

# MAINE STATE LEGISLATURE

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1980

MAINE PUBLIC DOCUMENTS

1944-1946

(in three volumes)

VOLUME II



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*Maine*  
*State Department*  
*of*  
*Health and Welfare*



*Biennial Report*  
**1944-1946**



STATE OF MAINE

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Department of  
Health and Welfare



1944-1946



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State of Maine  
Department of Health and Welfare  
Augusta

LEVERETT D. BRISTOL, M. D. DR. P. H.  
COMMISSIONER

To His Excellency, the Governor  
and the Honorable Council:

It is an honor and privilege to present  
herewith the report of the Department of  
Health and Welfare for the biennium ended  
June 30, 1946, in accordance with statutory  
provision.

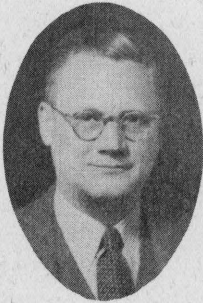
Respectfully submitted,

*Leverett D. Bristol*

Leverett D. Bristol  
Commissioner



MRS. HELEN C. DONAHUE  
CHAIRMAN



COMMISSIONER LEVERETT D. BRISTOL  
EX OFFICIO



DR. KENNETH C. M. SILLS



MISS RUTH THORNDIKE CLOUGH

ADVISORY COUNCIL  
OF  
HEALTH AND WELFARE



MRS. PRISCILLA K. THAXTER



DR. FREDERICK T. HILL



MR. THOMAS R. SIMPSON

**STATE OF MAINE**  
**DEPARTMENT OF HEALTH AND WELFARE**  
*as of December 31, 1946*

ADVISORY COUNCIL OF HEALTH AND WELFARE

Mrs. Helen C. Donahue, *Chairman, Portland*  
Miss Ruth Thorndike Clough, *Bangor*  
Dr. Frederick T. Hill, *Waterville*  
Dr. Kenneth C. M. Sills, *Brunswick*  
Mr. Thomas R. Simpson, *Millinocket*  
Mrs. Priscilla K. Thaxter, *Portland*  
Commissioner Leverett D. Bristol, *Augusta, Ex Officio*

OFFICERS OF THE DEPARTMENT

Leverett D. Bristol, *M.D., Dr. P.H., Commissioner*  
David H. Keppel, *Deputy Commissioner*  
Norman W. MacDonald, *Assistant to the Commissioner*  
Edward I. Albling, *Budget Officer and Coordinator of Facilitating Services*  
Harry E. Henderson, *Director, Division of Accounts and Audit*  
Sara Laffin Hammons, *Director, Division of Business Management*  
Vance G. Springer, *Director, Division of Research and Statistics*

BUREAU OF HEALTH

Roscoe L. Mitchell, *M.D., Director of Health*  
R. P. Jones, *M.D., Assistant Director*  
*Director, Division of Venereal Disease Control*  
Arch H. Morrell, *M.D., Director of Diagnostic Laboratory*  
*Acting Director, Division of Cancer Control*  
*State Pathologist*  
Elmer W. Campbell, *Dr. P.H., 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*  
Parker B. Stinson, *Director, Division of Vital Statistics*  
B. T. Darlington, *M.D., Director, Division of Tuberculosis Control*  
Ella Langer, *M.D., Director, Division of Maternal & Child Health*  
*Acting Director, Division of Services for Crippled Children*  
Lillian Nash, *R.N., Director, Division of Hospital Services*  
Margaret R. Simpson, *M.D., Director, Division of Mental Health*

BUREAU OF SOCIAL WELFARE

Frank W. Haines, *Director of Social Welfare*  
Pauline Smith McClay, *Director, Division of Public Assistance*  
Lena Parrott, *Director, Division of Child Welfare*  
Emily T. Murchie, *Director, Division of Services for the Blind*  
Oscar Brown, *Indian Agent, Division of Indian Affairs*

DIVISION OF GENERAL RELIEF

Charles S. Brown, *Director*  
Dorothy R. Baker, *Assistant Director*

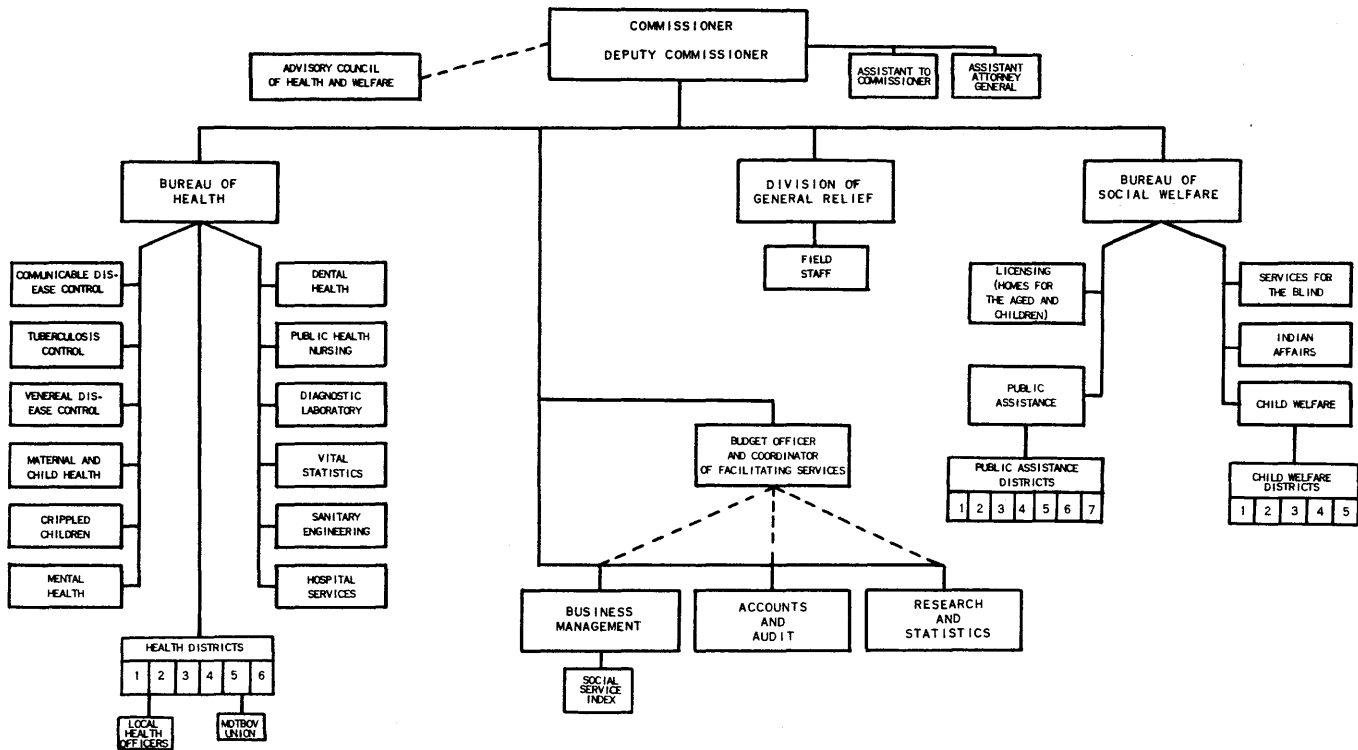
LEGAL COUNSEL

Jean L. Bangs, *Assistant Attorney-General*

**DEPARTMENT OF HEALTH AND WELFARE**  
**STAFF MEMBERS RETURNED FROM MILITARY LEAVE**  
*as of December 31, 1946*

NAME	TITLE	DATE RETURNED FROM LEAVE
Albling, Edward I.	<i>Budget Officer and Coordinator of Facilitating Services</i>	February 4, 1946
Campbell, Elmer, Dr. P.H.	<i>Director, Sanitary Engineering</i>	July 1, 1946
Carney, Roderick M.	<i>Welfare Worker</i>	January 14, 1946
Ferris, Alma	<i>Clerk Stenographer</i>	July 1, 1946
Mansur, Richard	<i>Sanitary Inspector</i>	December 3, 1945
McClay, Paul D.	<i>Field Representative</i>	December 3, 1945
McConnel, Ada	<i>Nurse</i>	January 2, 1946
Page, Woodrow E.	<i>Sanitary Engineer</i>	October 22, 1945
Simonds, Dale S.	<i>Repairman</i>	December 17, 1945
Taylor, Stuart	<i>Field Representative</i>	November 7, 1945

STATE OF MAINE  
DEPARTMENT OF HEALTH AND WELFARE  
ORGANIZATION CHART SHOWING BUREAUS AND DIVISIONS  
DECEMBER 31, 1946



**BRIEF HISTORICAL DEVELOPMENT  
OF MAINE'S PRESENT DEPARTMENT OF HEALTH AND WELFARE**

**STATE BOARD OF HEALTH** 1885-1917      **STATE BOARD OF CHARITIES AND CORRECTIONS** 1913-1927

*Secretary*

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

*Secretaries*

James F. Bagley 1913-1922  
Grube B. Cornish 1922-1927

**STATE DEPARTMENT OF HEALTH** 1917-1932      **STATE DEPARTMENT OF PUBLIC WELFARE** 1927-1932

*Commissioners*

Leverett D. Bristol, M.D. 1917-1921  
C. F. Kendall, M.D. 1921-1932

*Secretary*

Grube B. Cornish 1927-1932

**STATE DEPARTMENT OF HEALTH AND WELFARE, 1932-**

*Commissioners*

George W. Leadbetter	1932-1940
Joel Earnest	1940-1942
Harry O. Page	1942-1945
Leverett D. Bristol, M.D., Dr. P.H.	1945-

# REPORT OF THE COMMISSIONER

Leverett D. Bristol, *M.D., Dr. P.H.*

**BIENNIAL REPORT.** With its many and varied Bureau and Division activities, each important enough to warrant a separate report of considerable length, the Department of Health and Welfare finds it difficult to present its Biennial Report in such condensed form as brevity and economy require. The Directors of the Bureaus of Health and of Social Welfare and the various Division Directors and assistants deserve great credit for their cooperation in compiling this material. The suggestions and help of Mr. Joseph P. Grenier, State Printer, contributed much to its form and publication.

In the final preparation of the report for publication, it became necessary to eliminate a certain amount of narrative, charts, and statistical tables, which, however, are on file in the Department offices. Our chief objective is to present a readable report of progress and actual work accomplished during the biennium. Interesting facts with reference to the past history and future problems and needs of the Department and its Bureaus and Divisions are stated only briefly. The latter naturally will be developed in more detail in the preparation of the Department's requests to be submitted to the Governor's Budget Committee and the 93rd Legislature. We bespeak the careful study of this report by every person interested in the health and welfare of the people of Maine.

**GENERAL ADMINISTRATION.** The present Commissioner of the Department took office on August 15, 1945, under appointment by Governor Horace Hildreth and the approval of the Executive Council, following the resignation of former Commissioner Harry O. Page.

Much of the time during the last half of the biennium ended June 30, 1946 was spent by the Commissioner in studying the Department organization and activities and becoming acquainted with five hundred fellowworkers. Visits were made to all Department offices in 28 communities of the State and meetings were held with various local groups and individuals. During this time, also, there have been many opportunities to present the work, problems, and needs of the Department to local and state organizations.

In the general administration of the Department, the Commissioner has had the valued assistance of the Deputy Commissioner, Mr. David H. Keppel, who brought to the Department an excellent background of training and experience in Social Work. The chief duty of the Deputy Commissioner is to act for the Commissioner in all areas of function of the Commissioner's Office. The Deputy acts

particularly in those areas which are concerned with the development of data, resulting from consultation with staff members and detailed study, which is essential to the formulation of departmental policies and procedures.

**ADVISORY COUNCIL OF HEALTH AND WELFARE.** In the administration of the Department, invaluable advice and assistance have been rendered by this Council of leading citizens. They also have passed on various Department rules and regulations. During the biennium ended June 30, 1946, eleven meetings of the Advisory Council were held and minutes of the meetings are on file in the office of the Commissioner.

**STAFF CHANGES.** In order better to serve the workers and the supervisory staff of the Department, as well as the public as a whole, the personnel and informational services of the Department were developed during the last six months of the biennium under an Assistant to the Commissioner, who, as a representative of the Department of Health and Welfare, has since been in constant touch with the State Department of Personnel and with other agencies, public and private. To this position, Mr. Norman W. MacDonald, who had served many years as Director of the Bureau of Social Welfare, was appointed on January 1, 1946.

To fill Mr. MacDonald's position, Mr. Frank W. Haines, with the approval of the Governor and Executive Council, was appointed Director of the Bureau of Social Welfare and took up his new duties on January 1, 1946. Following the advancement of Mr. Haines, Mrs. Pauline Smith McClay was promoted to be Director of the Division of Public Assistance, the position formerly held by Mr. Haines.

In March 1946, Mr. Ford Campbell, who had served nearly three years as Budget Officer of the Department, resigned to accept a position as Assistant Budget Officer in the State Department of Finance. To the position of Budget Officer in the Department of Health and Welfare, Mr. Edward I. Albling, who recently had returned from several years of Military Service and who previously had served the Department as Budget Officer and Director of Research and Statistics, was appointed. This was followed by the promotion of Mr. Vance G. Springer, Acting Director of the Division of Research and Statistics in Mr. Albling's absence, to the position of Director of the Division. These changes were made in accordance with the rules and regulations of the State Department of Personnel.

In March 1946, Mr. John O. Newton, Administrative Consultant in the Office of the Commissioner, retired from service. Mr. Newton, active for many years as an educational leader and member of the Legislature, was at one time Chairman of the former Old Age Assistance Commission.



**PERSONNEL.** While the number of workers required to carry on the activities of the Department has not been what it should be, the quality of work performed has progressed. The workers are to be commended for carrying on loyally and efficiently in spite of many handicaps and additional burdens due to staff shortages and excessive turnover. It is hoped that through cooperative relations with the State Department of Personnel it may be possible to develop suitable standards as to qualifications for various positions in the Department and through necessary salary increases to make it possible to attract and retain more highly trained and experienced personnel. There is great need for more staff to relieve the very heavy case-loads now being carried and to fill the existing staff vacancies in the Bureau of Health and the Bureau of Social Welfare.

An important problem that must be solved as soon as possible is the provision of more adequate transportation, particularly for field workers of the Department. Enough state-owned automobiles should be made available to meet the need of our "mobile army" of health and welfare workers.

**ACKNOWLEDGMENTS.** In closing, it is a pleasure to acknowledge the interest and leadership of Governor Horace Hildreth in the work of our Department, devoted so largely to *CONSERVATION OF THE HUMAN RESOURCES* of the State of Maine. Gratitude, also, is expressed to the members and committees of the 92nd Legislature and to the Executive Council for support and encouragement of the Department's efforts. Much of our progress has depended on the cooperation and assistance of the Federal Security Agency, including the Social Security Board, Children's Bureau, and Public Health Service, and of many local and State professional and lay organizations, both official and voluntary. Last, but far from least, go our thanks to our loyal staff of co-workers from "Kittery to Fort Kent"!

## BUREAU OF HEALTH

Roscoe L. Mitchell, *M.D., Director*

During the biennium ended June 30, 1946, the already established programs have been carried on with reduced personnel in some divisions, notably that of Public Health Nursing, where it has been impossible to obtain replacements for nurses who have left the service for various reasons. One difficulty in securing replacements lies in the fact that automobiles have not been available.

Parts of programs which were discontinued during the war from lack of local medical personnel included the Pediatric Clinic in Presque Isle and the Cardiac Clinic in Portland. The Presque Isle Clinic was restored at the end of the biennium.

Retirement of Dr. J. W. Loughlin, District Health Officer of District III in late 1945, regrettably necessary because of age, left us during the last six months of the biennium with only three district men to carry on the work of the six health districts.

**MENTAL HEALTH.** Among the new services for which funds were made available by the last Legislature is that of the Division of Mental Health, established at the end of the biennium with Dr. Margaret R. Simpson as division director. This division shows promise of rendering excellent service in a worthwhile field and merits support of necessary expansion in the immediate future.

**TUBERCULOSIS.** The Mobile Chest X-ray Unit has been engaged largely in industrial and other group diagnostic surveys, and has demonstrated its value in discovering early cases of tuberculosis. These cases have benefited by early discovery and treatment, and at the same time fellow workers have been protected by removal of such cases from every-day contact.

In order that all patients admitted to general hospitals may eventually have a chest x-ray as part of their routine examination, arrangements have been made with the Maine General Hospital in Portland to use a photo roentgen unit with small films for the purpose. When delivered this unit will be loaned by the Bureau to the Maine General Hospital on a demonstration basis. It is hoped that our major hospitals will adopt this procedure, including in and out-patients, as an additional means of finding cases of tuberculosis.

