						Old	New	Old	New	Old	New	Old	New
Total.....	3961	1385	2567	387	1485	998	1082	520	368	467	636	11	78
Tuberculosis, by type:													
Adult.....	182	93	89	77	85	16	4	9	4	7	—	—	—
Adult suspect.....	53	16	37	8	22	8	15	4	5	4	10	—	—
Childhood.....	906	559	347	91	126	468	221	232	63	232	142	4	16
Childhood suspect.....	313	117	196	7	23	110	173	45	35	65	120	—	18
Negative.....	2431	583	1848	194	1192	389	656	226	256	156	359	7	41
No diagnosis.....	29	7	22	3	12	4	10	1	3	3	4	—	3
Miscellaneous diagnoses:													
Fibrous pleurisy.....	3	1	2	—	2	1	—	1	—	—	—	—	—
Fibrous pleurisy, questionable.....	3	1	2	1	2	—	—	—	—	—	—	—	—
Old pleurisy.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Old pleurisy, questionable.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Apical pleurisy.....	1	1	—	1	—	—	—	—	—	—	—	—	—
Suspicious apical pleurisy.....	1	1	—	1	—	—	—	—	—	—	—	—	—
Pleurisy with effusion.....	2	—	2	—	2	—	—	—	—	—	—	—	—
Post pleurisy with effusion.....	2	1	1	—	1	1	—	1	—	—	—	—	—
Bronchiectasis, questionable.....	6	1	5	—	4	1	1	1	1	—	—	—	—
Old bronchiectasis.....	1	1	—	1	—	—	—	—	—	—	—	—	—
Subsiding pulmonary effusion.....	2	—	2	—	2	—	—	—	—	—	—	—	—
Bilateral pulmonary effusion.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Subsiding pneumonia.....	3	—	3	—	3	—	—	—	—	—	—	—	—
Pneumonitis.....	1	—	1	—	—	1	—	1	—	—	—	—	—
Pulmonary tuberculosis or pneumoconiosis.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Heart case.....	4	—	4	—	3	—	1	—	—	—	1	—	—
Silicosis, questionable.....	1	1	—	1	—	—	—	—	—	—	—	—	—
Suggestive of atelectasis.....	1	1	—	1	—	—	—	—	—	—	—	—	—
Aneurysm of the aorta.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Spontaneous pneumothorax.....	1	1	—	1	—	—	—	—	—	—	—	—	—
Question of localized fluid or pneumonic infiltration.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Unclassified.....	9	—	—	—	—	—	—	—	—	—	—	—	—

**Table 5—Tuberculosis diagnostic clinic service: Number of individuals x-rayed in Maine, by status of x-ray service and age group and by diagnosis of individuals x-rayed, fiscal year ended June 30, 1944.**

Diagnosis	Number of individuals												
	Grand total	Total		Adults		Children							
		Old	New	Old	New	Total		14-18		5-13		Under 5	
						Old	New	Old	New	Old	New	Old	New
<b>Total</b> .....	6216	856	5360	333	4837	523	523	263	158	249	343	11	22
<b>Tuberculosis, by type:</b>													
Adult.....	208	71	137	62	132	9	5	6	3	3	2	—	—
Adult suspect.....	48	12	36	6	32	6	4	4	2	2	2	—	—
Childhood.....	733	355	378	98	308	257	70	121	13	134	50	2	7
Childhood suspect.....	175	53	122	4	33	49	39	11	16	35	67	3	6
Negative.....	4966	358	4608	156	4259	202	349	121	124	75	217	6	8
No diagnosis.....	25	—	25	—	21	—	4	—	—	—	3	—	1
<b>Miscellaneous diagnoses:</b>													
Subsided pleural effusion.....	1	—	1	—	—	—	1	—	—	—	1	—	—
Subsiding pleural effusion.....	3	1	2	1	2	—	—	—	—	—	—	—	—
Pleurisy with effusion.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Pleurisy with effusion, questionable.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Fibrous pleurisy.....	37	5	32	5	32	—	—	—	—	—	—	—	—
Old pleurisy.....	4	—	4	—	4	—	—	—	—	—	—	—	—
Fibrous pleurisy, questionable.....	4	—	4	—	4	—	—	—	—	—	—	—	—
Subsiding pneumonic infiltration.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Diaphragmatic pleurisy.....	2	—	2	—	2	—	—	—	—	—	—	—	—
Diaphragmatic pleurisy, questionable.....	1	—	1	—	—	1	—	—	—	—	1	—	—
Pulmonary fibrosis—etiology unknown.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Bronchiectasis, questionable.....	1	1	—	1	—	—	—	—	—	—	—	—	—
Aortitis, questionable.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Aneurysm, questionable.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Aneurysm or lymphoblastoma questionable.....	1	—	1	—	1	—	—	—	—	—	—	—	—
Apical pleurisy.....	1	—	1	—	1	—	—	—	—	—	—	—	—

**Table 6—Tuberculosis diagnostic clinic service: Number of individuals x-rayed in 13 industrial establishments in Maine, by status of x-ray service and age group and by diagnosis of individuals x-rayed, fiscal year ended June 30, 1944.**

Diagnosis	Number of individuals										
	Grand total	Total		Adults		Children					
		Old	New	Old	New	Total		14-18		5-13	
						Old	New	Old	New	Old	New
<b>Total</b> .....	3093	20	3073	20	3066	—	7	—	5	—	2
<b>Tuberculosis, by type:</b>											
Adult.....	46	4	42	4	42	—	—	—	—	—	—
Adult suspect.....	13	—	13	—	13	—	—	—	—	—	—
Childhood.....	197	2	195	2	193	—	2	—	—	—	2
Childhood suspect.....	14	—	14	—	14	—	—	—	—	—	—
Negative.....	2775	12	2763	12	2758	—	5	—	5	—	—
No diagnosis.....	13	—	13	—	13	—	—	—	—	—	—
<b>Miscellaneous diagnoses:</b>											
Subsiding pleurisy.....	1	—	1	—	1	—	—	—	—	—	—
Old pleurisy.....	4	—	4	—	4	—	—	—	—	—	—
Fibrous pleurisy.....	23	2	21	2	21	—	—	—	—	—	—
Fibrous pleurisy, questionable.....	2	—	2	—	2	—	—	—	—	—	—
Subsiding pneumonic infiltration.....	1	—	1	—	1	—	—	—	—	—	—
Aortitis, questionable.....	1	—	1	—	1	—	—	—	—	—	—
Diaphragmatic pleurisy.....	2	—	2	—	2	—	—	—	—	—	—
Aneurysm, questionable.....	1	—	1	—	1	—	—	—	—	—	—

## DIVISION OF PUBLIC HEALTH NURSING

The division is responsible for the technical supervision of the public health nurses in the field, for recommending standards of public health nursing technique, promoting staff education, both in-service and at institutions which offer training in this field, for recruiting suitable nursing personnel for employment, for stimulating interest in the establishment of public health nursing service on the local level, for assisting in the establishment of new public health nursing services, for planning with the directors of other divisions for adequate nursing service for their programs, and for collecting and analyzing information with regard to public health nursing in the state.

The recruitment of well prepared public health nurses has been a major problem, not only during the biennium, but during past years. The war has created a need for a large number of nurses in the armed services and this has made recruitment particularly difficult in the past two years. However, the problem also involves the lack of training facilities and less attractive working conditions within the state. At the end of the biennium there were 42 nurses on duty. Five vacancies and six new positions could not be filled.

Staff education has been carried on with district meetings at monthly or six-week intervals and two or three general meetings per year, the latter open to all public health nurses in the state. Five nurses had approximately seven weeks of orientation at the Dover-Foxcroft district office, which is known as the Teaching Center. This was followed by a semester of work at Simmons College, Boston. New staff members spend one or two weeks at the center before assignment to duty, unless they have had previous experience in the state or unless they are urgently needed in the field.

Increasing numbers of localities are taking advantage of enabling legislation passed in 1943 by which the locality and the state participate financially in the establishment of local services. Four such services were organized: Calais; Farmington; Machias, Machiasport, East Machias; Old Town, Bradley, Milford. A nurse was also assigned to North Franklin County which was previously covered by the Maine Public Health Association, a private organization. Generalized public health nursing was carried on in 302 communities and limited services in 148 towns.

Maternity and child health services were emphasized during this period. 7,378 visits were made to 3,389 expectant mothers and 61,602

visits were made to infants and pre-school children. Child health conferences, an important part of the child care program, numbered 445 each year. In the school program, emphasis was placed on teacher-nurse consultations. Visits were made to homes of selected cases. Effort was directed toward plans for complete physical examinations in cooperation with the Department of Education. The staff assisted with health programs at state normal schools.

The venereal disease control program has required an increasing amount of time with the number of visits sky-rocketing due to emphasis on venereal disease control which has resulted from war conditions as shown in table 7.

**Table 7**—Number of home visits made by public health nurses for specified type of service, by fiscal year ended June 30, 1941-1944.

Fiscal year ended June 30	Number of home visits made by public health nurses												
	Grand total	Expectant mothers	Children					Morbidity	Adult health supervision	Diseases			
			Total	Infants	Pre school	School	Crippled			Total	Com-muni-cable <sup>1</sup>	Vene-real	Tuber-culosis
1941	51,979	4,384	43,818	12,440	24,884	3,822	2,672	261	1,016	2,500	472	34	1,994
1942	47,048	3,575	39,766	12,375	22,107	2,995	2,289	247	750	2,710	428	297	1,985
1943	49,755	3,727	39,094	13,133	19,412	4,227	2,322	841	1,151	4,942	390	1,436	3,116
1944	47,606	3,651	35,825	13,462	15,595	4,266	2,502	794	1,013	6,323	1,422	2,333	2,568

<sup>1</sup> Excludes tuberculosis and venereal diseases.

Immunizations were stressed at child health conferences and immunization clinics were arranged by the nurses. It will be noted in the summary given below that because of war conditions there was unusual interest in protection against typhoid in 1942-1943. Following is statistical summary of immunizations and tests for a four year period:

**Table 8**—Number of specified immunizations and tests where public health nurses gave service, by fiscal year ended June 30, 1941-1944.

Fiscal year ended June 30	Immunizations or tests						
	Grand total	Immunizations					Tests
		Total	Diphtheria	Smallpox	Whooping cough	Typhoid	Tuberculin
1941	17,452	9,927	5,044	4,646	—	237	7,525
1942	28,464	23,323	15,423	11,401	—	1,499	141
1943	33,997	25,299	9,217	5,741	157	10,184	8,698
1944	21,309	15,508	8,078	6,098	676	656	5,801

For the development of a sound public health nursing service it is essential that strong local committees be organized to study health needs and facilities, to interpret the program to the public and to

secure the necessary funds to support the service. Considerable time was spent by the staff in this work, and while the objective of a strong committee in every town where nurses worked was not reached, steady progress was made in the development of these committees.

A long time objective of the department should be to make public health nursing service available to every citizen in Maine. This will require an increased number of well prepared public health nurses, intelligent well informed leaders, and sound community organization.



## DIVISION OF MEDICAL SERVICES

The Division of Medical Services includes Services to Crippled Children, Medical Services for the Blind, Cancer Control, and Hospital Aid. The division also gives medical advisory service to certain programs administered by the Bureau of Social Welfare. This division was formed in February, 1944, when the Division of Maternal and Child Health was merged with the Division of Crippled Children's Services. Since then the other programs mentioned above have been added.

### Services for Crippled Children

The number of children who are potentially active cases has been almost constant during the biennial period. Clinic attendance has been cut down for the probable reasons that there have been transportation difficulties and because more children are being followed as private cases in the offices of orthopedists, particularly in the urban areas.

It is fortunate that no poliomyelitis epidemic has broken out as there would have been difficulty in attending to it with the present staff which is incomplete.

Three features of the program merit special attention; they are the rheumatic fever program, the speech training facilities, and the plastic surgery for harelip and cleft palate cases. All of these activities are increasing in scope and at the present time are being carried on in a more adequate way than ever before. The rheumatic fever program is now large enough so that additional clinic facilities will need to be set up. The program needs to have closer supervision by the administrative staff.

### Maternal and Child Health

The emergency maternity and infant care program dominates the maternal and child health activities. This has caused an increase in the administrative and clerical staff to handle the former program and a reduction in some of the usual activities of the latter.

Several interesting points can be made regarding the emergency maternity and infant care program. Its standards have resulted in more adequate maternity service in many of the existing hospitals and maternity homes. It is hoped that standards can be raised further on a year by year basis to insure that women receiving maternity care in hospitals or homes are receiving the best that is available in this or any state. The fact that under the emergency maternity and

infant care program a much greater proportion of cases are delivered in hospitals, than is true of the state as a whole, is notable. It demonstrates that when hospitalization is available the service is readily accepted by the public and by physicians.

Child health activities have been strengthened by an increase in the number of monthly conferences and a decrease in the annual or semi-annual conferences. Immunization is carried out much more fully than previously, and it is recognized that the child health conference is a usual facility to give this service in the community.

Pediatric clinics were held less frequently during the second year of the biennium. Following the resignation of the director of that program no active supervision could be given from the Augusta office. The nutrition program also became less active after the resignation of the consultant.

Child health services need to be strengthened and improved over the state as a whole. There is need for more physicians with pediatric training within the health districts. A better understanding of pediatric care could be developed if emphasis could be given to securing district health officers with pediatric background.

A maternal health demonstration, which has been carried on in the vicinity surrounding Waterville, has been in operation for about eight years. It was in progress when the Division of Maternal and Child Health was made a part of the Division of Medical Services. The objective of the demonstration has been to improve maternal care in that area. Full medical, nursing, and hospital care, if necessary, has been available. The program has dwindled due to lack of interest and consequent lack of use of the service. It will probably be discontinued within a short time after the close of the biennium.

### **Medical Services for the Blind**

This area of the medical services program has been active for a little more than two years. The majority of cases being followed are those referred from the public assistance caseload, particularly aid to the blind and old age assistance. Eye clinics have been held twice a year in Aroostook County. They furnish opportunity for surgeons to see cases before hospitalization is recommended and to provide any follow-up work that is necessary. A large number of cases require no hospital care but require occasional contact as surgery may be needed eventually.

Our experience with the present caseload indicates that the majority of the individuals followed have cataracts. Glaucoma and various infectious conditions of different portions of the eye are also important. With the further development of the program, services to children, particularly school age children needing sight-saving care, will be handled. A close correlation with the services for the blind will enable us to carry out an effective program for this group. The Division of Medical Services clears for the services for the blind the medical aspects of cases which may be referred to the Perkins Institution and Massachusetts School for the Blind in Watertown, Massachusetts. Such service eliminates the possibility of educating as a blind child one who might have normal visual functions restored.

In the ten months prior to the writing of the report, 445 patients were given some type of service, 36 were hospitalized, 215 visits to physicians' offices were made, 42 corrective services in the way of lens, prescriptions, etc., were paid for, and 29 bills for transportation were paid. The medical school worker rendered service to 252 cases. These received various types of services and a great deal of casework through correspondence had to be carried out to make arrangements for care and interpretation to be given. In this early phase of the program a great deal of educational activity has been carried out in order that the various types of field workers may know more about the program and its objectives. Further work needs to be done with education directed to the public and to the medical profession. The latter group has been approached by the Maine Medical Association Conservation of Vision Committee. This committee is actively interested in broadening the physicians' and other professional workers' knowledge regarding glaucoma.

### **Cancer Control**

The cancer control program is still largely an educational program. The activity in keeping a register of cancer cases has not been developed very fully largely due to the fact that inadequate staff prevents working closely with the hospitals in order to get full reporting. During the past decade approximately 1,300 people have died in the state of cancer annually and by comparison, the cancer register contains only a few more than 400 cases. Payment of diagnostic services at tumor clinics is being made and the state service furnishes uniform record forms to all of the clinics. This program, more than any other one in the Division of Medical Services, urgently needs a statistician.

## Hospital Aid

The administration of the hospital aid fund has shown the effect of economic forces on it. There has been a steady decline in both the number of applications received and the days' care paid for. In the year ending June 30, 1941, there were 146,960 days of care paid for and in the year ending June 30, 1944, the days of care paid for were 113,058. The respective figures for applications in these two years were 6,376 and 4,524. The drop was no doubt due to the increased income of the people of the state and to some extent to the increasing number of people insured under the Blue Cross Plan. Undoubtedly if the average income of the people of the state declines, the need for greater use of the hospital aid fund will increase. A question which probably needs to be settled is whether the Hospital Aid fund should be the usual resource for hospitalization of individuals receiving help from various state programs, such as the public assistance categories, crippled children and cases followed by the Division of Venereal Disease Control. It would seem that more satisfactory arrangements with hospitals could be made if the public assistance cases and also other individuals directly followed by state programs could have their hospitalization paid for from funds other than hospital aid so that this latter fund might be used entirely for self-sustaining independent individuals in the community who are unable to meet the emergency of costly hospitalization.

In addition to the administration of hospital aid, the Division of Medical Services has been active in the problem of relations between the hospitals and the state in trying to work out methods of payment which would be equitable to both the government group and the private institution. There is a tendency on the state level to promote the use of uniform payments to individual hospitals. At the present time different programs make different payments to the same hospital and uniform arrangements would simplify administrative procedures greatly.

## DIVISION OF DENTAL HEALTH

The Division of Dental Health is striving for those preventive and restorative measures that are needed to maintain for each individual throughout life a healthy mouth and a fully functioning set of teeth. This ideal can be attained by a long-range program which recognizes the principle that the problem can only be solved when the communities assume the responsibilities for health education and corrective programs. The division assists the communities with professional guidance service, educational materials and in some instances, financial aid. Lack of funds, facilities, and personnel necessitate that most of the efforts at the present time be concentrated on the mouth health education of the lay public and various professional groups.

To help bring this about, the Division of Dental Health maintains an educational program for parents of infants and pre-school children. In addition, literature is distributed to the parents when requests for such materials are received. At child health conferences the mouths of infants and pre-school children are examined, and advice given to the parents. Whenever possible, these examinations are made by a practicing dentist and he is reimbursed by the division. When dentists are not available for dental examinations, dental hygienists of the division carry out this activity.

The program for school children is a cooperative affair since the dental hygienists of the division work in only those school systems where the community pays a portion of the cost. In general, the school program consists of mouth examinations, classroom lessons on mouth health, and conferences with teachers in regard to follow-up procedures.

Along with the school program, teachers-in-service are met with as often as possible for discussions on mouth health fundamentals and suggestions as to how mouth health may be included in the general school curriculum. The division, in cooperation with the Department of Education, is also working in a similar manner with the teachers-in-training. Every opportunity is accepted to meet groups of parents, civic organizations and other groups interested in dental health so that they too may learn how to achieve a healthy mouth. Education without corrective facilities is incomplete, and an attempt is made to build up the community's responsibility and aid them in planning ways and means for all children to receive dental care.

Some corrective dental care for a few selected groups is provided. Children attending pediatric clinics receive dental care at state expense, if their parents are unable to provide this care.

During 1943-44, dental care has been made available to those patients accepted on the emergency maternity and infant care program whose physicians wish them to have dental treatment. The number of patients so treated is by no means all that need dental care because comparatively few physicians refer their patients.

A maternal demonstration area was started in 1939 in nine towns around Waterville, and a program of corrective dental care was established for prenatal patients. During the past two years the number of patients treated under this service has dwindled. Some have been absorbed by the emergency maternity and infant care program. Another factor has been increased income and few physicians have accepted these patients.

The principal problem facing the division at present and in the immediate future is a lack of personnel both within the division and within the dental profession of the state. Relief of this situation cannot be expected for several years.

Educational services given by the Division of Dental Health for the fiscal year ended June 30, 1943 and 1944 are summarized as follows:

	Fiscal year ended June 30	
	1944	1943
<b>Dental health educational program</b>		
Number of patients examined .....	3,379	4,193
Number of classroom lessons .....	143	369
Number of pupils taught .....	4,112	7,284
Total income from school programs .....	\$867	\$1,810
<b>Child health conferences</b>	<b>1944</b>	<b>1943</b>
Number of conferences attended .....	53	74
Number of patients examined .....	1,173	1,460
Number of patients given dental advice .....	765	893
<b>Pediatric clinic service</b>	<b>1944</b>	<b>1943</b>
Number of clinics attended .....	22	30
Number of patients examined .....	223	253
<b>Other activities</b>	<b>1944</b>	<b>1943</b>
Lectures to civic groups .....	14	9
Number of persons attending .....	484	454

Table 9—Number of patients receiving dental corrective service and amount of expenditures for corrective dental service, by program, fiscal year ended June 30, 1943 and 1944.

Program	Number of patients and amount of expenditures			
	Fiscal year ended June 30			
	1944		1943	
	Patients treated	Expenditures	Patients treated	Expenditures
Emergency maternity & infant care (dental)	96	\$1,509.75	1	1
Maternal demonstration .....	2	28.00	10	\$175.75
Pediatric clinic service .....	22	351.33	25	331.00

<sup>1</sup> Program not in operation.

