

MAINE STATE LEGISLATURE

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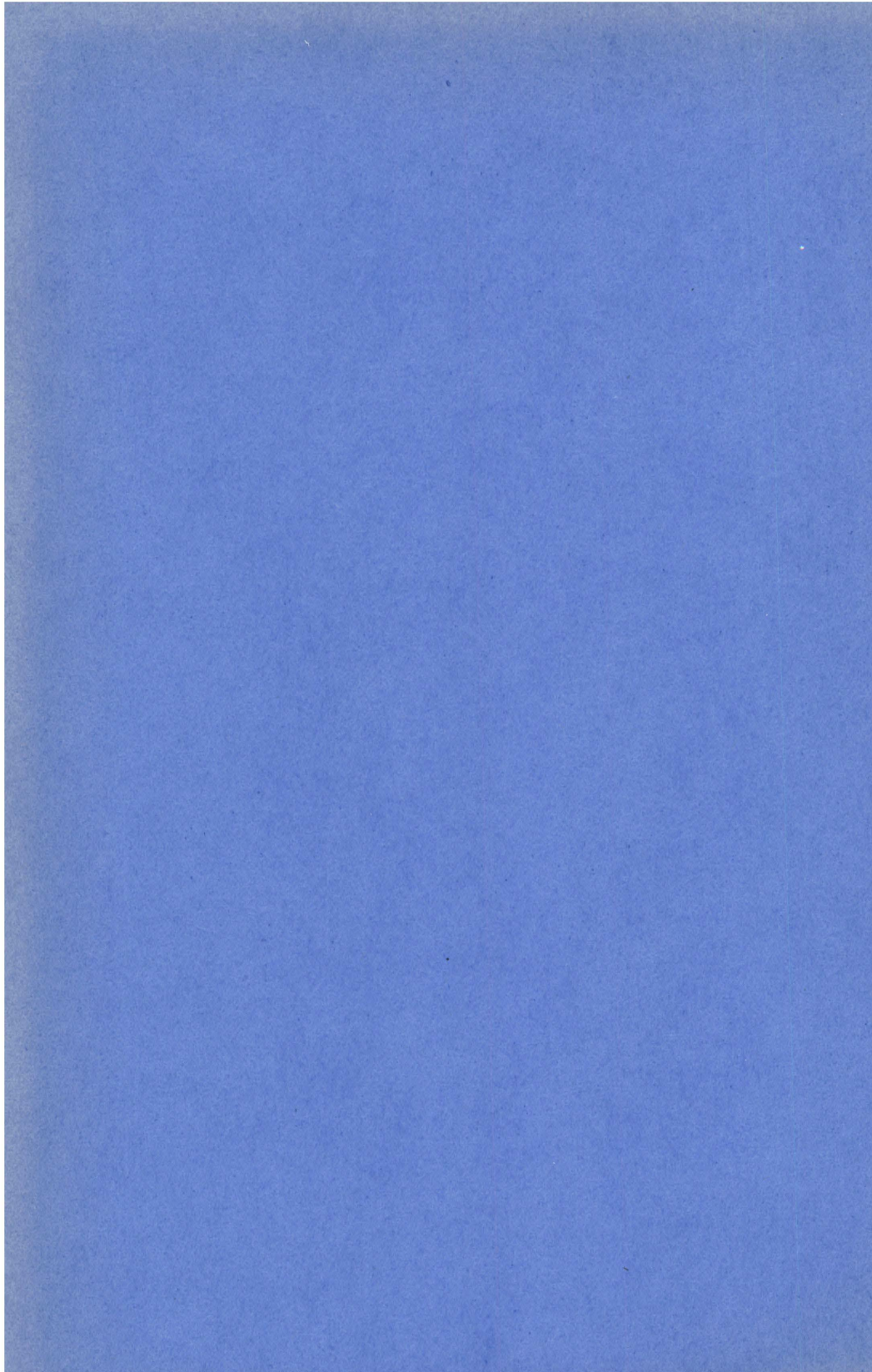
(In three volumes)

VOLUME II.

MAINE
STATE DEPARTMENT
OF
HEALTH AND WELFARE



BIENNIAL REPORT
1946-1948



STATE OF MAINE
DEPARTMENT OF HEALTH AND WELFARE
DAVID H. STEVENS, COMMISSIONER

Bureau of Administration
Edward I. Albling, Director

Bureau of Health
Dean Fisher, M.D., Director

Bureau of Social Welfare
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To His Excellency, The Governor
and the Honorable Council:

In accordance with statutory provision, I submit herewith the report of the Department of Health and Welfare for the biennium ending June 30, 1948.

The Commissioner's report necessarily covers only the period of my service in the office, from July 1, 1947 to the end of the biennium. However, reports of the several divisions of the Department are for the entire two-year period.

Respectfully submitted,

DAVID H. STEVENS,
Commissioner

REPORT OF THE COMMISSIONER

David H. Stevens

Changes in organization of the Department of Health and Welfare during the biennium ending June 30, 1948 were as follows:

1. The Divisions of Business Management, Accounts and Audit, and Research and Statistics, the Directors of which were reporting to the Commissioner, were combined into a Bureau of Administration with a Director in charge. Mr. Edward I. Albling, former Budget Officer and Coordinator of Facilitating Services, was made Director of the Bureau of Administration. This organizational change has resulted in increased efficiency due to the fact that all matters relating to personnel, budgets, allotments, and financing, are now the responsibility of one bureau.
2. The positions of Assistant to the Commissioner and Deputy Commissioner were eliminated and the functions carried on by those two individuals were absorbed by other divisions of the Department. At the present time, the positions of Director of the Bureau of Social Welfare and Director of Accounts and Audit are also vacant and it is not known whether or not replacements will be made. Indications are that the work of these two positions will be absorbed by the Commissioner and the Director of the Bureau of Administration.
3. The field office organization of the Department was changed to the extent of eliminating eight branch offices and consolidating the activities formerly carried on in these offices in the major offices in the field. Field workers still maintain their official headquarters in those places where they were formerly located, and come in to the main offices when necessary. This consolidation has resulted in the elimination of several clerical positions.
4. Similar progress has been made along the lines of consolidating purchasing, mailing, and stockroom facilities in the Department. It is believed that this has resulted in better control of supplies, and a more orderly and systematic procedure of purchasing of supplies. More work needs to be done in this connection in order to provide better inventory control.

5. Through consolidation and elimination of needless routine procedures, the Department has eliminated approximately thirty budgeted positions, most of which were clerical. All employees were offered transfers to other positions or resigned to accept retirement. Because it was not always convenient to take the transfers, some of those who were offered transfers chose to resign. Each procedure carried on in the Department has been carefully studied during the past year, and an effort has been made to simplify and to eliminate wherever possible.

Investigation by the Ninety-third Legislature

1. Because of the alarming rate of increase in expenditures, principally in the public assistance categories (Old Age Assistance, Aid to Dependent Children, Aid to the Blind), the Ninety-third Legislature, convening in 1947, set up the machinery to make an investigation of the Department's activities. This investigation centered for the most part around the Old Age Assistance and Aid to Dependent Children programs.
2. One of the principal points brought out in the investigation was a belief on the part of many members of the Legislature that the Department had on the Old Age Assistance payrolls persons who had financially responsible relatives able to support them. In order to try to correct this situation, the Legislature enacted amendments to the Old Age Assistance law which provided, in effect, that an applicant or recipient of Old Age Assistance must file a sworn statement with the Department listing income, assets, and liabilities, and further, that the spouse and adult children living in Maine, if any, of an applicant or recipient must also file such statements.
3. For many years—in fact, since the Old Age Assistance law was originally enacted—it contained a provision which says, in effect, that no person is eligible for such assistance who has a spouse, child, or children able to support him. The Department, over a period of years, made efforts to enforce this provision of the State law, but, because of the difficulty of enforcement, and also, because of the current social welfare philosophy, it gradually eliminated from its procedures attempts to enforce this section of the law. The lack of enforcement of this law was criticized by the investigating committee which recommended the amendments to the Old Age Assistance law providing for the sworn statements.
4. When the Ninety-third Legislature adjourned, the Department, therefore was confronted with the administrative responsibilities of (1) a long standing provision of the State of Maine law relating to

the financial responsibility of certain relatives, and (2) the new amendments to the Old Age Assistance law providing for the filing of sworn statements listing income, assets, and liabilities. The difficulty confronting the Department was that the Legislature did not set up in the law any provision to measure the ability of a child or children, or other financially responsible relatives, to support their parent or parents or such relative as had applied for assistance. As a matter of fact, at no time since the State of Maine became a state has the Legislature ever defined in the law what constitutes ability to support. It, therefore, became necessary for the Department to establish some kind of a measure of ability to support in order to use the information with respect to income, assets, and liabilities reported on the sworn statements required by law. The Department does have the authority under the State law to promulgate rules and regulations, and it was through this rule-making authority that the so-called income-and-assets schedule was established. This schedule provides that if a child has income of a certain amount, depending upon the number of dependents that the child himself may have, that he is deemed able to support his parent. A child with no dependents having \$2000 per year income is said to be able to support one parent. If the child has a dependent wife or children of his own, then \$500 per year is added to the income figure of \$2,000 per year for each dependent until \$4,000 per year is reached. It is believed that any person receiving \$4,000 per year income has the ability to support his own family and also his parents. In the matter of assets, if the child has net assets of \$5,000, he is deemed able to support one parent, and if the net assets amount to \$7,500, he is deemed able to support both parents. Certain modifications for medical and hospital expenses are allowed under specified circumstances. **The establishment of this income-and-assets schedule was the only method the Department could use to carry out the mandate of the Legislature that persons having relatives financially able to support them should not be allowed Old Age Assistance.** Some criticism has arisen due to the fact that the Department makes no exceptions to the provisions of the income-and-assets schedule. Exceptions could not be made for two reasons: (1) once a policy of making exceptions was established, it would be impossible to control this matter from an administrative standpoint and the result would be that assistance grants would be made in some cases where they were not deserved and in other cases grants would not be made in deserving cases, and (2) such a policy would result in non-uniformity of grants or, in other words, persons having the same circumstances would be treated on an un-

equal basis, and this, in itself, is in non-conformity with the Federal law relating to Old Age Assistance and would, if persisted in, eventually result in a loss of Federal funds to the State of Maine. The provisions of the income-and-assets schedule will be called to the attention of the incoming Legislature for consideration of any possible changes. In order to avoid misunderstanding, the Department will recommend to the Legislature that the provisions of the income-and-assets schedule, if it is to be continued to be used in the administration of Old Age Assistance, should be incorporated in the State law.

5. The enforcement of that provision of the Old Age Assistance law relating to financial responsibility of relatives has resulted in a decrease in the number of Old Age Assistance cases. At the time that the sworn statements were filed, approximately 2,100 cases were dropped from the assistance rolls. Later, about 300 of these cases were reinstated.
6. The second point which the investigating committee brought forth was the size of grants being made to recipients of Aid to Dependent Children. The Department had been meeting the total needs of Aid to Dependent Children families and in isolated instances, this resulted in large amounts being paid to these families each month. In order to correct this situation, the law relating to Aid to Dependent Children was amended and a maximum amount that could be paid by the Department in each case was set forth in the law. This provision called for payments not to exceed \$50 per month for the first child, \$25 per month for the second child, and \$20 per month for each succeeding child. The application of this provision resulted in a decrease in total payments of about \$24,000 per month. Actually, however, the amendments to the Aid to Dependent Children law did not cut down to a great extent the size of the larger grants. It had the effect of reducing the grants paid to Aid to Dependent Children families with one, two, and three children, rather than reducing the amount paid to the families with a larger number of children.