**VENEREAL DISEASE.** The director of this division, Dr. R. P. Jones, returned from Military Service during the last year and has been able to bring the methods of control of these diseases up to date in latest treatment procedures with greater cooperation of the

medical profession. The increase in these diseases has been less than anticipated with conditions relative to military demobilization.

**HEALTH EDUCATION.** It is to be regretted that at the end of this biennium we have not been able to replace the director of this activity. Mrs. Miriam Campbell, who made an excellent beginning in developing this service, was obliged to resign for personal reasons. This service should be continued as soon as a suitable director can be obtained.

**DENTAL HEALTH.** With 80% of our school children having dental defects there is great need of expanding educational, preventive, and corrective dental service. Lack of professional personnel is the greatest hindrance in this work. A trailer to be fitted up as a dental office has been secured and will be put in operation to do corrective dental work in rural areas as soon as equipment and personnel can be secured. A dentist has been secured on a temporary basis to do work with the Maine Seacoast Missionary Society on the islands along the coast.

**SCHOOL HEALTH.** The Bureau of Health has been able, through cooperation of the Department of Education, to lay the foundation for a worthwhile school health service. Preliminary planning meetings have been held with representatives of both Health and Education participating.

**HOSPITAL SURVEY.** Authorized by the last Legislature, a survey of hospital and related facilities in Maine is nearing completion at the end of this fiscal year. Started in November of 1945, the Bureau employed Mr. Boyd L. Bailey to have temporary charge of the work.

**HOSPITAL LICENSING.** This activity authorized by the 1945 Legislature has been carried on during this year in connection with the Division of Maternal and Child Health. While no great difficulties have been encountered, this is an activity which will in the near future require special consideration. A division could well be set up in the Bureau to handle this work and certain other matters connected with hospitals, such as Hospital Aid. If Hospital Aid is to achieve its purpose, and hospitals are to receive compensation commensurate with increasing costs of operation, a substantial increase in appropriation should be considered.

**MATERNAL AND CHILD HEALTH AND CRIPPLED CHILDREN.** Resignation of Dr. H. R. Kobes as director of these divisions has necessitated combining the two services under one physician, and returning to the Bureau of Social Welfare certain administrative services previously performed by Dr. Kobes. As stated above some of these services could well be placed in a hospital division.

**SANITATION.** Special work examining waters used for bathing purposes is being carried on with a view toward rendering both our salt and fresh water bathing areas safe for use. Inspection of schoolhouses for proper sanitary facilities and water supplies has been given special emphasis in cooperation with the Department of Education.

**DISTRICT HEALTH OFFICERS' SERVICES.** District Health Officers are not only administratively the heads of all services in their respective districts, but perform a variety of services indicated in part by the following summary of district activities:

1. *COMMUNICABLE DISEASE CONTROL*

(a) Consultations with physicians	1074
(b) Field visits	1313
(c) Immunizations	41634

2. *VENEREAL DISEASE CONTROL*

(a) Investigations	4341
(b) Brought under treatment	694

3. *TUBERCULOSIS CONTROL*

(a) Field visits	4502
(b) Tuberculosis tests	20933

4. *GENERAL SANITATION*

(a) Field visits	5042
(b) Schoolhouses	904
(c) Nuisance complaints	317

It is to be noted that with the exception of a few months during the biennium there were only three district health officers to serve the six districts.

**REPORTS OF DIVISIONS.** Following are brief, summarized statements of activities and work accomplished prepared from reports submitted to the Director of the Bureau of Health by the Directors of the various divisions. A detailed report of each division, including a large amount of statistical data, is on file in the office of the Bureau Director.

## 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 as reported by district health officers are shown below.

**TABLE 1--***Number of immunizations by year and type reported by district health officers for the biennium ended June 30, 1946.*

Type of immunization	Total	Fiscal year ended June 30	
		1946	1945
Total . . . . .	41,717	28,272	13,445
Diphtheria under 1 . . .	593	232	361
Diphtheria 1-4 . . . . .	3,719	1,923	1,796
Diphtheria 5 and over . .	19,484	14,582	4,902
Perdipigen . . . . .	67	31	36
Smallpox . . . . .	9,691	5,071	4,620
Typhoid and paratyphoid .	4,495	4,187	308
Whooping cough . . . . .	3,555	2,147	1,408
Other . . . . .	113	99	14

**MORBIDITY.** Reported Cases of communicable diseases totalled 22,976 for the biennium. Totals for the biennial periods 1940-42 and 1942-44 were 43,609 and 26,696 respectively, making a decrease during this last biennium of 47% from 1940-42 and 14% from 1942-44.

The chief reason for the marked decline in morbidity from 1940-42 was the relatively small number of reported cases of influenza, measles and German measles during these last two years.

Diphtheria and poliomyelitis showed an increase during this biennium, each having a marked rise in 1945-46. Most of the diphtheria cases were in the southwest and south central part of the State; the poliomyelitis cases were scattered, with some localizing of cases in the fall of 1946 in the eastern section. Reported cases of scarlet fever reached the highest point ever recorded in this State. Meningococcal meningitis showed a very marked decline from the biennium 1942-44.

Reported incidence of typhoid and paratyphoid fevers and undulant fever remained about the same as during the preceding biennium. One outbreak of typhoid fever occurred in a lumber camp occupied entirely by men from Quebec Province. The suspected source was referred to Quebec authorities.

Fifteen typhoid carriers were recorded during the biennium. They were found as follows:

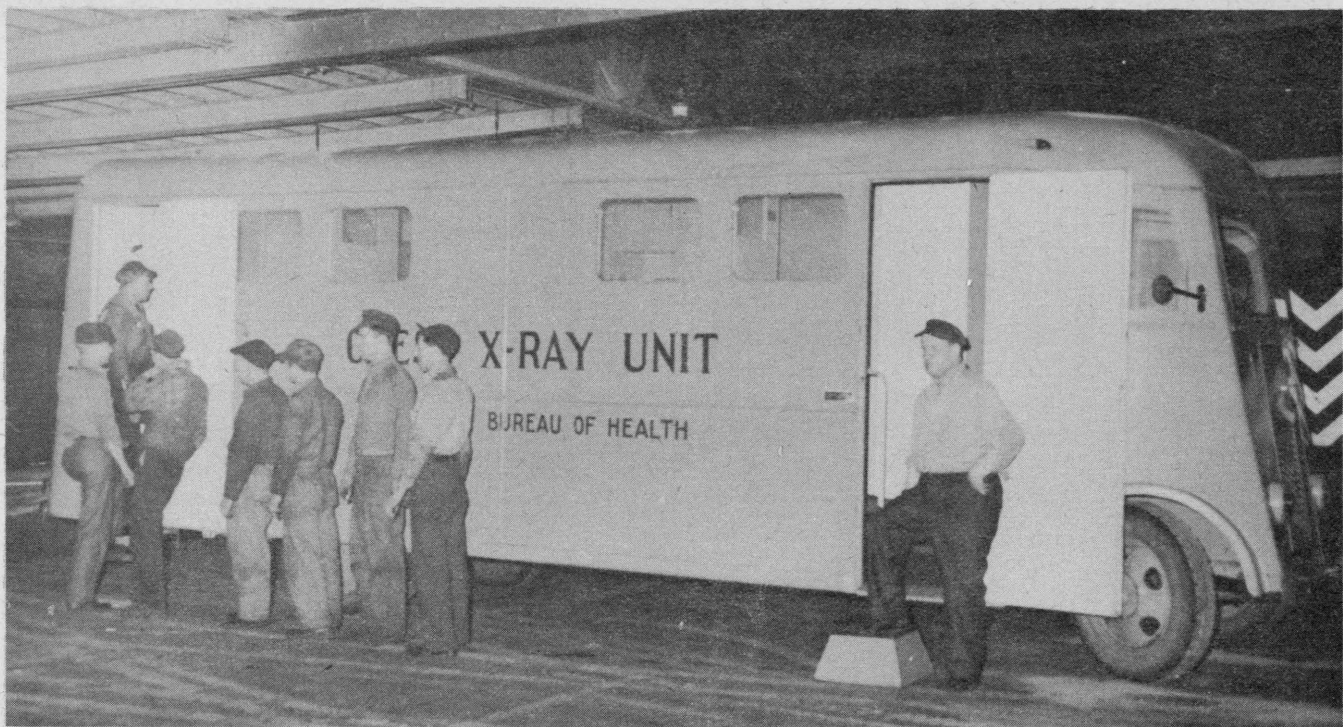
<i>Laboratory examination because of case among family or other contacts</i>	8
<i>Laboratory examination because of case among milk customers</i>	1
<i>Routine laboratory examination following typhoid</i>	4
<i>Diagnostic laboratory examination for cholecystitis</i>	1
<i>Referred by State of previous residence upon moving to Maine</i>	1

**BULLETIN.** During the biennium the Bureau of Health began and is continuing to issue a monthly bulletin, *STATE OF MAINE HEALTH NOTES*, with articles by the staff members and edited by the Assistant to the Director, Division of Communicable Disease Control.

TABLE 2--Number of REPORTED cases of communicable diseases and number of REPORTED deaths from communicable diseases, by type of disease, for the fiscal years ended June 30, 1945 and June 30, 1946.

Disease	Fiscal Year Ended June 30			
	1946		1945	
	Cases	Deaths <sup>1</sup>	Cases	Deaths
Total . . . . .	13,920	574	9,056	521
Anthrax . . . . .	0	0	1	0
Chickenpox . . . . .	1,972	0	2,655	0
Diphtheria . . . . .	133	22	24	5
Dysentery, bacillary . . . . .	0	0	1	1
Dysentery, amebic . . . . .	3	0	0	0
Encephalitis, epidemic . . . . .	3	3	1	1
Food poisoning <sup>2</sup> . . . . .	61	3	9	4
German measles . . . . .	851	0	229	0
Influenza . . . . .	183	72	63	63
Malaria <sup>3</sup> . . . . .	87	1	9	1
Measles . . . . .	2,610	6	356	4
Meningitis, meningococcal . . . . .	27	10	42	10
Mumps . . . . .	4,320	0	1,164	0
Paratyphoid fever . . . . .	4	1	10	1
Pneumonia . . . . .	721	412	614	397
Polioyelitis <sup>4</sup> . . . . .	82	7	29	3
Scarlet fever . . . . .	1,274	1	1,923	5
Septic sore throat . . . . .	27	7	21	5
Smallpox . . . . .	0	0	0	0
Tetanus . . . . .	1	1	5	4
Trichinosis . . . . .	4	1	4	0
Typhoid fever . . . . .	30	1	19	1
Typhus fever . . . . .	0	0	2	0
Undulant fever . . . . .	43	2	46	1
Vincent's angina . . . . .	30	0	40	0
Whooping cough . . . . .	1,454	24	1,789	16

1. Figures for deaths in 1945-46 are provisional only
2. Food poisoning not reportable in preceding biennium
3. None acquired in Maine, practically all infected overseas
4. Paralysis: 91 cases in 1944-46 and 39 in 1942-44



**MOBILE CHEST X-RAY UNIT IN ACTION----** Utilizing the most modern methods of conducting industrial surveys, this 28 foot long "bus" travels throughout the State to continue the constant battle against tuberculosis. During the past biennium, the Bureau of Health took 15,368 chest x-rays of industrial workers in addition to 6,783 in community clinics. Of the number of industrial workers x-rayed, 1,215 were found to have tuberculosis or other chest abnormalities.



## TUBERCULOSIS CONTROL

This division is responsible for collecting and recording tuberculosis morbidity statistics; collecting, coordinating, and redistributing to other public health agencies information about tuberculous people necessary for maintenance of their supervision; maintenance by means of a tuberculosis case register of a current and active record of information about all known cases of tuberculosis; promulgating policies for the control of tuberculosis; helping to detect new and unsuspected cases of pulmonary tuberculosis by conducting mass chest x-ray examinations of the population through industrial surveys, community x-ray clinics, and surveys of inmates of certain state institutions.

Highlights of division activity during the biennium were as follows: the commencement and development of a central case register to aid in the maintenance of proper supervision of known cases of tuberculosis; assistance to State District Health Offices in the development of local tuberculosis case registers; acquisition of the mobile chest x-ray unit; increase in the industrial chest x-ray program during the war period; increase in the technical, clerical, and administrative staff; revision of certain forms used in epidemiological investigations of tuberculosis; designation of certain communities as sites for annual and semi-annual State chest x-ray clinics; promulgation of the program of routine chest x-ray for all admissions to general hospitals and encouragement and material assistance to some hospitals in the adoption of the program.

Of the 520 cases of tuberculosis reported during the fiscal year ended June 30, 1946, four hundred eighty-six, or 93.4%, were pulmonary. Of these 212, or 44%, were not reported by stage. Of the cases that were reported by stage, minimal cases constituted only 27%, the remainder being in advanced stages.

Three hundred forty-two cases, or 65.8%, were reported by various official departments or agencies of the State; 82 cases, or 15.8%, were reported by sources outside the State; 83 cases, or 16%, were reported by private physicians through local health officers; 13 cases were reported by general hospitals. Of all pulmonary cases reported by private physicians, 51% were not reported by stage.

In comparison with the fiscal year ended June 30, 1945, the quality and quantity of reporting during the recent fiscal year has not changed greatly. There has been a little increase in reporting by private physicians. The fact that 44% of all cases reported were not reported by stage still makes it difficult to estimate how many cases are being diagnosed in the minimal stage.

The Central case register has progressed greatly but is not yet complete. When it is completed and functioning actively it should help much in defining the quality and quantity of follow-up care that is being given to tuberculous people. A thorough follow-up program will not be realized until similar case registers are built up and actively used in each of the District Health Offices. In order for the case registers to be successful in the District Offices, the understanding and backing of the District Health Officers for whom they are intended as an efficient administrative tool is needed.

*(Dr. Edwin D. Merrill, Director of this Division during the period covered by this report resigned shortly after the end of the biennium.)*

## VENEREAL DISEASE CONTROL

To accomplish the objective of reducing the incidence of venereal disease among all classes, the Division of Venereal Disease Control in addition to maintaining clinic facilities for the diagnosis and treatment of indigent persons suffering from a venereal disease, keeping a confidential roster of all reported cases and arranging for the follow-up of contacts, has adopted a plan of hospitalization for penicillin therapy for early infectious syphilis.

All reported cases have been referred for investigation of contacts. This, the most important and extensive portion of the program of locating and bringing to treatment infected individuals, has consisted in 1944-45 of referring 2589 contacts for investigation. Of these 1310 were located and 791 were found to be infected. In 1945-46 there were 2250 contacts referred for investigation, 1119 of whom were located and 699 were found to be infected. A lack of public health nurses has delayed but has not curtailed this phase of the work.

There is an increasing number of venereal disease cases reported among the civilian population. This increase is not considered as indicative of a significant increase in the venereal disease problem but as representing an increased awareness on the part of the physicians of the necessity of seeking out and bringing to treatment hidden reservoirs of infection in order that the number of infections may be reduced to a controllable minimum.

During the last three months of the second year of the biennium a plan for hospitalization and penicillin treatment of indigent cases of early infectious syphilis was adopted and a fee of \$10.00 was offered to physicians for diagnosis and arranging for hospitalization of previously unreported cases. This program apparently has been well received as 53 cases have been hospitalized and treated. It is anticipated that an increasing number of patients will receive the benefits of this more rapid and adequate form of therapy when additional hospital beds become available. Plans for an extension of this program are now in progress and it is expected that all stages of the disease will be included.

Educational material in the form of pamphlets and booklets have been distributed and articles contributed to the *STATE OF MAINE HEALTH NOTES*. Movies and talks have been given to lay groups by the director.

There were 11,172 treatments given for syphilis and 4,238 treatments given for gonorrhoea at the 24 established clinics.

## MATERNAL AND CHILD HEALTH

The objective of the program is to secure and maintain optimum health for mothers and children. Preventive health work and diagnostic services for children, school health services, care of sick children, and correction of defects are provided. As the first step toward the goal, promotion of the physical health of the mothers during the maternity period is emphasized. The administrative set-up of this division has changed during the biennium, and since August 1945 Maternal and Child Health and Services for Crippled Children have both been under one director. These activities have been slowly expanding during the biennial period.

The Emergency Maternity and Infant Care Program, a Federal program administered by this division is still representing a major activity. This program was started in Maine in May 1943. Since that time more than 8,300 cases have been authorized for care. The program provides free maternity care for wives of servicemen in the four lowest pay grades of the armed forces and necessary medical, hospital, and nursing care and free immunization for their infants up to one year of age. One year ago the eligibility for this service was extended to wives of discharged servicemen, provided the pregnancy started prior to the husband's discharge. Approximately 15% of all babies born in Maine in 1944 were born under this program, and the same percentage in 1945.