## DIVISION OF SANITARY ENGINEERING

The Division of Sanitary Engineering has been allocated those responsibilities of the Bureau of Health insofar as they relate to the broad term of environmental sanitation.

The many activities and responsibilities of the division have increased because of the wartime impact and defense activities. Their influence has been reflected in the amount and type of work done. Every possible effort has been made to render as full and complete inspections and promotional services as possible under the existing conditions of manpower shortage and wartime restrictions on travel. For a greater part of the biennium three district sanitary engineers carried out the field engineering activities of the Division.

During the fiscal year 1942-43 the engineers made 1,940 inspections and 188 days were spent on other activities. For the twelve-month period ending June 30, 1944, 2,231 inspections were made and 183 man days on other activities. During each fiscal year it was necessary to curtail many of the duties of the division as considerable time was required for services in connection with the defense areas and military establishments. The following is a list of the many activities of the division:

### Engineering

Public water supply treatment and operation problems.

Supervision of the design, protection and operation of semi-public water supplies.

Protection and inspection of private water supplies.

Inspection and supervision of cross-connections between potable and non-potable water supplies.

Certification and inspection of public water supplies used on interstate carriers in cooperation with the U. S. Public Health Service.

Assistance to Federal agencies on water supply and sewage disposal.

Promotion, design, and inspection of private and public sewage disposal facilities.

Design and construction of sanitary privies.

Stream improvement and industrial waste problems.

Supervision of the design and operation of swimming pools and bathing areas.

Problems relating to garbage and refuse disposal.

Sanitary surveys including maps and reports.

Emergency sanitary problems.

Inspection and approval of plans for new school buildings.

Problems on mosquito control.

Promotion of and assistance with postwar planning.

### **Sanitation**

Inspection and licensing of eating places, lodging places, overnight camps, juvenile and adult recreational camps.

Inspection of the sanitary and drinking water facilities in factories.

Inspection of existing schools.

Inspection of lumber and woods industrial camps.

Supervision of the state plumbing laws and inspection of new plumbing installed within the state and also inspection of cross-connections on plumbing fixtures.

Nuisance complaints.

Federal Housing Administration inspections of sewage disposal and water supply improvements for private homes.

Consultation with private and public parties, local health officers, outside agencies and state departments on matters relating to sanitation.

### **Laboratory and Special Services**

Chemical and bacteriological examinations of water supplies (public, semi-public, commercial springs and private).

Analyses of ice samples and samples of water collected on stream pollution studies.

Chemical examination of blood for alcohol.

Chemical examination of cosmetic preparations.

Registration of cosmetic preparations.



Inspection and issuing of permits for mechanical and electrical apparatus used in beauty parlors and barber shops.

Licensing of drug stores selling prophylactic articles.

Supervision of law relating to bedding, mattresses, and pillows.

Some of the activities require a brief description. In January, 1943, the division began monthly inspections of 22 public water systems which supplied the armed forces or defense areas. This service was in addition to the testing of samples of the 162 water utilities in the state. Special problems were worked out with fourteen utilities.

The inspection of cross-connections between potable and non-potable water supplies involved the type and amount of work indicated in the following tables.

**Table 10**—Status of cross connection check valves between potable and non-potable water supplies, and number of inspections of cross connections, by inspecting agency, fiscal year ended June 30, 1943 and 1944.

Fiscal year ended June 30	Number of cross connections							
	Total	With approved check valves	With unapproved check valves	With no check valves	Inspected by			
					Total	Water companies	State inspectors	Insurance companies
1943	124	118	1	5	1,364	1,158	206	—
1944	132	126	1	5	1,279	1,042	237	—

**Table 11**—Number of inspections of cross connection check valves between potable and non-potable water supplies, number of inspected check valves found to be leaking and number reported for internal inspection, fiscal year ended June 30, 1943 and 1944.

Fiscal year ended June 30	Number of check valves						
	Inspected	Found leaking					Reported for internal inspection
		Total		First valve only	Second valve only	Both valves	
		Number	Per cent				
1943	2,728	18	0.66	9	5	4	19
1944	2,558	17	0.66	9	6	2	22

The division collaborates with the U. S. Public Health Service in the certification of all water supplies used for culinary or drinking purposes on common carriers engaged in interstate traffic. To determine the quality of water obtained from taps in railroad passenger cars, 181 samples were collected for bacteriological analysis. Special attention was given this work because of the crowded conditions on trains.

Service was supplied by sanitary engineers relative to sewage disposal and water supply at the request of the U. S. Army and Navy, Federal Public Housing Administration, Federal Housing Administra-

tion, Farm Security Administration, and National Youth Administration. Aside from the many conferences and consultations involved, a total of 189 homes were inspected for the Federal Housing Administration for water supply or sewage factors.

Stream improvement and industrial waste problems resulted in the collection of water samples at various points on eight streams and rivers during the biennium.

The installation of eighteen emergency chlorinators provided the solution for emergency sanitary problems. In some instances flood conditions resulted in contamination of the usual public supplies for whole cities.

Preventive work was done in the fall of 1944 in the form of inspections of group housing arrangements which were made for over 1,000 potato pickers imported to Aroostook County because of the labor shortage. Engineers of the division made frequent visits to the places where these groups were quartered.

A major activity of the division is the inspection of eating and lodging places. Rules and regulations of the department are enforced to assure the public of good sanitary practice in the provision of sleeping accommodations, the preparation and handling of food, and the disposal of waste and sewage.

War conditions have resulted in a reduction of the number of eating and lodging establishments in the state as is indicated by Table 12. By a rearrangement of districts the number of seasonal sanitary inspectors was reduced to six and four in the first and second years of the biennium.

The number of licenses issued for each fiscal year of the biennium by type of establishment is shown below in Table 12.

**Table 12**—Number of licenses issued to eating and lodging establishments, by type of establishment, fiscal year ended June 30, 1943 and 1944.

Type of establishment	Number of licenses issued		
	Total	Fiscal year ended June 30	
		1944	1943
Total .....	15,365	6,929	8,436
Eating place .....	7,300	3,217	4,083
Lodging place .....	6,266	2,925	3,341
Overnight camp .....	1,014	426	588
Boys' recreational camp .....	135	62	73
Girls' recreational camp .....	121	56	65
Boys' and girls' recreational camp .....	35	16	19
Adult recreational camp .....	494	227	267

A mobile laboratory and a bacteriologist were sent to Maine in the summer of 1943 by the U. S. Public Health Service. In cooperation with state and local inspectors, bacteriological examinations were made of the eating and drinking utensils in public eating places. By this process the adequacy of the dish-washing facilities was determined and corrective measures were taken when necessary.

Restaurant sanitation surveys were made in ten cities between July 1, 1943 and April 1, 1944. These surveys were based on the U. S. Public Health Service Code. They disclose violations and provide the basis for corrective measures.

During the last year of the biennium three court cases were necessary to prosecute violations. In each case a conviction was secured.

The laboratory of the division is completely equipped for the bacteriological, microscopic and sanitary chemical examination of samples of water. In addition to the samples submitted at regular intervals by the public water utilities, samples are submitted from public eating places, lodging places, and recreational, trailer, and overnight camps having a private source of water supply. All commercial spring water companies and some interstate water carriers submit samples of water for analysis at least three or four times each year and more often if required. Many samples were collected by engineers and sanitarians from schools, factories and similar places for analysis. Furthermore, the privilege of having samples of water analyzed at the laboratory is offered to the private citizen and many have taken advantage of this service.

**Table 13—Sanitary Engineering: Number of examinations, number of tests and results of examination of public and private water supplies made in the water laboratory, by type of examination, fiscal year ended June 30, 1943 and 1944.**

Type of examination	Number of examinations or tests									
	Examinations		Tests		Result of examination					
					Good		Questionable		Polluted	
	1944	1943	1944	1943	1944	1943	1944	1943	1944	1943
Grand total . . . . .	22,642	21,723	176,152	155,964	19,412	19,558	—	23	1,202	2,142
Public examinations, total	10,307	10,074	80,831	71,732	9,706	9,536	—	—	601	538
Physical . . . . .	921	949	4,239	4,229	921	949	—	—	—	—
Chemical . . . . .	921	949	7,002	7,076	869	890	—	—	52	59
Bacteriological . . . . .	8,465	8,176	69,590	60,427	7,916	7,697	—	—	549	479
Private examinations, total	12,335	11,649	95,321	84,232	9,706	10,022	—	23	601	1,604
Physical . . . . .	3,736	3,704	14,934	14,816	921	3,696	—	—	—	8
Chemical . . . . .	3,736	3,704	26,152	25,928	869	3,180	—	23	52	501
Bacteriological . . . . .	4,863	4,241	54,235	43,488	7,916	3,146	—	—	549	1,095

**Table 14—Sanitary Engineering: Number of samples examined and number of tests made for special analysis, by type of analysis, fiscal year ended June 30, 1943 and 1944.**

Analysis	Number of samples or tests							
	Samples		Tests		Result of analysis			
	1944	1943	1944	1943	Absent		Present	
					1944	1943	1944	1943
Total.....	1,990	1,468	7,894	7,433	XX	XX	XX	XX
Arsenic in water.....	—	—	—	—	—	—	—	—
Water for lead.....	75	64	75	64	2	11	78	53
Urine for lead.....	15	3	61	3	—	—	15	3
Alcoholic beverages.....	4	—	4	—	XX	XX	XX	XX
Blood for alcohol.....	21	28	21	28	XX	XX	XX	XX
Cosmetics.....	632	1,036	4,528	6,061	XX	XX	XX	XX
Miscellaneous analysis.....	1,243	397	3,205	1,277	XX	XX	XX	XX

Education of staff was carried on by the attendance of sanitarians at the U. S. Public Health Service Restaurant Sanitation Seminar in Boston in November, 1943. A similar seminar was held in Augusta in January, 1944, which was sponsored by the State Bureau of Health. Staff members of the division, state health officers, and restaurant inspectors from several cities attended. While designed to improve the service, it also promoted a cooperative attitude between state and local health agencies.

The registration of cosmetic preparations has been materially reduced due to wartime restrictions in the use of certain substances. The net loss of certificates of registration for 1943-44 was 1,349 with an accompanying loss of \$674.50 in fees. Each new cosmetic is analyzed for objectionable or prohibited substances.

Prophylactic licenses numbered 317 in the first year and 309 in the second year of the biennium. All licensed pharmacies are visited at least once a year. The division investigates all complaints of illegal sales.

The inspection of lumber and woods industrial camps has been diminished because of shortage of personnel. In the first and second years of the biennial period 55 and 24 inspections were made. Owners of such camps have been informed of all changes of rules and regulations by letter.

The issuance of permits for plumbing installations and the inspection of them is the responsibility of the division. A full-time inspector and approximately 784 local inspectors were employed on a part-time basis. Permits issued number 2,381 and inspections made totaled 2,484 in the first year of the biennium. Permits and inspections numbered 1,809 and 1,841 respectively in the second year. Hospitals,

schools, and factories are inspected by the sanitary engineers for the presence or absence of cross-connections of plumbing fixtures or appliances.

Income received by the Division of Sanitary Engineering for each fiscal year of the biennium, by source of income, is indicated below in Table 15. No part of any general appropriation funds are allocated for any of these activities. Revenue in the form of fees constitute permanent funds to carry out the provisions of the respective laws.

**Table 15**—Amount of income received from licenses and fees during the biennium, by source of income, fiscal year ended June 30, 1943 and 1944.

Source of income	Amount of income		
	Total	Fiscal year ended June 30	
		1944	1943
Total .....	\$106,391.61	\$36,920.99	\$69,470.62
Eating and lodging licenses .....	70,575.73	27,571.47	43,004.26
Plumbing permits .....	16,197.57	3,936.80	12,260.77
Cosmetic registrations .....	15,500.89	4,520.18	10,980.71
Prophylactic licenses .....	3,905.10	765.00	3,140.10
Miscellaneous fees .....	212.32	127.54	84.78

## DIVISION OF VENEREAL DISEASE CONTROL

Reduction of the incidence of venereal diseases is the function of the Division of Venereal Disease Control. To accomplish this objective the division promotes the establishment of clinic facilities for treatment, education of the public in cooperation with medical and lay groups, keeping of a confidential roster of reported cases, arranging for follow-up of reported contacts and for examination and/or treatment of them.

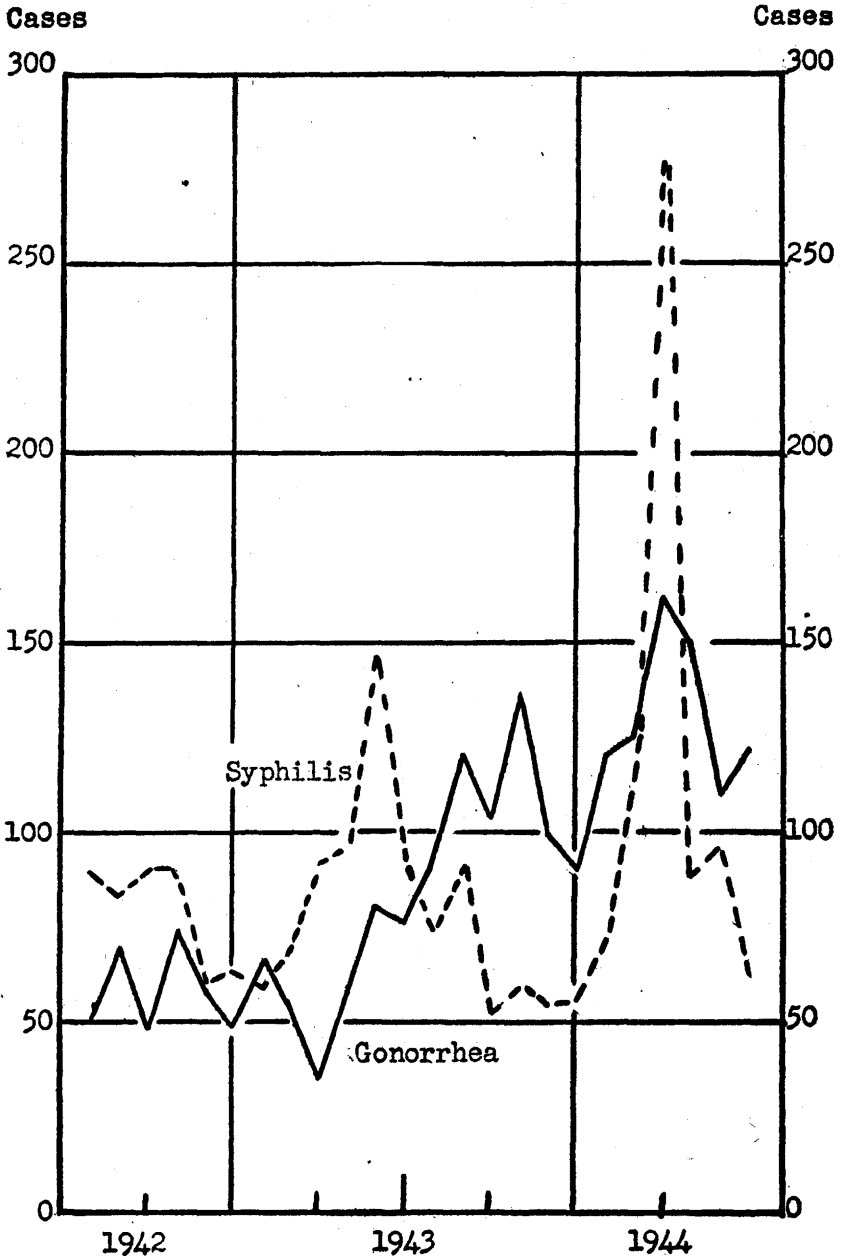
There has been a marked increase in the activity of the division during the biennium. All cases reported have been referred for investigation of contacts, and these in turn, when found infected, have supplied further fields for investigation. In 1943 there were 290 cases found and brought under treatment. In 1944 contact investigation revealed 698 new cases.

The best available evidence of the general prevalence of syphilis is to be found in the results of the examinations of selectees for the armed services and in the results of blood tests of applicants for marriage licenses. Different groups examined for the armed services from 1940 to the end of the biennium showed positive bloods varying from 18.5 to 8.5 per 1,000 and averaging 12.6 per 1,000. The premarital tests made during the biennium numbering 46,327 showed 13.4 per 1,000 positive results.

The effect of a better system of reporting venereal diseases has been mentioned previously. The reporting of cases of gonorrhea has been particularly affected and shows an increase of over 100 per cent in the year 1943-44 as compared with the year 1942-43. It is considered that the apparent increase represents generally better reporting of this disease from increased interest and appreciation of the public health importance of it, and to some degree, to actual increased incidence during the second year of the biennium both in military personnel and among civilians.

Chart 7 indicates that during the first year of the biennium the reported cases of syphilis exceeded those of gonorrhea. In the second year the opposite is true with the exception of the period in February and March, 1944. The large number of cases of syphilis reported in this period was the result of a survey of clinic facilities from which it was found that cases existed that had not been reported before. While there is no accurate way of telling what the incidence of gonorrhea may be in the civilian population, it is assumed that it does

Chart 7—Number of reported cases of syphilis and gonorrhoea in Maine, by month, July 1942-June 1944



not differ radically from that in the armed services, where records show ten or twelve cases of gonorrhoea to one of syphilis. The figures of the last year are, therefore, probably more representative of the facts.

Educational activities in the division took the form of showing of motion picture films and distribution of literature by the field staff, and addresses to lay and professional groups by the Director.

At the end of the biennium preparation for doing cultures in the Diagnostic Laboratory, as an aid to diagnosis of gonorrhoea, was being made.

Table 16—Number of reported cases of venereal disease among civilians and number of reported cases of venereal disease among members of the armed forces, by type of venereal disease, fiscal year ended June 30, 1943 and 1944.

Fiscal year ended June 30	Number of reported cases											
	Syphilis			Gonorrhoea			Chancroid			Lymphogranuloma		
	Total	Civilians	Armed forces	Total	Civilians	Armed forces	Total	Civilians	Armed forces	Total	Civilians	Armed forces
Total...	2,111	2,002	109	2,140	1,266	874	19	11	8	3	—	3
1943.....	1,044	984	60	722	423	299	8	5	3	1	—	1
1944.....	1,067	1,018	49	1,418	843	575	11	6	5	2	—	2

Table 17—Number of individual treatments of syphilis and gonorrhoea financed by the Bureau of Health, by location of treatment, fiscal year ended June 30, 1943 and 1944.

Fiscal year ended June 30	Number of individual treatments					
	Syphilis			Gonorrhoea		
	Total	Private physicians	Clinics	Total	Private physicians	Clinics
Total.....	34,896	1,510	33,386	3,860	29	3,831
1943.....	18,735	659	18,076	1,530	8	1,522
1944.....	16,161	851	15,310	2,330	21	2,309



## DIVISION OF VITAL STATISTICS

This division is charged with the proper recording, tabulation, and filing of reports of births, deaths, marriages and divorces, and the compiling and reporting of related statistical matters.

In the past two fiscal years this office sent to the Census Bureau copies of current birth and death records to the number of 29,092 and 34,755, respectively.

The demand for individual birth records as prerequisite for employment and military uses reached a continuing high level in the first half of 1943. In 1943, the outgoing mailings numbered 49,492 pieces. In 1944, the number was 50,396. All letters have been answered on the day of receipt, but the mailings of birth notifications of newborn in July of 1942 were seven months in arrears. By use of a better system of correspondence filing, together with improved form letters, this arrears was reduced at the end of 1943 fiscal year to a satisfactory two-months lag. Immediate need of these notifications for servicemen's dependency allotments and for food ration books made this speed-up imperative.

Certification of death under the Social Security Act was ordered discontinued by Executive Order of the President with April 1943 deaths.

In May 1943, a manual key punch and a verifier were assigned to the Division for the preparation of mortality statistics for the annual report. These machines are used part-time by the Divisions of Dental Health and Venereal Disease Control as well as Vital Statistics. Death cards are processed through cooperative usage of a machine tabulator in the Highway Planning Board.

The results of the tests for completeness of birth registration throughout the country were finally published in June of 1944. Tests showed that Maine rated 96.1% complete against a nation-wide percentage of 92.5%. This appeared a favorable rating but it should be noted that of the Atlantic seaboard states north of Virginia, Maine's birth registration was the worst. In terms of unfiled records this percentage rating means that of the 1,940 births in Maine, 450 were not filed as prescribed by law. This is the result of lack of attention to statutory requirements on the part of physicians in some areas and the failure of town clerks to submit reports as they should in some instances. Attempts have been made and will continue to be made to secure legislation which will make mandatory the presentation of birth certificates of children entering school in Maine. Such legislation will provide a stimulus to bring about more complete registration at birth and will assure registration by the time a child enters school.