Child Welfare Division

1. The Ninety-third Legislature amended the law relating to the financing of costs for children committed to the Department by the courts to provide that the towns of settlement would no longer be responsible for two-thirds of the cost of the care of these children. This was the so-called Williams' Bill. The result of this change in the laws has been to stop the trend of the decreasing number of

children under the care of this Department and to gradually bring about an increase in the number of children in the custody of the Department. It is anticipated that this trend upward will continue as towns become more aware of the fact that problem children for which they are now contributing either through general relief or through the Aid to Dependent Children program can be committed to the State provided the courts are willing to do so and that the State would be responsible for the entire financial cost of these children.

2. The rising cost of living has been a most difficult thing to cope with in the expenditures of the Child Welfare Division. Every time that the cost of clothing increases, it means real trouble in this category of assistance due to the fact that the Department expends approximately \$200,000 per year for clothing, medical and hospital care, and miscellaneous supplies for approximately 2,400 children which it has in its care. It is also becoming very difficult to find boarding homes for these children at the rate of \$24 per month.

Other Activities

While considerable time and energy of the staff of the Department has been expended in connection with public assistance and child welfare problems due to the fact in the first instance that the investigation of the Department centered around public assistance, nevertheless, efforts have been made in other divisions of the Department to carry on a program which will result in the maximum amount of service for each tax dollar expended. The activities of the Bureau of Health have progressed satisfactorily during the biennium, and plans are being made to make changes in routines in the Bureau of Health which will result in consolidation of some activities. Summaries of the activities of each division in the three Bureaus, Health, Social Welfare, and Administration, and also the Division of General Relief, will be found in this report.

Suggested Appropriations for the Next Biennium

1. The detail of suggested appropriations for the next biennium for the Department will, of course, be found in the budget report made to the Legislature by the Governor. For this reason, no extensive material will be included in the biennial report. In making up the suggested appropriations for the next biennium, the Department has gone on the assumption that economic conditions will remain the same as prevail at the present time and that there will be no

increase in the present services rendered by the Department and practically no new services added as responsibilities of the Department.

2. As stated above, the enforcement of the financial responsibility of the Old Age Assistance law has resulted in a decrease in the number of active cases. In making the suggestions for appropriations, this decrease has been taken into consideration and it has also been assumed that the Department would carry on its present services in this category by continuing in the budgets of Old Age Assistance recipients only those items now included—namely, food, clothing, shelter, fuel, and lights. The decrease in the number of assistance cases plus a limiting of the budgetary items has made it possible for the Department to suggest appropriations for Old Age Assistance less than those made available for the current biennium. However, if it should be decided to increase the maximum amount payable from \$40 to \$50 per month, which latter figure is the amount the Federal Government will now match, or if additional items in the budget are to be included for public assistance recipients, additional State funds will be necessary.
3. The suggested appropriations for the Aid to Dependent Children category contemplate a 100% increase in State funds as compared with the present biennium. This has been necessary because of the tremendous increase in the number of cases eligible for this type of assistance. It is believed that the increase can be attributed to the fact that only now is the full effect of broken homes and conditions brought about by the war being felt in this State. During the current biennium, a considerable amount of money was transferred, in accordance with State law and with the approval of the Governor and Council, to the Aid to Dependent Children program in order to avoid the necessity for decreasing budgetary items in this latter program.
4. Suggested appropriations in other categories for other activities in the Department are, it is believed, set forth in sufficient detail in the Governor's budget. Due to the rising cost of living, it is necessary to contemplate increases in the costs of care for committed children and in the appropriation for State poor. A small increase in services in the Bureau of Health to the extent of adding six nurses to be made available to the towns under the Enabling Act, plus two dental hygienists, account for the slight increase in the suggested appropriations in the Bureau of Health. The budget for welfare administration contains suggested small increases which are ac-

counted for by salary adjustments and merit increases as approved by the Personnel Board.

Problems in the Field of Health and Welfare

1. Under the present programs in the welfare categories, particularly in public assistance, the Department is not meeting the needs of those persons eligible for assistance. This is brought about (1) by maximum amounts placed in the law beyond which the Department cannot pay and (2) by limitation of the number of items included in the budgets. The Department recognizes that there is a point beyond which tax money cannot be made available for health and welfare activities. It also recognizes that it is distinctly the prerogative of the State Legislature to make the decision as to how extensive a health and welfare program should be financed and made available to the people of this State. For this reason, suggested appropriations have been based on present services for the most part. If present services are decided to be inadequate and if it is decided that the taxpayers of the State have ability to finance additional services, then the Department will try to administer such extended services in an efficient and equitable manner. In the meantime, the Department wishes to supply the Legislature with all necessary and available information to assist in bringing about the final decision as to how extensive the programs administered by the Department shall be during the next biennium. Considerable discussion has taken place as to medical care in public assistance programs. It became necessary to eliminate this item from the budgets of public assistance recipients due to a shortage of funds. If this item had not been taken out of the budgets, it would not have been possible to have decreased the number of persons waiting for public assistance from over 2,000 cases as of July 1, 1947 to less than 500 cases on June 30, 1948. At the present time, all applications are being taken care of on a current basis and due to expediting procedures which have been put into effect during the past fifteen months, are disposed of within a matter of days rather than months as was formerly the case.
2. The cost of the Aid to Dependent Children program is now shared by the Federal, State, and local governments where the family has a settlement. In the event that the case is an unsettled case, so-called, the State pays both the State and local share. Local officials have practically no voice in the administration of this program, and it would seem reasonable that if there is no responsibility on the part of the town they should not be called upon to finance in part a

program for which they have no administrative responsibility. The Department believes that it would be advantageous and desirable from the State and Town standpoint to amend the law whereby the towns' share of Aid to Dependent Children costs would be paid by the State. This would require under the present program approximately one-half million dollars per year for the next biennium.

Conclusion

As previously stated, a summary of the activities of the divisions of the Department will be found in this report. The items which have been emphasized in this section of the report are neither more nor less important than those which have not been mentioned. It was for the purpose of calling attention to certain procedures and changes which have taken place following the adjournment of the Ninety-third Legislature that the items mentioned in this section have been emphasized. From an over-all standpoint, it would seem that definite progress has been made by the Department in the past months. Some of the things which have been accomplished are as follows:

1. Clear and definite instructions have gone to the staff in regard to the administration of the public assistance programs. This has enabled the staff of the Division of Public Assistance to become better informed, and more efficient administration of these programs has resulted. A new Manual has been issued to replace the old rather extensive Manual which was severely criticized, and many bulletins and special instructions have been cancelled by inclusion of this information in the new Manual.
2. Public assistance applicants are being taken care of at a much more rapid rate than has been the case at any time since these programs have been placed in effect. Waiting lists are now current and under normal circumstances, no person waits for more than sixty days for a determination of his eligibility for a grant.
3. The provisions of the Old Age Assistance law relating to financial responsibility of relatives are being enforced in accordance with the mandate of the Legislature as set forth in the report of the investigating committee.
4. Routine procedures have been consolidated and simplified to the extent that a less number of employees are carrying on the activities of the Department, and doing so with no loss of efficiency and, in fact, in many instances in a more expeditious manner. It is estimated that if the elimination of budgeted positions had not been

possible, it would have been necessary to request approximately \$60,000 per year additional for salaries.

5. Salary adjustments have been made, particularly in the welfare field, with the result that there are less staff vacancies than has been the case at any time during and before the war. Staff vacancies have been one reason why delays have taken place in the handling of applications due to the fact that only emergency work could be done in those areas where there were no regular field workers.
6. Staff morale has been increased to the point where it is believed that employees of the Department are interested and desirous of carrying on the programs of the Department in the most efficient manner possible. It is believed that the employees, despite the fact that a tremendous amount of criticism was leveled at the Department during the past months, have responded very well, and deserve considerable credit for the manner in which they have evidenced co-operation in revising and simplifying procedures.

BUREAU OF ADMINISTRATION

Edward I. Albling, Director

The functions of the Bureau are to prepare and control budgets for 47 State appropriation accounts and to consolidate activities of finance, budgets, reports, office space, and personnel. During the past year, requisitions for purchases of supplies and equipment were consolidated, as well as the storing of office supplies. Centralized mailing and duplicating facilities were initiated. Routines and procedures were analyzed resulting in the elimination of 30 budgeted positions. Eight branch office locations were also eliminated.

The Bureau is organized into the Divisions of Accounts and Audit, Business Management, and Research and Statistics.

The Division of Accounts and Audit pre-audits codes and submits bills and invoices to State Controller for payment. All accounts are reconciled monthly. The Division also prepares semi-monthly rolls of assistance recipients numbering approximately 18,000 names.

The Division of Business Management handles all personnel matters, including requisitions for appointments, salary adjustments, leaves of absences, Probst ratings, requisitions, requests for supplies and equipment, office rental, and space allocation. The Division also handles the mail, both incoming and outgoing, departmental case records, files, indices, and mimeographing.

The Division of Research and Statistics handles all reporting and statistical functions of the Department. Besides preparing monthly reports to Federal agencies and departmental staff, five special studies were undertaken: namely, Medical Care Program, Characteristics of Children Receiving Child Welfare Services, Illegitimacy in Aid to Dependent Children, Characteristics of Families Receiving Aid to Dependent Children, Joint Recipients of Old Age and Survivors' Insurance and Old Age Assistance.

Expenditures by Fiscal Year 1947 and 1948

	1947	1948
Administration	\$ 753,745.94	\$ 747,309.46
Welfare Programs	10,174,868.70	10,142,486.75
Health Programs	811,386.59	756,476.11
Charitable Institutions	31,780.67	34,086.84
Total	\$11,771,781.90	\$11,680,359.16

Expenditures by Source of Funds

	1947	1948
State Appropriation	\$ 6,389,128.60	\$ 6,334,141.58
Town Funds	472,564.36	447,623.40
Fees	108,709.64	144,449.34
Federal Funds	4,801,379.30	4,754,138.84
	\$11,771,781.90	\$11,680,353.16
Total	\$11,771,781.90	\$11,680,353.16

Note: These figures do not include amounts expended by independent boards.

Expenditures by Welfare Programs Fiscal Years 1947 and 1948

	1947	1948
Blind Services	\$37,791.67	\$41,950.19
Education	23,786.03	25,975.06
Services	7,139.07	6,766.59
Vocational Rehabilitation	6,866.57	9,208.54
Child Welfare Services	673,602.04	794,141.36
Committed Children	647,613.91	752,455.29
Services	25,988.13	41,686.07
General Relief and Allied Programs	514,046.84	711,362.29
Paupers	441,652.35	642,475.29
Jefferson Camp	72,008.29	68,521.03
Burial of Soldiers' and Sailors' Widows	—	300.00
Commitment of Insane	386.20	65.97
Hospital Aid Program	288,000.00	578,000.00
Indian Services	143,064.58	122,980.57
Passamaquoddy	79,785.15	68,323.22
Penobscot	56,388.18	48,574.67
Improvement	6,190.50	6,072.68
Indian Ferry	700.75	10.00
Public Assistance	8,123,073.69	7,774,462.59
Aid to Blind	304,844.00	280,794.50
Aid to Dependent Children	1,796,419.00	1,932,567.50
Old Age Assistance	5,969,536.43	5,509,239.02
Old Age Assistance Burials	52,274.26	51,861.57
Special Grants	395,289.86	*119,589.75
Legislative	56,070.14	70,620.75
General Law	31,831.51	2,623.00
World War Assistance	307,388.21	46,346.00
	10,174,868.68	10,142,486.75
Total Welfare Programs	10,174,868.68	10,142,486.75

*General Law and World War Assistance Programs transferred to Department of Veterans Affairs.