The hospital stay of maternity cases averaged from 9.7 to 10.5 days which compares favorably with the national average of 9.3 days. The majority of Emergency Maternity and Infant Care cases are delivered in hospitals. In 1945 one hundred out of 2,096 cases were delivered at home, which represents 5% of all cases. In 1946, ninety-eight out of 2,311 cases were delivered at home or 4.4%. A survey for a six months period in 1944 showed that 79.6% of all deliveries in Maine were hospital deliveries whereas 95% of the Emergency Maternity and Infant Care cases were delivered in hospitals. Since only licensed hospitals and maternity homes may participate in the program, the "minimum requirements" set up for licensing resulted in more adequate maternity service, and it is hoped that the standards can be raised further.

Six months after the official termination of the war this program will be discontinued. It is planned to make use of the records of all cases as a nucleus for a study on maternal and infant morbidity and mortality in Maine.

The hospital licensing was placed in the Maternal and Child Health Division in May 1946. Since the law for hospital licensing

went into effect (*January 1, 1946*) 192 hospitals and related institutions were licensed. The following shows the number of hospital licenses issued in 1946 with distribution by type of institution:

<i>General Hospital</i>	73
<i>Maternity Homes</i>	36
<i>Convalescent Homes</i>	43
<i>Nursing Homes</i>	23
<i>Rest Homes</i>	15
<i>Tuberculosis Hospital</i>	1
<i>Mental Hospitals</i>	2

The Child Health activities have increased in scope during the biennium. The number of the Child Health Conferences increased from 442 in 1943 to 495 in 1944 and 537 in 1945. The number of monthly conferences shows continuous increase, whereas the number of the irregular conferences (*annual or semi-annual*) is decreasing, therefore securing improved care and supervision. Immunization services at Child Health Conferences increased substantially. The services in the conferences were intensified by offering dental and nutrition services in some conferences.

Formerly, pediatric clinics were held in Waterville and Bangor every two months. At present these clinics are conducted monthly. A clinic in Presque Isle, discontinued in 1944, due to lack of personnel, was started again in the spring of 1946. In the fiscal year of 1945, nineteen clinics were conducted; in 1946, twenty-four. Attendance: 187 in 1945; 244 in 1946. A survey proved that cases are referred from all six districts. To the services offered in these clinics nutrition services were added when a nutrition consultant joined the staff in February 1945. Medical social service is provided in the program. Mental health services will be provided by the newly created Division of Mental Health.

In December 1945, a pediatric consultant for the Maternal and Child Health Division and the Division of Services for Crippled Children became available for consultation on a part-time basis. It is planned to provide consultation service to physicians in Maine requesting it. It is anticipated that if more pediatricians become available in Maine their services may be used in a similar manner.

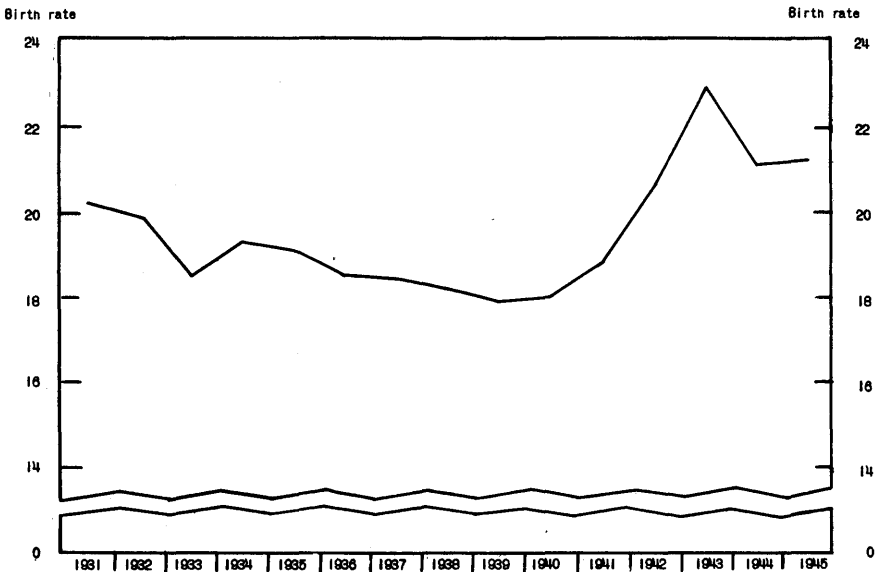
A plan to expand school health services in coordination with the Department of Education is being drawn up and it is hoped that this program will be started in the near future.

The Maternal Health demonstration in nine towns around Waterville was discontinued on July 1, 1945.

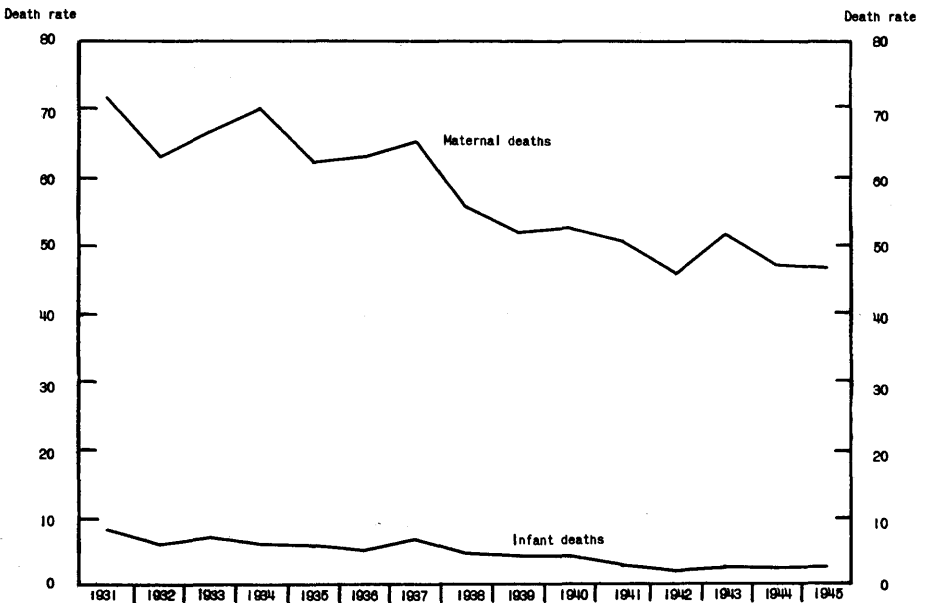
Chart 1 shows the birth rate in Maine for a fifteen-year period, 1931-45. The trend in infant mortality and in maternal mortality for the same period is shown in chart 2. The chart shows that maternal death rate decreased by 70% over a period of 15 years (*rates from 7.9 to 2.4*). Infant death rates declined a third, from 71.7 to 46.6. It is hoped that the planned expansion of prenatal services, delivery services, services for premature infants, improved and intensified care for infants will bring another decrease in both mortality rates and thus the rate will approach the irreducible minimum.

It is anticipated that the increase of federal funds, available for Maternal and Child Health Services through the amendment to Title V of the Social Security Act of 1946, as proposed by recent legislation, being considered by Congress, will make it possible to build up a state-wide coverage in Maine for mothers and for children of any age by offering preventive, diagnostic and curative care.

**CHART 1**—*Birth rate per 1,000 population in Maine for the 15 year period 1931-1945*



**CHART 2**—*Infant and maternal death rates per 1,000 live births in Maine for the 15 year period 1931-1945*



## SERVICES FOR CRIPPLED CHILDREN

The program of Services for Crippled Children is providing care and treatment for children who are crippled, otherwise physically handicapped, or suffering from conditions which lead to crippling or physical handicaps. Medical, surgical and after-care services for the physical restoration and social readjustment of crippled children are provided on a state-wide basis for children under twenty-one years of age.

Crippled Children Services have expanded continuously in the biennium. At present over 3,500 crippled children are listed on the State register as active cases. Over 5,000 have been registered since the beginning of the program, of whom about 2,000 have been removed for such reasons as reaching the age limit, moving from the State, or being cured. The number of clinic centers was increased to ten, thus providing easily accessible clinic service in all six districts at frequent intervals.

In the fiscal year 1945 hospital care was provided for a period of 20,142 days with an average stay of 50.5 days per patient. In 1946 there were 18,818 days care with an average stay of 47.8 days. Appliances were provided for 39 patients in 1945 and for 51 patients in 1946.

A group of Cerebral Palsy cases are receiving prostigmine treatment. To fully evaluate the benefit of this therapy it will be necessary to continue it over a period of time.

Speech training facilities have increased considerably due to the fact that the speech therapist joined the program on a full time basis on July 1, 1945. Speech consultation and therapy were provided to 58 individuals in 1945 and to 142 individuals in 1946. In three centers - Portland, Lewiston, Rumford - speech clinics are held regularly; consultant service is available on a state-wide basis. A sound-scriber was purchased to be used as a tool for treatment for speech cases as well as for recording progress of the individual cases. A collection of recordings is being made which will help interpret speech problems to professional and lay groups.

Included in the Services for Crippled Children is the program for rheumatic fever and heart disease which was started in 1940. It has not been developed on a state-wide basis but is increasing in scope. The area served by this program at present is centered in Portland and extends 30 miles into the surrounding area. The clinic was held twice a month in the Children's Hospital in Portland until April 1945, when the clinic was moved to the Maine General Hospital and clinic sessions increased to a weekly schedule.



In 1945 hospital care for cardiac patients was provided for a period of 1,496 days with an average stay per case of 51.6 days; in 1946, a period of 2,155 days with an average stay per case of 47.9 days. There are 330 cases on the cardiac register at present. In order to prevent recurrences of rheumatic attacks a limited program was developed to keep carefully selected cases on sulfa drug medication. Approximately 30 cases have been receiving this treatment since 1944, when it was started. A few selected cases of congenital heart disease were restored to normal life by heart operations. This new operation performed in congenital heart cases now enables patients, previously severely handicapped, to lead a normal life afterwards.

Plans to include a hard-of-hearing program in Services for Crippled Children are under way, and it is hoped to start it in the near future.

The professional staff including the director, nutritionist and medical social consultant provide consultation service to the divisions of the Department of Health and Welfare as well as to other State departments.

The Crippled Children program is closely correlated with the general preventive program of the Division of Maternal and Child Health. A close working relationship is maintained between the division and other divisions in the department as well as other private and State agencies such as the Division of Vocational Rehabilitation, the Division of Special Education for Physically Handicapped Children, the National Foundation for Infantile Paralysis, and the Pine Tree Society for Crippled Children. This close cooperation makes it possible to intensify the care for crippled children and thus to attain the maximum of physical restoration to aid the crippled child in adjustment to home life and to become a useful member of society.



**SAFEGUARDING CHILDREN'S HEALTH--** Is one of the most important functions of the Department of Health and Welfare. Infants and pre-school children, especially those living in rural areas are given the advantages of this health supervision program in 215 towns. During the past biennium 537 Child Health Conferences were conducted with an attendance of 7,424 children. The children are given a complete health check-up by physicians assisted by Public Health nurses. Immunizations against communicable diseases are offered at the same time.

## MENTAL HEALTH

The newly established Division of Mental Health began to function in June 1946. This division will develop a mental health program dealing with:

1. *Prophylactic Mental Hygiene - intended to prevent the development of mental disease or the loss of mental efficiency; enlightening the public regarding the cause of mental breakdown so that preventive measures may be instituted.*
2. *Supportive Mental Hygiene - concerned with improving mental efficiency, learning how to cope with mental difficulties, teaching people how to get along with each other.*

Everyone is aware that adequate psychiatric services have not been available to the mass of the population. Therefore, the division will make its services available to the entire State, including private physicians, health agencies, schools, and welfare agencies.

In order to function properly the division should have the coordinated services of a psychiatrist, psychologist and social worker. Only with an adequate staff can clinics be established to work with such problems as school maladjustment, behavior and personality disorders in children, delinquency, physical handicaps, mental defects and mental diseases. At the present time the division has as its director a psychiatrist. As soon as funds are available a psychologist and social worker will be added. A state-wide survey is now being made to determine the present problems and the type of services most needed by the communities.

## DENTAL HEALTH

During this biennium the Division of Dental Health has attempted to develop further its objective - that of striving for those preventive and restorative measures that are necessary to maintain for each individual a healthy mouth with a fully functioning set of teeth.

The state-wide lack of dental personnel has necessitated a limited program consisting chiefly of dental health education, although small corrective programs were carried on in several communities.

The division realizes that the only method of attaining its ideal is by means of a long-range program on a local level with financial assistance from the State in some cases. Therefore, the staff of the division has assisted communities interested in dental programs by offering guidance service and educational materials.

To attempt to provide complete corrective care for all citizens of the State would be impractical. However, a demonstration plan to supply corrective dental care to rural districts was established. A mobile dental unit was obtained and equipped. This traveling dental office will be loaned to rural towns that are without dental service. The towns using the trailer are to pay the salary of the dentist and his assistant. This is the only practical method of supplying dental service to people in the rural areas of Maine. Dental needs are great. Therefore, it will be necessary to limit dental service to the children of the communities using the unit. The age group recommended is children from three to eighteen years inclusive. Although such a plan is limited in scope it would favor the arrival at early adult life of individuals in a condition of sustained dental health. Thereafter, if adequate care were continued recurrently, this would involve only maintenance cost. The chief difficulty in such a project is obtaining dentists to operate the unit.

During 1944-46 the division has supplied corrective care for a few selected groups. Children attending pediatric clinics receive dental care at State expense if their parents are unable to provide it. These children are examined by a practicing dentist and those eligible for corrective dental care are referred to their family dentist.

The division continued to make dental care available to those patients accepted on the Emergency Maternity and Infant Care Program whose physicians requested dental treatment for them.

The division has maintained an educational program for parents of infants and pre-school children. At Child Health Conferences the mouths of infants and pre-school children are examined and advice is given to the parents. These examinations are made by local dentists when available, otherwise by staff dental hygienists.

A program for the school age child consisting principally of mouth examinations, classroom lessons and conferences with teachers on follow-up procedures is maintained as a cooperative endeavor with communities and division sharing the cost. This program functioned during part of 1944-45, but because of lack of personnel was discontinued during 1945-46. As soon as dental hygienists are available again it is planned to resume this worthwhile program.

The division in cooperation with the Department of Education has maintained the dental health education project in the teacher training institutions. That this program together with meetings of in-service teachers is improving the dental health education program is demonstrated by improved teaching procedures and an increased demand for classroom materials on dental health education.

## MEDICAL SERVICES FOR THE BLIND

Medical Services for the Blind have been available for four years. The program is administered in the Bureau of Health with consultation and advice on program case planning from a practicing ophthalmologist. The diagnostic groups served consist mostly of cataracts and glaucoma. The program has been limited in scope to conditions leading to blindness because of limited specialized personnel and facilities. Thus, services have been given largely to the older age group. These persons through this service have had vision restored and can live a more happy and useful life.

At the present time two clinics are held yearly in Aroostook County. These afford an opportunity for review of cases prior to surgery and provide periodic supervision. Surgical treatment necessitating hospitalization is provided in three hospital centers at Bangor, Waterville and Portland. Since July 1945, hospital care has been paid at the all-inclusive per diem rate rather than through hospital aid funds which met only a part of the hospital expense.

In the past two years, hospital care has been provided for fifty-six different patients. There have been arrangements and payments for 423 visits to ophthalmologists' offices for examination and treatment, eighty corrective lenses, and forty-eight bills paid for transportation. Arrangements were made for numerous patients to be seen at the Maine Eye and Ear Infirmary Clinic which made no charge for service. These individual cases had various types of services performed such as Medical Social Service, Public Health Nursing Service and service from Public Assistance workers. It is expected as personnel and facilities become available, to expand the program to cover the broader scope of prevention. This would then include an educational program, case finding, extension of clinic and hospital services.

## PUBLIC HEALTH NURSING

The program of the Division of Nursing during the biennium followed that of former years. It included recruiting personnel, assembling qualifications, assisting in staff development, promoting service and improving the quality of work in the field.

The division participated in the annual census of public health nurses for the U. S. Public Health Service. This showed 135 public health nurses on duty January 1, 1946, eleven less than the preceding year. Rural areas showed a decrease in the number of nurses while urban areas had more nurses on duty the last year, seeming to indicate that when there is a shortage of nurses urban positions can be filled more easily. The review of the qualifications of these nurses showed that 23.3% in 1945 and 25.2% in 1946 had completed one or more years in an approved public health nursing program of study. For the country as a whole the rates were 26.6% and 28.0% for the two years. It was gratifying to note that over 50% of the nurses referred to were on the Bureau of Health staff.