## DIAGNOSTIC LABORATORY

This division supplies diagnostic aids to physicians, hospitals, and others through examination of bacteriological specimens, blood samples for serology, tumor diagnosis, and the director is designated as Pathologist Advisor to the Attorney General's Department.

Early in the biennium, in January, 1943, the laboratory participated in the general extension and remodeling of the quarters occupied by the whole bureau. The laboratory was given additional space to accommodate the animal room and to move the workers from inadequate quarters in the basement to the first floor. Space was also included for the purpose of doing gonococcus cultures. That the remodeling and rearranging was justifiable has been amply demonstrated by increased efficiency and improved physical condition of the workers.

In April of the same year an autotechnicon was installed and has speeded up the work of tissue preparation in tumor diagnosis.

It will be noted by reference to Table 18 that the overall number of tests completed in the laboratory for the fiscal year ended June 30, 1944, showed a decrease over those done in 1943 of approximately 31%. The same decrease is evident in the number of outfits for specimens which have been sent out from the laboratory. The decrease in tests thus shown is largely due to a decrease in the number of bloods submitted by Selective Service Boards and induction stations. It has been possible through this reduction in blood tests to devote more time to other work for which previously there has been no available opportunity.

**Table 18**—Number of tests for specified diseases made in the Diagnostic Laboratory, by fiscal year ended June 30, 1941-1944.

Fiscal year ended June 30	Number of tests for specified disease								
	Total	Syphilis	Gonorrhea	Cancer	Tuberculosis	Diphtheria	Typhoid fever	Typhoid and undulant fever <sup>1</sup>	All other <sup>2</sup>
1941.....	89,411	75,374	4,343	1,156	1,577	673	968	1,199	4,121
1942.....	115,751	103,108	3,882	1,340	1,650	580	789	1,308	3,094
1943.....	145,634	133,828	3,784	1,286	1,746	426	547	1,412	2,605
1944.....	111,163	97,542	4,757	1,286	1,809	770	681	1,500	2,808

<sup>1</sup> Refers to Widal tests. A test of the blood which indicates in one procedure the possible presence of these two diseases.

<sup>2</sup> Includes guinea pig tests for tuberculosis.

There has been a notable increase in tests for gonorrhoea, and in blood chemistries. The increase in gonorrhoea tests is probably due,

in part at least, to the emphasis placed on this disease in the venereal disease program being carried on.

In April, 1943, the vacancy caused by the resignation of a laboratory technician was not filled, but by establishing the position of technician trainee and some redistribution of duties, the work has been carried on. There have been no other notable changes in either personnel or activities.

## DISTRICT FIELD WORK

Field work has been continued in six districts as outlined in the accompanying map. However, throughout the period of the biennium there have been two vacancies which could not be filled. Four district health officers have been responsible for the work done in the six districts, which has meant that territory in addition to that of the usual district has been covered by them.

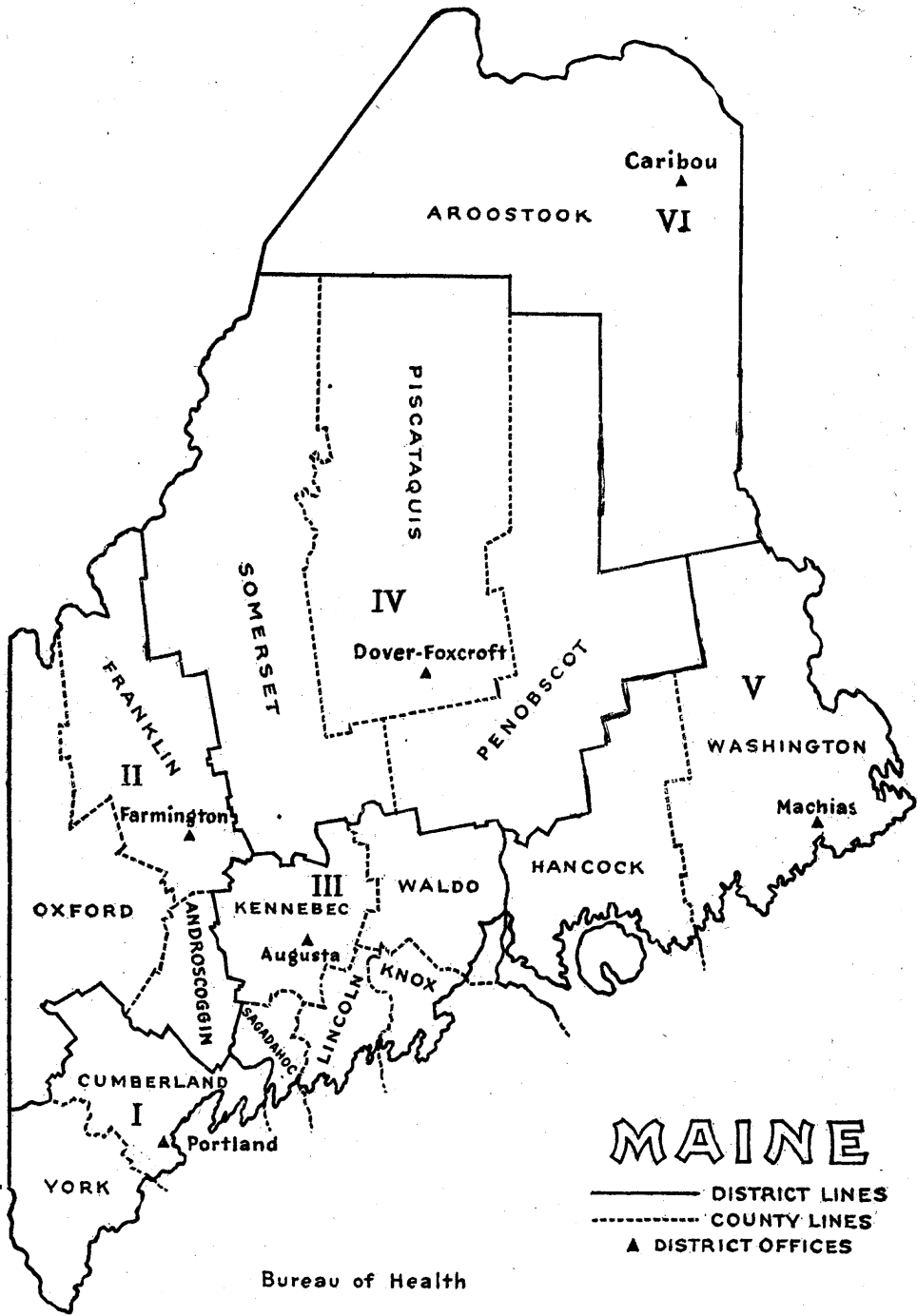
The district health officers have continued to be very active in the field of preventive medicine. Investigations as to the source of various diseases have increased markedly during the biennium.

The district men made 4,694 visits during the biennium in the interest of communicable disease control and in assisting local health officers in their duties.

Skin testing in high schools, and so forth, conforming to the tuberculosis program has been a major activity. Immunizations against both smallpox and diphtheria have been carried on in child health conferences, and smallpox vaccinations promoted in various towns under the statute requiring that vaccination against smallpox be offered annually. Since 1942 whooping cough immunizations have also been promoted at well child conferences.

Maternity hospital inspections have numbered 230 during the biennium. It is gratifying to note considerable improvement in many of the homes used for this purpose.

Monthly district staff meetings have proved helpful, as well as monthly staff meetings at headquarters with the bureau and division directors.



Bureau of Health

## BUREAU OF SOCIAL WELFARE

The Bureau of Social Welfare functions to administer activities and services prescribed by state laws relating to social welfare. The only exception is the administration of those activities and services which are the function of the Division of General Relief.

At the beginning of the biennium the bureau operated through the Divisions of Public Assistance, Child Welfare, Services for the Blind, World War Relief, and Indian Affairs. During the biennium, major changes have taken place in the organization which have been due largely to war conditions or to plans for postwar activities. World war relief was redefined by statutes enacted by the Legislature in 1943. The previous law was repealed and "An Act Relating to the Support of the Dependents of Veterans of World War I and World War II" was passed. Administration of the act was made the responsibility of the Department of Health and Welfare and the program was continued in the Bureau of Social Welfare. The new law did not provide that the program should be administered as a separate division, and from the time that the act became effective it was known as world war assistance. Service for this program was provided as before by the staff of the Division of Child Welfare. It was evident that world war assistance was less a matter of child welfare than it was of public assistance, and toward the end of the biennium plans were underway for the transfer of the program to the Division of Public Assistance.

Foreseeing a problem in the coordination of services for the returning veteran, the position of state service officer was created in the department in January 1943. The function of this officer was to provide service to veterans by ascertaining their needs and putting them in touch with various programs, Federal, state, and local, through which their needs might be met. The state service officer was also to act in a consultative capacity to all divisions of the department, referring, when possible and feasible, veterans and their dependents for assistance from Federal programs to which they were entitled. This function has resulted in releasing state funds for the use of other needy persons. Toward the end of the biennium the increase in the number of veterans discharged, together with the increasing complexity of Federal legislation affecting veterans, made it evident that expansion of service to veterans on the state level was essential. Plans were laid for the creation of a Division of Veterans' Affairs and for the hiring of field staff.

At the close of the biennium plans had been completed for the operation of the Maine Veterans Physical Rehabilitation Experiment at Boothbay Harbor during the period from July 1 to August 31, 1944. The purpose of the Experiment is to help World War II veterans make the adjustment from military to civilian life. The plan was developed following recognition of the fact that of the more than 5,000 Maine men discharged from the armed services there were many in the position of being neither sick nor actually well and for whom it was believed a period of supervised physical training, recreation, and instruction in mental health might be beneficial. One of the originators of the plan, Mr. Walter Buzzell, has been made Director. The selection of veterans to attend is being made by a committee chairmanned by the Personnel Officer of the Maine Selective Service System. Funds for the Experiment have been provided by the Governor and Council which designated the Department of Health and Welfare as responsible for the administration of the program. It is anticipated that thirty-five to fifty veterans will attend the Experiment.

The war and conditions resulting from war have affected the bureau program generally, as well as in terms of specific developments of new activities. For nearly the whole biennial period there has been a gradual decrease in the number of cases receiving assistance. This decrease is less than has been experienced in general relief, as might be expected, because of the nature of requirements for categorical assistance. Aged people, children, and the blind are to a greater extent unemployable than are general relief recipients. Therefore, the increased opportunities for employment in war industries have less effect on them. In spite of a decreased number of recipients, the total cost of assistance has actually increased as a result of increased costs of living. The average payment per recipient has risen to a point higher than at any time since 1936 when the programs of categorical assistance were set up in their present form. Indications are that under present economic conditions these costs will continue to rise even though the number of recipients remains static or continues to decrease.

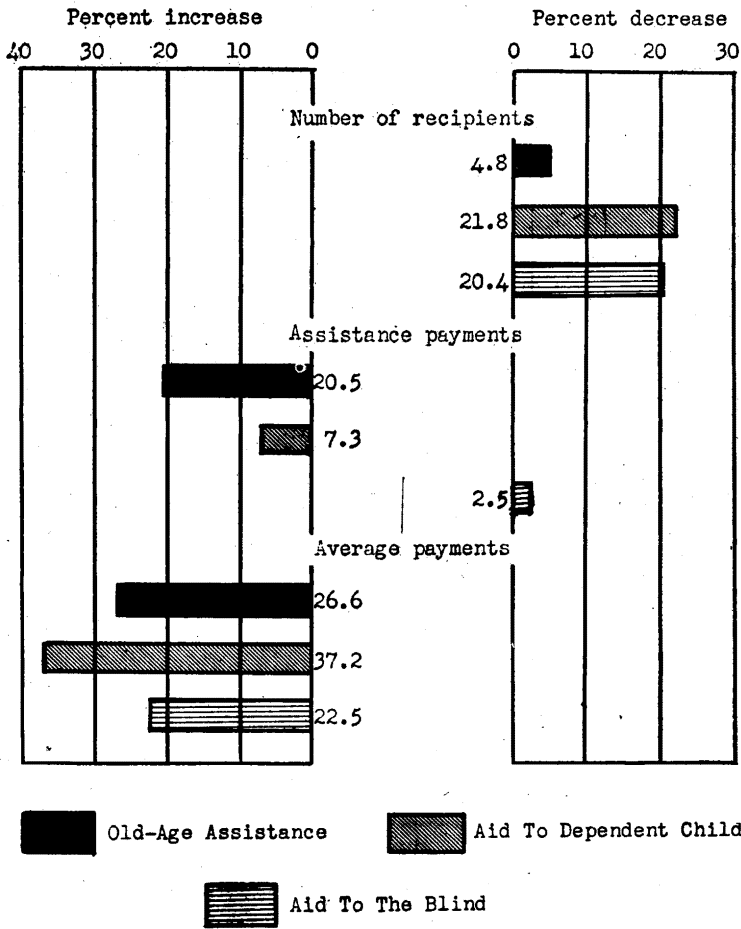
Staff shortage has been the greatest single problem of the bureau. As staff members have joined the armed forces or followed relatives stationed at distant points, together with the attraction of wartime wages in other places, resignations have poured in. In the first year of the biennium there were 215 resignations which represented 45.7% of total employees. In the second year 184 resigned, representing 39.1% of total employees. Full replacement has been impossible due

to lack of potential candidates. What replacements have been made has resulted in a large percentage of inexperienced workers. Training new workers is a costly process to the state. Carrying on the work of the bureau has meant that all workers have had to assume more responsibilities than before. Details have of necessity been cut to a minimum, but overtime work without financial compensation has had to be done. The staff is to be commended for a fine spirit of loyalty and a sense of responsibility in carrying on the work of the bureau in the face of discouraging handicaps.

Basic to the trend of bureau administration was the abolition of the Old Age Assistance Commission by the Legislature of 1943. This action initiated a process of decentralization of administrative function. The existence of the Commission made it necessary to refer all old age assistance material in the form of a duplicate record to state office for final decision as to the granting of an allowance and the amount of it. District offices and field workers were used for the gathering of information, while decisions were made in Augusta on the basis of a written report, without any contact with recipients and without detailed knowledge of local situations. Decentralization has meant that more and more of the responsibility for making decisions and for administrative function has been referred to the district offices. Both economy and efficiency are increased by such localization of function. By housing the district staffs of all divisions of both health and welfare under one roof, it is anticipated that in the future all services of the two bureaus will be available at one place in any given area. In such a system the state office will provide supervision for the work of the districts and will function as a central point for the gathering of information and the issuing of reports.



Chart 8—Public assistance: Percentage change in the number of recipients, amount of assistance payments and average payment, June 1944 compared with June 1942, by program.



## DIVISION OF PUBLIC ASSISTANCE

Old age assistance, aid to dependent children, and aid to the blind are administered by the Division of Public Assistance. In all of these categories the department takes advantage of the provisions of the Social Security Act by operating under plans approved by the Social Security Board in order to secure Federal financial participation.

### Old Age Assistance

This is the largest category administered by the division, both in number of cases and amount of expenditures. Misunderstanding of this program, to the effect that it is a pension rather than an allowance, is widespread. Although assistance to the aged is considered a right, it is not a pension in that the law provides that assistance shall be sufficient, when added to all other income and support of the recipient, to provide such person with a reasonable subsistence compatible with decency and health, but not exceeding \$40.00 per month. This maximum was increased from \$30.00 per month by the Legislature of 1943. Rising costs of living and the fact that the Social Security Board regulations provided that Federal funds could be used to match an amount not exceeding \$40.00, made this increase both necessary and possible.

The effect of wartime employment in reducing the number of recipients of old age assistance started near the beginning of the biennium. In July 1942, there were 15,966 persons receiving old age assistance and the number increased to a peak of 16,208 recipients in September 1942. From then on there was a gradual monthly decrease to a total of 15,142 recipients in June 1944, the end of the biennium.

Monthly expenditures, on the other hand, steadily increased during the biennium from \$339,728 in July 1942 to \$406,871 in June 1944. There were two major reasons for this increase. The rapid rise in living costs made it necessary to increase grants in order to provide recipients with the necessities of life insofar as possible with the funds available. By the act of legislature in 1943, the maximum grant was increased from \$30.00 to \$40.00 per month and the new maximum grant became effective on July 9, 1943.

The average monthly grant per recipient increased from \$21.28 in July 1942 to \$26.87 in June 1944. This is in line with the increase in average grant for the United States as a whole which increased from \$22.04 in July 1942 to \$27.55 in June 1944.

The Federal Government through the Social Security Board provides funds to pay 50% of all old age assistance grants since the Social Se-

Chart 9—Old-age assistance: Recipients and payments to recipients in Maine, July 1938-June 1944

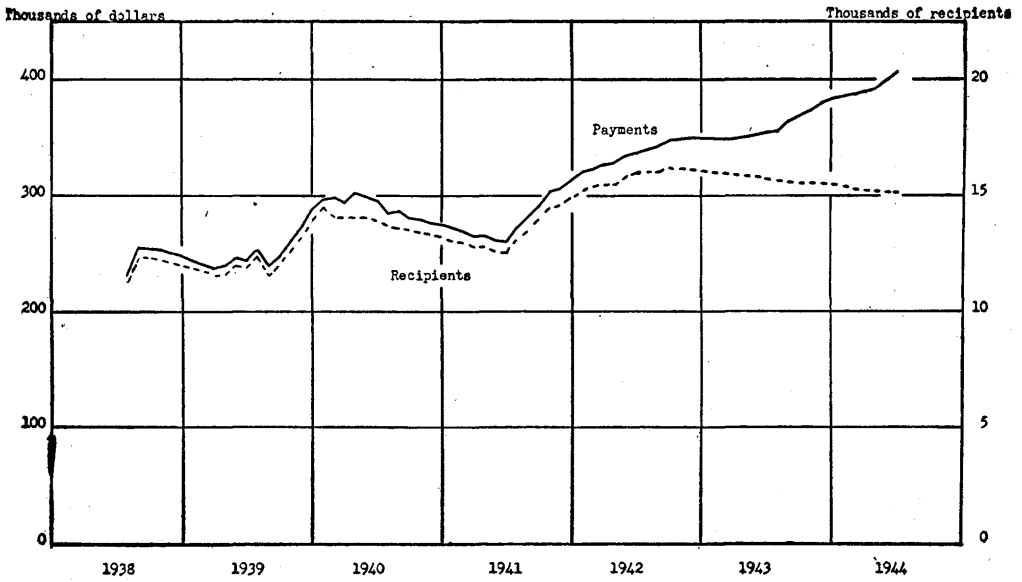
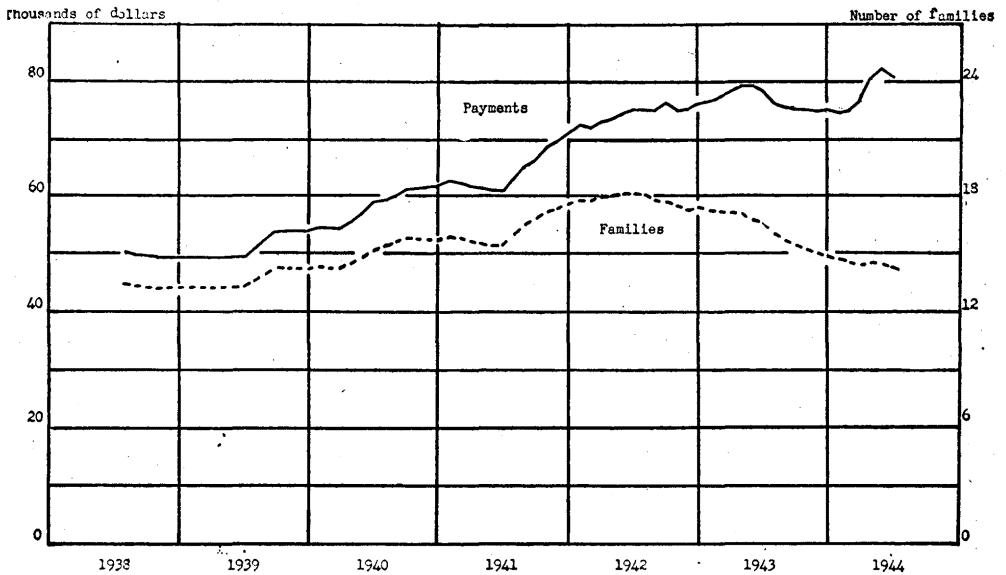


Chart 10—Aid to dependent children: Families and payments to families in Maine, July 1938-June 1944



curity Act permits participation on this basis for all grants not exceeding \$40.00 per month per person. In addition, 5% of the Federal grant is allowed for administration. Total expenditures of \$4,175,392 were made for old age assistance during the first year of the biennium as compared with \$4,592,525 for the second year.

### **Aid to Dependent Children**

The value of a good home for a child is universally recognized, and the best home for a child is generally with his own parents. The security of many homes is threatened by the loss or incapacity of a parent. Financial assistance through aid to dependent children prevents many such homes from breaking up and thus performs an invaluable service for the children in these homes and for the state.