Expenditure of Welfare Programs by Source of Funds Fiscal Years 1947 and 1948

	1947	1948
State Appropriation	5,584,991.72	5,557,934.85
Town Funds	440,757.54	413,452.97
Miscellaneous Income	48,886.18	68,051.57
Federal	4,100,233.26	4,103,047.36
	10,174,868.70	10,142,486.75
Total	10,174,868.70	10,142,486.75

**Expenditures by Health Programs
Fiscal Years 1947 and 1948**

	1947	1948
Central Administration	21,754.29	21,287.86
Vital Statistics	22,574.21	20,823.37
Cancer Control	6,490.26	5,528.85
Personnel Training	8,057.05	3,733.60
Diagnostic Laboratory	57,832.83	60,352.85
Maternal and Child Health	182,087.49	87,913.51
Dental Health	22,930.12	19,250.15
Crippled Children	42,267.83	48,998.74
Sanitary Engineering	54,012.77	57,327.93
Industrial Health	4,748.20	6,375.42
Communicable Diseases	17,872.63	18,161.62
Tuberculosis Control	38,043.80	50,804.11
Public Health Nursing—State	16,757.51	16,957.17
Venereal Disease Control	56,888.58	49,085.00
Mental Health	8,119.51	14,342.88
Hospital Services	4,243.06	8,015.80
Hospital Survey and Planning	—	2,827.84
Control over Plumbing	10,548.74	15,502.76
Regulation of Cosmetics	5,340.98	6,149.69
Sale of Prophylactics	200.09	406.52
District Health Centers	230,616.64	242,630.44
	811,386.59	756,476.11
Total Bureau of Health		
Special Boards:		
Barbers and Hairdressers	22,346.04	23,880.57
Plumbers' Examining Board	5,320.88	6,606.35
Sanitary Water Board	11,616.71	10,519.23
	39,283.63	41,006.15
Total		

**Expenditure of Health Programs by Source of Funds
Fiscal Years 1947 and 1948**

	1947	1948
State Appropriation	250,907.87	250,869.01
Town Funds	31,806.82	34,170.43
Income from Fees, Licenses, etc.	59,388.37	75,985.27
Federal	469,283.53	395,451.40
	811,386.59	756,476.11
Total		
Special Boards:		
State Appropriation	11,566.71	10,469.23
Fees, Licenses, etc.	27,716.92	30,536.92
	39,283.63	41,006.15
Total		

BUREAU OF HEALTH

Dean Fisher, M.D., Director

Although each division presents a separate report of its activities, it seems desirable to make a general statement relating to the Bureau as a whole. The work of the district health officers, nurses, engineers, consultants and clerical staff does not appear as a separate report, but to a large extent all of the services listed in various division summaries are the sum total of their efforts, for it is they who do the day to day work and provide the basis for many clinics and other special services.

Each past biennium has noted improvements in the health status of the State, and this one is no exception. For example, present rates for tuberculosis, infant and maternal deaths are at levels which are record lows for Maine, although even here, great improvements may still be sought, for tuberculosis alone kills over 200 Maine persons each year. This Bureau is proud of its accomplishments and is certain that it is doing a great deal for the medical and economic welfare of the State, but it realizes that many other factors are also contributing to the favorable status. Economic forces are improving living, working and dietary standards, and have permitted a realization of the value of adequate medical guidance, care, and hospitalization. The medical profession and various voluntary agencies, both directly and in cooperation with the official health agencies, make immense contributions to the great field of public health.

This biennium has been a period of post-war reorganizations, re-assembly of personnel and programs, meeting acute war-residual public health problems, and meeting the financial aspects of an inflationary period. Medical progress has provided new tools, required adjustments of methods, and indicated new problems.

Some of the progress is indicated in the following summary:

- (1) A reorganizational plan for the Bureau as a whole was completed in an attempt to provide a better integrated and more flexible service.
- (2) Complete revision of many of the rules and regulations was made to incorporate new knowledge and meet present conditions.
- (3) Intensified work in certain fields was required to remove sanitation deficits unavoidably accumulated in wartime.

- (4) Reorganization of the programs of several divisions was necessary to meet existing conditions and needs.
- (5) The Division of Mental Health became organized.
- (6) The State-wide hospital survey was completed, and a plan developed for integrated hospital construction under the Federal Hill-Burton law. Administrative machinery was developed for making Federal funds available to communities for hospital construction, and funds allotted to the first such project approved.
- (7) A consistent policy of striving for better working relationships between the Bureau, medical organizations, physicians, local health groups, and the various voluntary agencies has been followed.

The Bureau has become sharply aware of the lack of means for doing satisfactory public health education, one of the basic health services, and one of the most economical ways of securing great, lasting, and long-range public health improvements. Plans for the next biennium include the development of the nucleus of a skilled, complete educational service.

The Bureau hopes that in the next biennium it will find the means and personnel which its divisions will need if they are to continue to provide their high type of service to the State.

To complete this activities report, the Bureau wishes to acknowledge the contributions of its official associates, the local health officers, and its unofficial associates, the practicing physicians, hospitals, voluntary health agencies, and other public-minded groups and individuals. All have given time, thought, and energy to common problems without much regard for formal compensation.

DIVISION OF COMMUNICABLE DISEASE CONTROL

Dean Fisher, M.D., Director

In the past this Division has concerned itself with efforts to control the spread of communicable diseases other than tuberculosis and the venereal diseases, each of which is the basis for the activities of a special division. However, during the 1947-1948 year a Bureau organizational plan has been developed which anticipates, when personnel becomes available, a fusion in a single division of the activities of all of the groups now concerned with the various infectious diseases. It is hoped that this plan will provide a more coordinated, and perhaps more economical service.

In the meantime the central office activities of the Division consist of maintaining a pool of information relating to cases and carriers of infectious diseases, and making current data available to the field staff of the Bureau of Health. As part of this work a weekly communicable disease report is prepared for transmission to the Surgeon General in Washington, and to interested agencies in the State.

The Bureau lacks an organized public health education group. This Division has gradually assumed many of the activities which would normally be performed by specialized educators. The organization of the monthly educational bulletins, and the preparation of special leaflets, and other materials have been major activities.

The following table briefly indicates the experience with important diseases in the biennium. Comparable figures for ten years ago are given merely as a matter of interest. No conclusions relating to the trends of these diseases or the adequacy of control should be drawn from these figures for they are too few for comparative purposes, and the population has changed greatly in the interim. However, the figures and footnotes illustrate clearly the fact that efforts to control infectious diseases must be applied continuously and vigorously for difficult outbreaks may still occur with any decrease in diligence.

Reported Cases of Some Important Communicable Diseases
Biennial Periods 1936-38 and 1946-48

	1936-7	1937-8	Biennium Total	1946-7	1947-8	Biennium Total
Diphtheria.....	73	75	148	123*	39	162
Dysentery, Bacillary	1	5	6	0	50†	50
Food Infection and Food Poisoning..	—	—	—‡	106	10	116
Meningitis, Meningococcal...	21	12	33	32	13	45
Poliomyelitis.....	32	138§	170	44	39	83
Scarlet Fever and Septic Sore Throat	842	843	1685	1103	659	1762
Typhoid and Para- typhoid Fevers...	75	101	176	20	17	37
Undulant Fever....	18	27	45	32	24	56
Whooping Cough...	1836	2152°	3988	800	1050	1850

*Maine, like many other states, had a marked increase in diphtheria beginning in the fall of 1945; this continued for almost two years.

†All but two of these cases were in one outbreak.

‡Not reportable at that time.

§This was one of the years of highest incidence.

°Whooping cough incidence has occurred in fairly well marked waves every few years; this was the crest of such a wave.

DIAGNOSTIC LABORATORY

Arch H. Morrell, M.D., Director

Each year an increased over-all demand for diagnostic laboratory services is experienced, although with changes in medical methods emphasis on different single items may either increase or decrease. The increase in demand for services and the total amount of work done seem to indicate that a valuable and needed service is being offered to the people of the State. In fact this Laboratory offers to many rural patients, physicians, and hospitals their only or most convenient means of securing laboratory aid for certain diagnoses. For those patients who are able to pay limited or no fees for laboratory service, this Division may be the only source of such aid. It is impractical to attempt to state the number of individual citizens who have so benefited, but with a biennial total of over 179,000 different tests, the number must certainly be large. It is also impossible to estimate the value of these services to the State as a whole, but a great contribution to the control of many diseases is made.

Aside from the infectious diseases, the figures relating to cancer are most interesting. The steady increase in the demand for tissue examinations to determine the presence or absence of malignancy is an indication of the increasing awareness of this disease on the part of physicians and patients. This type of work is expensive and laborious, but its increase is welcomed for this is one of the most important means by which cancer may be controlled.

This Division has the continuing problem of evaluating its work from the point of view of economy and medical progress. The following new services have been developed during the present biennium:

- (1) Rh typing is now done routinely on all blood samples submitted from pregnant women. (This information is frequently of vital importance to physicians in guiding certain pregnancies and preventing the death of either the fetus or new-born.)
- (2) Quantitative Kahn tests are now done on all blood samples which show a 4+ test for syphilis. (These tests may be the most important single means which the physician has to establish an uncertain diagnosis, or to follow the results of treatment in cases of syphilis.)

- (3) The heterophile agglutination test. (This is of help in establishing the diagnosis of infectious mononucleosis.)
- (4) Studies of the economy and practicability of the culture methods for the identification of tuberculosis organisms have been completed, and personnel trained. The method will soon be in use.
- (5) Studies of the economy and technical problems involved in the typing of typhoid cultures are in progress. This valuable tool for the tracing of typhoid cases may soon be available.

This Division has experienced and still faces the problems of rising costs and increasing demand for services. Should both conditions continue it may well face a dilemma.

DIAGNOSTIC LABORATORY

	1946-1947	1947-1948	Total Biennium	Total Previous Biennium
Venereal disease tests:				
1. Blood tests for syphilis	73,884	69,744	143,628	140,352
2. Quantitative Kahn tests for syphilis	645	1,393	2,038	650
3. Spinal fluid examinations	604	504	1,108	1,074
4. Examinations for gonorrhoea	4,948	3,895	8,843	11,044
Diphtheria cultures and virulence tests	3,120	1,360	4,480	5,735
Tuberculosis tests:				
1. Animal inoculations	212	376	588	351
2. Sputum examinations	2,144	2,519	4,663	4,076
Intestinal tract diseases:				
1. Cultures for typhoid and dysentery	1,457	2,127	3,584	2,815
2. Blood tests for typhoid	3,025	3,180	6,205	5,739
3. Examinations for parasites	131	101	232	222
Miscellaneous	346	533	879	500
Tissue specimens for examination for cancer	1,371	1,728	3,099	2,594
			179,347	175,152

DIVISION OF TUBERCULOSIS CONTROL

Katherine D. Gay, R.N., Administrative Assistant

The Division of Tuberculosis Control is responsible for maintaining a register of all persons in the State reported to have tuberculosis; distributing to the various district offices such information regarding these individuals as is received and can be utilized in their supervision.

A state-wide case register showing latest information received for each patient has been completed. District registers have been compiled in four district offices and one local health office. Clerks have been trained to maintain them and periodic supervision is given by the Register Clerk of the central office. Central Office records are being consolidated and simplified.