In spite of the many problems resulting from a shortage of staff and increased need for service with which the division was faced, the accomplishments were very gratifying.

**TOWN HEALTH COUNCILS.** A considerable number of health councils were organized to sponsor public health programs. This was an indication of the awareness of community leaders that public health is a community problem and if Maine is to participate in the broad national health plan recommended by national agencies, local groups must participate in making and executing plans. Many councils appointed education committees responsible for arranging programs to inform the group of health activities and resources in the State. Many members of the staff of other divisions in the bureau participated in these programs.

The staff participated in an increased number of committee health meetings and accepted many requests for talks on the public health nursing program. To keep in touch with current thought and trends, the staff was encouraged to attend professional meetings.

**STAFF EDUCATION.** District staff meetings were held monthly or at six week intervals except in Districts V and VI where meetings were interrupted during periods when no regular supervisor was on duty in the area. The staff members selected their own topic, one on which they felt need of more information, for study during the year. A few of the subjects studied were maternal and child health, school nursing, poliomyelitis, rheumatic fever, venereal disease and public health education.

Annual meetings of the entire staff were held each year in May, at Augusta, when districts reported on their work of the year and division directors were given an opportunity to discuss accomplishments and plans for the coming year.

As in the past, regional meetings to which all public health nurses in the State were invited were held at Portland, Bangor and Lewiston. Topics covered were orthopedic and tuberculosis nursing.

A nursing consultant on venereal disease was loaned to the Bureau by the U. S. Public Health Service for a six months' period and in May 1946 a Consultant on tuberculosis nursing was loaned to the bureau. Both workers made a great contribution by assisting in staff education programs and through field and clinic work, aiding the staff to improve the quality of service in their special field.

During the biennium seven nurses were granted educational leave. One nurse devoted her study to orthopedic nursing, one to supervision, and five to basic courses in public health nursing. Tuition, travel, and a monthly stipend were paid from federal funds which had been made available for this purpose.

**TRAINING CENTER.** The operation of the Training Center was continued with a few changes to better meet the needs of students. Three nurses spent a two months' orientation period at the Center before taking college work. Thirteen members of the staff had an introductory period ranging from a few days to two weeks, depending on the need of the individual. One nurse from a private nursing agency had a two weeks' period at the center.

During the current year a plan was developed to give two weeks' observation to student nurses from the Eastern Maine General Hospital. Before starting the program, four clinical supervisors and the educational assistant at the school took the course after which time conferences were held to determine the value of the experience and to formulate plans for carrying on the program most effectively. Eight nurses have had the observation experience.

**MANUALS.** One of the important activities during the past year was the preparation of two manuals, a procedure, and an office manual. While one supervisor was assigned responsibility for compilation of the manuals, the whole staff participated in their preparation by review and suggestions. It is believed that this will make for more uniform performance of nursing activities, higher standards of work, and will prove invaluable to new members of the staff.



**HOME VISITS.** The decrease in home visits was chiefly the result of staff shortage which necessitated leaving large areas uncovered except for emergencies. The increased clinic activities were also factors in this decrease.

Following is a summary of home visits for a two-year period:

**TABLE 3**—Number of home visits made by public health nurses for specified type of service, by fiscal year ended June 30, 1945 and 1946.

Type of service	1944-1945	1945-1946
Total . . . . .	37,626	27,385
Expectant mothers . . . . .	3,764	1,501
Infants . . . . .	10,277	7,632
Pre-school children . . . . .	10,950	8,195
School children . . . . .	3,700	2,745
Crippled children . . . . .	2,104	2,019
Morbidity . . . . .	853	909
Adult health supervision . . . . .	891	625
Communicable disease cases . . . . .	296	267
Venereal disease cases . . . . .	2,367	1,084
Tuberculosis cases . . . . .	2,424	2,408

**IMMUNIZATION AND TESTS.** During the fiscal year 1945-46 the total number of immunizations and tests was greatly increased - immunizations by 57%, tuberculin tests by 64%.

**TABLE 4**—Number of specified immunizations and tests where public health nurses gave service, by fiscal year ended June 30, 1945 and 1946.

Type of immunizations or tests	1944-1945	1945-1946
<i>Immunizations</i>		
Total . . . . .	12,494	21,827
Diphtheria . . . . .	6,742	13,674
Smallpox . . . . .	4,211	4,438
Whooping cough . . . . .	1,243	2,090
Typhoid . . . . .	298	1,625
<i>Tests</i>		
Tuberculin . . . . .	8,731	13,642
Total Immunizations and Tests . . . . .	21,225	35,469

**CHILD HEALTH CONFERENCES.** Child health conferences continue to be an important phase of the health supervision program for infants and pre-school children. There was an increase in the number of towns where conferences were held, from 188 to 215, as well as the number of sessions, from 495 to 537. Likewise there was a decided increase in attendance, from 4,831 to 7,424. Volunteers made a distinct contribution to the success of these conferences by serving as hostesses, registrars, and assistants in the various activities.

**SCHOOL HEALTH.** This program was continued as in the past few years, by limiting it to a consultation service. While the nurses were successful in some areas, in others it was difficult to demonstrate the value of such a program. Efforts were made to visit schools as early in the fall as possible to make plans for the year. There has been a steady increase in the number of nurse-teacher conferences in which the health problems of individual children are discussed, or the teacher is assisted in her health education program. Many of the nurses have been invited to participate in teachers' meetings to discuss the program, or to give demonstrations.

Although vision testing is the responsibility of the teachers, the nurses have taken part in this activity by demonstrating vision testing and discussing the various factors to be considered in a sight conservation program. Frequently the nurses have been requested to re-test children found by the teachers to have defective vision. As in the past, audiometer testing has been carried on by the nurses.

Although steady progress has been made in developing a school health program, as part of a generalized community health service, there is continued need for more cooperation and mutual understanding between the school and health officials.

**ENABLING ACT SERVICES.** During the biennium three new services were started in Winslow, Fairfield, and Madawaska. It is regretted that because of lack of personnel the programs started in Machias, Calais, and Farmington had to be discontinued temporarily. Fortunately, a nurse was secured for the Farmington area and that service was reopened in June 1946 after a lapse of ten months. There has been a great increase in the number of towns interested in establishing such programs and it is hoped that more nurses may be available to make this possible.

**PRIVATE AGENCY SERVICES ESTABLISHED.** The towns of Houlton and Presque Isle organized community nursing services and the division assisted in plans for the development of these programs and continued to give consultant service.

**CLINIC ACTIVITIES.** The nurses spent a greater amount of time in clinics than in previous years. For several years a nurse had been assigned to the Prenatal Clinic at the Maine General Hospital. In the spring of 1945 it was decided to discontinue this since the majority of the patients came from Portland and vicinity, an area not covered by the Bureau of Health nurses. The Cardiac Clinic, which had been held once a month, was changed to a weekly basis.

The Venereal Disease Clinic in Portland was reorganized and public health nurses were assigned to various activities. The clinics are held twice a week in the late afternoon and evening hours. Although clinic service is a valuable experience for the nurses and they have a distinct contribution to make, it takes a good deal of time from field service.

Nurses also served at pediatric and crippled children's clinics. A clinic for crippled children was established at Dover-Foxcroft to care for children in that area who had not had service since the Bangor Crippled Children's Clinic was discontinued.

In the clinics as in all nursing activities the nurse works under the direction of the physician. Frequently the nurse in her home visits finds a child in need of medical attention. The case is discussed with the family physician and on his recommendation is referred to the clinic for examination and recommendations by a specialist. The function of the nurse is to secure health and social history, to interpret the physician's findings to the parent or guardian, and to give nursing care if indicated.

## DIAGNOSTIC LABORATORY

The laboratory performs a vital function in protecting the health of the people of the State. It assists the medical profession and public health officials to diagnose disease by the testing and examination of specimens they submit. This is particularly important in cases of communicable diseases where prompt diagnosis and treatment are necessary to prevent the diseases from spreading.

Many of the diseases for which tests are made are generally known to the public, such as syphilis, gonorrhoea, tuberculosis, diphtheria, typhoid fever, and sore throats. Others not so widely known include mononucleosis, Vincent's angina, meningitis, tularmia, and undulant fever.

Veterans returning from all parts of the world have been exposed to diseases that are not common to this climate and the laboratory is prepared to assist in the diagnosis of these diseases.

Examinations are also made for diabetes, various kidney troubles, blood diseases, acute infections, lead poisoning, parasites, cancer, etc.

Regarding cancer - any person who is concerned about any growth, or mass, should go to his physician at once. Any physician in this State may send in specimens. In recent years there has been a relative increase in the number of specimens sent in from growths in the skin.

Since prompt and efficient laboratory service is essential to the public health, the laboratory has to be open every day in the year. The laboratory procedures are constantly being revised; hence it is essential that workers keep up to date. To accomplish this, arrangements are made for members of the laboratory staff to take special courses from time to time.

**TABLE 5--***Number of tests for specified diseases made in the Diagnostic Laboratory, by fiscal year ended June 30, 1945 and 1946.*

<i>Disease</i>	<i>1944-1945</i>	<i>1945-1946</i>
Total . . . . .	103,285	103,261
Syphilis . . . . .	68,233	66,110
Gonorrhoea . . . . .	5,798	6,096
Cancer . . . . .	1,401	1,223
Tuberculosis . . . . .	1,948	2,071
Diphtheria . . . . .	554	2,615
Typhoid and Undulant Fever . . . . .	3,354	3,943
All others . . . . .	21,997	21,203



**ONE OF THE MANY STEPS--** in testing specimens submitted by the medical profession and public health officials is pictured here in the Diagnostic Laboratory. Open every day in the year, the Laboratory renders prompt and efficient service in the constant fight against commonly known diseases as well as those resulting from war-time exposure. During the past biennium, the Diagnostic Laboratory made 206,546 tests.

## VITAL STATISTICS

Reckoning the establishment of central filing of vital records in 1892 as the first important step toward improving recording and secondly, the issue of the Census Bureau's Notification of Birth Registration, begun in 1921 and ended June 30, 1945, the third step was taken in June of 1946. Instead of a "notification", there will be sent to the mother of each newborn child a photographic copy of the record of birth as received from the town clerk at the place of birth. The Census Bureau furnishes the franked envelopes for mailing and for the return of the verification letter. The office of the Division of Vital Statistics supplies only the photographic copy. If the record is found to be complete and correct the mother's signature verifies the record, and thereafter there should be no reason or excuse to amend the record in later years. On receipt of a reply showing errors or omissions the mother will be told how to effect a correction at the office of the local clerk whose order to amend, attached to the mother's report, becomes a permanent record. After verification or correction a "birth card" bearing a State seal, suitable for school enrollment, will be issued. Detailed accounting will be made of the completeness of returns of verification letters, the number and nature of the errors noted and corrected, for the purpose of showing the measure of effectiveness of the plan.

That there is need for improving the quality of birth reporting was made plain during recent years when the demand for such records as proof of age and citizenship, was enormous. In the past six years amendments to filed records have been made to the number of some 30,000.

From the reported experience of other states the expectation is that records of birth will be improved both as to correctness and completeness of registration and that the need of correction will diminish as the public becomes accustomed to the practice.

Since the issue of "notifications" ended June 30, 1945, all birth records received after that date will be verified. Some 15,000 received in the meantime should be processed before the end of the summer. Thereafter verification letters will be sent out within a few days of receipt from local clerks.

Mailings of transcriptions of births, deaths and stillbirths to the Census Bureau in 1944 totaled 30,730 and 27,367 in 1945.

*(As provided by statute a detailed report on Vital Statistics is published annually.)*

TABLE 6--Number of Births, Deaths and Marriages for the calendar years 1944 and 1945.

<i>Births, Deaths and Marriages</i>	1944	1945
<i>Births</i>		
Total . . . . .	17,624	16,647
Males . . . . .	8,986	8,960
Females . . . . .	8,638	7,957
<i>Deaths</i>		
Total . . . . .	10,302	9,966
Males . . . . .	5,567	5,525
Females . . . . .	4,735	4,441
<i>Marriages (At least one party was a Maine resident)</i>	6,211	7,569

TABLE 7--Number of reported deaths from specified causes for the calendar years 1944 and 1945.

<i>Causes of death</i>	1944	1945
Total . . . . .	10,302	9,966
Typhoid and paratyphoid . . . . .	2	2
Meningococcus meningitis . . . . .	22	9
Scarlet fever . . . . .	2	4
Whooping cough . . . . .	10	25
Diphtheria . . . . .	3	15
Tuberculosis, all forms . . . . .	275	241
Syphilis . . . . .	49	56
Influenza . . . . .	143	67
Measles . . . . .	11	3
Poliomyelitis . . . . .	3	6
Acute encephalitis lethargica . . . . .	2	3
Cancer . . . . .	1,345	1,357
Diabetes . . . . .	205	217
Intracranial lesions, vascular . . . . .	1,061	1,093
Diseases of the Heart . . . . .	2,977	2,915
Pneumonia, all forms . . . . .	434	428
Diseases of the Digestive System . . . . .	435	423
Diarrhea & Enteritis under one year . . . . .	62	62
Appendicitis . . . . .	46	47
Nephritis, all forms . . . . .	749	636
Puerperal . . . . .	40	40
Accidents, all forms . . . . .	770	686
Auto Accidents . . . . .	129	157
Congenital malformations and diseases peculiar to the first year of life . . . . .	542	505
All other causes . . . . .	1,222	1,235
<i>Deaths from all causes under one year . . . . .</i>	834	775

## SANITARY ENGINEERING

The demands of the citizens and of the traveling public for Sanitary Engineering services persisted throughout the biennium with the result that there was very little reduction in the activities of the Division. During 1944-45 the Division operated with reduced field engineering personnel but this was augmented during 1945-46 by the return of several engineers who had been in the Armed Forces. At no time during the biennium were there more than four field engineers on duty.

During the fiscal year 1944-45 these engineers made a total of 2,048 inspections and investigations and spent 207 days on office and similar work. For the same period during 1945-46 there were 1,871 inspections made and 224 days were spent on office work. The engineers were engaged in making routine inspections and investigations in their respective districts and in carrying out the many other duties of the Division. There were 16 engineering activities covering various phases of public and private water supply, public and private sewage disposal, cross-connections, interstate carrier watering points, swimming pools, plumbing installations and other phases of engineering work. There are eight activities under sanitation such as inspection of eating and lodging establishments, schools, factories, lumber camps, nuisances and others. Under laboratory and special services there were eight dealing with the analysis of water, cosmetics and blood samples and such special services as registration of cosmetics and licensing of drug stores selling prophylactic articles.

**PUBLIC WATER SUPPLY TREATMENT AND OPERATIONAL PROBLEMS.** There are 163 public supplies in the State that furnish water to about 71% of the population of the State. On April 24, 1946, the following standards were approved by the Advisory Council of Health and Welfare:

1. *In any single standard sample, bacteria of the coliform group (B. Coli) shall not be present in more than one of the five standard ten milliliter (10 ml.) portions tested in lactose broth.*
2. *Of all the standard ten milliliter (10 ml.) portions examined per month in accordance with the specified procedure, not more than ten per cent (10%) shall allow the presence of organisms of the coliform group.*
3. *The procedure for the bacteriological examination of water shall be as outlined in the "Standard Methods for the Examination of Water and Sewage", latest edition.*

Special work also was done during the biennium with eight utilities on water problems consisting of taste, odor and corrosion control.



**INSPECTION OF DOUBLE CHECK VALVES ON CROSS-CONNECTIONS.** The routine inspection of 132 so-called double check valves was continued. As many of the valves have been installed for more than 12 years, it is necessary that special attention be given to the condition of the round rubber facings on these valves which become deteriorated over a period of time. Whenever leaking valves were found at the time of inspection, they were immediately taken apart to determine the cause of such leaking and the condition corrected.

**INSPECTION AND CERTIFICATION OF INTERSTATE CARRIER WATERING POINTS.** In collaboration with the United States Public Health Service investigations, studies, recommendations and laboratory analyses relating to the certification of public, semi-public and private water supplies used for drinking and culinary purposes on common carriers engaged in interstate traffic were continued. During 1944-45, twenty-six supplies received approved certification and none were provisional or prohibited. In 1945-46, there were no changes over that of the previous year.

Routine inspection also was made of the facilities for placing drinking water on the cars or boats at these same points. In 1944-45, thirty-six places were inspected and only four received provisional certificates. During 1945-46, thirty-nine places were inspected and four places were given provisional certificates. During the two year period many corrections were made to these facilities by the carrier companies.