The number of recipients of aid to dependent children has declined steadily during the biennium from 1,808 families with 5,008 eligible children in July 1942 to 1,424 families with 4,028 eligible children in June 1944. The average family consists of a parent and three children, and the average grant per family increased from \$41.72 per month in July 1942 to \$56.84 in June 1944 in order to meet the needs resulting from the rise in the cost of living. Monthly expenditures for aid to dependent children increased from \$75,443.00 in July 1942 to \$80,938.00 in June 1944.

Federal sharing in aid to dependent children is less than in old age assistance and aid to the blind. For aid to dependent children the federal sharing is 50% of \$18.00 per month for the first eligible child and 50% of \$12.00 per month for each additional eligible child. Aid to dependent children is the only public assistance program in which the municipalities are required to share the cost. The town of settlement of the child is required to reimburse the department for two-sixths of the grant up to \$18.00 per month for the first child and \$12.00 per month for each additional child, and for one-half of the grant in excess of \$18.00 and \$12.00. The state appropriation pays for the balance of the grant. In cases where the child has no settlement, all except the Federal share is paid from the state appropriation. Federal funds are received to pay one-half the cost of administration, the remaining half being paid from state appropriation. The total expenditures for aid to dependent children were \$925,094 for the first year of the biennium and \$923,805 for the second year. The Federal Government's share was approximately 34.8%, the state's 33.5%, and the towns' 31.7% for the second year of the biennium.

Applications were received at an average rate of 34 per month during the biennium. 1,098 were acted upon—616 being allowed, and 482 being denied or withdrawn. There were 398 pending applications in July 1942 as compared with 141 on June 30, 1944.

Applications for aid to dependent children are made to the municipal board of child welfare of the municipality in which the applicant resides. Municipal boards are required by law to file such applications promptly with the department, and the department is given the responsibility for investigating to determine eligibility and the amount of aid needed. If the municipal board does not file application with the department within a reasonable time applicants may apply directly to the department. In the other public assistance categories applications are filed directly with the department.

### **Aid to the Blind**

Many of the needy blind persons in the state are over 65 years of age and apply for either aid to the blind or old age assistance but not for both. Need is determined on the same basis in both programs, and in many other respects the programs are similar. Aid to the blind recipients have certain advantages, however, such as eligibility for exemption from certain taxes. Citizenship is not an eligibility requirement in aid to the blind.

Aid to the blind shows approximately the same trend as old age assistance and aid to dependent children in regard to a decrease in the number of recipients and an increase in the amount of the average grant. However, monthly expenditures have decreased slightly. In July 1942 the monthly payment was \$24,458. In June 1944 the monthly payment was \$23,958. The number of recipients dropped from 1,075 in July 1942 to 860 in June 1944 whereas the average grant per recipient per month increased from \$22.75 in July 1942 to \$27.86 in June 1944. This decrease of numbers of recipients is due in part to the fact that many have been elderly people whose cases have been closed at the time of their decease. Rehabilitation services have made it possible for some to become self-supporting. As in old age assistance, \$40.00 per month is the maximum grant that can be allowed.

Federal funds are available to pay for one-half of the aid to the blind grants and also for one-half of the cost of administration. The remaining half of both grants and administration is paid from state appropriation.

Chart 11—Aid to blind: Recipients and payments to recipients in Maine, July 1938-June 1944

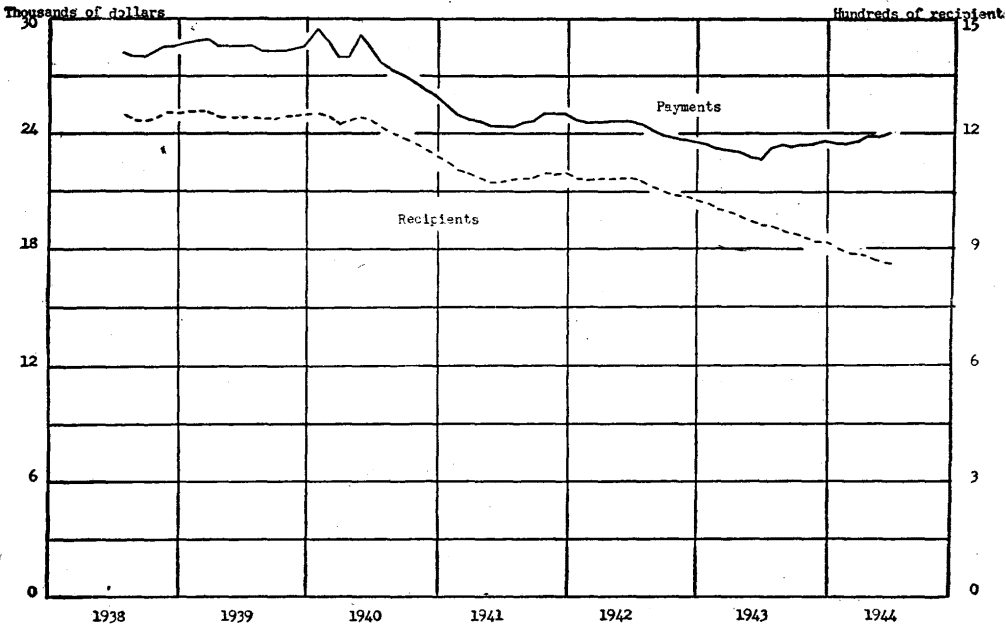
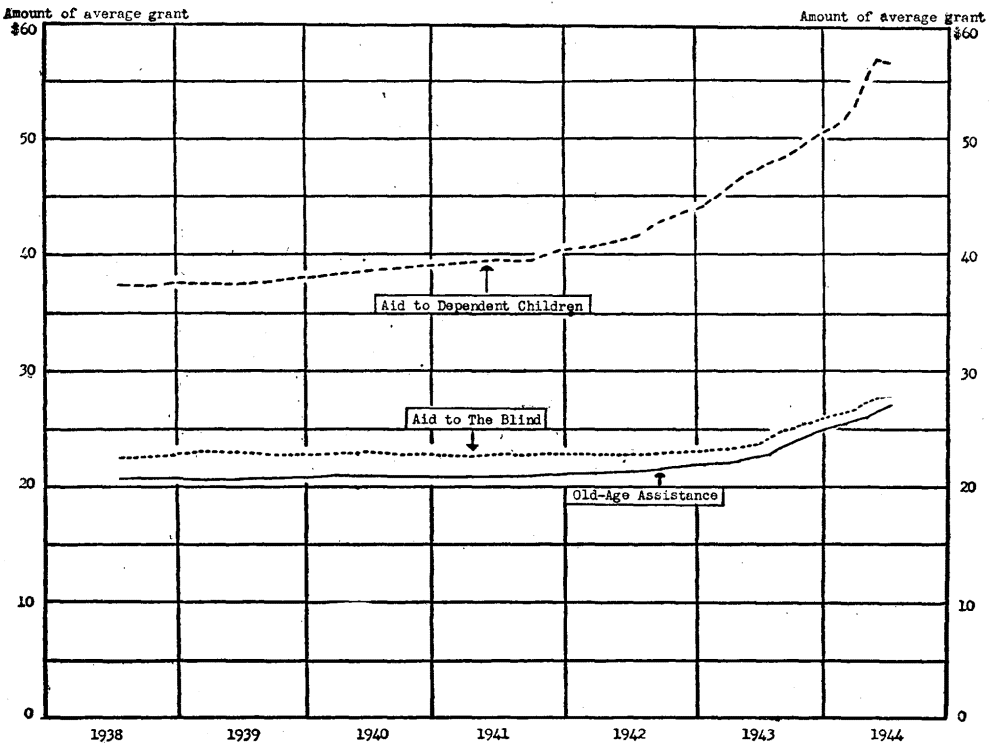


Chart 12—Trends in amount of average grant paid to families of aid to dependent children and recipients of aid to the blind and old-age assistance in Maine, July 1938-June 1944.



216 applications for aid to the blind were received during the biennium—134 during the first year and 82 during the second year. 138 applications were allowed and 121 denied or withdrawn during the period.

The increases in average payments in all categories do not reflect the needs of recipients on the basis of current prices. Throughout most of the biennium food and clothing allowances were based on average prices being charged in stores in the state in May 1941. These prices were determined by a cost-of-commodity survey made on a state-wide basis. Another survey of prices was made in October 1943 as a result of which the division was authorized in February 1944 to increase allowances for food. Funds were not available to permit an increase in clothing allowances or to make any provision for the payment of taxes in cases where a recipient owned his home. As a result, many recipients have lost title to their property for non-payment of taxes.

Table 19—Old-age assistance: Recipients and payments to recipients in Maine, by month, July 1942-June 1944.

Month and year	Number of recipients	Amount of payments	Average payment per recipient
July 1942—June 1944.....	—	\$8,767,917	—
July 1942—June 1943.....	—	4,175,392	—
July.....	15,966	339,728	\$21.28
August.....	16,014	342,162	21.37
September.....	16,208	347,660	21.45
October.....	16,153	347,831	21.53
November.....	16,140	349,072	21.63
December.....	16,056	348,351	21.70
January.....	15,994	348,210	21.77
February.....	15,910	347,686	21.85
March.....	15,841	348,175	21.98
April.....	15,840	350,292	22.11
May.....	15,776	352,027	22.31
June.....	15,742	354,198	22.50
July 1943—June 1944.....	—	4,592,525	—
July.....	15,673	355,230	22.67
August.....	15,599	363,036	23.27
September.....	15,595	370,408	23.75
October.....	15,553	374,897	24.10
November.....	15,508	380,068	24.51
December.....	15,461	383,706	24.82
January.....	15,383	386,558	25.13
February.....	15,299	387,835	25.35
March.....	15,233	390,058	25.61
April.....	15,191	393,137	25.88
May.....	15,167	400,781	26.42
June.....	15,142	406,871	26.87

**Table 20—Old-age assistance: Applications received, disposed of, and number pending at the end of each month in Maine, July 1942-June 1944.**

Month and year	Applications for assistance					Pending at end of month
	Received	Disposed of during month			Otherwise disposed of	
		Total	Approved	Denied		
July 1942—June 1944..	4,667	5,512	3,760	1,461	291	—
July 1942—June 1943..	2,458	3,153	2,118	873	162	—
July.....	230	384	252	118	14	1,347
August.....	209	281	185	86	10	1,275
September.....	176	465	362	88	15	986
October.....	217	213	121	71	21	990
November.....	134	239	152	75	12	885
December.....	165	198	109	69	20	852
January.....	215	186	130	47	9	881
February.....	192	214	148	55	11	859
March.....	240	232	141	76	15	867
April.....	252	271	187	74	10	848
May.....	223	235	169	56	10	836
June.....	205	235	162	58	15	806
July 1943—June 1944..	2,209	2,359	1,642	588	129	—
July.....	178	211	145	53	13	773
August.....	182	193	112	68	13	762
September.....	178	202	146	52	4	738
October.....	208	195	124	56	15	751
November.....	148	204	130	59	15	695
December.....	183	176	128	38	10	702
January.....	193	170	121	39	10	725
February.....	160	223	174	47	7	657
March.....	211	177	126	48	3	691
April.....	184	208	160	38	10	667
May.....	206	215	159	48	8	658
June.....	178	180	117	42	21	656



Table 21—Aid to dependent children: Recipients and payments to recipients in Maine, by month, July 1942-June 1944.

Month and year	Number of families	Number of eligible children	Amount of payments	Average payment	
				Per family	Per child
July 1942—June 1944.....	—	—	\$1,848,899	—	—
July 1942—June 1943.....	—	—	925,094	—	—
July.....	1,808	5,008	75,433	\$ 41.72	\$ 15.06
August.....	1,784	4,990	75,472	42.30	15.12
September.....	1,782	5,002	76,398	42.87	15.27
October.....	1,750	4,933	75,548	43.17	15.31
November.....	1,737	4,889	75,601	43.52	15.46
December.....	1,748	4,912	76,500	43.76	15.57
January.....	1,737	4,860	76,584	44.09	15.76
February.....	1,729	4,846	77,470	44.81	15.99
March.....	1,717	4,811	78,229	45.56	16.26
April.....	1,713	4,791	79,448	46.38	16.58
May.....	1,697	4,770	79,670	46.95	16.70
June.....	1,663	4,692	78,741	47.35	16.78
July 1943—June 1944.....	—	—	923,805	—	—
July.....	1,605	4,555	76,826	47.87	16.87
August.....	1,567	4,442	75,669	48.29	17.03
September.....	1,547	4,382	75,370	48.72	17.20
October.....	1,526	4,270	75,276	49.33	17.63
November.....	1,502	4,215	75,016	49.94	17.80
December.....	1,491	4,194	75,328	50.52	17.96
January.....	1,470	4,156	74,816	50.90	18.00
February.....	1,454	4,118	75,242	51.75	18.27
March.....	1,443	4,080	76,616	53.09	18.78
April.....	1,450	4,109	80,406	55.45	19.57
May.....	1,444	4,122	82,302	57.00	19.97
June.....	1,424	4,028	80,938	56.84	20.09

Table 22—Aid to dependent children: Applications received, disposed of, and number pending at the end of each month in Maine, July 1942-June 1944.

Month and year	Applications for assistance				Pending at end of month
	Received	Disposed of during month			
		Total	Approved	Denied or otherwise disposed of	
July 1942—June 1944.....	818	1,098	616	482	—
July 1942—June 1943.....	412	723	389	334	—
July.....	36	59	34	25	398
August.....	39	68	40	28	369
September.....	36	69	35	34	336
October.....	47	49	24	25	334
November.....	37	59	27	32	312
December.....	37	67	41	26	282
January.....	33	56	31	25	259
February.....	31	67	38	29	223
March.....	32	56	31	25	199
April.....	41	74	38	36	166
May.....	19	55	32	23	130
June.....	24	44	18	26	110
July 1943—June 1944.....	406	375	227	148	—
July.....	25	20	11	9	115
August.....	28	22	13	9	121
September.....	42	25	15	10	138
October.....	31	34	21	13	135
November.....	33	38	24	14	130
December.....	40	22	15	7	148
January.....	37	37	19	18	148
February.....	30	31	18	13	147
March.....	42	35	16	19	154
April.....	53	55	39	16	152
May.....	23	42	27	15	133
June.....	22	14	9	5	141

Table 23—Aid to the blind: Recipients and payments to recipients in Maine, by month, July 1942-June 1944.

Month and year	Number of recipients	Amount of payments	Average payment per recipient
July 1942—June 1944	—	\$564,828	—
July 1942—June 1943	—	281,908	—
July	1,075	24,458	\$22.75
August	1,060	24,129	22.76
September	1,050	23,930	22.79
October	1,040	23,781	22.87
November	1,035	23,701	22.90
December	1,027	23,568	22.95
January	1,019	23,455	23.02
February	1,003	23,190	23.12
March	998	23,122	23.17
April	988	23,023	23.30
May	972	22,799	23.46
June	963	22,752	23.63
July 1943—June 1944	—	282,920	—
July	960	23,296	24.27
August	950	23,420	24.65
September	941	23,376	24.84
October	930	23,480	25.25
November	921	23,487	25.50
December	917	23,627	25.77
January	902	23,495	26.05
February	891	23,436	26.30
March	886	23,576	26.61
April	881	23,910	27.14
May	868	23,859	27.49
June	860	23,958	27.86

Table 24—Aid to the blind: Applications received, disposed of, and number pending at the end of each month in Maine, by month, July 1942-June 1944.

Month and year	Applications for assistance				Pending at end of month
	Received	Disposed of during month			
		Total	Approved	Denied or otherwise disposed of	
July 1942—June 1944.....	216	259	138	121	—
July 1942—June 1943.....	134	147	78	69	—
July.....	8	13	9	4	64
August.....	12	12	6	6	64
September.....	13	13	7	6	64
October.....	9	10	4	6	63
November.....	4	12	10	2	55
December.....	9	12	6	6	52
January.....	12	11	5	6	53
February.....	12	7	4	3	58
March.....	14	19	9	10	53
April.....	16	16	10	6	53
May.....	18	12	5	7	59
June.....	7	10	3	7	56
July 1943—June 1944.....	82	112	60	52	—
July.....	9	17	8	9	54
August.....	7	14	5	9	47
September.....	3	12	5	7	38
October.....	9	11	5	6	36
November.....	12	8	5	3	40
December.....	7	10	4	6	37
January.....	3	6	4	2	34
February.....	8	13	8	5	29
March.....	5	7	5	2	27
April.....	4	7	6	1	24
May.....	9	3	1	2	30
June.....	6	4	4	0	32

## **Right of Appeal**

Public assistance applicants or recipients in all three categories administered by the Division of Public Assistance have the right under state law to appeal to the commissioner of health and welfare for a fair hearing if there is a delay in granting assistance, or if the client is dissatisfied with a decision of the department. At such hearing the client may appear and informally present his side of the case, and the department also presents its side, either before the commissioner or before a person selected by the commissioner to preside at the hearing. The decision is based upon the evidence brought out at the hearing and is a final decision based upon conditions existing at the time. If the situation changes at any time after the hearing, an adjustment may be made on the basis of the new conditions.

Each recipient is provided with a printed statement outlining his right to a fair hearing. During the biennium there were a total of seven hearings. Four resulted in changes of original decisions, and three upheld the original decision. This small number of fair hearings does not indicate that all allowances are adequate nor that all recipients are satisfied with the amount that they are receiving. A fair hearing cannot result in an increase of an allowance above an established ceiling nor above the point indicated by the existing standards used in budgeting, even though it is an admitted fact that the standard does not meet actual cost.

## **Services to Other Agencies:**

### **Civilian War Assistance**

In February 1942 the Federal Government allotted funds to the Social Security Board to enable it to provide cash assistance to civilians in the United States who might require temporary aid necessitated by enemy action or threatened enemy action. The Social Security Board asked the department to administer this program for the State of Maine, and the responsibility for doing so was assigned to the Division of Public Assistance. Complete plans were prepared for meeting the temporary needs of civilians, particularly in war industry areas, in case of enemy attack, bombing, or sabotage. Fortunately, no such incident occurred. This program was used, however, to assist members of the Civilian Defense Protective Services who were injured while on duty. Two such instances resulted in payments being made which amounted to a total of \$190.

## **Aid to Enemy Aliens and Others Affected by Restrictive Governmental Action**

In the same manner as in civilian war assistance, Federal funds were made available to assist enemy aliens who were in need because of restrictive governmental action or to assist the families if the enemy aliens were placed in concentration camps. While the Division of Public Assistance made all necessary plans for operating this program, they were not called upon to use it.

### **Selective Service**

The public assistance staff has been used in two different programs as requested by State Selective Service headquarters. Beginning in July 1942, the staff secured information regarding certain selectees who had been rejected at induction centers. The information obtained was of factual nature and was turned over to Selective Service personnel to be used in connection with re-examination and possible reclassification procedures. This program continued from July 1942 to February 1944, in which period a total of 1,072 rejected selectees were referred for investigation.

A second program was initiated in December 1943, at which time Selective Service requested the cooperation of our field workers in securing information about certain registrants before they were called for examination. The information obtained was used to assist in the screening process whereby those unfit for military service were eliminated. Due to the number of selectees involved it was impossible to consider this function in terms of public assistance staff alone. The staffs of child welfare services and public health nursing were also made available and each worker participating was given authority as a Medical Field Agent of Selective Service.

This work has been done without reimbursement to the workers or the department. Complete figures are not available, but between January 1 and June 30, 1944, approximately 600 cases were reviewed by the public assistance staff.

## DIVISION OF CHILD WELFARE

Providing services for the care of children is the function of the Division of Child Welfare. Most of these services are defined by law, but more and more the division finds it necessary to provide other services which have to do with the prevention and treatment of behavior problems in communities where there are no resources for such service. Preventive work, done before a problem reaches an acute stage, not only brings more constructive results, but it is far less costly to the state than corrective work which is attempted after a problem has developed and has already had a damaging effect.

The largest part of the division's program is that of providing foster home care. Such care is available for children who have been committed to the custody of the department by the courts, children who have no settlement in the state, and for unmarried mothers under eighteen years of age and their children. In connection with foster care and other services to children, the division is responsible for supervision of the Federal-State program of child welfare services. This program is designed to strengthen and improve services to dependent and neglected children, and through it Federal funds are provided which supplement state and town appropriations.

A related function is that of licensing. All homes boarding children under the age of sixteen years, who are not related to foster parents by blood or marriage, are licensed by the division. All private child-caring institutions and agencies are also licensed.

The division supervises appropriations which are made to private child-caring organizations. These include eight institutions, two agencies, and two homes for unmarried mothers. Other functions of the division are the investigation of applications for admission to Pownal State School for Mental Defectives, investigation and recommendation of action on applications for hospital aid, and investigation and recommendation of action on applications for world war assistance. It is planned that the program of world war assistance will be transferred to the Division of Public Assistance shortly after the close of the biennial period. Until May, 1943, the division had responsibility for administration of the funds for the education of blind children. All such children were educated, by statutory regulation, at Perkins Institution and Massachusetts School for the Blind at Watertown, Massachusetts. This function was transferred to the Division of Services for the Blind.