Addition to the x-ray staff and installation of a more adequate dark-room have made possible a substantial increase in the number of chest x-rays taken in mass surveys. Further addition to the staff is needed if the program is to meet the demand and give service to a greater proportion of the citizens.

The Division looks forward during the next biennium to the instigation of at least one permanent clinic for x-ray and examination of tuberculous patients and their contacts, and individuals suspected of having tuberculosis. Such a clinic would replace one of the semiannual clinics now maintained by the division and would be scheduled on a monthly basis. If successful, it should point the way to additional permanent clinics in those sections of the State where distance and lack of equipment hinder adequate medical supervision of tuberculous patients.

Brinton T. Darlington, M.D., Sr. Asst. Surgeon of the United States Public Health Service was on loan to the State as Director of the Division from November 1946 to June 1948. The position is now vacant.

Morbidity

Five hundred and eighty-one new cases of tuberculosis were reported during the fiscal year 1946-47, and 531 during the same period of 1947-48. Of these, 93% were pulmonary in 1946-47, and 94% in 1947-48. 14% of the cases were reported in a minimal stage in 1946-47, 21% in 1947-48. 1946-47 stage not reported in 34%; 1947-48 stage not reported in 37%. 70% of the cases were reported by some state agency in

1946-47, 64% in 1947-48. 17% of the cases were reported by private physicians in 1946-47, 15% in 1947-48. 11% of the cases were first reported by death certificate in 1946-47, 8% in 1947-48.

The mobile bus in which Photo Roentgen equipment was permanently installed proved to be impractical for use in Maine during the winter months. This was mainly due to the lack of adequate garage quarters for a vehicle of this size in Augusta. This equipment was replaced by a Photo Roentgen unit which can be broken down into cases of convenient size to be transported in a panel bodied truck. The x-ray machine is assembled inside the building in which it is to be used. While it entails more detailed planning for chest surveys, it can be used in all kinds of weather and is a more satisfactory type of equipment for the needs of the division.

The former machine was removed from the bus and loaned to the Central Maine General Hospital. The bus was sold to a New Jersey concern.

Surveys

Mass Chest x-ray surveys of the adult population are conducted by the Tuberculosis Control Division. During the past two years a total of 36,061 individuals were x-rayed in State institutions, colleges, industries, community surveys and among school employees. Reinfection type tuberculosis, active or inactive, was noted in 590 or 1.6% of the films. A marked increase in the number of industrial surveys occurred in the second year of the biennium when 66 industries were represented as compared to 17 in the first year.

Mass X-Ray Surveys

	1946-47	1947-48
State Institutions		
Number X-rayed	1746	445
Reinfection type tuberculosis.....	179—10.2 %	13—2.9 %
Other chest pathology.....	83—4.8 %	5—1.1 %
Colleges		
Number X-rayed	1435	3123
Reinfection type tuberculosis.....	4— .28 %	10— .3 %
Other chest pathology.....	11— .76 %	24— .77 %
Industrial Surveys		
Number X-rayed	6248	14,720
Reinfection type tuberculosis.....	104— 1.66 %	182—1.2 %
Other chest pathology.....	62— 1.0 %	205—1.4 %
Community Surveys		
Number X-rayed	761	2508
Reinfection type tuberculosis.....	7— .9 %	39—1.55 %
Other chest pathology.....	13— 1.7 %	59—2.35 %
School Personnel		
Number X-rayed		5075
Reinfection type tuberculosis.....		52—1.03 %
Other chest pathology.....		49— .97 %

Regional Clinics

The division conducts clinics in various centers throughout the state for the examination and follow-up of known cases, contacts to known cases, and suspicious cases of tuberculosis.

Due to the shortage of public health nurses on whom falls the burden of personal contact through home visiting, the follow-up of these groups is the weakest part of the over-all control program.

The follow-up of these groups yields the highest per cent of new cases in a case-finding program. Consequently, efforts have been made during the past two years to limit clinic attendance to these groups. The following comparative figures justify this policy. It will be noted that with approximately one-third the number of x-rays taken in 1947-48, the per cent of tuberculosis noted by x-ray was three times that of 1946-47.

Regional Clinics

	1946-47		1947-48
35 clinics in 28 community centers		33 clinics in 23 community centers	
Total number of x-rays taken	7157	Total number of x-rays taken	2733
Findings:		Findings:	
Reinfection type		Reinfection type	
Suspicious pulmonary		Suspicious pulmonary	
tbc.	26	tbc.	23
Active pulmonary tbc.	102	Active pulmonary tbc.	93
Inactive pulmonary		Inactive pulmonary	
tbc.	183	tbc.	218
Primary phase—active	12	Primary phase—active	4
% positive film findings	4.5	% positive film findings	12.3

Revision of forms has facilitated history taking for the field nurse and supplies more adequate information for the X-ray Consultant. Central office records are being revised to supply statistical information of added significance.

Cooperative Casefinding Methods

This type of program is carried on principally by loaning equipment and supplying films to general hospitals for the routine chest x-ray of admissions. Statistics and reports of cases in whom significant pathology is noted are sent to this division.

This service has been in operation in one hospital for eighteen months. In three others, plans are in various stages of completion.

For the period January 1, 1947 to June 30, 1948, 6660 x-rays were reported, with significant findings in 67 patients. Of these, 51 were minimal in stage; 14 moderately advanced; and 2 far advanced.

DIVISION OF VITAL STATISTICS

Parker B. Stinson, Director

Summary of Vital Statistics

Maine, 1946 and 1947

(Items or rates marked (L) or (H) are record lows or highs since 1892)

1946			1947	
(Population 876,213)			(Population 910,962) (H)	
20,421 (H)	23.3	Births and rates per 1000	23,908 (H)	26.2 (H)
12,847 (H)	14.7 (H)	Marriages and rates per 1000	10,664	11.7
10,070	11.5 (L)	Deaths and rates per 1000	9,983	11.0 (L)
976 (H)		Adoptions	921	
3,981 (H)		Divorces	2,929	
Chief Causes of Deaths and Rates per 100,000				
3,045	347	All heart diseases	3,201	351
1,385	158	Cancer (Carcinoma)	1,426 (H)	156
952	109	Cerebral hemorrhage	920	101
691	79	Accidents, all forms	680	75
665	76	Nephritis, all forms	566	62
Deaths and Rates per 1,000 Live Births				
848	41.5 (L)	Deaths under one year, all causes	856	35.8 (L)
31 (L)	1.5 (L)	Puerperal deaths	34	1.5 (L)

At this date, August 3, 1948, provisional figures show that the peak of the high birth rate is passing. 1948 births will be fewer than in 1947, but more than for 1946.

At the end of the calendar year 1947 the vault contained filed records of birth, marriage and death dating from 1892 to the number of 2,179,800. Of these 899,698 were birth records filed in season to be tabulated in the published annual reports.

During the biennium, in addition to 19,289 reproduced by copying, 8,192 were verified for public agencies. For approval or correction photostatic copies of birth records were mailed to mothers of children born within the period.

The records maintained by this Division and the accuracy with which they are maintained have a practical importance and value. Aside from providing the individual concerned with necessary identification or information, these records represent the changes occurring in the population. Thus, they may be used to measure medical or public health progress, they may indicate local or state-wide problems, and they may help a community to evaluate specific problems and make sound plans for the future.

(As provided by Section 387, Chapter 22 of the Revised Statutes, 1944, a detailed report of the Division of Vital Statistics is published annually.)

DIVISION OF MENTAL HEALTH

Margaret R. Simpson, M.D., Director

The Division of Mental Health has completed its first two years of operation. It provides community services in the mental health field, gives consultation service to other state departments, and indirect training in mental health principles and procedures to the staff of the Department of Health and Welfare.

Mental health clinics are held monthly in Portland, Lewiston, Bangor, and Waterville. A traveling clinic covers the remainder of the State. Clinics are open to children and adults who are referred by any of the divisions within the Department of Health and Welfare, Department of Education, physicians, schools, private social agencies, and families. In many areas this Division offers the only mental health guidance or psychiatric consultation service to be had, and emphasis has been placed on services to children. Referrals are made because of emotional difficulties, behavior problems, school problems, mental retardation, stuttering, and other habit disturbances.

Seventy-one clinics were held during the first year, and one hundred and eight clinics in 1947-1948. The traveling clinic visited Caribou, Eliot, Farmington, Houlton, Kennebunk, Lincoln, Machias, Old Town, Porter, Presque Isle, Rockland, Rumford, South Paris, and Wells. Seventy-six talks were given to community groups, colleges, health councils, etc.

The clinic team is not yet complete, as a full-time psychiatric social worker has not been obtained. Social work is being done on some cases by one of the psychologists who has had training in that field. As personnel increases, more treatment cases will be carried.

Training of personnel is being done, a trainee in psychology being taken on each year for a year's training.

Some play therapy—finger painting, painting, clay modeling—has been started at the Portland clinic.

Summary of Activities

	1946-1947	1947-1948
Referring Agent:		
Department of Education,	6	5
Division of Child Welfare,	4	5
Services for Crippled Children,	45	58

Division of Maternal and Child Health,	23	17
Division of Public Assistance,	4	8
Division of Public Health Nursing,	14	62
Family or Self,	12	15
Physicians,	7	16
Schools,	42	84
Vocational Rehabilitation Division,	2	3
Others—Red Cross, City Nurse, Town Manager, etc.,	6	37
Total:	165	310
Psychological tests administered,	97	620
Field Work:		
School visits,		15
Home visits,		18
Play therapy visits,		8
Conferences with nurses, teachers, etc., by psychologist,		10
Total:		51
Number of new cases,	165	310
Number of return visits,	45	103
Number of consultations (no records),	38	18
Total:	248	431
Number of cases closed,	83	208
Analysis of New Cases		
Children under 12,	101	201
Children 12-18,	54	92
Adults,	10	17
Total:	165	310
Number of interviews with parents, teachers, social workers, nurses, school superintendents, etc.,	181	278
Number of neurological examinations	61	148

DIVISION OF DENTAL HEALTH

Alonzo H. Garcelon, D.D.S., Director

During the past biennium, the Division of Dental Health has conducted a corrective dental program in rural areas of the state which lack dental service completely or lack sufficient dental service to meet the needs of the people. This service is supplied by a completely equipped dental office set up in a trailer and its use is restricted to children of school age. The unit, manned by a dentist, is rented to towns or sponsoring agencies at the rate of \$150.00 per week.

During the summer of 1947, six towns benefited from the use of the mobile unit. A total of 293 patients received 858 dental operations consisting of fillings, extractions, and prophylaxes treatments. During the summer of 1948, four towns have benefited from the trailer work and 359 patients received 1889 dental operations of various types. The charge per service was approximately \$1.00, and therefore, the children were supplied with dental service at very low cost. The trailer was not operated during the winter of 1947 as it was impossible to obtain dental personnel with which to man it during that period. It is hoped that this situation has now changed and that the trailer will operate on almost a continuous basis from now on.

As part of the Pediatric Clinic Service, the Division of Dental Health participated in 1946-1947 by examining 241 children and advising the parents as to the dental needs of the clinic patients. Authorizations for dental care were issued to 37 patients of which 22 cases were completed, 10 are pending completion at the present time, and 5 were dropped. During 1947-1948, a total of 209 children were examined at 28 clinics, and 37 authorizations for care were issued. Of these, 18 have been completed and 19 are still pending.