**ASSISTANCE TO FEDERAL AND STATE AGENCIES.** Many of the federal agencies operating in the State and some State Departments requested the services of the division on sewage disposal, water supply and other engineering problems.

**INSPECTION AND LICENSING OF EATING AND LODGING ESTABLISHMENTS.** This is a major activity of the division and its function is to assure the public of good, clean, wholesome places in which to eat and sleep. With the end of the war many closed places were reopened and many new places constructed. There were 7,157 licenses issued during 1944-45, and 7,980 in 1945-46.

The five following requisites sum up the policy used toward the maintenance of the sanitary conditions at these places: (1) *A safe and adequate water supply,* (2) *Proper sewage disposal,* (3) *Good housekeeping,* (4) *Proper garbage and waste disposal* and (5) *Adequate hot water.*

To carry out this work five full time and five seasonal inspectors were employed. All matters of an engineering nature found at these places were referred to the respective district engineers. No special problems were encountered during the routine inspection of all licensed places, but every effort was made to

see that each place complied with the basic principles previously enumerated. Considerable progress was made during the two years in the improvement of all licensed places. The income from these licenses represents a considerable portion of the money available to the division for carrying on the various activities.

**LUMBER AND WOODS INDUSTRIAL CAMPS.** Very little inspection work, except in special cases, was done during the biennium due to a shortage of engineers but considerable work was done by one of the District Engineers on the preparation of master plans for the construction and layout of a lumber camp.

**PLUMBING.** Under existing State laws the issuing of permits for the installation of plumbing and the inspection of the same has been carried out. One full-time Inspector and approximately 784 local Inspectors were employed on a part-time basis to help enforce the provisions of the law. Each local Inspector was visited at least twice during each year of the biennium. During 1944-45 a total of 2,399 permits were issued and 2,338 inspections made. During 1945-46 there were 3,851 permits issued and 3,726 inspections made. These figures, especially those for 1945-46, represent a very substantial increase in this activity.

During each of the two years there were held the two required meetings to discuss proposed changes in the State Plumbing Code. At these meetings important changes were made relating to sewage disposal and cross-connections. These changes were incorporated in a new issue of the Plumbing Code and the chart "Maine Plumbing Practice" which was redesigned and reprinted. Both the Code and chart were widely distributed.

**REGISTRATION OF COSMETICS.** With the end of the war, federal restrictions on substances commonly used in cosmetic manufacture were lifted. Many new preparations appeared on the market. During 1944-45 the division received 928 new preparations for analysis and registration and 949 new ones during 1945-46. Each preparation is analyzed for objectional constituents such as arsenic trioxide, barium, chromium, mercury, resorcinol and titanium. During the biennium eight preparations were refused and one formula changed at the Division's request.

**CHEMICAL AND BACTERIOLOGICAL EXAMINATIONS OF WATER SUPPLIES.** 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, 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 Division Engineers and Inspectors 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.

In the period 1944-45, over 9,000 samples of water were submitted for analysis while during the same period 1945-46, over 10,000 samples were sent in to the laboratory. These analyses involved over 26,279 and 24,700 separate examinations respectively.

## BUREAU OF SOCIAL WELFARE

Frank W. Haines, *Director*

The Bureau of Social Welfare is one of the two bureaus established by law in the department. The Social Welfare laws of the State of Maine are administered in the several divisions of this Bureau except the activities of the Division of General Relief which is a division of the department and not of the bureau.

The divisions of the bureau consist of (1) Child Welfare, (2) Hospital Aid, (3) Indian Affairs, (4) Public Assistance (*which includes Old Age Assistance, Aid to the Blind, Aid to Dependent Children and World War Assistance*), (5) Services for the Blind, and (6) Licensing.

The World War Assistance Program which was previously administered in a separate division was made a part of the Division of Public Assistance in September 1944. World War Assistance is essentially a categorical Public Assistance Program and furnishes funds for the support of the dependents of veterans of World Wars I and II. To be eligible for such assistance the recipient must be a certain relative of a veteran, but the assistance is not for the veteran himself.

In September 1945 the Governor and Council transferred the Division of Veterans Affairs from the Bureau of Social Welfare to a division by itself under the Executive Department and the office quarters were accordingly moved to the State House from the Welfare Building. Liaison between the Division of Veterans Affairs and the Department of Health and Welfare has been maintained through the services of a field representative of the Division of Veterans Affairs assigned to the department. The many changes in Federal Laws in regard to veterans and their dependents make necessary a close working relationship between the Division of Veterans Affairs and the department.

This report would not be complete without reference to the shortage of staff. During the fiscal year 1945 the turnover of staff in the department was 22% and in 1946 it was 37%. It seems very evident that the \$2.00 per week increase to the employees who were receiving under \$40 per week as provided by the 1945 Legislature was not sufficient to enable the department to retain its employees. With such a staff turnover the work has necessarily suffered and the time consumed in training new staff could not be used in any other way.

In an attempt to obtain decentralized administration for the Bureau of Social Welfare the sixteen counties in the State have been arranged in districts for the Public Assistance and Child

Welfare Divisions, but these districts do not coincide. One reason for this is that the needs and the activities of the two divisions are considerably different in the various localities in the State. The consideration being given to the coordination of the districts of the Bureau of Social Welfare and the Bureau of Health was necessarily postponed during the war period but it is still being planned and considerable study has been made. It is hoped that the filling of staff vacancies shortly will make it possible to coordinate districts more fully in order that better administration may be obtained.

State Social Welfare laws already upon the statute books of the State of Maine providing for financial and other assistance to both adults and children cannot be administered properly as designated by such laws unless sufficient funds are made available for that purpose by the State. The laws providing for the four types of Public Assistance definitely indicate that the amount of aid which shall be paid shall be sufficient for "a reasonable subsistence compatible with decency and health." The increase in the cost of living has made it necessary to increase the payments of Public Assistance, but it has also been necessary by law to stay within the legislative appropriation. Caught between the mandate of the Public Assistance laws and the mandate of the appropriation laws the bureau has been obliged to stay within its appropriation, assisted by transfers from other accounts as well as from the contingent account as approved by the Governor and Council. The amounts being paid to Public Assistance recipients as of June 30, 1946 are definitely not "compatible with decency and health." If sufficient funds can not be made available to carry out the laws as written, due consideration would be in order regarding a revision of such laws.

The summarized reports of the respective divisions which follow give a picture of the accomplishments and needs of the bureau as a whole. More detailed reports, including much statistical data, not possible to include for lack of space, are on file in the office of the Director.

## CHILD WELFARE

Although the administrative office of this division which establishes policies and sets standards is located in Augusta, the service given to families and children is decentralized and state-wide. Social workers are assigned to eleven local district offices, located all the way from Biddeford to Caribou and from Machias to Skowhegan. The division is primarily concerned with meeting insofar as possible the needs of neglected children and children requiring special services which their own families either do not or can not give, and where the case work service of a social agency is required.

**SERVICES TO CHILDREN IN OWN HOMES.** With the passage of the Social Security Act in 1936 came a keener realization that more should be done for children than to remove them from the custody of their parents. It was thought that many so-called neglectful parents with encouragement and understanding of their problems could be helped to provide adequately for their children. Children who were becoming problems in the community and were in danger of commitment could, with guidance and help from a social worker, become better adjusted individuals without resorting to commitment. More service and consideration needed to be given to the unmarried mother than had been available in the past.

To carry out this concept of providing more service to children in their own homes and thus save as many children as possible from being cared for away from their families, funds became available from the Children's Bureau as a result of the Social Security Act to enable states to broaden, strengthen and extend public service to children all over the country. The funds were to be used to train and develop staff to give service not only to children who had been committed to the custody of the Department of Health and Welfare but service to prevent neglect of children living in their own homes as well.

**CHILDREN REFERRED FOR SERVICE.** That there was need to extend services to children in their own homes seems to be indicated by the number of different children who were referred to the Division of Child Welfare during the past two years. During this period the staff was asked to give case work service to 2,474 different children. Most of the children were either living in their own homes or homes of relatives at the time of referral. The number referred in 1945-46 exceeded the number referred the previous fiscal year by 154.

The social situations which precipitated the referral of the children were as different and varied as the children themselves. The situations ranged all the way from gross neglect of a child by his parents to a father asking for assistance in finding a

suitable place to board his six small children while his wife was convalescing from illness. Parents sought the services of a social worker to help them plan confinement care for their unmarried daughters and later to advise them on future plans for the babies. Fathers and mothers asked for the services of social workers to discuss their marital problems or other domestic problems which were straining family relationships and making life in the home difficult or undesirable for the children. Judges having children brought before the court on charges of delinquency or other anti-social behavior were asking for the services of the staff to investigate the family situation and to recommend a plan of treatment which would be beneficial for the children. Probate Court judges faced with the task of considering petitions for adoption frequently asked for the services of a social worker to study the situation both from the standpoint of the suitability of the adoptive parents as well as that of the child. Superior Court judges hearing divorce cases in which each parent was asking for the custody of their children frequently asked the social worker to give an impartial report on the fitness of the parents to take custody of the children involved. In addition to referrals that came from within the State, the division has given assistance in the case of children living in other states who may be returned to Maine either because their residence is here or who have ties here which make it desirable for the children to live in this State.

The different sources from which the children were referred for service are interesting to study. They represent the cross section of a community and indicate the growing concern that people are showing for the welfare of neglected and needy children. The sources of referral also indicate that most of the localities, outside of the few cities, have no social agencies, and the Division of Child Welfare is the only agency to which children can be referred for service. As might be expected, town welfare officials referred the largest number of children, or 20%. The next highest, or 10%, were referred by law enforcement officials (police, sheriffs). It is encouraging to note that parents and relatives asked for case work service for 16% of the children; judges of Superior, Probate or Municipal Courts asked for service for 7% of the children; health agencies referred 9%; school authorities, 3%; private child-caring agencies, 5%; and interested citizens, 8%. Aid to Dependent Children was being given to 4% of the children, but it was thought they were also in need of some special service which the Division of Child Welfare could give. Public Welfare Departments in other states and hospitals within the State referred all the other children.

**SERVICE TO UNMARRIED MOTHERS.** It is gratifying to report that due to a change in policy it has been possible for the division to extend and strengthen its services to unmarried mothers. This

has been possible because of a special appropriation which the department received for this service. Since the division had no funds to use to provide financial care for children except the ones who had been committed, it was not possible until the special appropriation was made to assist unmarried mothers without committing their babies to the custody of the department. With funds now available the division can pay board for the baby of an unmarried mother temporarily without taking custody until the mother finds work or until some more permanent plan is made for her baby.

**ADOPTIONS.** For the last two years the division has been working to develop and strengthen the adoption program so that children under care who are adoptable and free for adoption may be given an opportunity for this kind of placement. Placing children for adoption is considered to be one of the most specialized services in the field of child welfare. The social worker who undertakes to place a child for adoption must understand what is involved in such a placement for both the child and the adoptive parents. Skill and judgment are required in determining when it is desirable for a child to be removed permanently from his family. The study of adoptive homes also requires experience and ability to understand and evaluate the motives of persons wishing to adopt children.

The age at which most children are placed for adoption ranges from young babies to children under six years of age. Most adoptive parents prefer babies under a year. Few people are interested in taking children over five or six years of age. Although the division has more than 2,200 children in custody, only a small per cent of them is under six years of age. The children placed for adoption in 1944-45 and 1945-46 were taken from the group mentioned in the heading "Service to Unmarried Mothers" and young children who had been committed to the custody of the Department of Health and Welfare. The children from the former group are not wards of the State, which means that no court action has been taken against the mother to obtain custody. Instead, the mothers voluntarily surrendered custody of their children to the Department of Health and Welfare. The department never attempts to place a child for adoption without either having obtained custody through surrender or commitment by a court. This means that the bureau has authority to give consent at the time the adoption is granted. Children are placed in adoptive homes for a year before adoption is granted. This gives the adoptive parents an opportunity to become acquainted with the child. Likewise, the Department of Health and Welfare can observe the placement and be certain that it is working out satisfactorily for the child and adoptive parents.

**CHILDREN COMMITTED TO CUSTODY.** The Department of Health and Welfare was the legal guardian of 2,268 children on June 30, 1946. This means that local courts have removed the custody of the children from their parents and made the department their guardian. Most



of the children were committed because they were not receiving suitable care in their own homes. A small number were full orphans without any relatives of sufficient means to provide for them. Others were committed because their mothers were in a correctional institution. Some of the children were committed because they were in danger of becoming delinquent. Children are committed to eighteen years of age but may be dismissed sooner by the court having jurisdiction if it is found that they no longer need the protection of the department. An appropriation is made for board, clothing, dental, medical, hospital care and incidentals. Older children sometimes work in return for their maintenance. Many of the older children work during the summer and earn enough to buy all or part of their clothing.

Each child is assigned to a social worker on the staff. She stands in the relation of a friend and advisor to the children she supervises. Social workers are responsible for finding homes for the children they supervise, and visit them at intervals. A few of the children are in private child-caring institutions. Children attend the public schools. They are encouraged to go through high school, but if they cannot progress that far or can not be encouraged to continue in school, they are helped to find employment. A number of children do graduate from high school and some of them with honors. It is the policy of the division to try to place brothers and sisters together whenever it is possible or desirable. Children are encouraged to keep in touch with their parents whenever they wish to do so unless contact with their parents is disturbing or upsetting to them. Children may return to their own homes when it is found that parents can provide for them. The children are usually placed back in their own homes for a probationary period of approximately a year. If at the end of that time the placement has proven satisfactory, the department petitions the court having jurisdiction to return the custody of the children to their parents. On June 30, 1946, 346 of the 2,268 children were living in their own homes or in the homes of relatives.

While 2,268 children is still a large number for a state the size of Maine to have in custody, the number in custody at any one time has steadily decreased since 1939, except in 1942 when there was a slight increase over the previous year. This decrease can be attributed to a number of different factors, one being that children are not kept in custody as long as they were in the past. Parents are helped and encouraged to regain custody of their children whenever it is found that they are able to do so. The financial condition of parents has improved so that more parents are in a better financial position to provide for their children. More boys and girls can now find work and become self-supporting than was possible in the depression years. A few more of the younger children are being adopted than in the past. Another

important factor which may be responsible for the decrease in the number of committed children is that as more service is given to children in their own homes, fewer children have to be committed. The fact that only 487 of the 2,474 children given service in the last two fiscal years were committed bears out this conclusion. Another significant fact is that while the number of committed children decreases, the number of children accepted for service in their own homes during the last two years has more than doubled.

While the parents are divested of all legal rights when their children are committed to the custody of the department, this does not relieve parents of the liability for support of their children. In many cases the court at the time of commitment places court orders on parents to pay a regular amount toward the support of their children. Other parents voluntarily contribute a regular sum for their children's care. The department, as guardian of the children, applies for funds from other sources for the children who are entitled to them. For instance, during the war the department applied to the Office of Dependency Benefits for Servicemen's Allotment for the children whose fathers were in the service. Likewise, the department applies to the Veterans Administration for the children who are entitled to receive benefits from this source. Some of the children are entitled to receive Federal Old Age and Survivors Insurance if their father or mother was working in covered employment at the time of his or her death.

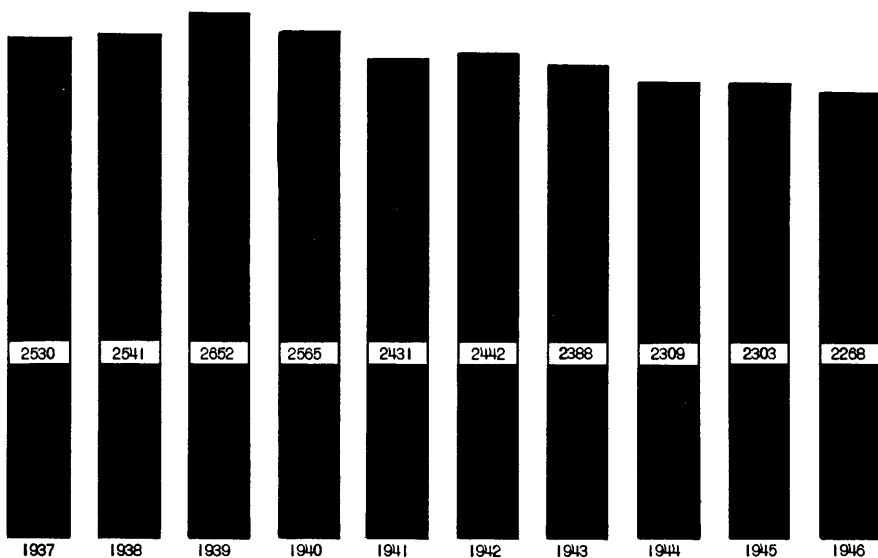
**LICENSING.** In addition to giving direct care and service to children, the division also performs certain licensing functions. This includes the investigation of applications from private individuals to board children and the investigation and licensing of private organizations to operate child-placing agencies and institutions for children. The law requires any individual boarding a child under 16 years of age not related by blood, marriage or adoption to have a license from the department. Likewise, any private organization which is established to provide care to children must also secure a license from the department. This law is one of several other State laws to protect the welfare of neglected, dependent and delinquent children. The law gives the department authority to establish standards of care which an individual or an organization must meet before a license can be granted. Licenses are granted for one year and must be renewed each year.