A war created activity has been the participation of the Child Welfare Division, along with the Divisions of Public Assistance and Public

Health Nursing, as medical field agents of the Selective Service System in the securing of factual information requested by Selective Service Boards relative to certain selectees.

Problems of the division have been intensified in many respects as a result of war conditions. Operations have been carried on with an average of 65% of budgeted staff during the biennial period. In normal times the number of foster homes with parents willing and qualified to care for children has hardly been enough to meet the need. During the war homes have been less available due to parents going into defense work or into the armed services. The amount paid for boarding care has not been large enough to attract and hold people as foster parents.

The increase in the incidence of juvenile delinquency has been publicized widely. Behavior problems which precede delinquency have likewise been on the increase, and as they have become apparent, the division has been called on to a greater and greater extent to provide services for the treatment of these problems, particularly in the rural areas where there are no other facilities for treatment.

The number of children under care who had been committed to the department by the courts numbered 2,388 on June 30, 1943 and 2,310 on June 30, 1944. Dependent children with no settlement, who were under care, numbered 100 on June 30, 1943 and 89 on June 30, 1944.

**Table 25—Children in custody: Distribution of children under care, by age group, June 1944.**

Age group	Number of children	Per cent in each age group
All ages.....	2,310	100.0
Under 1.....	34	1.5
1- 5.....	258	11.2
6-13.....	1,107	47.9
14-17.....	743	32.2
18-21.....	168	7.2

**Table 26—Children in custody: Distribution of children by completed years under care of State, June 1944.**

Completed years under care	Number of children	Per cent in each interval
Total.....	2,310	100.0
Under 1.....	200	8.6
1- 3.....	671	29.0
4- 6.....	610	26.4
7- 9.....	415	18.0
10-12.....	198	8.6
13-17.....	196	8.5
18-20.....	20	0.9



**Table 27—Children in custody: Distribution of age of children at date of commitment, by age group, June 1944.**

Age group	Number of children	Per cent in each age group
All ages.....	2,310	100.0
Under 1.....	289	12.5
1-5.....	942	40.8
6-13.....	1,016	44.0
14-17.....	63	2.7

Children, not committed but receiving service in their own homes, numbered 370 at the end of the first year of the biennium and 332 at the end of the second. By act of the Legislature of 1943 the department was empowered to make provision for the care of a child at the request of the parents or next friend, when other resources for care are not available or are inadequate, without intervention of the court. This type of care is called temporary care for dependent children. Seventeen such children were under care on June 30, 1944. The grand total of all children numbered 2,858 on June 30, 1943 and 2,748 on June 30, 1944. The number of committed children cared for in foster homes was 1,869 and 1,607 for the respective years.

**Table 28—Whereabouts of children receiving child welfare service, by category, June 30, 1944.**

Whereabouts	Total	Category			Children receiving service only
		Foster children			
		Committed	Temporary care	Non-settled	
Total.....	2,748	2,310	17	89	332
In home of parents.....	466	196	—	14	256
In home of relatives.....	168	141	—	10	17
In foster homes.....	1,708	1,607	10	56	35
In child-caring institutions.....	143	123	5	5	10
Elsewhere.....	263	243	2	4	14

Statistics on licensing of boarding homes are available for the first year of the biennium only since April 1943, because of a change on the form of reporting. From April 1 to June 30, 1943, applications for licenses numbered 429. On the latter date 145 licenses were in effect. During the second biennial year 779 applications were received, 539 licenses were granted.

The cost of board and care of committed children was \$405,588.07 for the first year of the biennium and \$438,366.83 for the second. In the second year there was also an expenditure of \$2,000.90 for temporary care of dependent children. Federal funds are available to

defray administrative costs only. Throughout the biennium Federal funds averaged 26% of the total administrative costs. Towns in which committed children have settlement contribute two-thirds of the cost of board and care.

Through the biennial period there is a noticeable trend toward the reduction of the number of cases under care and toward an increase of costs. The increase in costs is not difficult to explain in view of the rising cost of living over this period. While the rate paid for foster home care has not been increased due to lack of funds, the cost of clothing and medical care show an appreciable rise. Clothing is not only more costly but the purchase of a greater number of units of clothing has been necessary because of inferior quality in many instances. The reduction in caseload is also explained in part by economic factors. The ability of families to provide more in the way of both commodities and care for their children, outside their own home if necessary, has resulted in fewer complaints of neglect. A number of cases have been closed when committed children near the age of 21 have been taken into the armed services. By far the greater reduction in children under care has come as a direct result of the division's emphasis on prevention of family breakdown through service to parents and children.

## DIVISION OF SERVICES FOR THE BLIND

The 90th Legislature in 1941 passed an amendment to the aid to blind act creating a Division of Services for the Blind within the Department of Health and Welfare charged with the following responsibilities: "to provide, or cooperate with other public agencies in providing a program of services for the blind, including the prevention of blindness, the locating of blind persons, medical service for eye conditions, vocational guidance and training of the blind, the placement of blind persons in employment, assistance to the blind in marketing the products of their home industries, the instruction of the adult blind in their homes and other social services to the blind." A sum of \$5,000 was appropriated for each fiscal year of the biennium. The division started to function in March, 1942, with the appointment of a supervisor of services and a part-time secretary. In October, 1942, a placement agent was employed and in August, 1943, a full-time secretary replaced the part-time secretary.

The first steps of the division were taken in determining what problems existed in the state relative to blindness, learning what services were being rendered by various agencies, and finding out how this new service could best be developed to serve the blind people of Maine. The exploratory period resulted in the decision that service to potentially employable blind people should be emphasized while other services would be developed as opportunities were available.

The decision to focus on a rehabilitation program was in line with national trends in programs for the physically handicapped which reached their climax July 6, 1943 by the establishment of the Office of Vocational Rehabilitation in the Federal Security Agency. The division was designated as the state agency to administer the program of vocational rehabilitation of the blind. Through the Federal program funds have been made available for meeting the administrative expense of the vocational rehabilitation program and for matching state funds in providing services for employable people.

The employable group is a small highly selective group. However, there are many who could benefit by casework service in becoming adjusted to blindness, in learning specific skills and in being helped to assume or return, to their normal place in society. A home teaching program with adult blind people seems now to be the service most urgently needed. Through the release of state funds by Federal sharing in the vocational rehabilitation program, arrangements were made whereby one home teacher was employed immediately after the close

of the biennial period. It is believed that her work will demonstrate the possibilities for constructive activity in this field.

A register of the known blind has been established which contains over 1,200 names. These are persons who have used various state services for the blind and those who have come to the attention of the division in other ways. It is estimated that 300 additional blind people are in the state. An analysis of the register by age groups on November 1, 1943 gave the following:

**Table 29**—Number and percentage distribution of known blind persons in Maine, by age group, November 1943.

Age group	Number of blind persons	Per cent in each age group	
		Maine	United States
Total.....	1,224	100.0	100.0
Under 20.....	40	3.1	4.2
20-59.....	402	33.0	33.1
60-and over.....	741	60.6	62.7
Unknown.....	41	3.3	—

Development of an understanding of the services available to the blind on the part of other agencies is essential to the proper functioning of the program of the division. Blind people cannot be set aside and treated as a group. They are known to many organizations and agencies which provide assistance of one kind and another for people whether they are blind or not. Cooperative relationships have been worked out with the Divisions of Public Assistance, Child Welfare, Public Health Nursing and Medical Services, and their staffs have been addressed on services for the blind. The division has cooperated with the Department of Education, Division of Vocational Rehabilitation, and the U. S. Department of Labor, in developing educational programs and working out plans for coordinated effort. Visits have been made to public and private agencies throughout the state, and one state-wide meeting of all agencies concerned with services for the blind was held to stimulate understanding and develop the basis for mutually acceptable case work plans.

The program of education of blind children was transferred to the division in May 1943, from the Division of Child Welfare Services. The Division of Services for the Blind is now responsible for all matters relative to planning and referral of blind children to schools, consultation with the school, and planning for placement following the completion of such education. As the result of statutory limitations, only the Perkins Institution and Massachusetts School for the Blind

can be used for the education of blind children unless the authorities of the institution should refuse to admit children referred to it. In recent years the number of blind children attending school outside the state has numbered approximately 30.

The industrial placement program has been introduced into most of the industrial areas and most of the principal industries within the state since the division began to function. The vocational rehabilitation program has been a pioneering venture. From the time a placement agent was hired in October, 1942, his work has been that of case finding, visiting various industries to determine what jobs can be performed by blind people without hazard, making placements, and making follow-up contacts to determine if the employee's performance of the job is satisfactory.

During this period 94 clients were interviewed by the placement agent in regard to employment. One hundred and fourteen plants were visited in the search for suitable jobs. Thirty-eight placements were made and thirty-four individuals placed, since in four cases the job was terminated and the client was placed elsewhere. One hundred and six follow-up calls were made on plants where blind labor had been placed. Twenty-one plants employed blind labor for the first time.

It should be noted that the placement program described in this report by no means covers the total employment picture of the blind in Maine. At least 37 other blind people are known to the Division of Services for the Blind to be carrying on regular full-time jobs in a wide variety of occupations. An additional nineteen people are partially self-supporting and receiving supplementary assistance through aid to blind grants and approximately 21 men are employed in a residential workshop, the Maine Institution for the Blind in Portland.

With the placement in industry of the readily employable blind group and with the initiation of the Federal-State program for the rehabilitation of the blind, a change in emphasis is developing in the employment program. The rehabilitation workers will now have to seek out prospective employables. Many will require pre-vocational and vocational training before they are ready for employment. In line with this new trend, three individuals have been given vocational training during this second year of the biennium.

The division has offered consultant service to field staffs on problems related to blindness of individual clients as well as community aspects of prevention of blindness and services to the blind. It has

offered casework service to selected clients especially the newly blinded and individuals not known to other divisions of the department.

As a special demonstration in prevention of blindness, the division, during the past two years, has initiated a small project with visually handicapped school children. In cooperation with four schools in different areas, special sight-saving regimes have been planned for four school children with seriously defective vision. The plan for the child's program has been based on the ophthalmologist's findings and recommendations. The schools have planned programs with emphasis on good eye hygiene. The division has purchased and lent to the school for the use of the child, books specially printed in large type. These books are returned to the division when the child has finished with them and are then available for the use of other visually handicapped children. In this way, the division has the nucleus of a collection of special large type books which may be lent to schools for individual children. The division plans to offer this service to three or four additional children each year for the next biennium. It hopes thus to aid a small group of visually handicapped children and at the same time obtain data in these cases which may be helpful in evaluating the needs of isolated visually handicapped children in the community.

The distribution of Federally-owned Talking Book Machines previously administered by the State Library was transferred to the Division of Services for the Blind August 1, 1943. One hundred fifty-nine machines have been lent to the state by the Library of Congress. At the end of the biennium 133 of the machines were assigned to borrowers in all areas of the state.

## DIVISION OF WORLD WAR ASSISTANCE

The world war assistance program provides for the needs of the dependents of male and female veterans of both World War I and World War II, when the veteran is deceased or is unable due to disability to provide for their needs.

With the outbreak of the present war it became apparent that the provisions of world war relief, as then defined, would have to be broadened to apply to the dependents of veterans of World War II. New laws were passed by the 1943 Legislature entitled, "An Act Relating to the Support of Dependents of Veterans of World War I and World War II." Administration of the new law was made a continuing responsibility of the Department of Health and Welfare, and the new program was known as world war assistance. Investigation of cases and recommendations as to amounts to be paid remained the function of the staff of the Division of Child Welfare as before.

The war period has brought about a sharp decrease in applications received and without doubt has been responsible for an extremely low number of recipients as compared with previous years. On the other hand, the increase in living costs has resulted in an increase in the average grant and an increase in the total amount of assistance for the program. The number of recipients decreased from 140 on July 1, 1942 to 134 on June 30, 1944. The average monthly grant increased from \$37.71 to \$48.45. Total net expenditures for assistance increased from \$64,048.88 to \$73,452.50 in the two years.

A higher percentage of applications from dependents of World War II veterans is expected in the next biennium. As defense work is curtailed and employment becomes less available, we may expect a large increase in applications from the dependents of World War I veterans. This will be particularly true of that group which, though disabled, has been able to find suitable employment due to shortage of labor during the war period, and also of the group which became self-supporting through employment of women in defense work.

At the beginning of the biennium there was a large pending case load due to a shortage of funds which had existed over several years and which had made it impossible to consider many applications. This period of small caseload and the small number of applications has made it possible to place the caseload on a current basis. This has been accomplished in spite of travel restrictions and staff shortages.

With the beginning of the new biennium, preparations are under way for transfer of this program to the Division of Public Assistance,

it being realized that the child welfare staff should be free to give full time to their own problems and that world war assistance is primarily a public assistance program. There will still be the same problems of limited staff and restricted travel, but since the public assistance staff is larger than the child welfare staff, and thoroughly familiar with public assistance problems, it is hoped that this move may prove an advantage in efficient administration. It is also planned to decentralize the program to the various district offices of the Public Assistance Division, placing responsibility for the program in the field, and thereby making it possible to give more adequate service to clients.

**Table 30—World war assistance: Recipients and payments to recipients in Maine, by month, July 1942-June 1944.**

Month and year	Number of recipients	Amount of payments	Average payment per recipient
July 1942—June 1944	—	\$139,166.40	—
July 1942—June 1943	—	65,064.90	—
July	134	5,053.50	\$37.71
August	139	5,246.50	37.74
September	138	5,224.00	37.86
October	132	5,094.50	38.59
November	131	5,049.00	38.84
December	134	5,146.50	38.41
January	137	5,195.50	37.92
February	143	5,492.15	38.41
March	144	5,707.00	39.63
April	144	5,836.75	40.53
May	148	6,018.50	40.67
June	149	6,001.00	40.28
July 1943—June 1944	—	74,101.50	—
July	145	5,898.50	40.68
August	146	5,947.00	40.73
September	145	5,957.50	41.09
October	148	6,185.00	41.79
November	148	6,150.00	41.55
December	148	6,218.00	42.01
January	154	6,609.00	42.92
February	135	6,035.00	44.70
March	134	6,180.50	46.12
April	135	6,221.50	46.09
May	132	6,207.50	47.03
June	134	6,492.00	48.45



**Table 31—World war assistance: Applications received, disposed of, and number pending at the end of each month in Maine, by month, July 1942-June 1944.**

Month and year	Applications for assistance				
	Received	Disposed of during month			Pending at end of month
		Total	Approved	Denied or otherwise disposed of	
July 1942—June 1944.....	177	321	133	188	—
July 1942—June 1943.....	99	221	83	138	—
July.....	5	57	9	48	115
August.....	8	52	9	43	71
September.....	4	11	7	4	64
October.....	12	14	5	9	62
November.....	7	12	8	4	57
December.....	6	10	6	4	53
January.....	12	9	7	2	56
February.....	10	13	8	5	53
March.....	6	12	4	8	47
April.....	16	11	7	4	52
May.....	9	11	8	3	50
June.....	4	9	5	4	45
July 1943—June 1944.....	78	100	50	50	—
July.....	6	3	1	2	48
August.....	6	8	7	1	46
September.....	6	3	1	2	49
October.....	5	8	5	3	46
November.....	4	3	2	1	47
December.....	9	6	4	2	50
January.....	7	21	8	13	36
February.....	5	27	7	20	14
March.....	8	8	4	4	14
April.....	6	4	3	1	16
May.....	10	3	3	—	23
June.....	6	6	5	1	23

## DIVISION OF INDIAN AFFAIRS

Under the laws pertaining to the Penobscot and Passamaquoddy Tribes of Indians, an Indian agent, appointed by the Governor with the approval of the Executive Council for a term of four years, is responsible for the management of the three Indian reservations and for the care and supervision of Indians living on these reservations. After appointment the Indian agent is responsible to the department and is under the general direction of the director of social welfare.

There are three Indian reservations. The Penobscot Tribe has one reservation consisting of the islands in the Penobscot River between Old Town and Lincoln. All but a few of these Indians live on Indian Island at Old Town. The Passamaquoddy Tribe has two reservations, both of which are in Washington County. A Governor and Lieutenant Governor are elected biennially on each reservation by the members of the tribe living thereon. A representative at the Legislature is elected biennially by each tribe. Their duties are to look after the interests of the tribes but they do not have a vote. Each reservation has an Indian policeman.

There are approximately 1,200 Indians, almost equally divided between the two tribes. The state furnishes funds to cover the cost of hiring the Indian agent, a supervisor who assists him, and several other persons who perform routine duties on the reservations. The salaries of priests and sister teachers are paid by the state. Parochial schools are maintained for each reservation although children may attend nearby public schools if they desire. High school education is provided through the public school system. The cost of all public school education is charged to the state. Medical and dental services are furnished as needed and each household is supplied with fuel, usually four cords of wood, for the winter. The state is also responsible for care of buildings, equipment, and for supplying fuel and utility services. The total cost for these services and supplies was \$22,708.75 in the first year of the biennium and \$30,179.62 for the second year.

School lunches have been furnished to approximately 230 pre-school and school children each school day during the biennium, and improved health of children has been the result. The cost is met by the state except for a small contribution made by the Federal Government. For the first year the cost was not listed as a separate item. For the second year the cost was \$9,585.02.

Relief to Indian families is administered by the Indian agent. For the first biennial year it amounted to \$70,097.80, and for the second year \$73,599.76. The number of families needing relief has dropped substantially. Many Indians are employed in wartime industry, and many of the younger men are members of the armed forces. However, the cost of relief has increased over previous years due to increased costs of living.

Many problems are presented in connection with the administration of Indian affairs. Since the beginning of the war the shortage of manpower has resulted in a serious problem of supplying wood for fuel. Since most homes are equipped to burn wood, a shortage would be disastrous.

Housing on all the reservations is a pressing problem. Many large families are living in houses of one to three rooms. In spite of the labor and material shortages the agent has managed to make essential repairs. First on the list of postwar projects for the Indians is a program to provide more adequate housing.

The Penobscot laws provide for the election of a ferryman annually to operate a ferry between Indian Island and Old Town, the ferryman to receive one-half of the money collected from passengers. The law sets fares at 2c for Indians and 5c for others. Since no person has been willing to operate the ferry on this basis during the biennium, the agent has had to make other arrangements. There are no stores or doctors on Indian Island, so the operation of a ferry is essential. The Legislature will be requested to amend this law at the next session.

## STATE SERVICE OFFICER

The state service officer was employed on January 1, 1943 with functions of the office outlined as follows: "Under general supervision of the director of social welfare to act as consultant to the staff of the Bureau of Social Welfare and the other divisions of the department on all matters pertaining to veterans and their dependents; to file or assist in filing and to prosecute claims for disability, death or other Federal benefits for which veterans or dependents who are clients of the department might be eligible; to consult and work with the U. S. Veterans' Administration, veterans' organizations, and other groups in matters pertaining to the welfare of veterans and their dependents; and to do related work as required." Work was immediately started on a review of existing public assistance cases with view to determining possible eligibility for benefits from the Veterans' Administration, and claims have been filed where such action is indicated. At the same time a system was installed whereby the state service officer reviews all new applications where veterans are involved with a view to keeping departmental claims work current.

In February 1943, the Veterans' Service Committee of Maine was organized. This committee consists of representatives at the state level of the following organizations: The Veterans' Administration, Department of Health and Welfare, Selective Service, the American Legion, Veterans of Foreign Wars, State Department of Education, Veterans' Placement Service of the U. S. Employment Service, the U. S. Employment Service, Vocational Rehabilitation Division of the Veterans' Administration, and the American Red Cross. The state service officer serves as the representative of the Department of Health and Welfare on this committee and as secretary of the committee. Under the Veterans' Service Committee of Maine, 126 local veterans' service committees have been established throughout the state. Over one thousand volunteer workers are serving on these local committees to the end that our returning veterans may be promptly contacted and rendered efficient service in matters pertaining to re-employment, the filing of claims for pensions, hospitalization, vocational training, and other benefits to which they may be entitled under either Federal or state legislation, and the solving of other problems which may present themselves.

Believing that it is the overwhelming desire of our returning veterans to resume as promptly as possible their places as self-supporting productive citizens in their communities, the efforts of the state ser-

vice officer and those with whom he is associated on the state and local veterans' service committees have been and are being exerted to the end that the veterans may be assisted promptly in availing themselves of state and Federal benefits to which they may be entitled, this assistance to be rendered at once while the evidence necessary to establish eligibility is readily available. Emphasis both at the state and local levels is on prompt return to normal living with the acquisition of such benefits as their entitlement offers to bring this about.