The dental health education program was conducted in the schools of eleven towns with a total of 142 days of service supplied during 1946-1947, 2946 pupils were examined, 127 lessons were taught with an attendance at these lessons of 3411 students. During the year 1947-1948, sixteen towns employed this program. 4020 children were examined, 72 children received topical applications of fluorine, and 201 lessons were given with an attendance at these of 4948.

During the summer season, a pre-school project is carried on primarily as an educational program at the Well Child Conferences. During 1946-1947, 109 conferences were attended, 1745 children were examined and 1223 parents instructed as to the necessary dental corrections needed by these children. During 1947-1948, 107 conferences were attended with 1667 children examined and 1154 parents advised as to the dental health of their children.

DIVISION OF SANITARY ENGINEERING

Elmer W. Campbell, Dr. P.H., Director

As a result of new legislation passed by the 1947 Legislature, two additional duties were acquired by the Division.

The new law requiring the annual analysis of water supplies used for schools and the prohibition of those which were found to be impure has resulted, since the passage of the act, in the analysis of 833 school wells and springs. Of these 122 have been prohibited for use.

The new law relating to bedding requires a white label for all new bedding for which filling materials are used and for all upholstered furniture, and a yellow label for any such articles made from materials which have had prior use. In the latter case licenses for their method of sterilization are required by any person manufacturing such articles from secondhand materials. No licenses have yet been issued under this provision of the act. In addition to the labeling requirements, stamps must be attached to all such articles on and after July 31, 1949.

With the return of the Director from military service a number of activities were revived which were not carried on during the war years.

The bulletin of cosmetic preparations as a retailers' buying guide, which had not been printed for two years, was revived and issued each year of the biennium. This lists approximately 8,951 preparations with an index of both preparations and manufacturers.

Resumption of the legal enforcement of the laws relating to eating and lodging places and relating to the installation of plumbing resulted in twenty-six court cases in comparison with one in the previous biennium. This increased activity also resulted in the issuing of 20,357 licenses for eating and lodging places, recreational, trailer and overnight camps in comparison with 14,719 in the previous biennium. These together with the testing of school water supplies resulted in 16,080 samples for both bacteriological and chemical analyses of water compared to 11,502 for the previous two years, an increase of 4,578 for the biennium. These required 330,525 tests, an increase of 83,789 over the previous biennium.

Another activity entered into during this biennium was the examination of horse saliva for the Racing Commission which has resulted in the testing of 1,108 samples, most of which was done during the past year. In addition there has been a substantial increase in all types of

miscellaneous toxicological analyses of various kinds including cosmetics and poisonous metals, alkaloids and similar substances resulting in 20,002 tests, an increase of approximately 3,000 over the previous biennium. Other activities of the Division have likewise increased during this interval so that all recorded items of activities for the biennium were 822,892 compared with 700,669, an increase of 122,223.

Careful estimates of costs of these functions have been prepared for presentation to the Legislature, particularly estimates of the cost of water analyses for the school testing program. The first year of such work indicated the cost of analysis was \$3.33, but a charge of \$3.25 was approved to be charged against the towns for this work. During the past year owing to the increased number of samples and economies effected, the cost has been reduced for the fiscal year to \$2.79, or an average for the biennium of \$3.06.

It is recommended that for the ensuing year the cost of \$3.00 per sample be charged to the municipalities. As nearly as can be estimated this is the average cost to date of such work.

The cost of inspections of eating places, lodging places, recreational camps and overnight camps was estimated at \$5.26 per licensed establishment where inspection alone was involved, but where the establishment had its own water supply there was an additional cost of the water analysis, making a total for such establishments for the first year of \$8.59. An increased number of licensed establishments has resulted in the cost for the last year of the biennium for inspections without water supplies of \$5.87 and those having private water supplies of \$8.66.

A surplus army medical laboratory truck was acquired in 1946 and was assigned to make bacteriological tests of glasses, dishes and tableware for restaurants during the summer months. Although limited by difficulty in obtaining utilities such as gas, electricity and water, the work of the mobile laboratory has resulted in a marked improvement of the sanitation of eating establishments in those towns where it was possible for the truck to be located. As a result of this work 613 tests were made.

One engineer returned from military service in 1946 in addition to the Director and one new engineering assistant was employed the following year, making a net gain of two employees during the two year period. No other additions in the full time personnel were made, there being thirty-one full time employees at the beginning of the biennium and thirty-three at the end. Due to the increased demand for inspections of eating and lodging places, recreational and overnight camps

and their consequent laboratory examinations, an increase of four seasonal inspectors, one chemist, two clerks and two laboratory assistants, a total of nine additional seasonal workers were employed.

An industrial hygiene section was organized in 1947 and since this work was organized a survey of industrial hazards of factories and similar establishments throughout the state has been initiated. Under this program 112 establishments have been investigated.

Schools for proprietors and employees of public eating places were held during the past year and over 3,000 attended such schools. Many favorable comments were made concerning the value of this program.

July 1, 1946 to June 30, 1948

Water Samples submitted from Public Water Supplies	9,082
Water Samples submitted from Private Water Supplies	15,622
Specimens submitted for special and toxicological analyses	7,531
Conferences	968
Cosmetic Samples Received	2,199
Cosmetic Working Samples Received	2
Electrical Equipment Received	8
Cosmetic and Electrical Equipment Certificates Issued	16,800
Court Cases	26
Cross-Connections Inspected	345
Cross-Connections Inspected by Water Companies	1,977
*Eating and Lodging Place Inspections	21,174
Eating and Lodging Place Licenses Issued	20,357
Schools, Held for Food Handlers	26
**Inspections Special	575
Investigations	152
Plumbing Applications Received	10,942
Plumbing Permits Received	12,523
Plumbing Certificates of Inspections Received	12,530
School Plumbing Plans Approved	35
School Plumbing Plans Received	42
Prophylactic Inspections	554
Prophylactic Investigations	6
Prophylactic Licenses Issued	653
Public Addresses	29

* Includes inspections of boys' and girls' and family recreational camps.

** Includes inspections of swimming beaches and pools, cross-connections (mills) federal watering points, hospitals and commercial springs.

DIVISION OF SERVICES FOR CRIPPLED CHILDREN

Ella Langer, M.D., Director

This Division provides medical guidance and treatment for children who are crippled or suffering from conditions which lead to crippling or physical handicapping. Medical, surgical and after-care services for the physical restoration and social adjustment of crippled children are provided on a State-wide basis for children under twenty-one years of age. Crippled Children's Services have expanded during the last biennium. At present over 4,000 crippled children are listed on the State register as active cases. Over 6,000 have been registered since the beginning of the program. About 2,000 have been removed for such reasons as having reached the age limit, moved from the State, or being cured.

There are ten clinic centers which are providing easily accessible clinic service in all six health districts at frequent intervals. The following outlines the clinic service:

	1947	1948
Number of clinics	57	63
Attendance	1579	1650
New individuals	1137	1249
Returns	442	401
Hospital care	392	369
Public health nursing service	2609	3433
Medical social service	2270	1572
Referred for speech therapy	173	182
Referred for vocational rehabilitation	16	59

In the fiscal year 1947 hospital care was provided for a period of 17,558 days, thus averaging a stay of 44.7 days per patient. In 1948 there were 13,831 days' care, average stay of 37.4 days. Appliances were provided for 80 patients in 1947, and for 36 patients in 1948.

Included in the Services for Crippled Children is a program for children with rheumatic fever and heart disease. Two clinic centers are established at present, one in Portland and one in Bangor, the latter being a new clinic this year. The clinic in Portland is conducted weekly, while the clinic in Bangor operates monthly. These clinics offer the services of recognized specialists to families and family physicians, provide for necessary laboratory or diagnostic measures, and offer hospitalization when needed.

The following table summarizes the activities of the Portland clinic:

	1947	1948
Number of clinics	51	50
Attendance	832	941
New individuals	276	276
Returns	556	665
Hospital care	56	47
Public health nursing service	229	293
Medical social service	1009	409

In 1947 hospital care for cardiac patients was provided for a period of 2,307 days, average stay per case, 41.2 days. There are 450 cases on the cardiac register at present. In order to prevent recurrences of rheumatic fever attacks, a small program has been developed for keeping carefully selected cases on sulfa drug medication. Fifty cases have been receiving this treatment since 1944 when it was started, and to date only approximately three recurrences have appeared in the group.

The Hard-of-Hearing Program provides another service in the small area about Waterville.

	1947	1948
Number of clinics	2	3
Attendance	33	22
New individuals	29	18
Returns	4	4

A professional staff provides consultation service to the Bureau of Social Welfare as well as to other departments. Due to inadequacy of funds and lack of trained personnel, expansion of this clinic service cannot be planned at present.

DIVISION OF MATERNAL AND CHILD HEALTH

Ella Langer, M.D., Director

The objective of the program is to help secure and maintain optimum health for mothers and children. Preventive health work, diagnostic services for children, school health services, care of sick children, and correction of defects are provided.

The Emergency Maternity and Infant Care Program, a Federal program administered by this Division, is now in liquidation. This program was started in Maine in May, 1943. Since that time more than 9,000 cases have been authorized for care under this program. The program provided free maternity care for wives of servicemen in the four lowest pay grades of the armed forces until April, 1948. The program will continue to provide medical care and immunization for infants until April, 1949.

Summary of Emergency Maternity and Infant Care Program:

	1947	1948
Expenditures	\$175,569.45	\$59,681.88
Number of maternity cases	1,628	451
Number of infant cases	323	240
Percent of cases delivered at home	2.5	2.6
Average hospital stay—maternity	9.55 days	9.42 days
Average hospital stay—infant	10 days	9.89 days

The Child Health activities have increased in scope during the biennium. The number of Child Health Conferences increased from 667 in 1947 to 947 in 1948. The number of regular monthly conferences shows continuous increase, whereas the number of irregular conferences (annual or semiannual) is decreasing, thereby securing improved care and supervision. Immunization services at Child Health Conferences increased substantially. The conferences were intensified by offering dental and nutrition services where possible.

Diagnostic clinics are conducted monthly in Bangor and Waterville, and every two months in Presque Isle. The following table shows the number of clinics and attendance:

	1947	1948
Clinics	27	30
Attendance	279	272
Return visits	94	81
New individuals	185	191

The clinics are conducted by a pediatrician with dental, nutrition and medical social consultation services available.

A demonstration rural School Health Program, developed in cooperation with the Department of Education, was started in Washington County in April, 1947. The demonstration area is a coastal school union of seven towns. The objectives of this program are (1) to determine health needs and provide corrective services when needed, and (2) to develop community interest and participation in a local school health program. Complete health services, including medical and dental examinations and follow-up care, are offered through this demonstration program. Dental corrective service is provided by the local dentists and by the State's mobile dental unit. Fluorine treatment for prevention of dental caries will be started as soon as personnel is available.

The following table shows the decrease of infant and maternal death rates for a ten-year period, 1938-1947:

	Infant Death-Rate per 1,000 Live Births	Maternal Death-Rate per 1,000 Live Births
1938	56.1	4.6
1939	52.1	4.3
1940	52.8	4.1
1941	50.7	2.7
1942	45.8	2.1
1943	51.4	2.4
1944	47.3	2.3
1945	46.6	2.4
1946	41.5	1.5
1947	35.8	1.5

It is hoped that expansion of prenatal services, delivery services, services for premature infants, and improved and intensified care for infants will help to bring further decreases in these rates.