The Division has in the last year extended service to private organizations by adding a consultant to the staff. In addition to being responsible for recommending the private organizations to be licensed, the consultant as such renders a broader and even more far-reaching service to private organizations. The consultant's services are available to board members of private organizations who are seeking advice and counsel on problems of their

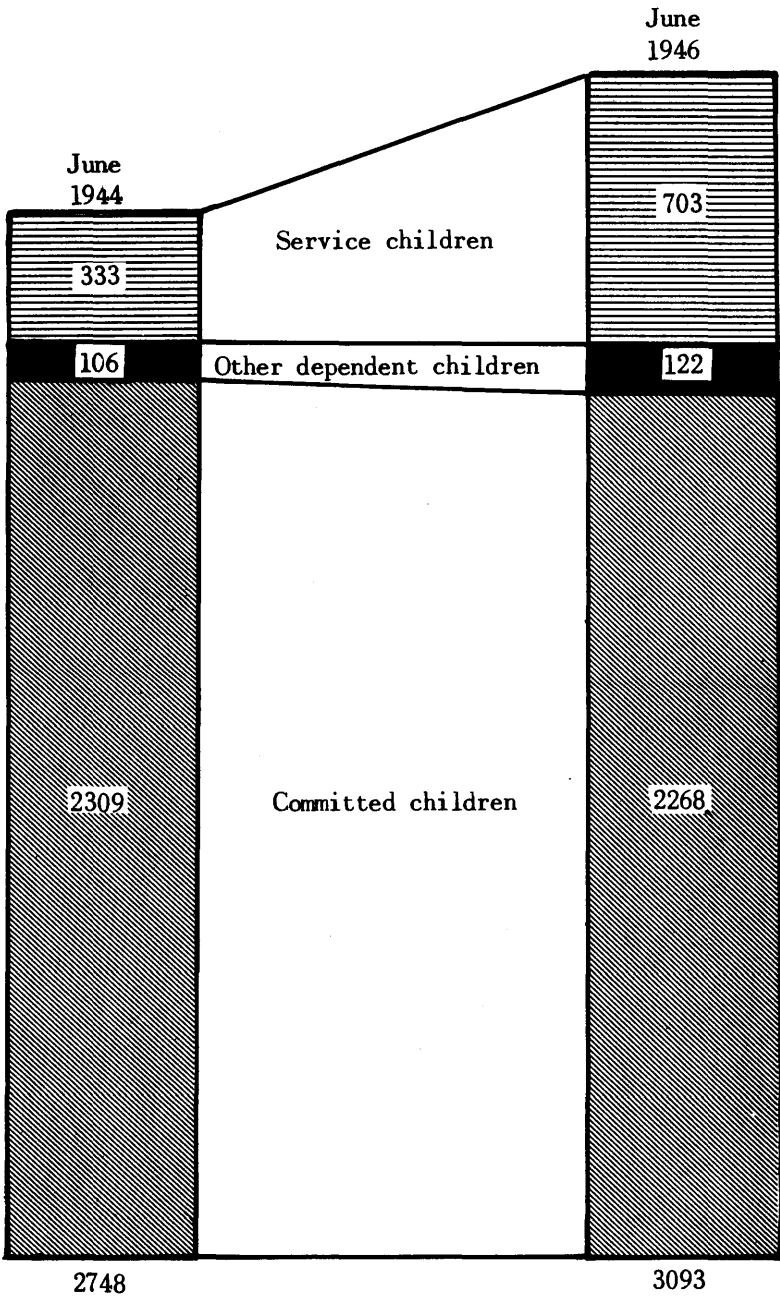
particular agency. He assists agencies to secure staff and to plan meetings and institutes for the development of staff. The consultant also assists the Director of the Division of Child Welfare to coordinate the work of public and private child-caring institutions so that the largest number of children can receive service from the funds that are available from public and private sources.

The Legislature makes annual appropriations to 12 private organizations. The consultant has responsibility for seeing that the organizations which receive these funds make the best use of the funds in accordance with policies and procedures established by the department.

CHART 3--*Number of committed children under care as of June 30, 1937-1946.*



**CHART 4--***Number of children under care, by type of care, June 1944 and June 1946.*





---Photo Courtesy U. S. Children's Bureau

**"MY FUTURE IS IN YOUR HANDS"**--- might well be the unspoken thought of this little lad, typical of the 2,300 children in the custody of the State Department of Health and Welfare. He might be the product of a broken home, or an orphan, or perhaps he was neglected and needed the helping hand of an agency equipped to give him his chance for a normal childhood and resultant good citizenship.

## HOSPITAL AID

Funds are provided under the Hospital Aid Program for payment of a share of the hospital expenses of a needy patient who is not a recipient of general relief, payments being made directly to any hospital in Maine applying for such aid for the patient. As public assistance programs developed, recipients of Old Age Assistance, Aid to the Blind, Aid to Dependent Children, and World War Assistance and their immediate families were designated as persons for whom Hospital Aid could be requested by the hospital and for whom eligibility would exist. Hospital Aid has also assisted in providing hospitalization for patients referred by the Division of Crippled Children and the Division of Venereal Disease Control in the Bureau of Health.

The appropriation of \$288,000 per year for Hospital Aid during the biennium was paid to the hospitals on a quarterly basis, the amount received by each hospital being determined in accordance with plans approved by the Maine Hospital Association. The daily rates paid to the hospitals during the fiscal year 1945-46 averaged \$2.50, this being approximately the same as during the previous three years. Hospital operating costs, on the other hand, increased substantially during the biennium to the point where Hospital Aid paid a relatively small part of the cost of caring for a patient. The result has been that some hospitals do not use Hospital Aid and require patients to make arrangements to pay the full cost of care. In some instances this forces persons who are otherwise self-supporting to seek assistance from the overseer of the poor or else forego necessary hospital treatment. A few hospitals have been obliged to close or curtail their services due to increased expenses. Additional funds in the account may save some hospitals from closing their doors. Only 43 out of 75 hospitals in Maine used the Hospital Aid Program during the biennium. From the public health standpoint, an increase in this appropriation would be of great benefit to the State.

## INDIAN AFFAIRS

Under the laws relating 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.

The State provides funds to cover the salary and expenses of the Indian Agent and the supervisor who assists him, and several other persons who perform routine duties on the three reservations. The salaries of priests and teaching sisters are paid by the State. Parochial schools are maintained for each reservation although the 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. The State is also responsible for care of buildings, equipment, and for supplying fuel and utility services.

School lunches have been furnished to approximately 226 children each school day during the biennium and the health of the children has been improved to a considerable extent. This cost was met by the State except for a partial contribution from the Federal Government.

The Indian Agent is responsible for relieving the need of the Indian families on both reservations. The first year the amount of the expense was \$112,066.40 and the second year \$119,529.71. The cost is increasing each year.

The procuring of wood for fuel is becoming more expensive every year and the use of oil as fuel should be given consideration at once, not only in public buildings on the reservations, but in private dwellings as well. Housing is still the major problem.

The previous biennial report recommended that \$293,000 be appropriated for construction and renovation of homes on the three reservations. The estimate called for the construction of 75 four-room houses and the enlargement and repair of 75 houses. This amount of money would not be sufficient today, because of the increased cost of construction.

The State of Maine appears to be responsible for the Indian population which is increasing. In 1822, the United States Indian Commission reported 277 Penobscot Indians and 379 Passamaquoddy Indians. In 1934, this had increased to 519 Penobscot Indians and 550 Passamaquoddy Indians. The January 1946 official census of the Penobscot Indians lists 578 members, four less than in 1945, and the January 1946 census of the Passamaquoddy Tribe lists 653 members, six more than in 1945, making a total of 1,231 members for both tribes.

The 1945 Legislature provided \$5000 to establish a ferry from Old Town to Indian Island. Due to conditions caused by the war it has not been possible up to June 1946 to procure a boat of the type needed. It is hoped to complete the establishment of the new ferry with landings and a steel cable across the river by the summer of 1947 in order to provide better protection for the members of the Tribe including about 60 children who attend school in the city of Old Town, and who must cross the river usually two round trips a day in all kinds of weather.

The State of Maine should not go on from year to year paying the full need of approximately 50% of the Indian population without setting up a different program of social welfare work, especially if it expects to achieve the acceptance of the privileges and obligations of State citizenship by the Indian tribes. It is hoped that funds can be found by the next Legislature to provide means for special welfare work, as well as funds for a housing project.



## PUBLIC ASSISTANCE

Public Assistance is that service provided under government auspices which has as its aim and basic purpose to provide a minimum amount of economic security to those persons who for one reason or another are deprived of the opportunity to provide it for themselves. The persons who are the beneficiaries of this service may be economically dependent because of ill health, advanced age, blindness, absence of the natural bread-winner, or because of any one of various reasons. The Division of Public Assistance administers the four categories of public assistance for which the Department is responsible, namely Old Age Assistance, Aid to Dependent Children, Aid to the Blind, and World War Assistance.

Conditions related to prosecution of the war and cessation of hostilities have continued to be reflected in several ways in the public assistance programs. Staff turnover and staff shortages have represented one of the most difficult and serious problems with which the division was faced during this biennium. The number of new social workers, excluding supervisory staff, employed during this period totaled 34 while the number of separations for the same group numbered 39. On June 30, 1944 there were 76 social workers and on June 30, 1946 there were 71; on both dates total positions for social workers numbered 84, which does not represent sufficient staff for carrying on the program with any degree of efficiency. Further evidence of the turnover during this period is presented by the fact that during the two-year period there were on the staff 110 different individuals at one time or another, but at no time did the staff reach its total possible complement of 84. The period during which the separation rate exceeded the accession rate by the greatest number was from January to June, 1946. This experience has been costly in terms of constantly training new workers, impaired efficiency, and effectiveness of individual performance because of overloads placed on the remaining workers.

The steady upward trend in the average public assistance payments is directly related to war-time influences. Added to the influence exerted by rising living costs has been the growing recognition that persons in need have a right to a minimum subsistence, and, therefore, insofar as appropriations have allowed, standards have been raised to be consistent with actual current prices. This fact has led to initiation of more scientific and objective methods of budgeting for the purpose of making assistance payments meet actual need more nearly than had heretofore existed. In July 1944 the average payment of Old Age Assistance was \$27.30; Aid to Dependent Children, \$56.96; Aid to the Blind, \$28.23; World War Assistance, \$48.79, as compared with figures for June 1946 in which month the average payment of Old Age Assistance was \$30.83; Aid to Dependent Children, \$71.91; Aid to the Blind, \$31.57; World War Assistance, \$66.21.

The influence of the employment situation related to full employment opportunities during the war and a decrease in employment after cessation of hostilities is reflected to some extent in the number of applications received and granted. In July 1944 there were 15,107 recipients of Old Age Assistance and this number, with a few exceptional months when there was a slight upward swing, steadily declined to a low of 14,787 in August 1945 and then increased to 15,097 in April 1946. The lowest number of applications for Old Age Assistance received during this period was in November 1944 when there were 158 applications received, and the highest number was in January 1946 with 311 applications received. In Aid to Dependent Children, the picture was as follows: lowest number of recipients was 1,287 in October 1944, and the highest was 1,589 in April 1946; lowest number of applications received was 18 in September 1944 and the highest was 100 in January 1946. In the Aid to the Blind program there is a marked deviation from the general trend in the two programs just referred to in that the highest number of recipients was 859 in July 1944 and there was a steady decrease to 778 in June 1946; lowest number of applications received was four in February 1945 and the highest was 17 in January 1946. This is the group in Maine that would probably be the least affected by fluctuations in the labor market. In World War Assistance the lowest number of recipients was 140 in July 1944, rising to a high point of 280 in March 1946; lowest number of applications received was nine in August 1944 and the highest was 52 in January 1946.

A major change involving the work of the Division of Public Assistance occurred when World War Assistance was transferred from the Division of Child Welfare to the Public Assistance Division in September 1944. Although in numbers this only represented an additional 141 active cases, in terms of additional work it meant a great deal. This has been something of an emergency program with many applicants needing only short-time assistance and planning which tends to bring about a fairly speedy turnover of cases requiring an equal amount of effort, if not more, to that involved in a case requiring long-time planning. The other three public assistance categories are usually geared to long-term service and once initial eligibility has been determined, continuing service is generally a less time-consuming process in terms of work on an individual case. In addition to this factor, the transfer meant that the staff had to master much new data in relation to veterans and their dependents. This transfer was effected at a time when there were many staff vacancies, and it did create an additional burden for an already over-loaded staff.

Civilian War Assistance, a program supported by federal funds entirely, was assigned to the division during the preceding biennium to administer in the event that any needs for this kind of assistance should arise. Activities on this program during this biennium

have amounted to very little; assistance was given to six cases at a total expenditure of \$552.00. Of this amount \$377.00 was expended in the form of assistance to a man and wife who had returned after being interned in an enemy country, and \$175.00 went to assist five returning repatriates from Finland, who debarked at Portland Harbor, to reach families and friends in other parts of the United States.

Selective Service medical survey was another activity that became the responsibility of the staff of the Department of Health and Welfare during the previous biennium. The bulk of work on this program, or 78%, has been done by the public assistance staff. In numbers this represents completed activity by the Public Assistance Division on 716 cases of a total of 919 cases acted on by department of Health and Welfare staff.

This all means that the work of the Public Assistance Division had to be performed largely on an emergency basis during the biennium. Funds were insufficient to permit meeting the full needs of the program. While there was some decrease in the number of recipients during the fiscal year 1944-45, rising living costs necessitated increasing grants so that there was an actual increase in monthly expenditures for public assistance. With the cessation of hostilities and closing of war industries, the number of applicants increased rapidly during 1945-46. In spite of transfers from other department appropriation accounts and the State contingent fund to the appropriations for public assistance, funds were insufficient to provide for eligible applicants. This resulted in a large number of applicants for public assistance at the close of the biennium for whom no provision could be made by the division. Not only were limitations imposed on program activity by field staff and appropriation shortage, but also by inadequacies and changes in State office administrative and supervisory staff.

Another change during this period was the decentralization of the public assistance programs from central office administration to district operation, which was effected in July 1945. Records were transferred, which eliminated retaining duplicate case records in the State office, final case decisions were made the responsibility of the district supervisors, who also became the agents to authorize all payroll actions, and people interested in the programs were thereby provided with the convenience of having easily accessible operating district offices. There are 22 of these public assistance district offices in the State. Operations are kept uniform and coordinated in the total program by the work of the field supervisory staff who make regular periodic visits to the districts.

Now that conditions appear to be in the process of becoming more stabilized, the Division of Public Assistance hopes and plans

to concentrate its efforts for the next biennial period on improving the quality of service to the beneficiaries of its program. It is hoped that not only will existing vacancies be filled in the near future, but also that additional staff may be budgeted and secured to enable the program to be operated in a way that will make available to its beneficiaries, and the public it serves, the most efficient and best quality of service.

**TABLE 8--Old Age Assistance: Recipients and total obligations incurred in Maine, by month, July 1944-June 1946.**

<i>Month and year</i>	<i>Number of recipients</i>	<i>Amount of obligations</i>	<i>Average per recipient</i>
July 1944-June 1946	--	\$10,572,945	--
July 1944-June 1945	--	5,134,189	--
July . . . . .	15,107	412,386	\$27.30
August . . . . .	15,068	416,984	27.67
September . . . . .	14,991	418,342	27.91
October . . . . .	14,983	420,801	28.09
November . . . . .	14,987	424,434	28.32
December . . . . .	14,994	428,296	28.56
January . . . . .	14,938	430,202	28.80
February . . . . .	14,913	431,439	28.93
March . . . . .	14,929	434,301	29.09
April . . . . .	14,949	436,996	29.23
May . . . . .	14,917	439,269	29.45
June . . . . .	14,894	440,739	29.59
July 1945-June 1946	--	5,438,756	--
July . . . . .	14,822	440,391	29.71
August . . . . .	14,787	440,616	29.80
September . . . . .	14,803	442,337	29.88
October . . . . .	14,829	444,169	29.95
November . . . . .	14,891	448,096	30.09
December . . . . .	14,950	452,227	30.25
January . . . . .	15,001	455,908	30.39
February . . . . .	15,073	459,775	30.50
March . . . . .	15,066	462,090	30.67
April . . . . .	15,097	464,561	30.77
May . . . . .	15,072	465,776	30.90
June . . . . .	15,010	462,810	30.83

TABLE 9--Aid to Dependent Children: Recipients and total obligations incurred in Maine, by month, July 1944-June 1946.