As of June 30, 1944, approximately 6,000 veterans of World War II have been returned to Maine. Of this number over 3,500 have been contacted by some member of their local committee and their needs attended to. They have been assisted in securing employment, claims for hospitalization or pension have been filed where indicated, and they have been advised of their rights and assisted in availing themselves of these rights if they wish to do so. Of the approximately 2,500 not contacted, many had returned and moved away again from their home localities before the Maine plan became operative, and others are on the current lists for interview. Those who have moved out of the state are constantly being contacted through the facilities of the states of their present abode, and returns are being filed in the office of the state service officer. As of June 30, 1944, World War II veterans in Maine are over 85% employed.

Service schools for the instruction of local service officers and members of local committees have been conducted twice during the biennial period in each county. The state service officer has participated in the instructional program.

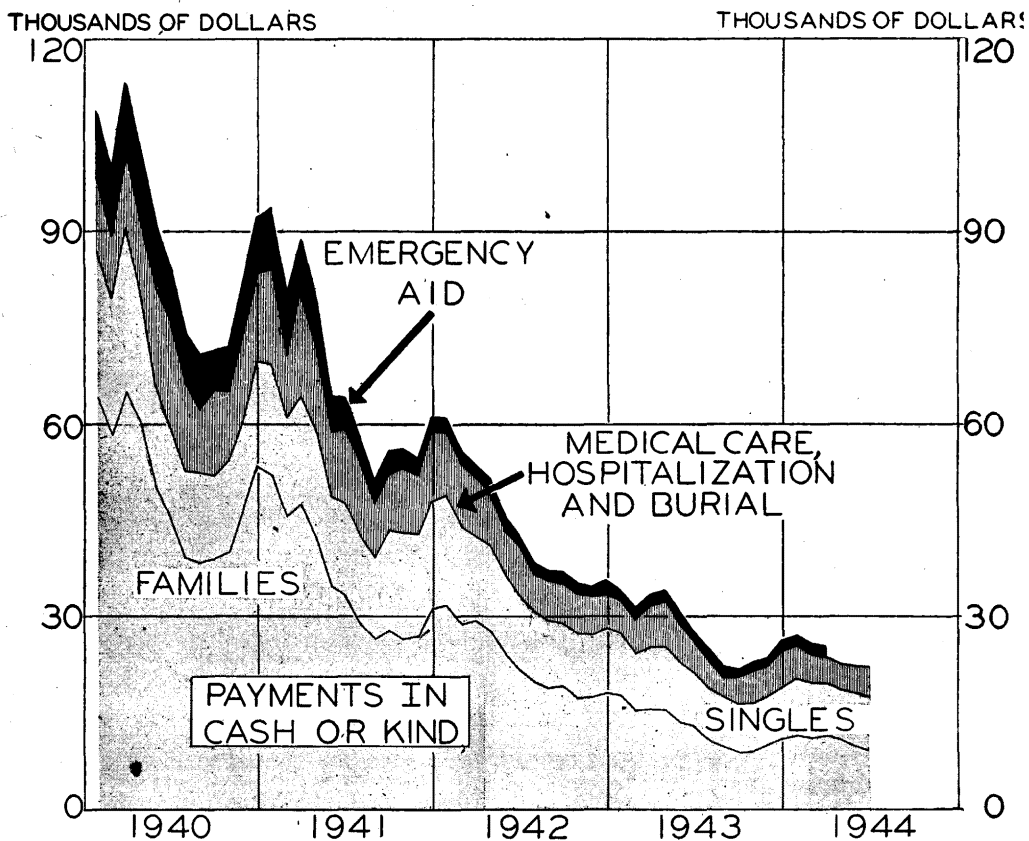
Interpretation of policy of the department with respect to veterans has been given to the general public through a large number of speaking engagements. Many conferences, both in and outside the State, have been attended.

Based upon a spot check of public assistance cases for the months of January through October, 1943, it is estimated that in excess of \$100,000 has been recovered, during the period covered by this report, for these clients of the department in family allowances from the Office of Dependency Benefits. Our records indicate that for the same period, approximately \$20,000 was received from the same source for eighty committed children.

As of the date of this report, definite plans have been drawn up for the creation within the Department of Health and Welfare, under the supervision of the director of social welfare, and the direction of the

state service officer, a Division of Veterans' Affairs, which will meet in every way the expanding needs of veterans as they begin to return in large numbers. Job specifications for additional personnel are being drawn up and their duties are being defined. Policies are being formulated to the end that this division may perform its intended functions and assist in coordinating the program and efforts of other public and private agencies as they apply to veterans.

Chart 13—Obligations incurred for general relief paid from state funds, January 1940-June 1944



## DIVISION OF GENERAL RELIEF

People who have fallen into distress and who have no settlement in any city or town in the state are the primary responsibility of the Division of General Relief. Approximately 70% of the persons without settlement are taken care of by the cities and towns in which they are living. Local officials provide relief for them on the same basis that it is provided for persons with a settlement. The division reimburses cities and towns 100% of the cost for non-settled persons. The remaining 30% of the cases are taken care of directly by the division. These cases include persons in convalescent and boarding homes, hospitals, Jefferson Camp, and children without settlement who are referred to the Division of Child Welfare for service. Other programs administered by the Division of General Relief are War Food Distribution, General Law Pensions, Special Resolve Pensions, Burial of Soldiers, Sailors, and their Widows, Examination and Commitment of the Insane, and Emergency Aid.

Legislative appropriation for the whole division for the first year of the biennium was \$1,000,000 of which \$538,867 was expended. For the second year \$475,000 was appropriated of which \$362,705 was expended. Appropriations were made on the basis of expenditures estimated in the preceding biennium. The reduction of expenditures under the amount appropriated is a direct reflection of economic conditions resulting from the war.

Reimbursements to cities and towns in the fiscal year 1942-43 averaged \$25,727 per month. The average monthly caseload was 794 at \$32.41 cost per case. In the fiscal year 1943-44 average monthly reimbursement to cities and towns was \$17,061 with an average monthly caseload of 486 at a cost of \$35.10 per case. From July 1, 1942 until June 30, 1944 there was a decrease in cases of 308, or 37%, and a decrease in cost of \$8,666, or 34%. In the last year of the biennium 75% of the new cases accepted were for temporary assistance such as hospitalization and medical care or for a short duration of general relief due to illness or other temporary condition. These figures bring us to the inevitable conclusion that people do not stay on relief if there is adequate employment available. Practically all those who remain on relief rolls at the end of the biennium are persons who are unemployable.

The increased cost of living has caused an increase in the cost of relief per case. This increase is in line with other kinds of assistance.

It does not represent accurately the rise in prices as relief allowances do not keep pace with rapid fluctuations in prices.

### **Jefferson Camp**

The Department of Health and Welfare for many years provided care for non-settled men in boarding homes. It was impossible to provide adequate supervision and rehabilitative service and in many instances proper medical care was not made available. As a result of this situation Jefferson Camp for homeless men was established in September, 1942, at the site of the CCC camp in Jefferson, Maine. Throughout the biennium an average of 125 men a month have been cared for. While the camp is still in the experimental stage, its value has been shown. An effort is made to know the background of each man and whenever possible he is given responsibility in the camp in activities in which he has had past experience. For services rendered, men are paid a small amount. Practically all of the work in the camp is done by the men as illustrated by the fact that only three men are hired as employees from outside. Clothing, medical and dental care, hospitalization if necessary, and incidentals such as tobacco, are furnished. By planned programs an attempt is made to keep all men occupied in a constructive way with a view toward rehabilitation.

A farm program is carried on under the direction of the farm foreman. Forty acres are under cultivation and during the year 1943-44, there were 1,000 hens, 34 head of Hereford cattle, 38 sheep, 30 pigs and a pair of horses. Farm machinery and other tools have been acquired to use in operation of the farm and camp.

Expenditures in the first year of the biennium amounted to \$47,790 and in the second year, \$63,977.

### **War Food Distribution**

The distribution of government food surplus commodities was made a responsibility of the division on January 1, 1944 when the Division of Commodity Distribution ceased to function. Surplus foods have been distributed as follows: school lunch programs, 60%; state institutions, 21%; local charitable institutions and hospitals, 15%; welfare recipients who are the direct responsibility of the division, 4%.

From January to July, 1944, there were received, 25 carloads, with an estimated value of \$8,051. These quotas consisted of 400,250 pounds of vegetables, 900,000 dozen eggs, and 352,284 cans of milk and grapefruit. Cost of distribution was \$1,092.



## **General Law Pensions**

Statutory provision is made for assistance in the form of general law pensions for veterans, and those dependent on them, of the Civil War, Spanish-American War, and the Philippine Insurrection. Such pensions are limited to \$12.00 a month and the amount paid is determined according to need.

In the first year of the biennium there was a quarterly average of 468 recipients who were paid a total of \$55,659. In the second year there was a quarterly average of 414 recipients who were paid a total of \$49,897.

## **Special Resolve Pensions**

Special resolve pensions are those which are granted by special resolve of the Legislature. They are fixed in amount by the Legislature and cannot be terminated or changed in amount except by legislative act.

In the first year of the biennium there was a quarterly average of 371 recipients, who were paid a total of \$55,776. In the second year there was a quarterly average of 369 recipients, who were paid a total of \$61,911.

Burial of soldiers, sailors and their widows is provided by statute. Anyone who has served in the Army, Navy or Marine Corps, or their widows, may be buried at state expense, provided that they are residents of the state and are in need.

In the first year of the biennium there were four burials at a total cost of \$400. In the second year there were three burials at a total cost of \$298.

## **Examination and Commitment of the Insane**

The expense of examination and commitment of the insane who have no settlement is charged to the division.

In the first year of the biennium the cost amounted to \$70.93. In the second year the cost amounted to \$446.05.

## **Emergency Aid**

The Legislature of 1935 established a fund of state money under the name of emergency aid to meet the financial inability of some towns to provide for needy persons. Since 1935 restrictions have been

placed on the availability of this form of assistance and aid is now limited to towns whose municipal affairs have been taken over by the Emergency Municipal Finance Board and which the State Auditor and the Commissioner of Health and Welfare declare to be in need of this form of assistance.

Over the biennium, increased employment opportunities and improved financial conditions in the towns made state help less and less necessary. By May, 1944, the Division of Emergency Aid had been liquidated and its activities transferred to the Division of General Relief.

During the fiscal year ending June 30, 1943, towns were aided in the amount of \$31,349 and for the year ending June 30, 1944, the cost was \$36,629.

## SOCIAL SERVICE INDEX

As the functions of the Department of Health and Welfare increase, and as more people are served by the addition of new categories and the expansion of existing services, some system of central indexing becomes essential. It is important to know from what categories of assistance a person or family is receiving or has received service or financial assistance. A social service index serves such a function, providing information at one source from which can be learned the location of records which have resulted from the activity of other agencies. Time is saved if the same information does not have to be secured from recipients more than once. Better service is provided to the client when his situation is more completely understood. The overlapping of services is prevented. The process of decentralization which was started during the biennium meant that duplicate records would no longer be kept in the state office, once the process was completed.

Plans were made for the establishment of a state-wide index to be operated by the Division of Business Management. It was arranged to include in its operation the indexes which were already established under private auspices in Bangor and Portland so that the records of both private and public agencies in those cities would be a part of the system.

On June 19, 1944 the State Social Service Index started to operate. Its value cannot be estimated in dollars and cents, but even in the brief period of its operation during the biennium it has proved to be of inestimable aid to the department as a whole.

## Statement on Postwar Planning in Health and Welfare

(Submitted to Governor Sewall, at his request, in December, 1943)

### I. Background for Peace

In Maine, as in other states, planning for after the war must be considered against a background of the problems which we as a nation will face because it is obvious that to the degree unified action is mandatory in promoting the war effort so will unified action be necessary in adjusting to peacetime living. As a United States, we shall, at the close of the war, have the following political, economic and social factors to consider in relation to the health and welfare of our people:

#### A. Political factors

1. The degree of cooperation with other nations in the world.
2. The question of a continued strong central government or a return to the states of a greater measure of their sovereignty.

#### B. Economic factors

1. A labor force of 63.5 million persons.
2. A national income approaching 150 billions of dollars per year.
3. The greatest national production rate in the country's history.
4. A national debt approaching 300 billion dollars on which carrying charges alone will be tremendous.
5. Demobilization of more than 10 million veterans of World War II.
6. Release from war industries of upwards of 20 million workers.
7. Into the labor market more than 1,700,000 youth who have completed their formal education.
8. A group of unemployed estimated to number from 3 millions to 9 millions of persons during the two-year postwar adjustment period.

#### C. Social factors

1. Rehabilitation of World War II veterans.

2. Retraining of civilian war workers.
3. Migration of thousands of families from war industry areas to their former homes.
4. A temporary increase in the incidence of sickness caused by war strains, continuous long hours of employment, and insanitary, crowded housing conditions in war industry centers.
5. An increase in general relief and public assistance expenditures. (To come largely from the elderly persons, youth and women who will voluntarily or with pressure be removed from the labor force.)

All economists, whether employed by government, industry or labor, are in almost unanimous agreement as to the after-the-war pattern. They indicate that during the two-year period of conversion from war to peace production, the number of unemployed may be as high as 9 million persons. There will follow a "boom" period of about 10 years during which we shall produce consumer goods at a high rate for ourselves and other nations. There will then be a sharp decline in production and in the absence of careful planning there can be a repetition of the nation's experience in the 1929-39 period.

## II. Responsibility and objectives of health and welfare department

As an agency of state government, the health and welfare department has as a statutory responsibility:

- A. The administration and enforcement of the public health laws.
- B. The administration and enforcement of the public welfare laws.

In carrying out the intentions of the people as expressed in legislation, the department has the following objectives:

- A. The prolongation of life and the prevention of sickness.
- B. The prevention of poverty and the relief of want.
- C. The provision of qualified leadership to all political subdivisions, private agencies and citizens in matters related to health and welfare.
- D. An active interest in promoting and furthering, through our democratic processes, a way of living which will provide basic security for every citizen and afford the opportunity for useful and purposeful living. Such a basic security must include the following opportunities:

1. Employment through
  - a. Private industry
  - b. Public works which will
    1. Give employment to every person needing and wanting a job and capable of performing it or being trained to perform it.
    2. Be sufficiently varied to preserve the skills of the individual.
    3. Pay a wage sufficient to maintain the individual and family on a standard of decency and health and not on an "emergency" subsistence level.
2. Adequate social insurance to maintain the individual and his dependents through periods of unemployment and in years of retirement.
3. Food in a kind and amount sufficient to maintain good health.
4. Housing of a quality to provide wholesome and sanitary living conditions.
5. Adequate medical care including dental, surgical, hospitalization and psychiatric treatment for the mentally sick.
6. Equal educational opportunity.
7. Recreation for both children and adults.
8. Adequate general relief and public assistance.

NOTE: In listing the basic security factors above, the department does not intend to imply that it wants or should have responsibility for most or all of these needs. The department does believe, however, that if we are to abolish poverty in the sense of subsistence living, we must think in terms of the needs of all the people and work toward the provision of those opportunities which make all people producers and participants in purposeful living.

### III. Specific recommendations

#### A. Bureau of Health

Public Health and medical authorities agree that on the basis of discoveries made in medical science during the course of the war, further prolongation of man's life span is assured and in the postwar world an increased emphasis will be placed on preventive care. Authorities likewise agree that the trend in the future will be toward more conscious and active coopera-

tion on the part of all professional health agencies and individuals in a community to the end that, on a voluntary basis, the well-being of each person in the community shall be promoted. The State Bureau of Health intends to keep abreast of these progressive trends and the following specific recommendations are offered:

1. That the bureau accept responsibility for providing leadership in prolonging life and preventing disease and illness.
2. That the district health organization be strengthened through
  - a. establishment of additional offices (housing, also, welfare staff)
  - b. employment of qualified physicians trained in public health and adequately compensated
  - c. placing more responsibility on district health officer for administration within his district and working for
    1. more local acceptance and support
    2. less federal and state control and financing
  - d. addition of a medical social worker to each district to assist with referred welfare cases.
3. That the venereal disease and communicable disease divisions be combined.
4. That there be established the position of Assistant Director of Health with responsibility for
  - a. district services
  - b. communicable disease division.
5. That there be created a tuberculosis control division with a trained medical director. Such action should result in
  - a. finding tuberculous persons in communities
  - b. close cooperation with state sanatoria in follow-up on cases discharged from sanatoria
  - c. clinics in towns run by State Bureau TB Director or consultants from state sanatoria
  - d. reasonable preparation for service to World War II veterans who require it.
6. That a mental hygiene division be established
  - a. clinics throughout state would be open to all citizens
  - b. would accept referrals from Bureau of Social Welfare

- c. would treat persons discharged or paroled from state mental institutions
- 7. That provision be made for diagnostic clinic facilities in each health district, attached to existing community hospital and with
  - a. a mobile unit of specialists from state health office making available city facilities to rural areas

(NOTE: This plan anticipates that (1) local hospital will increasingly become center of community health programs; (2) that there will be strong physical tie-up among health, medical and hospital authorities locally as there is between state health and welfare; and (3) that state health bureau has responsibility for providing leadership that will not only command the respect of, and prove a resource for, practicing doctors, but will work actively for the improvement of the health of the people.)

- 8. That there be created an industrial hygiene division.
- 9. That there be conducted a joint study with the Bureau of Social Welfare, organized medical and hospital societies, municipal officers and others of the facilities in the state for the care of the chronically ill.
- 10. That activities of Division of Services for Crippled Children be extended to include diagnosis and treatment of hard-of-hearing.
- 11. That the Division of Medical Services be expanded to include:
  - a. more consultation on the medical problems presented by persons in whom the department has an active interest
  - b. cooperation with organized medical and hospital associations for the purpose of devising a plan to insure the best medical care for all residents of Maine.
- 12. That the Division of Dental Hygiene be strengthened through a qualified doctor of dentistry who recognizes the relation of dental care to medical care and has an appreciation of good medical care.
- 13. That an in-service training program be developed to give all Bureau of Health personnel an insight into social welfare problems.



- a. Many public assistance recipients will become productive citizens if given needed medical treatment.
14. That the scope of the Hospital Aid program be broadened to include responsibility for the standard of care given and the availability of hospital facilities as well as a means of paying hospitals some money.
15. That sufficient funds be provided to employ and retain personnel qualified by training and experience to give leadership in their respective fields of activity.

## B. Bureau of Social Welfare

The war has effectively demonstrated in Maine and throughout the nation: (1) the need and value of social services to working people; (2) that a person will not stay on relief if he can get a job; and (3) that handicapped persons can be rehabilitated to useful and productive living. Personnel shortages, together with the necessity of carrying war-related activities in addition to regular duties, have combined to indicate the need for unification and simplification of welfare administration. The future in social welfare looks beyond the provision on an adequate basis of life's necessities to an objective of helping individuals to be productive citizens in their communities. The result of moving toward such an objective will be an elimination of much waste in lives and money. The State Bureau of Social Welfare is now undergoing an administrative reorganization so that it may more effectively serve the people of the state. To the end that its varied activities may be coordinated and directed toward the new objectives in welfare, the following specific recommendations are offered:

1. That the bureau accept responsibility for providing leadership in helping people to live productive lives.
2. That the administration of welfare programs be unified and simplified through the local administration, under state supervision, of all activities relating to needy persons. Currently, approximately 400 sets of local welfare officials administer general relief to Maine's approximately 500 cities, towns and plantations. At the same time through 39 offices the department of health and welfare administers assistance and service to the aged, blind, dependent and neglected children in these same cities and towns. Economy in money and manpower and improved service to people

could be effected if the administration of all welfare assistance and service programs were to be made a responsibility of the cities and towns, with state supervision and federal, state and local financing. Such a plan would require the appointment of administering officials and their staffs on a merit basis and would permit the housing of the total service in a single building within the community. For towns with a small population there would be required a single staff serving two or more towns and located in the center of the area to be served.

3. That the sum of \$125,000 be appropriated for the construction and renovation of homes on the three reservations occupied by members of the Passamaquoddy and Penobscot Tribes of Indians.

The state continues to fumble with its biggest minority group, the Indians. Year after year the state spends approximately \$100,000 toward the support, maintenance and education of about 1,200 Indians with little evidence that the expenditure has been helpful in getting the Indians to accept the privileges and obligations of state citizenship. The department believes that no real progress will be made until certain basic needs are met on an adequate basis. A major need is decent housing. Currently, 1,200 Indians live in 200 homes, about 150 of which are one- or two-story shacks. With an average of 6 persons per dwelling, it is obvious that a crowded, insanitary condition must exist and the social costs of such living arrangements are tremendous. The construction of 75 four-room houses at an estimated cost of \$1,000 each, together with an expenditure of about \$600 for enlargement and repair to the remaining 75 homes would give the Indians for the first time the opportunity to live and raise their families in houses which can be kept clean and warm and will afford the chance for wholesome family life. Costs of carrying out this project can be kept at a minimum through the use of available lumber and Indian labor.

4. That the total resources of the bureau be made available to assist in the prompt rehabilitation of World War II veterans.