DIVISION OF HOSPITAL SERVICES

Lillian Nash, R.N., Director

The Division of Hospital Services in the Bureau of Health, Department of Health and Welfare, was set up in September, 1946. This Division administers three programs; namely, Hospital Licensing, State Hospital Aid, and hospitalization procedure dealing with State Paid Programs.

Through the establishment of the Division of Hospital Services it has been possible to centralize activities dealing with hospitalization.

Hospital Licensing

In September, 1946, hospital licensing was transferred from the Division of Maternal and Child Health to the Division of Hospital Services. Under the provisions of legislation passed in 1945 all hospitals not under state or federal control must be licensed annually.

On June 30, 1948, there were 222 licensed hospitals and related institutions in Maine with total bed capacity of 4,975 beds.

State Hospital Aid

In January, 1947, the hospital aid program was transferred from the Bureau of Social Welfare to Bureau of Health, Division of Hospital Services.

In May, 1947, revision was made of regulations and procedure governing the administration of hospital aid in accordance with Public Laws, 1943, Chapter 283.

The 1947 Legislature, cognizant of the marked increase in operating costs in Maine hospitals, made annual appropriation of \$578,000 for fiscal years ending June 30, 1948, and June 30, 1949.

The following summary indicates the extent to which this appropriation is made available:

HOSPITAL AID

Financial Report

Fiscal Year:		Fiscal Year:	
July 1, 1946, to June 30, 1947		July 1, 1947, to June 30, 1948	
FUNDS AVAILABLE		FUNDS AVAILABLE	
State Appropriation	\$288,000.00	State Appropriation	\$578,000.00
Refunds from hospital	2,118.40	Refunds from hospital	4,873.68
	<hr/>		<hr/>
Total Available	\$290,118.40	Total Available	\$582,873.68
EXPENDITURES		EXPENDITURES	
Hospitals	290,115.10	Hospitals	582,844.34
	<hr/>		<hr/>
Unexpended Balance	\$ 3.30	Unexpended Balance	\$ 29.34
Patient rate per day paid		Patient rate per day paid	
all hospitals quarterly:		all hospitals quarterly:	
Quarter ending Sept. 30, 1946	2.822	Quarter ending Sept. 30, 1947	5.147
Quarter ending Dec. 31, 1946	2.684	Quarter ending Dec. 31, 1947	4.373
Quarter ending Mar. 31, 1947	2.611	Quarter ending Mar. 31, 1948	4.026
Quarter ending June 30, 1947	2.648	Quarter ending June 30, 1948	4.176

Service Summary

Fiscal Year Ending June 30, 1947	Fiscal Year Ending June 30, 1948
Participating hospitals 44	Participating hospitals 51
Total days allowed 106,730	Total days allowed 131,895
Total newborn days 2,879	Total newborn days 5,187
Cases paid by State 5,764	Cases paid by State 7,291
Average number days treatment per case 19	Average number days treatment per case 18
Largest amount paid to any one hospital \$52,558.68	Largest amount paid to any one hospital \$111,580.00

It is evident from the above figures that this legislative appropriation is of inestimable value to those to whom assistance is given, also being of definite monetary value to the participating hospitals.

Hospitalization Procedure Dealing with State Paid Programs

In September, 1947, the Department notified hospitals in the State of the plan by which an all inclusive per diem rate would be paid for hospitalization on all State paid programs.

The ceiling rate established is based upon a reimbursable hospital cost statement. This ceiling provides an all inclusive per diem rate of \$8.50 if the hospital cost statement indicates that it cost this figure or any greater amount for care. If the hospital cost statement shows a lower per diem cost, payment is made accordingly.

From hospital cost statements submitted to the Department every six or twelve months it is possible to have clear recognition of the problems confronting the hospitals in Maine with their rapidly mounting cost of care.

The hospitals are encouraged to submit cost statements periodically, and to sign an agreement to accept patients on State paid programs at an all inclusive per diem rate.

The State paid programs fall into the following groups:

Venereal Program	Emergency Infant and Maternal Care
Rapid Treatment Program	Crippled Children Program
Committed Children	Rheumatic Fever Program
Dependent Poor Relief Child	Hard of Hearing Program
Temporary Dependent Child	Maternal and Child Health Program
Blind-Vocational Rehabilitation	School Health Programs
Passamaquoddy Indians	Blind-Medical Services
Penobscot Indians	
General Relief (State)	

The major purposes of this plan are twofold in scope:

1. To centralize activities regarding hospitalization in the Division of Hospital Services.

2. To show the total obligations for hospitalization that have been incurred by the Department.

This procedure which has been promoted through the Department, not only provides for adequate care of individuals on these State paid programs, but in turn assures the hospitals of payment more commensurate with actual cost of care than has been possible in the past.

DIVISION OF VENEREAL DISEASE CONTROL

Richard P. Jones, M.D., Director

The Division of Venereal Disease Control in striving to accomplish its objective of reducing the incidence of venereal disease has continued to maintain clinic facilities where free diagnosis was available to all and treatment was available to indigent persons. If, after diagnosis, the patient was able to pay for treatment he was referred to a private physician.

The Rapid Treatment Program which offered a maximum of 10 days' hospitalization for penicillin therapy for syphilis patients met with considerable success. This service was available through the clinics and the physicians throughout the State to all indigent persons who would benefit by the intensive course of treatment.

In areas where clinic facilities were not available, treatment has been authorized by this division and given by the local physician in his office.

All patients admitted to the clinic were interviewed for contact information in an effort to bring to diagnosis and treatment the source of the patient's infection as well as any others whom the patient may have infected. The private physicians are most cooperative in their endeavors to obtain contact information from their patients and this information is forwarded at the time the patient is reported. Contracts are referred to the public health nurses who have met with much success in showing these people the desirability and necessity of visiting their physician or a clinic for diagnosis, and treatment if necessary.

During this two year period there have been reported 1731 cases of syphilis, 1258 cases of gonorrhea, 14 cases of chancroid and 1 case of lymphogranuloma venereum. The marked decrease in the number of gonorrhea cases reported may be some indication that there are actually fewer cases. The increase in the number of syphilis cases reported was expected due to the increased awareness on the part of the physicians of the disease and their increased interest in the treatment of these cases brought about by the new rapid treatment schedules.

Biennial Summary of Services

INDIVIDUALS ADMITTED TO CLINICS FOR DIAGNOSIS		1,763	
Number found infected		928	
Syphilis	416		
Gonorrhea	508		
Other V.D.	4		
Number not infected		835	
HOSPITALIZED ON RAPID TREATMENT PROGRAM		510	
Referred by clinics		169	
Referred by private physicians		341	
PATIENTS ADMITTED TO OUT-PATIENT TREATMENT		936	
	Syphilis	Gonorrhea	Other V.D.
Clinics	274	489	4
Private Physicians	155	14	0
	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>	<hr style="width: 50%; margin: 0 auto;"/>
	429	503	4

DIVISION OF PUBLIC HEALTH NURSING

Helen F. Dunn, R.N., Director

The public health nurses on the Bureau of Health staff worked in 458 towns with a population of 418,230. In seven other towns, with a population of 32,610, they gave specialized nursing service.

Following is a summary of some of their accomplishments for the fiscal years 1946-1947 and 1947-1948.

	Number of Individuals Admitted to Service		Number of Home Visits	
	1946-1947	1947-1948	1946-1947	1947-1948
Totals.....	11,496	11,635	28,418	32,152
Antepartum.....	901	1,007	1,555	1,800
Postpartum.....	684	754	898	1,216
Infants.....	3,373	4,138	7,443	9,327
Preschool Children.....	3,511	2,206	8,017	7,196
School Children.....	704	842	2,933	3,816
Crippled Children.....	865	1,050	1,890	2,256
Morbidity.....	467	833	2,196	3,063
Adult Health Supervision.....	164	206	698	964
Communicable Disease.....	29	68	200	295
Tuberculosis.....	552	462	1,952	1,911
Venereal Disease.....	246	69	636	308

This summary shows that in 1947-1948 there was an increase in the total number of cases admitted to service and in the number of home visits to these cases. When classified by type of service it will be seen that there was an increase in visits to infants and a decrease in service to the preschool age group. This is a result of the emphasis of getting infants under care as early in life as possible with the belief that they might then be followed at child health conferences and require fewer home visits.

During the biennium there has been a marked decrease in the number of patients with venereal disease who have needed follow-up service by the nurse.

Immunizations

	1946-1947	1947-1948
Totals.....	24,216	30,341
Smallpox.....	10,171	9,330
Diphtheria.....	10,203	12,060
Whooping Cough.....	2,008	5,831
Tetanus.....	143	1,713
Typhoid.....	1,691	1,407

Nurses assisted with 6,125 more immunizations in 1947-1948 than in the previous year. Most of the increase was in diphtheria and whooping cough immunization of children of five years or over.

Child Health Conferences

	1946-1947	1947-1948
Number of towns	191	244
Number of conferences	667	948
Attendance	7,266	11,095

During the past four years there has been a steady increase in local participation in this program. Conferences were held in 53 more towns in 1947-1948 than in the previous year, with a total attendance of 11,095 children.

Service was available to children in several towns not included in the statistical report as frequently when there are too few children in a community to justify the organization of a conference, the children are invited to attend the conference in an adjoining town.

Clinic Service

One or more nurses served at the following clinics:

Crippled Children	64
Pediatric	30
Cardiac	54
Venereal Disease	100

School Health Project

A five-year demonstration of a school health service as a part of a community health program was started in the spring of 1947 at Machias and the towns included in School Union 102. The activities of the public health nurse included work with parents and teachers in preparation for physical examinations as well as follow-up service on the recommendations of physician and community organization.

Enabling Act Services

Services were established at Thomaston, Belfast, Kennebunkport and North Kennebunkport, Cape Elizabeth, and Fort Kent. The service at Thomaston was discontinued after one year and Old Town, Milford and Bradley, after five years. Several other towns appropriated funds for a public health program but because of shortage of staff and lack of State funds, it was not possible to organize the service. Also, it was impossible to fill vacancies in Machias and Calais, towns which previously had had a cooperative service with the Bureau of Health.

Health Councils

There has been a steady growth in the development of local health councils, with the organization of new councils and strengthening of old ones. District council meetings were held in the six health districts.

**BUREAU OF SOCIAL WELFARE
DIVISION OF PUBLIC ASSISTANCE**

Pauline Smith McClay, Director

Three separate groups of people are provided service in the form of economic assistance by the Division of Public Assistance once they have established their eligibility; namely, the aged, the blind, and children who have been deprived of the support of their own parents but are living with a relative. In the first two instances, only the needs of the aged or blind person are considered while in the third, the needs of the children and the relatives who provide care for the children are given consideration. Although the primary service of this division is financial, the agency does recognize, within narrow limitations of staff, time and money, a secondary function; namely, other services aimed at helping beneficiaries to make maximum use of their own resources and to maintain or regain, insofar as their individual capacities will permit, self-dependence. The experience of many welfare agencies has proven over and over again that financial aid is not the total answer and to be truly constructive and rehabilitative, it must be supplemented by other services which strengthen individuals and families.

It is especially important in the Aid to Dependent Children program that a good service program be achieved. Already, when the family is first known to the agency, family unity has been seriously threatened by the absence or illness of at least one parent. In terms of immeasurable cost in human values and the more tangible expense in the form of drains on the public purse, the State cannot afford to allow further family breakdown. Statistics on delinquency present irrefutable evidence of the unhealthy influence on children of broken homes, economic insecurity and the inevitable companions of poverty. Many of the homes are only one step removed from complete break. That one last step is removal of children from the home for commitment to public auspices. One has only to study fiscal reports of the Division of Child Welfare to see how costly, even in terms of cold dollars, is the responsibility for these children in legal custody of the State, many of them still in infancy when committed, up to the time of removal from custody.