Month and year	Number of families	Number of eligible children	Amount of obligations	Average	
				Per family	Per child
July 1944-June 1946	--	--	\$2,163,328	--	--
July 1944-June 1945	--	--	952,798	--	--
July . . . . .	1,386	3,943	78,942	\$56.96	\$20.02
August . . . . .	1,346	3,824	76,639	56.94	20.04
September . . . . .	1,319	3,745	75,467	57.21	20.15
October . . . . .	1,287	3,637	74,614	57.98	20.52
November . . . . .	1,290	3,649	76,038	58.94	20.84
December . . . . .	1,297	3,668	77,561	59.80	21.15
January . . . . .	1,302	3,680	78,801	60.52	21.41
February . . . . .	1,314	3,687	80,451	61.23	21.82
March . . . . .	1,314	3,677	81,793	62.25	22.24
April . . . . .	1,324	3,727	84,167	63.57	22.58
May . . . . .	1,325	3,723	84,349	63.66	22.66
June . . . . .	1,318	3,697	83,976	63.71	22.71
July 1945-June 1946	--	--	1,210,530	--	--
July . . . . .	1,312	3,702	84,160	64.15	22.73
August . . . . .	1,333	3,778	86,852	65.15	22.99
September . . . . .	1,340	3,811	88,600	66.12	23.25
October . . . . .	1,347	3,839	91,002	67.56	23.70
November . . . . .	1,382	3,921	94,604	68.45	24.13
December . . . . .	1,410	3,976	97,812	69.37	24.60
January . . . . .	1,452	4,115	102,359	70.50	24.87
February . . . . .	1,505	4,263	107,653	71.53	25.25
March . . . . .	1,564	4,435	113,221	72.39	25.53
April . . . . .	1,589	4,514	115,731	72.83	25.64
May . . . . .	1,583	4,486	114,770	72.50	25.58
June . . . . .	1,582	4,478	113,766	71.91	25.41

TABLE 10--*Aid to the Blind: Recipients and total obligations incurred in Maine, by month, July 1944-June 1946.*

<i>Month and year</i>	<i>Number of recipients</i>	<i>Amount of obligations</i>	<i>Average per recipient</i>
July 1944-June 1946	--	\$593,741	--
July 1944-June 1945	--	293,772	--
July . . . . .	859	24,250	\$28.23
August . . . . .	856	24,289	28.38
September . . . . .	852	24,328	28.55
October . . . . .	847	24,424	28.84
November . . . . .	842	24,426	29.01
December . . . . .	836	24,325	29.10
January . . . . .	830	24,412	29.41
February . . . . .	825	24,396	29.57
March . . . . .	823	24,584	29.87
April . . . . .	820	24,699	30.12
May . . . . .	816	24,687	30.25
June . . . . .	815	24,952	30.62
July 1945-June 1946	--	299,969	--
July . . . . .	814	24,934	30.63
August . . . . .	811	24,980	30.80
September . . . . .	803	24,817	30.91
October . . . . .	802	24,911	31.06
November . . . . .	806	25,165	31.22
December . . . . .	808	25,311	31.33
January . . . . .	800	25,066	31.33
February . . . . .	802	25,210	31.43
March . . . . .	793	25,126	31.68
April . . . . .	789	25,054	31.75
May . . . . .	785	24,836	31.64
June . . . . .	778	24,559	31.57

**TABLE 11**--World War Assistance: Recipients and total obligations incurred in Maine, by month, July 1944-June 1946.

Month and year	Number of recipients	Amount of obligations	Average per recipient
July 1944-June 1946	--	\$291,330	--
July 1944-June 1945	--	106,592	--
July . . . . .	140	6,831	\$48.79
August . . . . .	145	7,207	49.70
September . . . . .	141	6,828	48.43
October . . . . .	148	7,434	50.23
November . . . . .	151	7,617	50.44
December . . . . .	157	8,112	51.67
January . . . . .	170	9,097	53.51
February . . . . .	173	9,668	55.88
March . . . . .	183	10,454	57.13
April . . . . .	194	11,219	57.83
May . . . . .	188	10,953	58.26
June . . . . .	190	11,172	58.80
July 1945-June 1946	--	184,738	--
July . . . . .	185	10,881	58.82
August . . . . .	179	10,586	59.14
September . . . . .	197	11,737	59.58
October . . . . .	207	12,808	61.87
November . . . . .	217	13,487	62.15
December . . . . .	232	14,622	63.03
January . . . . .	259	16,894	65.23
February . . . . .	272	18,142	66.70
March . . . . .	280	19,326	69.02
. . . . .	279	19,303	69.19
May . . . . .	275	18,744	68.16
June . . . . .	275	18,208	66.21





---Photo by Eino Hill

**THE TWILIGHT YEARS---** of Maine men and women are made more comfortable by Old Age Assistance payments. The monthly grants of Federal and State funds make it possible for an old couple in need like that pictured to spend their declining years in plain but home-like surroundings instead of going to an institution or "on the town." The average age of the 15,000 Maine recipients is 75.2 years and more than a quarter are aged 90 or over.

## SERVICES FOR THE BLIND

During the war under the stimulus of heavy demand for labor most of the placeable persons known to the division obtained employment in industry through the efforts of the placement agent or through their own initiative. With the change in the labor market following the close of the war, employment opportunities for the blind in industry have decreased. While continuing an active industrial employment program, the division is giving increasing effort to developing employment opportunities in other fields, such as self-employment, clerical work and specialized plans suited to the individual client. The division hopes within the next year to take advantage of the opportunity offered by the Office of Vocational Rehabilitation to start a vending stand program for blind persons in public and other buildings. Through this program matching Federal funds will be available for the purchase of stands and equipment to establish blind persons in business.

During the current biennium three young persons were given vocational training in schools; one man was taught the rudiments of poultry handling so that he might maintain a small flock for home consumption; one man who had started a small wooden toy shop with hand tools has been supplied with power equipment and been trained in the use of it; twenty men and women have been successfully placed in or returned to employment including thirteen industrial workers, one dietitian's helper, four self-employed, one professional worker and one sheltered shop worker. During the year July 1, 1945-June 30, 1946 the placement agent made 34 initial plant calls and conducted job surveys in 18 new plants. He carried on post-placement supervision of nine clients in industry.

During the biennium it has been possible to start a program of service to clients in their homes in two areas of the State through the employment of two home teachers. This was made possible first by the release of State funds through Federal sharing in the rehabilitation program and second by an increased appropriation for the division by the 92nd Legislature. Factors pointing to the need of this type of service are the frequent attitudes of blind people, their families and communities which result in complete inactivity for the blind person; the high percentage of older people among the blind, many of whom have other disabilities in addition to blindness; and isolation of many in rural areas. Of primary importance in situations such as these is the demonstration to the blind person and his family by the home teacher, who is herself blind, of her ability to lead an active, useful life.

In addition to helping the blind person adjust to his handicap the home teacher gives instructions, if desired, in such subjects

as Braille reading and writing, typing and handicrafts. In order to market salable articles produced by blind people under the supervision of the home teachers, two Christmas sales have been held during the biennium by the division in cooperation with the Penobscot County Association for the Blind. The proceeds of the sales are paid to the blind producers for their labor. The proceeds of the 1944 sale amounted to \$132.90 and of the 1945 sale amounted to \$338.94. Thirty-three people produced articles for these sales.

The education of blind and partially sighted children has continued to be a major activity of the division. The 92nd Legislature in 1945 amended the act relating to the education of blind children. The existing act provided for education at Perkins Institution and Massachusetts School for the Blind and provided that when, for any reason, Perkins Institution and Massachusetts School for the Blind refused admission, the department might send such children to any institution for the blind wherever located. The experience of the division had already indicated that limitation of educational assistance to schools for the blind worked a hardship on certain children who were able to carry on a regular school program with some help in the way of reading or tutoring service. The amended act provided for education at Perkins Institution and Massachusetts School for the Blind or "other school considered by the department to be qualified to provide suitable education for the blind child." With greater flexibility in planning now possible under the law educational plans are made which more nearly meet the needs of individual children.

During the year 1944-45 twenty-eight children attended Perkins Institution and Massachusetts School for the Blind; one child attended the Royer-Greaves School for the Blind, Paoli, Pennsylvania; and one child attending a sighted school was given tutoring service. During the year 1945-46 thirty-three children attended Perkins Institution and Massachusetts School for the Blind; one child attended the Royer-Greaves School for the Blind; four children attending sighted schools were given reading and tutoring service; and one child was provided with tuition and maintenance to permit herto attend the Sight Saving Class at the Nathan Clifford School in Portland.

The small sight conservation project formerly carried as a demonstration with a few partially sighted, non-blind children has been discontinued. This need is now being met by the Department of Education through its new Division of Special Education for Physically Handicapped Children. Close cooperation is maintained between the two divisions in planning for visually handicapped school children. An agreement exists between the Division of Special Education and the Division of Services for the Blind by which responsibility for educational plans for visually handicapped, non-blind children is assumed by the Department of Education.

Responsibility for those coming within the definition of blindness is taken by the Division of Services for the Blind. Procedures for referrals, reporting and conferences between the two divisions have been established so that the two departments may work together to meet the educational needs of visually handicapped children.

The Talking Book Machine, an adaptation of the principle of the victrola developed by the American Foundation for the Blind for the use of blind persons, plays recordings of a wide variety of subjects such as fiction, essays, biographies, Bible readings, drama, etc. This machine has proved to be of untold value to the blind person who is interested in reading. One hundred and fifty-nine Federally owned Talking Book Machines have been placed with the division for distribution throughout the State. These machines have been in constant use for approximately ten years. Many of them are now badly worn and in constant need of repair. In order to provide better service to the users of Talking Book Machines the division arranged to send an employee of the Department of Health and Welfare for six weeks' training in the repair of these machines. In addition to speeding up the repair service of the old machines, the division has purchased six new machines and anticipates a gradual increase of new state-owned machines to replace the most badly worn ones now in use.

At the close of the biennium the staff of the division consisted of a director; an employment counselor; two home teachers, one of whom had been employed only five months; one full-time secretary and one half-time secretary. During this period 261 persons, exclusive of Talking Book Machine borrowers, have been given service. The nature of the service has varied from brief contacts to intensive case work service over a long period of time. In many instances clients have received service from more than one member of the staff.

Analysis of the types of service given shows that approximately 42% received rehabilitation services directed toward eventual employment; 34% received home teaching service; 18% were blind and partially sighted children for whom school or pre-school service was offered; 6% were offered miscellaneous services such as referrals to other agencies, consultation and information. A very large percentage will continue to receive service as rehabilitation plans are being worked out and post-placement supervision is carried on. Clients in some cases may continue to receive service of the home teachers for a period of years. Children who become known to the division as babies will be followed through pre-school and school until, following the completion of their education, they take their normal places in society.



---Photo Courtesy Kennebec Journal

**THE SENSE OF TOUCH REPLACES SIGHT---** as blind people learn to read Braille as taught by a Home Teacher who is herself blind. The teaching of Braille and handicrafts is one of the ways in which the home teaching program of the Department of Health and Welfare serves to bring light into the lives of Maine citizens stricken by loss of sight. The program also includes training and placement of blind persons in employment and the education of blind children.

## LICENSING

The State of Maine, in its lack of adequate facilities to house its elderly population and the children requiring special care, faces a problem of major importance.

Charitable homes care for a very small percentage of the older population. They also are a minor factor in the housing of children. The lack of charitable homes to care for the chronically ill and those who are unable to assume the responsibilities of living alone, forces persons in need of such care into commercially operated homes. Two types of commercial boarding homes are available, (1) nursing and (2) boarding. The distinction lies in the kind of care needed by the applicant for admission and in the requirements of licensing established by the Rules and Regulations of the department.

1. *Nursing Homes.* By law a license is required to operate a nursing home "for persons having a chronic or other condition requiring continued nursing or special care." These licenses are issued by the Bureau of Health.

2. *Boarding Homes.* The law requiring a license to conduct or maintain a boarding home for the aged, blind, etc., and the law pertaining to the licensing of boarding homes for children are administered by the Bureau of Social Welfare. The term "boarding home for the aged" is defined as a house or other place maintained as a business for the purpose of providing room and board for aged, blind, defective, dependent, or delinquent persons. The boarding home for children is held to mean a house or other place conducted or maintained by anyone who advertises himself or holds himself out as conducting a boarding place for children under 16 years of age, or who receives illegitimate children under 16 years of age, or who has in his custody or control one or more children under 16 years of age, unattended by parents or guardians, for the purpose of providing such children with lodging, excepting children related to him by blood or marriage or who have been legally adopted by him.

The Bureau of Social Welfare is charged, upon receipt of an application for a license, with making a thorough investigation as to the character, financial responsibility, and qualifications of the applicant. The investigation further covers the adequacy of the home to furnish the type of care and service necessary, and sanitary conditions. Each home must furnish a report from the local fire department testifying to satisfactory precautions against fire. Licenses are issued for one year from date of issuance and may be renewed yearly following re-investigation of the home. The Bureau of Social Welfare has the right to inspect the home and its records and question the inmates at any time.

Of the eight hundred forty-eight licensed boarding homes, investigation shows the following: The home is usually maintained by the owner who does the work without assistance; buildings are suitable for the purpose for which they are being used; bedrooms are not crowded and beds are standard size with suitable bedding; rooms are kept reasonably clean; bathroom facilities are reasonably adequate.

The inmates of the boarding homes for the aged are ambulatory although many never leave the home. They are for the most part recipients of Public Assistance and have sought boarding care because they are alone, unable to care for themselves, and have no relatives able to do so.

As of June 30, 1946, there were ninety-six licensed homes for the aged and seven hundred fifty-two homes for children. During the past year five homes were closed because local fire departments reported unsatisfactory precautions against fire; three of these were boarding homes for the aged and two were for children. Because sanitary conditions did not meet the requirements of the department, two boarding homes for the aged were closed. Two children's homes were denied licenses because the home failed to meet the requirements of the Bureau of Social Welfare as foster homes for children. One children's home license was revoked because of improper care of children.

Forty-seven applicants for a license to board either aged people or children were withdrawn by applicants after the homes had been investigated by the Bureau of Social Welfare for reasons such as: applied for wrong license, home no longer to be used, moved to another address, or structure not suitable.

It is found that life in the old age homes is largely one of passive existence. Most inmates are found reclining or sitting with little to entertain them. Some read books or listen to the radio, but most are too old to participate in any social activities.

Protective legislation succeeds only as the law or the rules and regulations pertaining thereto are enforced. The lack of boarding homes to meet the ever-increasing need, the lack of staff in the Bureau of Social Welfare to do constructive work with the homes, together with the fact that the funds available to the aged person for payment of board in the majority of cases is forty dollars per month, and only twenty dollars per month in foster homes for children, has made too rigid insistence on high standards impossible.

There are probably few single needs in our State today more pressing, more vital to State welfare, and so largely unmet in most communities, than the need of adequate homes for the care of the aged and children.

## DIVISION OF GENERAL RELIEF

Charles S. Brown, *Director*

The General Relief program provides for persons having no settlement in the State of Maine who require assistance under the General Relief laws. This division is more or less an emergency agency which provides for the care of the above persons until such time as they may be eligible for some other form of assistance. This division also supplements Old Age Assistance, Aid to Dependent Children, Federal Old Age and Survivors Insurance when necessary and assists families with inadequate income to become self-supporting.

Local officials administer relief to approximately 70% of the entire State General Relief case load. The remaining 30% are provided care directly by the Division of General Relief in boarding homes, convalescent homes, hospitals, and Jefferson Camp. Children are referred to the Division of Child Welfare for placement and supervision.

The division of General Relief also has under its direct supervision the following programs:

*General Law Pensions*  
*Special Resolve Pensions*  
*Burial of Soldiers, Sailors and their Widows*  
*Examination & Commitment of the Insane*  
*Distribution U. S. Department of Agriculture Surplus Commodities*

During the year 1945-46 there were 412 new applications received for General Relief, and 368 were accepted as non-settled cases. Following are the reasons for the 368 accepted cases needing relief:

<i>Sickness</i>	28%
<i>Hospitalization</i>	22%
<i>Insufficient Income</i>	22%
<i>Desertion</i>	11%
<i>Deaths</i>	6%
<i>Unable to Work</i>	7%
<i>Incarceration</i>	4%

Reimbursements to municipalities for general relief given to persons having no settlement amounted to \$223,615.48 for 1944-45 and to \$228,009.01 for 1945-46.