Currently the State Service Officer, a member of the Bureau, is secretary of the Veterans Service Committee of

Maine which, with 1,000 members, operates in 126 communities in giving service to returning veterans. In Maine we face the return from the armed forces of an estimated seventy thousand persons. Many of these veterans will want not only information on available benefits, medical care and treatment and a job but in many instances will require social services in making the adjustment to civilian life. Qualified social workers are trained and experienced in giving the kind of services which the soldier suffering from the strains of mechanized warfare may require. It is assumed that, when necessary, sufficient monies will be made available by the state, through the World War Relief appropriation to meet the needs of dependents of World War II veterans.

5. That, in cooperation with the Bureau of Health, organized medical and hospital societies, municipal officers and others, a study be made of provisions in the state for the care of the chronically ill, with special reference to care of the aged.

Through medical science the span of life is now about 65 years for the average person. Recent discoveries indicate it is reasonable to expect that, in the future, people may live to 75 years of age on the average. This will mean a considerable increase in the number of persons afflicted with chronic ailments and requiring nursing home or infirmary care. To no small degree the problem is already with us and, in the absence of adequate facilities, many persons, especially the aged, are not getting proper care and are most unhappy. Now is the time, through the joint work of public and private groups, to learn the extent of the need, the availability of resources and the lacks which must be met.

6. That social services be extended through employment of qualified workers to provide counselling service to employed persons and vocational guidance for the rehabilitation of persons requiring public assistance.

The war has demonstrated that social services meet a definite need for the employed person in matters of housing, recreation, child care and family difficulties. For the handicapped person and for the person previously classified as "unemployable," active cooperation and planning with the Division of Vocational Guidance in the Department of

Education will result in many of these individuals becoming producers.

7. That more emphasis be placed on preventing breakdowns in family life through
  - a. assignment of qualified social workers to give service only in families requesting help or referred by other social agencies
  - b. more active cooperation with churches in all communities
  - c. exercising more care in adoptions. Private social agencies with qualified personnel should be encouraged to accept more responsibility for this important activity.
  - d. the establishment of study homes in which children may be temporarily cared for while being observed and given such psychiatric treatment as may be required.

8. That a full-time nutritionist be added to the bureau staff to act as consultant to all divisions.

The work of the Bureau of Health nutritionist in the Bureau of Social Welfare has demonstrated the need for a nutritionist for consultation solely among the Social Welfare divisions. The service is helpful to people not only in the planning of adequate assistance standards but also in the planning of special diets and school lunch programs.

9. That provision be made to make all public assistance payments on a semi-monthly basis.

Currently, payments are made monthly. Most people receive wages weekly and plan their expenditures accordingly. The receipt of payments twice a month would make it easier for the recipient to plan his expenditures wisely.

10. That sufficient monies be appropriated to provide each eligible recipient of public aid with a standard of living compatible with decency and health.

The provision of anything less than a decent standard of living results in a loss of manpower and money on the part of the community and the state. An adequate appropriation will include funds necessary for rehabilitation through medical care, including dental care, hospitalization and psychiatric treatment for the mentally-sick individual.

11. That there be an adequate staff of workers adequately compensated.

A staff turnover of approximately 40 percent in 12 months is not good business but is exceedingly costly. The state must either more nearly compete with other agencies in the labor market or continue to serve, as we have for many months, as a training school for other organizations.

#### **IV. General recommendation**

- A. That, in centers throughout the state where various state departments rent field offices, consideration be given to the erection of state office buildings adequate to house in one unit the workers whose official headquarters are in the city or town.

This department now spends \$18,552 per year for the rent and upkeep of field offices throughout the state. In many instances the office space is not conveniently located for public service and the offices themselves are so crowded as to assure little, if any, privacy for the discussion of the personal situations which individuals wish to talk over in a social welfare agency. It will be a happy day when citizens with government business to transact can go to a single building in a city or town and find there the agencies of government they wish to contact.



# APPENDIX

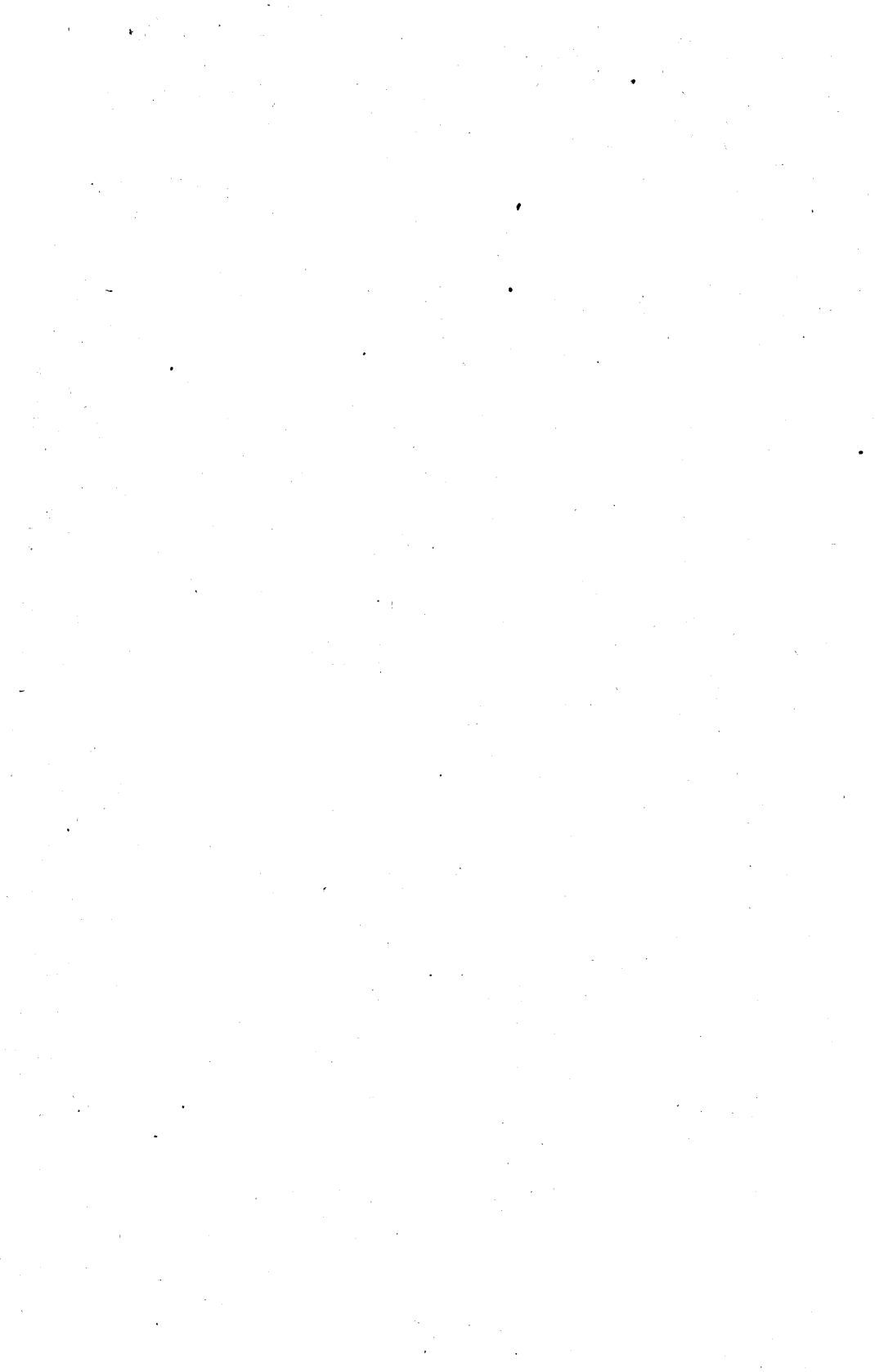




Table 41—Net expenditures and source of funds for public health programs in Maine for the fiscal years ended June 30, 1943 and 1944.

Program	July 1, 1942—June 30, 1943							July 1, 1943—June 30, 1944						
	Total	Source of funds						Total	Source of funds					
		Federal		State		Local			Federal		State		Local	
		Amount	Per cent	Amount	Per cent	Amount	Per cent		Amount	Per cent	Amount	Per cent	Amount	Per cent
Total	\$476,355	\$237,982	50.0	\$222,829	46.8	\$15,544	3.2	\$565,778	\$338,154	59.8	\$208,670	36.9	\$18,954	3.3
Maternal and Child Health	24,894	24,894	100.0					29,707	29,707	100.0				
Emergency Maternal & Inf. Care	1	1		1		1		98,921	98,921	100.0				
Service for Crippled Children	31,381	31,173	99.3	208	0.7			24,473	23,880	97.6	593	2.4		
Public Health Nursing	111,423	64,171	57.6	32,917	29.5	14,340	12.9	128,494	82,335	64.1	23,232	22.0	17,927	13.9
Dental Health	11,472	10,268	89.5			1,204	10.5	12,794	10,868	85.0	899	7.0	1,027	8.0
Venereal Disease Control	23,941	21,892	75.6	7,049	24.4			36,027	26,589	73.8	9,438	26.2		
Sanitary Engineering	92,653	27,911	30.1	64,742	69.9			54,940	24,969	45.5	29,971	55.5		
Communicable Diseases	20,572	14,021	68.2	6,551	31.8			21,866	6,967	31.9	14,899	68.1		
Diagnostic Laboratories	48,719	18,261	37.5	30,458	62.5			43,951	24,572	55.9	19,379	44.1		
Cancer Control	2,511			2,511	100.0			3,458			3,458	100.0		
Vital Statistics	12,925	3,224	24.9	9,701	75.1			14,423	421	2.9	14,002	97.1		
Regulation of Cosmetics	1,992			1,992	100.0			6,448			6,448	100.0		
Board of Barbers and Hairdressers	15,114			15,114	100.0			16,311			16,311	100.0		
Licenses for Sale of Prophylactics	59			59	100.0			579			579	100.0		
Control over Plumbing	5,389			5,389	100.0			5,720			5,720	100.0		
Plumbers' Examining Board	4,449			4,449	100.0			5,114			5,114	100.0		
District Health Centers	39,527	11,064	28.0	23,463	72.0			40,149	6,345	15.8	33,804	84.2		
Personnel Training	2,823	2,748	97.2	80	2.8			1,973	1,973	100.0				
Special Defense Project	285			285	100.0									
Central Administration	21,216	8,355	39.4	12,861	60.6			20,430	607	3.0	19,823	97.0		

<sup>1</sup>Program not in operation

Table 42—Net expenditures and source of funds for public welfare programs in Maine for the fiscal years ended June 30, 1943 and 1944.

Program	July 1, 1942—June 30, 1943							July 1, 1943—June 30, 1944						
	Total	Source of funds						Total	Source of funds					
		Federal		State		Local			Federal		State		Local	
		Amount	Per cent	Amount	Per cent	Amount	Per cent		Amount	Per cent	Amount	Per cent	Amount	Per cent
Total	\$7,441,362	\$2,728,854	36.7	\$4,221,918	56.7	\$490,590	6.6	\$7,796,557	\$2,910,881	37.3	\$4,396,422	56.4	\$489,254	6.3
Old Age Assistance <sup>1</sup>	4,132,561	2,066,102	50.0	2,066,459	50.0			4,547,504	2,273,737	50.0	2,273,767	50.0		
Old Age Assistance—Burials								39,102			39,102	100.0		
Aid to Dependent Children	913,919	359,679	39.3	274,801	30.1	279,439	30.6	915,245	321,933	35.2	309,992	33.9	283,320	30.6
Aid to the Blind <sup>2</sup>	283,464	139,555	49.2	143,909	50.8			283,708	140,259	49.4	143,449	50.6		
Board and Care of Neglected Children <sup>3</sup>	405,588			194,437	47.9	211,151	52.1	440,448			234,514	53.2	205,934	46.8
General Relief	539,339			539,339	100.0			363,450			363,450	100.0		
Hospital Aid	287,989			287,989	100.0			288,719			288,719	100.0		
World War Assistance	64,094			64,094	100.0			73,456			73,456	100.0		
Pensions—General Law	55,371			55,371	100.0			49,653			49,653	100.0		
Pensions—Special Resolve	55,322			55,322	100.0			61,394			61,394	100.0		
Emergency Aid to Towns	31,349			31,349	100.0			36,629			36,629	100.0		
Passamaquoddy Indians	50,722			50,722	100.0			59,561	1,064	1.8	58,497	98.2		
Penobscot Indians	42,084			42,084	100.0			44,218	540	1.2	43,678	98.8		
Education of the Blind	15,484			15,484	100.0			16,491			16,491	100.0		
Services for the Blind	5,152			5,152	100.0			4,614			4,614	100.0		
Vocational Rehabilitation of Blind								627	313	50.0	314	50.0		
Surplus Commodity Distribution	21,111			21,111	100.0									
Child Welfare Service	23,388	23,388	100.0					21,140	21,140	100.0				
Administrative Expenses	514,425	140,130	27.2	374,295	72.8			550,598	151,895	27.6	398,703	72.4		

<sup>1</sup> Recoveries from estates (1942-43)—\$25,269.49 (1943-44)—\$47,753.21

<sup>2</sup> Includes burial costs in State funds (1942-43)—\$2,668.69 (1943-44)—\$3,190.00

<sup>3</sup> Contributions from Relatives (1942-43)—\$13,538.46 (1943-44)—\$21,441.64

<sup>4</sup> Program not in operation.

**Table 43—State funds appropriated and expended for aid to charitable institutions in Maine for the fiscal years ended June 30, 1943 and 1944.**

Institution	July 1, 1942—June 30, 1943		July 1, 1943—June 30, 1944	
	Appropriated	Expended	Appropriated	Expended
Total.....	\$52,400.00	\$38,909.36	\$48,770.00	\$36,444.65
Bangor Sanatorium.....	3,150.00	3,150.00	3,150.00	2,810.51
Children's Aid Society.....	2,000.00	586.23	1,000.00	807.73
Children's Heart Work Society.....	1,600.00	—	—	—
Eastern Maine Orphans' Home.....	1,600.00	1,217.46	1,000.00	1,000.00
Good Samaritan Home Association.....	5,000.00	5,000.00	5,000.00	3,683.43
Healy Asylum.....	5,200.00	2,783.59	5,000.00	2,410.52
Home for Aged Women—Belfast.....	270.00	270.00	500.00	500.00
Maine Children's Home Society.....	4,200.00	3,779.06	4,000.00	3,418.85
Maine Institution for the Blind.....	14,000.00	11,548.75	14,000.00	9,261.25
Maine Institution for the Deaf.....	180.00	90.00	—	—
Opportunity Farm.....	800.00	800.00	1,000.00	738.70
St. Joseph's Orphanage.....	3,800.00	3,541.46	3,800.00	3,800.00
St. Elizabeth's Asylum.....	4,000.00	828.14	2,100.00	951.18
St. Louis Home and School for Boys.....	2,000.00	1,035.39	1,500.00	1,075.22
Temporary Home for Women and Children.....	3,000.00	3,000.00	4,920.00	4,920.00
York County Children's Aid Society.....	1,600.00	1,279.28	1,800.00	1,067.26

Table 32—Old age assistance: Number of recipients in Maine, by county and by month, July 1942-June 1944.

County	Recipients											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-1943											
All counties	15,966	16,014	16,208	16,153	16,140	16,056	15,994	15,910	15,841	15,840	15,776	15,742
Androscoggin	1,043	1,053	1,072	1,062	1,076	1,078	1,068	1,051	1,049	1,056	1,047	1,049
Aroostook	1,619	1,634	1,651	1,653	1,654	1,646	1,643	1,642	1,637	1,630	1,631	1,626
Cumberland	1,987	1,985	2,003	1,992	1,982	1,978	1,972	1,965	1,945	1,932	1,917	1,901
Franklin	405	405	411	411	407	402	402	401	395	396	390	394
Hancock	906	920	935	944	944	934	933	933	941	935	928	923
Kennebec	1,472	1,462	1,479	1,476	1,459	1,443	1,450	1,447	1,431	1,437	1,437	1,427
Knox	712	706	725	715	718	717	710	711	712	718	719	712
Lincoln	468	469	485	484	483	470	461	449	448	442	443	446
Oxford	742	750	769	770	763	752	756	753	756	762	758	766
Penobscot	1,788	1,780	1,780	1,772	1,778	1,766	1,755	1,751	1,743	1,743	1,740	1,765
Piscataquis	522	521	530	532	536	537	537	529	519	517	516	504
Sagadahoc	393	397	397	396	399	404	400	394	393	391	391	391
Somerset	877	885	887	883	877	875	864	863	853	853	859	856
Waldo	791	792	805	806	811	811	815	806	807	809	810	802
Washington	1,202	1,207	1,223	1,210	1,205	1,201	1,192	1,190	1,184	1,184	1,169	1,162
York	1,039	1,048	1,056	1,047	1,048	1,042	1,036	1,025	1,028	1,035	1,021	1,018
	Fiscal year 1943-1944											
All counties	15,673	15,599	15,595	15,553	15,508	15,461	15,385	15,299	15,233	15,191	15,167	15,142
Androscoggin	1,042	1,045	1,044	1,034	1,038	1,036	1,024	1,019	1,017	1,014	1,015	1,010
Aroostook	1,618	1,614	1,599	1,584	1,579	1,567	1,562	1,559	1,548	1,551	1,551	1,557
Cumberland	1,876	1,856	1,866	1,857	1,865	1,864	1,851	1,851	1,849	1,847	1,836	1,822
Franklin	393	389	387	391	391	386	387	378	375	370	368	371
Hancock	921	913	919	928	926	925	919	923	916	919	928	928
Kennebec	1,440	1,446	1,448	1,448	1,440	1,452	1,455	1,440	1,438	1,437	1,429	1,407
Knox	710	714	716	710	701	704	702	694	686	677	679	673
Lincoln	452	448	445	441	447	441	436	427	424	420	418	422
Oxford	766	757	751	755	749	747	742	727	724	725	725	734
Penobscot	1,749	1,741	1,750	1,737	1,744	1,739	1,726	1,724	1,715	1,702	1,698	1,689
Piscataquis	499	490	388	385	476	476	481	484	484	484	486	486
Sagadahoc	384	381	373	372	373	376	377	376	375	372	360	358
Somerset	843	833	836	823	823	811	808	806	804	801	793	795
Waldo	806	803	795	797	797	791	783	776	765	766	763	765
Washington	1,168	1,163	1,164	1,165	1,151	1,146	1,133	1,126	1,122	1,131	1,135	1,131
York	1,006	1,006	1,014	1,021	1,008	1,000	994	986	980	978	983	994



Table 34—Aid to dependent children: Number of families in Maine, by county and by month, July 1942-June 1944.

County	Families											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-43											
All counties .....	1,808	1,784	1,782	1,750	1,737	1,748	1,737	1,729	1,717	1,713	1,697	1,663
Androscoggin.....	118	114	117	115	113	113	116	113	111	107	107	106
Aroostook.....	291	292	297	295	294	296	295	300	305	308	295	282
Cumberland.....	189	186	187	182	182	182	175	173	169	168	168	158
Franklin.....	28	28	29	28	28	29	28	28	27	25	26	26
Hancock.....	62	67	68	71	70	69	69	68	69	70	57	60
Kennebec.....	144	135	133	128	122	127	122	119	122	118	128	127
Knox.....	74	72	71	68	66	64	62	60	59	56	61	60
Lincoln.....	45	43	44	45	43	43	43	40	40	40	36	36
Oxford.....	89	89	87	79	78	78	79	80	79	81	81	78
Penobscot.....	326	327	326	317	319	321	324	329	325	327	328	326
Piscataquis.....	46	45	43	41	42	41	39	39	40	43	47	46
Sagadahoc.....	27	27	27	26	27	29	29	28	26	24	25	23
Somerset.....	63	63	63	64	67	69	67	67	68	66	63	61
Waldo.....	60	60	60	61	59	59	63	63	63	66	65	62
Washington.....	108	105	105	106	104	107	105	108	109	106	104	104
York.....	138	131	125	124	123	121	121	114	105	108	106	108
	Fiscal year 1943-1944											
All counties .....	1,605	1,567	1,547	1,526	1,502	1,491	1,470	1,454	1,443	1,450	1,444	1,424
Androscoggin.....	105	102	100	99	99	100	101	99	96	92	90	88
Aroostook.....	272	266	259	255	250	248	236	236	235	243	245	240
Cumberland.....	150	150	149	146	143	143	143	140	138	142	138	138
Franklin.....	25	26	26	25	23	22	22	22	22	25	25	24
Hancock.....	59	58	60	57	59	58	58	62	62	63	64	61
Kennebec.....	123	122	122	120	115	117	118	121	121	121	124	120
Knox.....	56	49	46	46	43	44	42	43	42	44	45	43
Lincoln.....	35	31	30	27	28	25	24	24	25	24	23	25
Oxford.....	76	77	77	75	74	73	71	68	65	69	66	66
Penobscot.....	315	310	308	303	300	297	295	287	287	280	278	280
Piscataquis.....	42	41	39	38	36	36	38	36	36	32	30	29
Sagadahoc.....	23	19	20	21	20	19	19	18	18	19	21	22
Somerset.....	58	58	61	61	58	59	59	57	55	59	56	55
Waldo.....	61	60	60	60	61	61	59	58	59	59	58	53
Washington.....	100	99	99	100	99	97	94	94	95	92	96	96
York.....	105	99	91	93	94	92	91	88	87	86	85	84

Table 35—Aid to dependent children: Payments to families in Maine, by county and by month, July 1942-June 1944.