Aid to Dependent Children has vast potentialities as a preventive program provided its services are strengthened to that end. Steps have been taken to test and demonstrate the effectiveness of improved ser-

vice in this program by segregating ADC caseloads and having workers give full time to these families. This has been done in Portland, South Portland, Westbrook, Lewiston, Bangor, and Brewer. Unfortunately, the ADC caseloads are still too high to permit maximum service as compared with nationally accepted criteria.

The Aid to Dependent Children caseload has continued its steady rise from 1553 families in July 1946 to 2500 families in June 1948. The 2500 families represent 7,181 children. It is interesting to note that in Maine, there were, in June 1948, 25 children receiving ADC per 1,000 population under 18 years which is equal to the national average. Of the New England States, Rhode Island had the highest rate with 32, while Connecticut had the lowest with 13. During this biennium, 1594 families were granted ADC of which 24% were transferred from general relief. In 85% of the 1594 families there had been a change in economic circumstances within six months; the greatest single change was loss of the wage earner—34% deceased, 24% divorced, 24% deserted, and 18% by other causes such as incarceration, hospitalization, etc., in the fiscal year 1947-48. These figures are in keeping with the increased divorce rate in the general population in the State. A survey of one-half the active ADC families was made in May 1948, and it was found that 35.3% of the fathers were dead and 38.9% were estranged from the family while in a similar survey made in September 1945, it was disclosed that 51% of the fathers were dead and only 27% were estranged from the family. Naturally, a tighter labor market has resulted during this time in fewer employment opportunities for incapacitated fathers, mothers, and older children.

Another survey of all active Aid to Dependent Children families was concerned with the extent of illegitimacy as a contributing factor in dependency. This study was made in February 1948 and disclosed that only 10.7% of the total ADC caseload had children born out of wedlock or 5.1% of the total eligible children, and of this only 1.3% of mothers became pregnant subsequent to receipt of ADC, while 8.6% children were born illegitimately before ADC was granted. It has, therefore, been conclusively proven that illegitimacy plays a relatively minor part.

As the Aid to Dependent Children load has increased, the Old Age Assistance and Aid to the Blind loads have been decreasing as reflected in the attached tables. In OAA, there were 14,956 recipients in July 1946 and 13,191 in June 1948. The recipient rate in Maine for OAA was in June 1948, 157 per 1000 population aged 65 and over as compared with a national average of 216. In the New England States, Massa-

chusetts was highest with a rate of 207 and Connecticut lowest with a rate of 97. It is significant to note here that in June 1948, Maine had 173 recipients of Federal Old Age and Survivors' Insurance per 1000 persons 65 years and over while Connecticut had 202. In AB, the active load decreased from 774 in July 1946 to 678 in June 1948.

During the biennium, 4,489 persons were granted Old Age Assistance of which only 17% were age 65, showing that people do not apply immediately on attaining technical eligibility with respect to age. Only 7% were transferred from general relief. It is interesting to note that 75% of the cases were opened because of change in economic circumstances within six months prior to application and of these, 31% were opened due to loss or decrease in earnings of the recipient, and 36% were due to depletion of savings or other resources, these being by far the most significant reasons for opening.

Highlights in the activities of the Division of Public Assistance during this biennium have been:

1. Transfer of World War Assistance to the Division of Veterans' Affairs in the summer of 1947.
2. Changes in public assistance programs as follows:
 - a. Maximum imposed in ADC resulting in reduced average payments.
 - b. Stricter interpretation and enforcement of relatives' responsibility clause in laws.
 - c. Greatly increased referrals of cases for legal action.
 - d. Sharp increase in fair hearings due to restricted features of programs—232 appeals in period July 1947 - June 1948 of which fair hearings were held in 123 cases.
 - e. Reduction of budgetary items to five basic requirements common to all.
 - f. Other policy revisions stemming from legislative action or direction chiefly aimed at simplification of procedures.
 - g. Redistribution of staff functions with reorganization resulting in elimination of two field supervisors from state office and addition of an assistant director.
3. Reduction of pending load and elimination of waiting list as follows:

OAA	from 1,103	in July 1946	to 389	in June 1948.
ADC	from 336	in July 1946	to 213	in June 1948.
AB	from 56	in July 1946	to 22	in June 1948.

4. Continued high rate of staff turnover—36 new social workers (exclusive of supervisory staff) added during biennium and 39 separated as compared with 34 and 39 respectively during the previous biennium. The average caseload based on 76 workers on staff as of June 1948 was 215 active cases and 8 pending cases in approximate figures.
5. A food and clothing price survey in late summer of 1946 resulting in increase in standard allowances for these items which raised the average payments in all categories.
6. Major events in staff development program were a workshop for all public assistance staff held in May 1948; state office orientation periods for new staff established as a regular practice; four persons completed one year of professional training with department scholarship; district supervisory staff strengthened; closer supervision and more individualized attention for new staff during and following orientation to agency; increased interest and participation in such general opportunities for professional development as National Conference of Social Work, APWA Conferences, etc.; emphasis on improved methods of supervision such as establishing case review plans and mandatory use of regularly scheduled individual and group conferences.
7. Discontinuance of Civilian War Assistance, never extensive in Maine, but accounting for minor activity.
8. Elimination and transfer of six small district offices to already established larger operating units.

In conclusion, three further points of interest because of their relationship to the public assistance loads, warrant mention here. First is a comparison of the per capita income in 1947 for Maine of \$1,128, with the national average of \$1,323. In the New England States, the highest for that year was Connecticut with \$1,671, and the lowest was Maine. This implies inability to accumulate savings sufficient to meet emergencies of illness, death, infirmity accompanying old age, etc.

Second is a comparison of age levels. Maine ranked third in the nation in population 65 and over when the 1940 U. S. census was made with 9.5% of the population at that age level. The national average was 6.8%. In the New England states, New Hampshire had 9.7% and Connecticut 7.4% representing the highest and lowest proportion of persons aged 65 and over.

Third is a comparison of significant data on general relief trends during this biennium with the following table for the categorical programs. Between June 1946 and June 1948, the number of cases receiving general relief increased from 1,961 to 2,833, an increase of 44% while expenditures increased from \$68,536 to \$109,943, an increase of 60%. During the same period, the average monthly payment increased about \$4.

1. Active Cases	Fiscal year ended June 30	
	1947	1948
Old Age Assistance		
Number of recipients receiving payments in June	15,158	13,191
Total payments authorized in June	\$518,524.00	\$441,818.00
Average payment in June	\$34.21	\$33.60
Number of cases added during year	2,089	2,216
Number of cases discontinued during year	1,941	4,267
Aid to Dependent Children		
Number of families receiving payment in June	1,888	2,500
Number of eligible children in families	5,415	7,181
Total payments authorized in June	\$169,669.00	\$195,748.00
Average payment in June—per family	\$89.87	\$78.45
—per child	31.33	27.31
Number of cases added during year	595	938
Number of cases discontinued during year	289	336
Aid to the Blind		
Number of recipients receiving payments in June	731	678
Total payments authorized in June	\$25,077	\$22,910
Average payment in June	\$34.31	\$33.56
Number of cases added during year	45	67
Number of cases discontinued during year	92	123
2. Pending cases		

Fiscal year	Number of Applications						Pending June 30		
	Received			Disposed of			OAA	ADC	AB
	OAA	ADC	AB	OAA	ADC	AB			
1946-1947	3,128	992	109	2,770	817	111	1,374	456	54
1947-1948	2,720	1,234	113	3,705	1,477	145	389	213	22

SERVICES FOR THE BLIND

Emily T. Murchie, Director

The Division of Services for the Blind has responsibility for the development of services which will help the blinded person to lead a normal, satisfying life in spite of the limitations imposed by his handicap. The work of the division is carried on in cooperation with other divisions and departments serving the blind and by providing certain specific services. The activities of the division include: service to adult blind in their homes which aids in the adjustment to blindness, provides instruction in special skills and helps the client to develop to his maximum capacity; rehabilitation services which provide physical restoration, guidance, training and placement of the employable blind; administration of the education of blind children including services to preschool blind children; the distribution of federally owned talking book machines for the blind; serves as an information center on resources, facilities and services available to blind people.

Service to adults in their homes is carried on by home teachers who are themselves blind. By demonstration and understanding as well as by teaching skills, the home teacher helps the client to engage in activities within his abilities. Throughout the biennium, one home teacher has been located in Augusta and served clients in the central area of the state. In March, 1948, a second home teacher was added to the staff and serves clients in Cumberland and York counties. It seems pertinent to point out that blind people in large areas of the state, notably the northern and eastern areas, are still without the specialized service provided through home teachers. During the biennium, the home teachers have worked with eighty-four persons in their homes. There was an increase from fifty-three in 1947 to seventy-eight in 1948.

One of the activities resulting from handicraft instruction given by the home teachers is the development of a small sales program to market salable articles provided by blind people under the supervision of the home teachers. The proceeds of the sales are paid to the blind producers for their labor. Annual Christmas sales in cooperation with the Penobscot County Association for the Blind are held in Bangor and the State House. Other outlets are found through office sales and gift shops. In December, 1947, articles were on sale for a week in a downtown store in Augusta. Proceeds of the sales in 1946-47 amounted to \$807.84 and in 1947-48 to \$967.27.

Vocational rehabilitation of the employable blind under the Federal-State program of Vocational Rehabilitation of the physically handicapped, has shown a steady increase. One hundred sixty-nine clients have been given some type of service by the rehabilitation counselors, the extent of which has varied from investigation and closing with guidance, to a complete rehabilitation plan including physical restoration guidance, training and placement in employment. During the biennium, thirty-three cases have been closed as satisfactorily employed. Industrial placements take the lead with twelve people placed in a variety of industries including shoe plants, machine shops, bakery, laundry and grocery stores. Nine are self-employed in such varied occupations as door-to-door salesman, poultry husbandry, farmer, masseur, weaver, lecturer, proprietor of a neighborhood grocery store and operation of a toy shop. Two men were placed in farm work and two in sheltered employment. Seven were placed in miscellaneous types of work such as housework, boarding children, woodsman, carpenter's helper, handyman and musician.

At the close of the biennium, forty-four clients are in the process of an individual rehabilitation plan leading to permanent employment. Ten of these people are already employed but are under close supervision to determine the clients' ability to perform the job satisfactorily. Seven are ready for employment. Six clients are receiving training to prepare them for employment. Six are undergoing medical and surgical eye care, of whom two have had vision restored but have not yet been discharged by the doctor. Fifteen are in the preliminary stages of determining with the client the most satisfactory plan for him.

During the biennium a great deal of preliminary preparation has gone into the preparation of a plan for business enterprises for the blind. This program will permit the department to establish blind individuals in suitable small businesses such as vending stands which retail newspapers, magazines, tobacco goods, etc., under the supervision of the department. Necessary equipment will be purchased with federal and state funds and remains the property of the state. The net profits of the business go to the blind operator. The actual operation of this new development is expected to start shortly after the beginning of the next biennium.

Education of blind children has been provided through Perkins Institution and Massachusetts School for the Blind and through special plans in local schools for eight children. The group attending Perkins Institution has varied from thirty to thirty-three. Due to increasing costs of operation, it has been necessary for Perkins Institution to raise

its rates of tuition and maintenance from \$600 to \$800 yearly per pupil. Special educational plans in the local schools for visually handicapped children have been made jointly by the department with the Department of Education. It is anticipated that this cooperative effort of the two departments will lead to an increased number of semi-blind children being educated in local schools with advantage to the child and more satisfactory use of state funds.