**GENERAL LAW PENSIONS.** The General Law Pension is an act to provide for pensions for veterans of the Civil War, Spanish-American War and Philippine Insurrection and their dependents. The maximum amount is \$12 per month, based on need. These pensions are paid monthly.

During the fiscal year 1944-45 an average of 311 persons per month received pensions with an average monthly cost of \$3,239.58. The average payment per pension was \$10.42. During the year 1945-46 the average number of pensions per month was 276 with an average cost of \$2,928.54 and an average payment of \$10.61 per pension.

**SPECIAL RESOLVE PENSIONS.** This resolve provides pensions for soldiers and sailors and dependents and other needy persons. These pensions are granted by the Legislature and supervised and paid by the Division of General Relief.

During the year 1944-45 there was a monthly average of 333 pensions averaging \$4,795.58 per month and \$14.41 was the average cost per pension per month. During the year 1945-46 the pensions averaged monthly 307, costing \$4,917.29 and \$16.02 per pension.

**UNITED STATES DEPARTMENT OF AGRICULTURE SURPLUS COMMODITIES.** Surplus commodities have been received by this division for distribution to school lunch programs, State institutions, local charitable institutions, hospitals and welfare recipients. During the biennium the following commodities were received and distributed:

1944-45

<i>Fresh Topped Beets</i>	30,000 pounds
<i>Maine Irish Potatoes</i>	185,000 pounds
<i>Family Mess Pork</i>	25,000 pounds
<i>Maine Apples</i>	1,018,064 pounds
<i>Sweet Potatoes</i>	26,400 pounds
<i>Onions</i>	120,000 pounds
<i>Canned String Beans</i>	81,522 pounds

1945-46

<i>Maine Irish Potatoes</i>	317,800 pounds
<i>Canned Beets</i>	27,534 pounds
<i>Fresh Cabbage</i>	25,000 pounds

The U. S. Department of Agriculture paid freight charges for shipping commodities to distribution centers in the State. Organizations and municipalities receiving the commodities paid the costs of trucking from the distribution centers.

**JEFFERSON CAMP.** Jefferson Camp, the State's haven for homeless men which is the only one of its type in the country was formerly a CCC camp in the town of Jefferson. The buildings which were

given to the State by the Federal Government were located on leased land. By an act of the 1945 Legislature, the State purchased the land.

Approximately 275 men were admitted to the Camp during the biennium with an average enrollment of 125. Many of the men have been rehabilitated and have become self-supporting; others have been assisted in obtaining Old Age Assistance and Federal Old Age and Survivors Insurance, thus enabling them to leave the Camp. Veterans have been placed in Federal Homes or aided in obtaining pensions. Others too sick to be cared for at the Camp have been placed in convalescent homes and in hospitals. The average age of those at the Camp is 68 years. Approximately one half of these men are unable to do any work because of physical disabilities but the others do odd jobs about the Camp.

Approximately 40 acres are under cultivation at the Camp providing vegetables for the Camp mess hall. Wood from the Camp is provided to relief families in nearby cities and towns.



---Photo Courtesy International News

**RETREAT HAS A SPECIAL MEANING---** for these elderly men who find retreat in their declining years at Jefferson Camp, the State's haven for homeless men. The only institution of its kind in the country, the Camp provides simple comfort to a group of elderly men no longer able to care for themselves but still loyal to the Flag. The average age of the 125 inmates is 68 years and many of them help maintain the Camp grounds and barracks.

## BUDGET OFFICE

The work of the present Budget Officer and Coordinator since April 1946 has been primarily concerned with preparing requests for additional funds necessitated by rising costs and an increasing number of applications for assistance in all programs. Appropriations for the fiscal year 1947 were clearly inadequate, and data for a deficiency appropriation of \$500,000 was prepared and presented to the special session of the Legislature.

Changes in Federal legislation necessitated budget revisions with respect to both Social Security Administration and Children's Bureau funds. Revision of food and clothing standards based on surveys necessitated revisions in average grant estimates.

The budget for 1948 and 1949 was prepared and presented to the Budget Advisory Committee.

Revision of salary scales, cost of living increase, request for additional staff lines, increasing cost of supplies, rents, and equipment, necessitated constant revision of budgets.

The remaining time was spent in setting up and clearing a records destruction procedure, simplification of payroll procedure, and setting up a procedure for supplementing Hospital Aid. Some time was spent in consultation services with Division Heads and Bureau Directors with respect to modification of forms and procedures.

Expenditures made by the department of programs under its supervision for the fiscal year ending June 30, 1945 total \$9,124,653.62. Actual State appropriations made for these programs totaled \$3,034,420, or approximately 33% of the total expenditures. The remaining funds were secured from Federal contributions and earmarked revenue from cities and towns.

Expenditures for the fiscal year ending June 30, 1946 for programs administered by the department totaled \$10,090,717.96. Actual State appropriations totaled \$5,615,283. However, there was a change of accounting procedure of State appropriations. Revenues earmarked for special programs were transferred to the General Fund rather than to specific program accounts. In 1946, these revenues amounted to \$2,565,478.77. Eliminating earmarked revenue from the appropriation amount, the appropriation in 1946 would total \$3,049,804.23, or approximately 30% of the total expenditures.

Following is a condensed table showing expenditures and appropriated amounts for department programs for the fiscal year 1945 and 1946.

TABLE 12--Health and Welfare Expenditures and Appropriations by fiscal year ended June 30, 1945 and 1946.

Program	1944-1945		1945-1946	
	Expenditure	*Appropriation	Expenditure	*Appropriation
Welfare Administration . . . . .	\$ 566,732	\$ 415,000	\$ 635,906	\$ 499,995
Board and Care of Neglected Children	458,697	220,000	563,730	526,275**
Public Assistance . . . . .	6,489,240	1,206,736	7,131,539	3,382,536**
Indian Affairs . . . . .	112,066	100,000	119,530	106,200
Services for the Blind . . . . .	23,991	39,200	30,058	36,745
Hospital Aid . . . . .	287,977	288,000	288,000	288,000
General Relief & Jefferson Camp . .	389,333	430,000	414,006	460,000
Special Resolve Pensions . . . . .	56,830	73,104	58,907	71,532
General Law Pensions . . . . .	38,793	57,480	34,935	38,000
Child Welfare Services . . . . .	14,199	- 0 -	17,793	- 0 -
Other . . . . .	8,513	52,000	9,395	1,500
Sub-Total . . . . .	8,446,371	2,881,520	9,303,799	5,410,783
Bureau of Health . . . . .	678,281	152,900	786,919	204,500
Grand Total . . . . .	\$9,124,652	\$3,034,420	\$10,090,718	\$5,615,283

\*The State appropriations shown in these columns made available income from Federal funds and other sources. Appropriations plus other income equaled total expenditures.

\*\*No special revenue earmarked for these programs in 1946 as was done in 1945.

## RESEARCH AND STATISTICS

**FUNCTION.** The Division of Research and Statistics is in general charge of research and statistical service to the department. It prepares routine reports both to Federal agencies and to the departmental staff on operations of programs, prepares material for graphic presentation, plans and conducts special investigations and is available for consultant service on any research or statistical problems.

**ACTIVITY DURING THE BIENNIUM.** One of the major changes within the department affecting the division during the biennium was the decentralization of many of the administrative functions of the public assistance programs. Prior to decentralization all authorizations pertaining to the disposition of both active and pending assistance cases were handled by the division. This work, under the decentralized program, is now carried on in the district offices. Decentralization, however, has made it necessary to set up uniform reporting procedures for collecting statistical information from the district offices on certain phases of program operations.

At the beginning of the biennium an expanded and revised statistical report on children receiving Child Welfare services was put into operation. Later reporting was expanded to provide information on foster homes and homes licensed to board children.

During the biennium several major research studies were conducted by the division, two of which have been published and one is in the process of being published. Published reports include "Incomes and Living Arrangements of Recipients of Old Age Assistance in Maine, June 1944" and "Characteristics of Children Receiving Service in Maine". A study on "Families Receiving Aid to Dependent Children in Maine" is in the process of being published.

At the present time a survey on medical needs of recipients of public assistance is being carried on. This survey which covers the period from May through October will provide much needed information on the scope, standards, and methods of paying for and financing medical care in the public assistance programs.

Other activities of the division include the preparation of a series of charts for presentation before the Legislative Budget Committee, assisting in the preparation of an exhibit at the Maine Conference of Social Welfare, and the preparation of tables and charts for the biennial report.

## ACCOUNTS AND AUDIT

In the Division of Accounts and Audit the records of 45 State appropriation accounts are maintained in detail. All expenditures from these appropriations are audited and given final approval before payments are made. Balances of all appropriation accounts are reconciled monthly with the balances of control accounts maintained by the Department of Finance. It has been estimated by a former State Controller that approximately 40% of all payments made by the State government pass through the Division of Accounts and Audit of this department, nearly 400,000 payments being approved by this division in a year. In the fiscal year ended June 30, 1946 the disbursements amounted to \$10,656,664.66. During the same period cash receipts of \$4,380,765.25 were recorded and deposited in the State Treasury.

Since much of the funds disbursed by the Department of Health and Welfare are provided by the Federal Government and by municipalities it is necessary for the Division of Accounts and Audit to maintain additional accounts for such funds. The records of the receipt and disbursement of 18 classes of Federal funds are maintained in great detail. These funds are received from the United States Public Health Service, The Children's Bureau, the Social Security Administration and the Office of Vocational Rehabilitation and the accounts are severally audited by these four agencies.

## BUSINESS MANAGEMENT

The Division of Business Management is a centralized facilitating service for all other bureaus and divisions of the Department of Health and Welfare. It is charged with general business operations of the departmental state and field offices. This includes all matters pertaining to office personnel, clerical work, office space, rentals and maintenance services, office supplies, office equipment and purchases.

**FUNCTIONS.** This division has general supervision of field stenographers, including employing, training, evaluating ability and performance, making Probst reports, recommendation of salary adjustments, transfers from one office to another, working with district supervisors on disciplinary problems. All departmental personnel matters are cleared through this division in cooperation with the Assistant to the Commissioner in Charge of Personnel and Informational Services. It maintains a budget control and authorizes all payroll changes and approves the departmental payroll. The personnel records include an official roster of all employees, including educational record, classification, examination and Probst service ratings, record of annual sick leave, vacations, special leaves, dismissals, suspensions and resignations.

Other functions include maintenance of a state-wide Social Service Index, incoming and outgoing mail, departmental files, authorization and approval of administrative expenditures, dicta-phone transcription and service for emergency work in field offices, handling and care of talking books for services for the blind, vari-typing and mimeographing.

**SOCIAL SERVICE INDEX.** The Social Service Index is a state-wide central index in which is recorded confidential identifying information upon cases which have received service from member agencies that meet the standards for participating agencies and from the bureaus and divisions of the Department of Health and Welfare - an index to the files of both tax-supported and voluntary health and welfare organizations. It is a great master file of all families and individuals who apply to, or have received assistance or service from, any member agency. This valuable index contains family cards with names, addresses, aliases, previous marriages and other pertinent identifying data, with the names of agencies where the family or individual is known

It is a clearing house for bureaus and divisions of the Department of Health and Welfare and member agencies and as such it is a guide to case records and other sources of information. It should be emphasized that the files of the Social Service Index



contain no detailed information as to the needs or history of the family or the services which have been given by member agencies to the family. The files show only what agencies have known the family and might have helpful information.

Through the services provided by the Social Service Index and through the intelligent use of agency records and reports the Social Service Index:

1. *Eliminates duplication.*
2. *Prevents waste of time, energy and money.*
3. *Permits wiser planning and strengthens the efforts of health and welfare social agencies.*
4. *Offers the machinery for securing information that will be helpful in making constructive plans for applicants.*
5. *Avoids the confusion of conflicting advice.*
6. *Benefits the State in that the avoidance of unrelated and wasted effort brings greater economy in the administration of valuable tax dollars and charitable contributions.*
7. *Enables the welfare workers and nurses of the Department of Health and Welfare to pool their knowledge with other agencies.*
8. *Assists the welfare workers and nurses in planning with families and individuals through an increased knowledge of other agency resources.*

During the biennium ended June 30, 1946 the Social Service Index registered 19,769 new cases and made 50,394 clearances. A clearance is a search made through the Social Service Index files following the receiving of an "inquiry" or "information only" request from an accredited agency giving identifying information regarding an individual or family. The term clearance also includes the report back to the agency.

**TABLE 13--Social Service Index Registrations for the biennium 1944-1946.**

<i>Type of registration</i>	<i>1945</i>	<i>1946</i>
Total Registrations . . . . .	202,186	216,102
Family Registrations . . . . .	84,992	90,407
Individual Registrations . . . . .	117,194	125,695

## PERSONNEL AND INFORMATIONAL SERVICES

With the two-fold purpose of (a) providing better personnel with resultant improved work and (b) interpreting to the public which it serves the complex and technical programs of the department, the Assistant to the Commissioner was assigned responsibilities for personnel and informational services in January 1946. The manifold duties connected with personnel administration for over 500 employees in all sections of the State which were formerly a time-consuming function of the Commissioner were made the responsibility of the Assistant.

The responsibility of acting for the Commissioner as appointing authority for the department, for reviewing, approving, and forwarding to the State Personnel Department all requests coming from the department's bureaus and divisions for employment, salary adjustments, reclassifications, and leaves of absence also was assigned to the Assistant. Another responsibility assigned to this officer was that of recruitment, in cooperation with the department's bureaus and divisions, and contacts have been made with colleges, employment offices, and other sources to secure persons having the necessary qualifications in order to keep vacancies filled as they occurred.

Since the laws passed by the Legislature can be effective only if they are known, understood, and accepted by the people, a limited informational program was started during the last six months of the biennium. The aim of such a program is to provide factual information regarding the programs and services for which this department has been made responsible, thus preventing misunderstandings and securing cooperation in safeguarding the health and welfare of the people of Maine.

## LEGAL SERVICES

**PROTECTION OF CHILDREN.** The law relating to protection of children provides that when a complaint containing any of the allegations set forth in Revised Statutes, Chap. 22, Sec. 238, is issued from a municipal or probate court the Department of Health and Welfare must be given at least ten days' notice of the hearing. During the biennium the Department of Health and Welfare received 309 notices of such cases. Of the 716 children involved in these cases only 487 were committed to the custody of the department.

**EXECUTIONS AGAINST DELINQUENT FATHERS.** Under the provisions of Sec. 238 of Chap. 22 of the Revised Statutes, fathers of committed children are frequently ordered to contribute some weekly sum to the support of a minor child or children. In the event of failure to pay in accordance with a court order, legal steps may be taken to enforce it. Approximately 40 of these petitions are drafted each year. Collections from parents of children in custody amounted to \$10,804.17 during the fiscal year 1944-45 and to \$13,774.41 during the fiscal year 1945-46.

**SETTLEMENTS UNDER THE PAUPER SETTLEMENT LAW.** Since the law requires the town of settlement to reimburse the department for part of the cost of care of committed children and for part of grants made to recipients of Aid to Dependent Children, it is necessary to determine settlement in all these cases. This work had been done by a Supervisor of Settlements but was transferred to the Legal Counsel for the department in April 1945. During the fiscal year 1945-46 settlement was reviewed and determined on 172 committed children cases and 116 Aid to Dependent Children cases. At the end of the biennium there were 23 cases under review for which settlement had not been determined.

**ESTATES OF DECEASED RECIPIENTS OF OLD AGE ASSISTANCE.** The law provides that the State shall have a claim against the estate of a recipient of Old Age Assistance, enforceable in the probate court, for all amounts paid to him by the department. During 1944-45 the Legal Counsel filed claims in 570 cases and collected \$58,901.68. In 1945-46 claims were filed in 550 cases and collections amounted to \$56,263.55.

**OTHER SERVICES.** The attorney for the department is available to all the executive and administrative staff of the department for consultation on legal matters pertaining to the work of the department and for the interpretation of the laws. During legislative sessions the attorney is responsible for preparing a weekly progress report on pending legislation affecting the department.

*(Soon after the end of the biennium, much to the regret of all concerned, Mr. Leroy R. Folsom retired as Assistant Attorney General after many years of faithful and efficient service as a Legal Counsel to the Department of Health and Welfare.)*