County	Payments											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-1943											
All counties.....	\$75493	\$75472	\$76398	\$75548	\$75601	\$76500	\$76583	\$77470	\$78229	\$79448	\$79670	\$78741
Androscoggin.....	5,257	5,117	5,360	5,315	5,117	5,278	5,488	5,512	5,473	5,416	5,467	5,323
Aroostook.....	12,845	13,018	13,379	13,372	13,480	13,523	13,626	14,097	14,523	14,895	14,610	14,044
Cumberland.....	8,496	8,498	8,689	8,518	8,673	8,653	8,296	8,187	8,090	8,020	8,070	7,679
Franklin.....	1,091	1,151	1,202	1,178	1,200	1,291	1,282	1,243	1,226	1,182	1,274	1,344
Hancock.....	2,602	2,948	2,994	3,087	3,049	2,938	2,987	2,982	3,128	3,187	2,609	2,718
Kennebec.....	2,957	5,683	5,834	5,643	5,454	5,700	5,450	5,539	5,703	5,617	6,095	6,112
Knox.....	3,197	3,085	3,050	2,987	2,984	2,882	2,800	2,754	2,755	2,679	2,945	2,959
Lincoln.....	1,667	1,585	1,569	1,587	1,499	1,420	1,413	1,295	1,265	1,265	1,124	1,124
Oxford.....	3,474	3,481	3,619	3,177	3,175	3,157	3,229	3,312	3,418	3,526	3,657	3,613
Penobscot.....	13,368	13,836	13,892	13,778	13,993	14,206	14,509	15,141	15,289	15,713	15,741	15,916
Piscataquis.....	2,056	1,984	1,964	1,956	2,035	2,039	1,872	1,862	1,912	2,153	2,227	2,184
Sagadahoc.....	1,022	1,060	1,024	1,069	1,045	1,190	1,226	1,224	1,164	1,121	1,125	1,052
Somerset.....	2,596	2,677	2,706	2,727	2,835	2,976	2,946	3,019	3,159	3,128	3,043	2,988
Waldo.....	1,964	1,964	1,964	1,988	1,974	2,051	2,236	2,300	2,374	2,496	2,573	2,465
Washington.....	3,655	3,528	3,501	3,629	3,561	3,653	3,603	3,744	3,799	3,775	3,788	3,738
York.....	6,186	5,857	5,651	5,537	5,577	5,543	5,620	5,259	4,951	5,275	5,322	5,482
	Fiscal year 1943-1944											
All counties.....	76,825	75,669	75,369	75,276	75,016	75,328	74,816	75,242	76,616	80,406	82,302	80,938
Androscoggin.....	5,230	5,033	4,977	4,973	4,905	5,000	5,026	4,939	4,910	5,098	5,126	4,921
Aroostook.....	13,688	13,376	13,204	13,163	13,119	13,294	12,846	13,285	13,713	14,627	15,504	15,115
Cumberland.....	7,206	7,304	7,276	7,345	7,379	7,330	7,360	7,307	7,333	7,766	7,681	7,713
Franklin.....	1,318	1,406	1,411	1,288	1,160	1,135	1,112	1,091	1,170	1,440	1,420	1,380
Hancock.....	2,743	2,673	2,823	2,809	3,018	3,005	3,070	3,377	3,462	3,512	3,546	3,353
Kennebec.....	5,970	5,952	5,984	6,012	5,850	6,054	5,996	6,316	6,383	6,591	6,990	6,720
Knox.....	2,728	2,355	2,279	2,263	2,138	2,177	2,049	2,181	2,171	2,434	2,556	2,475
Lincoln.....	1,106	991	959	830	918	907	894	894	1,016	971	981	1,040
Oxford.....	3,614	3,774	3,786	3,806	3,709	3,638	3,580	3,405	3,375	3,850	3,758	3,747
Penobscot.....	15,675	15,616	15,569	15,415	15,531	15,448	15,622	15,515	16,148	16,656	17,050	17,083
Piscataquis.....	2,074	2,043	1,928	1,937	1,909	1,962	2,051	1,899	1,912	1,893	1,795	1,770
Sagadahoc.....	1,011	822	874	892	816	807	845	845	785	933	1,060	3,171
Somerset.....	2,907	2,907	3,099	3,130	2,958	3,012	3,024	2,936	2,914	3,236	3,055	983
Waldo.....	2,479	2,462	2,462	2,462	2,470	2,482	2,446	2,417	2,478	2,459	2,411	2,204
Washington.....	3,687	3,667	3,689	3,839	3,870	3,931	3,836	3,937	3,974	3,851	4,248	4,290
York.....	5,389	5,288	5,049	5,112	5,266	5,146	5,059	4,898	4,872	5,089	5,121	5,023

**Table 36—Aid to dependent children: Number of eligible children in families approved for assistance in Maine, by county and by month, July 1942-June 1944.**

County	Number of children											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-43											
All counties .....	5,008	4,990	5,002	4,933	4,889	4,912	4,860	4,846	4,811	4,791	4,770	4,692
Androscoggin.....	315	305	318	312	298	294	304	298	294	282	281	279
Aroostook.....	967	987	1,005	1,003	993	995	984	1,010	1,025	1,041	1,029	990
Cumberland.....	520	521	517	509	506	508	484	474	460	453	443	423
Franklin.....	76	82	84	82	82	84	81	80	76	74	75	75
Hancock.....	159	176	179	184	183	182	175	171	173	172	140	151
Kennebec.....	380	368	369	356	330	344	322	316	322	314	338	337
Knox.....	170	162	157	149	146	143	139	136	131	126	140	141
Lincoln.....	114	107	107	108	104	106	105	91	91	89	79	78
Oxford.....	259	258	250	232	233	228	232	232	233	234	242	232
Penobscot.....	872	884	883	859	873	884	890	909	890	888	877	876
Piscataquis.....	131	124	121	114	117	109	107	108	109	113	122	120
Sagadahoc.....	73	75	73	71	68	77	72	69	65	60	65	58
Somerset.....	166	171	176	180	189	198	191	198	197	190	184	179
Waldo.....	129	130	130	139	135	135	145	148	153	158	158	152
Washington.....	262	249	250	255	252	256	255	262	265	261	258	256
York.....	415	391	383	380	380	369	374	344	327	336	339	345
Fiscal year 1943-44												
All counties .....	4,555	4,442	4,382	4,270	4,215	4,194	4,156	4,118	4,080	4,109	4,122	4,028
Androscoggin.....	275	268	261	261	262	264	269	262	248	236	233	224
Aroostook.....	963	934	912	900	877	869	832	836	828	843	857	828
Cumberland.....	410	408	404	397	397	392	396	386	384	396	390	387
Franklin.....	78	76	76	71	66	63	63	65	66	72	72	72
Hancock.....	148	145	154	144	152	149	148	159	164	167	169	159
Kennebec.....	326	322	322	313	301	312	322	327	325	324	336	320
Knox.....	133	113	105	105	100	103	98	97	95	100	101	97
Lincoln.....	76	67	65	57	59	52	50	49	52	53	51	52
Oxford.....	224	227	229	221	216	214	210	204	196	211	203	201
Penobscot.....	856	844	835	797	789	787	783	767	769	749	743	749
Piscataquis.....	113	109	105	101	96	99	105	99	97	88	81	77
Sagadahoc.....	58	48	51	51	47	46	44	44	44	55	61	63
Somerset.....	173	173	180	176	167	170	169	164	159	176	171	166
Waldo.....	150	148	148	145	151	147	146	143	143	149	145	125
Washington.....	245	241	240	243	241	237	230	232	234	219	241	244
York.....	332	319	295	288	294	290	290	284	276	271	268	264



**Table 37—Aid to the blind: Number of recipients in Maine, by county and by month, July 1942-June 1944.**

County	Recipients											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-43											
All counties.....	1,075	1,060	1,050	1,040	1,035	1,027	1,019	1,003	998	988	972	963
Androscoggin.....	83	86	86	86	86	87	86	87	88	85	80	78
Aroostook.....	152	147	146	145	144	142	141	137	136	137	134	133
Cumberland.....	93	91	92	90	90	90	93	93	89	87	85	86
Franklin.....	27	27	26	26	27	27	26	26	26	26	26	26
Hancock.....	51	50	49	50	50	49	47	47	47	47	48	47
Kennebec.....	81	78	79	74	75	75	75	74	78	78	78	76
Knox.....	36	37	36	36	37	37	37	36	36	36	36	35
Lincoln.....	22	22	22	22	23	22	21	19	19	18	18	19
Oxford.....	61	61	61	61	61	58	58	56	55	55	55	53
Penobscot.....	160	156	154	153	149	146	147	143	140	138	138	138
Piscataquis.....	25	25	24	25	24	25	25	25	26	25	23	22
Sagadahoc.....	13	12	12	12	12	12	12	12	12	13	13	13
Somerset.....	64	62	59	59	56	56	57	56	54	52	52	53
Waldo.....	54	53	53	52	51	51	51	49	49	50	48	48
Washington.....	104	104	103	103	105	102	99	99	98	97	96	95
York.....	49	49	48	46	45	48	44	44	45	44	42	41
	Fiscal year 1943-1944											
All counties.....	960	950	941	930	921	917	902	891	886	881	868	860
Androscoggin.....	79	79	75	75	75	75	75	76	74	77	76	77
Aroostook.....	133	128	126	125	122	119	120	118	115	113	113	113
Cumberland.....	85	83	84	82	80	80	80	82	80	79	78	79
Franklin.....	25	23	23	22	22	22	23	24	24	24	23	23
Hancock.....	48	48	49	47	45	44	43	43	44	43	42	41
Kennebec.....	73	75	75	77	77	76	77	76	76	76	72	70
Knox.....	36	36	34	34	35	35	35	33	32	32	33	32
Lincoln.....	19	20	20	18	17	17	17	16	14	14	14	15
Oxford.....	52	51	51	48	48	47	42	41	41	41	40	40
Penobscot.....	138	139	137	136	138	138	133	128	131	130	129	128
Piscataquis.....	22	21	20	19	19	20	20	20	20	19	19	19
Sagadahoc.....	13	12	12	12	12	12	12	12	12	11	11	11
Somerset.....	53	52	52	51	51	52	51	51	50	50	49	49
Waldo.....	47	45	45	44	42	42	39	39	39	39	38	37
Washington.....	98	98	98	100	97	98	95	91	92	93	92	90
York.....	39	40	40	40	41	40	40	41	42	40	39	36

Table 38—Aid to the blind: Payments to recipients in Maine, by county and by month, July 1942-June 1944.

County	Payments											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-43											
All counties.....	\$24458	\$24129	\$23830	\$23781	\$23701	\$23568	\$23455	\$23190	\$23122	\$23023	\$22799	\$22752
Androscoggin.....	1,946	1,993	1,993	2,026	2,037	2,062	2,039	2,048	2,086	2,038	1,948	1,909
Aroostook.....	3,363	3,255	3,267	3,268	3,283	3,247	3,250	3,165	3,432	3,184	3,118	3,143
Cumberland.....	2,229	2,172	2,193	2,145	2,120	2,101	2,177	2,184	2,093	2,058	2,015	2,038
Franklin.....	564	553	552	557	567	582	567	587	587	587	587	592
Hancock.....	1,217	1,201	1,176	1,198	1,198	1,176	1,135	1,135	1,139	1,152	1,197	1,167
Kennebec.....	1,792	1,779	1,809	1,693	1,727	1,730	1,756	1,743	1,853	1,835	1,874	1,842
Knox.....	811	827	812	827	857	857	845	821	826	821	823	739
Lincoln.....	480	480	469	469	490	480	442	385	385	372	372	398
Oxford.....	1,382	1,382	1,360	1,360	1,360	1,291	1,291	1,358	1,240	1,242	1,260	1,238
Penobscot.....	3,495	3,412	3,370	3,352	3,257	3,194	3,227	3,196	3,135	3,113	3,110	3,116
Piscataquis.....	603	603	573	588	563	601	601	606	633	620	575	551
Sagadahoc.....	325	297	297	290	290	290	290	295	295	325	326	330
Somerset.....	1,496	1,436	1,350	1,360	1,302	1,303	1,330	1,300	1,232	1,212	1,216	1,254
Waldo.....	1,284	1,261	1,256	1,234	1,204	1,214	1,214	1,161	1,168	1,198	1,168	1,168
Washington.....	2,377	2,375	2,361	2,367	2,419	2,338	2,282	2,297	2,279	2,251	2,236	2,255
York.....	1,094	1,103	1,092	1,047	1,027	1,102	1,009	1,009	1,039	1,015	974	962
	Fiscal year 1943-44											
All counties.....	23,296	23,420	23,376	23,480	23,487	23,628	23,495	23,436	23,576	23,910	23,859	23,958
Androscoggin.....	2,014	2,086	2,020	2,063	2,100	2,110	2,097	2,132	2,109	2,203	2,179	2,197
Aroostook.....	3,236	3,149	3,095	3,094	3,068	3,026	3,100	3,078	3,039	3,042	3,119	3,202
Cumberland.....	2,060	2,026	2,072	2,069	2,015	2,048	2,060	2,143	2,104	2,139	2,134	2,158
Franklin.....	569	583	586	560	576	576	625	657	657	657	630	630
Hancock.....	1,240	1,307	1,361	1,327	1,278	1,265	1,253	1,259	1,326	1,291	1,266	1,246
Kennebec.....	1,848	1,919	1,934	2,021	2,046	2,044	2,096	2,097	2,129	2,188	2,058	2,051
Knox.....	858	858	832	849	894	909	916	880	868	888	929	899
Lincoln.....	404	433	407	358	328	328	328	306	250	250	254	294
Oxford.....	1,232	1,205	1,221	1,211	1,243	1,213	1,107	1,091	1,091	1,110	1,096	1,096
Penobscot.....	3,230	3,280	3,281	3,294	3,392	3,447	3,354	3,251	3,387	3,493	3,551	3,616
Piscataquis.....	565	535	508	469	478	529	533	549	560	536	555	557
Sagadahoc.....	330	318	333	330	330	340	340	347	347	310	314	322
Somerset.....	1,250	1,232	1,232	1,217	1,228	1,256	1,246	1,254	1,226	1,236	1,216	1,216
Waldo.....	1,146	1,117	1,092	1,084	1,039	1,055	979	969	985	1,015	982	952
Washington.....	2,372	2,372	2,392	2,492	2,396	2,444	2,424	2,353	2,389	2,419	2,451	2,451
York.....	942	1,000	1,010	1,042	1,076	1,037	1,037	1,070	1,109	1,133	1,125	1,071

Table 39—World war assistance: Number of cases in Maine, by county and by month, July 1942-June 1944.

County	Cases											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-43											
All counties.....	134	139	138	132	131	134	137	143	144	144	148	149
Androscoggin.....	15	16	17	16	17	17	16	16	17	17	16	16
Aroostook.....	12	15	14	13	13	14	15	17	18	17	18	18
Cumberland.....	11	10	10	10	10	10	11	12	12	12	12	14
Franklin.....	4	4	4	5	4	3	4	4	4	4	4	4
Hancock.....	2	2	2	2	3	3	3	4	4	5	6	6
Kennebec.....	14	14	15	16	13	12	13	12	12	11	12	12
Knox.....	3	4	4	3	3	3	3	3	3	3	4	4
Lincoln.....	9	9	9	8	8	8	8	8	7	7	6	6
Oxford.....	5	5	6	6	7	7	7	7	7	8	8	8
Penobscot.....	33	35	33	28	27	30	29	32	33	31	32	31
Piscataquis.....	2	2	3	4	4	4	4	4	5	5	5	5
Sagadahoc.....	4	4	3	3	3	3	3	3	3	3	3	3
Somerset.....	6	6	6	6	6	6	7	7	7	7	7	7
Waldo.....	4	3	3	3	3	3	3	3	3	4	4	4
Washington.....	7	7	7	7	7	7	7	7	6	7	8	8
York.....	3	3	2	2	3	4	4	4	3	3	3	3
Fiscal year 1943-44												
All counties.....	145	146	145	148	148	148	154	135	134	135	132	134
Androscoggin.....	16	17	18	18	18	17	17	16	16	17	18	19
Aroostook.....	18	19	19	20	19	19	22	15	15	15	14	14
Cumberland.....	14	12	12	12	12	11	11	8	8	8	7	7
Franklin.....	4	4	3	3	3	2	2	2	3	3	3	3
Hancock.....	5	5	5	5	5	5	6	6	5	5	5	5
Kennebec.....	12	12	12	14	14	14	15	10	10	10	9	11
Knox.....	4	4	4	4	4	5	5	6	6	6	6	5
Lincoln.....	6	6	6	6	6	6	6	6	6	7	6	6
Oxford.....	7	7	7	7	7	8	7	7	8	7	7	7
Penobscot.....	31	35	34	35	35	34	33	30	29	29	29	30
Piscataquis.....	2	2	2	2	2	3	3	3	3	3	4	4
Sagadahoc.....	3	3	3	3	3	3	3	3	3	3	3	3
Somerset.....	7	4	4	3	3	4	4	3	3	3	3	4
Waldo.....	4	3	3	3	3	3	5	6	6	6	6	6
Washington.....	9	9	9	9	9	9	10	9	8	9	8	7
York.....	3	4	4	4	5	5	5	5	5	4	4	3

Table 40—World war assistance: Payments to cases in Maine, by county and by month, July 1942-June 1944.

County	Payments											
	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
	Fiscal year 1942-43											
All counties.....	\$5,054	\$5,247	\$5,224	\$5,095	\$5,049	\$5,147	\$5,196	\$5,493	\$5,707	\$5,837	\$6,019	\$6,001
Androscoggin.....	497	512	556	574	658	658	644	626	679	679	636	636
Aroostook.....	450	605	555	524	525	583	604	744	856	836	899	899
Cumberland.....	384	327	326	327	327	327	388	444	444	444	444	504
Franklin.....	135	135	154	225	182	149	137	137	137	137	137	137
Hancock.....	60	60	81	81	138	138	138	182	181	192	203	203
Kennebec.....	626	647	644	719	551	480	520	513	514	443	500	500
Knox.....	90	110	110	80	80	80	80	80	80	80	110	133
Lincoln.....	352	340	327	290	300	301	295	295	259	260	209	210
Oxford.....	267	268	333	334	391	390	390	347	394	431	427	427
Penobscot.....	1,386	1,459	1,404	1,169	1,104	1,218	1,137	1,272	1,312	1,266	1,359	1,258
Piscataquis.....	98	98	128	190	190	190	190	190	233	233	234	233
Sagadahoc.....	140	140	110	110	110	110	110	110	110	110	110	110
Somerset.....	171	171	171	135	165	165	205	195	195	261	261	261
Waldo.....	114	91	91	91	91	91	91	91	91	121	121	121
Washington.....	179	179	179	191	167	167	167	167	137	254	279	279
York.....	105	105	55	55	70	100	100	100	85	90	90	90
	Fiscal year 1943-1944											
All counties.....	5,899	5,947	5,958	6,185	6,150	6,218	6,609	6,180	6,180	6,221	6,208	6,492
Androscoggin.....	636	696	753	753	753	669	669	629	694	785	877	1,050
Aroostook.....	899	1,066	1,066	1,164	997	997	1,233	989	995	995	917	938
Cumberland.....	508	393	393	393	398	337	400	349	349	349	329	352
Franklin.....	137	137	94	94	94	77	77	77	121	121	121	121
Hancock.....	165	165	184	184	184	185	215	214	171	171	171	171
Kennebec.....	500	456	456	549	549	549	568	361	409	398	416	515
Knox.....	133	133	164	164	164	238	238	324	323	323	323	264
Lincoln.....	210	210	210	206	211	232	232	207	207	253	220	266
Oxford.....	409	394	394	435	435	489	435	470	546	480	500	499
Penobscot.....	1,258	1,377	1,324	1,353	1,423	1,442	1,429	1,301	1,248	1,215	1,215	1,263
Piscataquis.....	98	98	98	98	98	128	128	128	118	118	130	130
Sagadahoc.....	110	110	110	110	110	110	110	151	151	151	151	151
Somerset.....	261	162	162	182	132	178	153	72	110	110	111	126
Waldo.....	121	81	81	81	81	81	181	212	212	212	212	212
Washington.....	364	364	364	364	364	364	399	369	344	398	373	307
York.....	90	105	105	105	162	162	162	182	182	142	142	127