One of the new fields in work for the blind which is receiving national attention is the need of service to the preschool blind child and his family. Maine, together with other forward looking states, is giving attention to this problem. Physicians, public health nurses, social workers and educators are cooperating to serve the twenty blind preschool children already known to the department. A start has been made, but it is anticipated that during the next biennium services to this group will be expanded.

The division has continued to carry on the distribution of federally owned talking book machines. With increased congressional funds, the Library of Congress has expanded this program. It has supplied additional new machines and is gradually replacing badly worn old machines. At the close of the biennium, the division has custody of 193 federal machines including six placed with veterans. In addition, eight machines are owned by the department.

DIVISION OF CHILD WELFARE

Lena Parrott, Director

In general, the division is concerned with the causes of neglect and with the development of services and resources that will prevent neglect. The service given by the division aims to: strengthen a child's own home; assist judges to plan for neglected and delinquent children brought to the attention of the courts; provide foster care for children when they have no home, or their own family is unable to protect their welfare.

During the last biennium, 2123 children (1003 in 1946-47 and 1120 in 1947-48) were referred to the division for service. The children were referred because it was thought that they were not receiving suitable care and that the service of a social agency was required. A study of the condition showed that the children were neglected or that they were found to be living in situations that would certainly lead to neglect or delinquency. The service which the division had to offer, coupled with the use of other resources, made it possible to improve the situation in most instances without taking custody from parents. In other words, it was found that only 666 of the 2123 children were so badly neglected that it was necessary to have them committed to the custody of the department.

Service to Courts

In addition to working with parents to strengthen and improve conditions in the home, the child-welfare staff studied 395 formal complaints involving 864 children. These complaints had been filed in local municipal courts charging that the children were either neglected by their parents, that they were orphans without means of support, or that their mother was confined in a correctional or mental hospital. These studies included reports to the court with a recommendation that the children either be committed or that some other plan be carried out. Of the 864 children involved in the complaints, the staff recommended that only 666 be committed. The other 198 children were not committed because there was not sufficient information to show that the children were neglected or it was found that the parents could provide a suitable home for the children if some financial aid could be given, such as local relief or public assistance, or the parents could use the services of a social worker to put their home on a firmer foundation.

In divorce cases, judges of the superior courts are faced with the responsibility of awarding custody of children when divorces are granted. This is always an important decision to make, and the judges are asking the division to examine the fitness of each parent to have custody and make a report to the court. If the study shows that neither father nor mother nor relatives can provide for the children, then the children are committed to the custody of the department. With the divorce rate on the increase, the division is receiving an increasing number of requests for service from superior courts.

Another area in which the division has assisted the courts in protecting the welfare of children has been in independent adoption placements. This refers to petitions filed in probate courts by persons wishing to adopt children. In most of the petitions referred for study, the children were not placed in the petitioners' homes by a social agency, but by people who had little idea of what is involved in adoption, both for the child and the adoptive parents. Before granting adoptions, judges are asking to have petitioners' homes investigated to determine if the man and woman are suitable people to bring up the child in question and also to find out if the child mentioned in the petition is physically and mentally adoptable.

Unmarried Mothers and Their Babies

The division of vital statistics reported that 863 babies were born out of wedlock in 1947. If there is any group that needs to be protected by society, it is unmarried mothers and their children. The mothers are often the product of broken homes, and they themselves have been deprived, neglected and unwanted children. Children born to such mothers start life with an even greater handicap than their mothers did. An examination of the histories of babies born out of wedlock shows that if they are given a chance to grow up in an environment where they are loved, wanted, respected and receive good physical care, they have the capacity to grow into happy, useful, dependable adults.

Because the funds which the division can use for direct care to children in foster homes are not available until a child is committed, it has been impossible to offer much financial help to these babies when they are born. This has resulted in mothers often being forced to place their babies indiscriminately with anyone who will take them. Later, after much damage has been done to the babies, physically and mentally, the babies may be committed to the custody of the department because they are neglected by the family they were placed with by their mother.

The division also works with unmarried mothers in the administration of the law which enables a mother to bring action against the father of her child for the purpose of obtaining financial support. The law governing this procedure was amended by the 1947 legislature to make the department responsible for giving approval to financial settlements in these cases. The reason given for amending the law was in order to avert the expenditure of public funds for the support of the babies in the future.

Services to Other States

There is an unwritten agreement among welfare agencies throughout the country which provides that any agency wishing to place children in another state may request the department in that state to make an investigation for them. In the last biennium, the department received 190 requests from out of state agencies involving 295 individuals. These requests came from 26 different states and Canada. The requests ranged all the way from making adoptive investigations to interviewing relatives to find out if they can provide for their children, grandchildren, nieces or cousins. Reciprocal agreements with other states work to the advantage of this state also. They prevent the importation of children into the state without the knowledge and consent of the department. They also prevent children from other states being placed in undesirable homes in this state.

Frequently, parents move into other states. After they are settled and in a position to provide a suitable home for the children, they ask to have their children returned to them. The department is always receptive to such requests from parents. If the investigation by the agency where the parents reside is favorable, the children are returned to their parents. This service given by out of state agencies enables the department to return children to their parents with the assurance that the home is suitable.

Children Receiving Foster Care

The type of service described in this section refers to children who have been placed in foster homes because their own parents were either dead, divorced, separated or mentally and physically incapacitated. Practically all the children are wards of the state. This means that a local court has removed all the rights the parents had to the children and made the department the children's parents until the children are

18 years of age. Figures given below show the number of foster children under care during this biennium:

Under care July 1, 1946	2,268
Committed during the biennium	<u>666</u>
Total given care during the biennium	2,934
Dismissed from custody during the biennium	<u>548</u>
Under care July 1, 1948	2,386

These figures show that the department had 118 more children under care at the end of the biennium than at the beginning. Prior to this, the number of children under care at the beginning of a fiscal year has decreased steadily since 1940. The increase in the number of children under care at the end of this biennium is due to an increase in the number of children committed during the last fiscal year.

Several factors may be responsible for the increase in commitments this past year. Divorce, housing shortage, unsettled conditions in the world today, are all partly responsible, but it is the belief of this division that the greatest single factor is due to the change in the law with respect to financing the care of foster children. The legislature amended the law in 1947 to make the state responsible for the entire cost of providing care to these children. Prior to the amendment, the town where the child had a settlement paid two-thirds of the cost of care. Soon after the change in the law went into effect, the number of children committed began to increase until the number for the fiscal year ending 6-30-48 reached a peak higher than any one year since the fiscal year 1924-25 when statistics first became available.

Adoptions

This is a plan that is made for a foster child when it is certain that he either has no home to return to or that his own parents cannot give him the care and protection he needs. Most of the children placed for adoption are born out of wedlock. For an agency that receives as many children for foster care as the department does, it is important to have an adoption program. However, only a relatively small number of children under care will be placed for adoption. The chief reason for this is that the majority of applicants wish to adopt children under 5 years of age. They are seldom interested in adopting older children.

Adoption, besides being one of the best substitutes for a child's own home, also saves public funds. For example, every year that the 71 children adopted this biennium remained in custody, it is safe to estimate a yearly saving of \$26,714.* Since 77% of the children adopted were under 6 years of age, it is only reasonable to think that they would have required foster care for at least another 8 or 10 years.

* This is based on a recent study made by the Division of Research and Statistics showing the yearly cost of caring for a child to be \$376.26.

Reasons for Dismissing Children from Care

Reviewing the records of the 548 children dismissed during this biennium, it is found that they left state care for various reasons. Some were adopted; other children became self-supporting after they finished their education and found work; some returned home after it was found that their parents were in a position to take care of them; relatives who were not in a position to take the children when the children were committed were now in a position to do so. After natural parents are divorced, they sometimes remarry and establish a new home that is quite stable and suitable for the children to return to. Frequently, step-fathers or stepmothers are very willing to help take care of the children.

Collections for Support of Foster Children

Although the law governing the commitment of children removes all parental rights, it still makes parents financially responsible when they are able. In addition to obtaining support from parents, the department collects funds from such federal programs as old-age and survivors insurance, servicemen's allotments and veterans' compensation for the children who are eligible to benefit from these funds. During the last biennium, the following amounts were collected:

	Total	1946-47	1947-48
From parents.....	\$29,399.51	15,042.17	14,357.34
Old-age and survivors ins.	15,347.69	6,336.10	9,011.59
Servicemen's allotments	3,395.30	2,044.00	1,351.30
Veterans' compensation.....	7,812.94	5,582.79	2,230.15
	\$55,955.44	\$29,005.06	\$26,950.38

Licensing

The division performs two licensing functions; one concerns the licensing of homes to board children, and the other is licensing private child-caring institutions and agencies to operate.

During this biennium, the staff studied 1962 applications to board children and certified them for a license.

An average of 22 private organizations were currently licensed to maintain and operate child-caring institutions and agencies. These agencies cared for approximately 1350 children.

Private Child-caring Agencies and Institutions

The legislature makes annual appropriations to private child-caring agencies and institutions, and the division of child welfare supervises the disbursement of these appropriations. For the fiscal year 1946-47, the appropriation to 12 private child-caring organizations totaled \$24,820, of which \$19,623.17 was expended for the care of an average of 77 children. For the fiscal year 1947-48, the appropriation to 11 private child-caring organizations totaled \$27,050, of which \$21,586.46 was expended for the care of an average of 77 children.

DIVISION OF LICENSING

Frank W. Haines, Supervisor

The Bureau of Social Welfare is responsible for the licensing of the following:

1. Boarding homes for children under 16 years of age unattended by parents or guardians.

Such homes include not only those operated by individuals for one or more children, but also those operated by private institutions or organizations engaged in receiving, caring for and finding homes for orphaned, dependent and neglected children. No license is necessary in a free home provided by an individual, or if the child is related by blood or marriage to the individual, or if the child is legally adopted by the individual.

2. Boarding homes for the aged, blind, or persons 16 years of age or over who are dependent, defective or delinquent.

Such homes include not only those operated by individuals but also those operated by any private association or organization, partly or wholly for the purpose of boarding and caring for any of the persons enumerated.

All licenses for boarding homes or private institutions are issued on a yearly basis and must be renewed each year. Before a license can be issued or renewed, the home or private institution is examined by a fire inspector from the Fire Prevention Bureau of the office of the State Insurance Commissioner and certain recommendations may be made to the applicant for the license as to necessary changes and repairs. When these recommendations are put into effect, the home is eligible for a license as far as fire safety is concerned.

If the water used in the home or private institution for drinking or culinary purposes is not obtained from a municipal water supply, a container is furnished the applicant for the license by the Division of Sanitary Engineering, and a sample of the water used from a private well or spring is analyzed by that division. The applicant is notified of the results of the analysis and the home is eligible for a license from the water supply standpoint if the analysis appears to be satisfactory.

Standards and general requirements for the different types of homes have been set up by the department and must be met before the license can be issued. This is determined by visits to the home by a representative of the department. Such standards afford protection to the children and the aged or blind persons in these homes as well as the licensee.

Good boarding homes for the aged and foster homes for children are not plentiful. The principal reason for this fact is, undoubtedly, the insufficient amount for board and care which is available to the department for the children, or available to the aged or blind individual through the Old Age Assistance or Aid to the Blind payment. The amount which the department can pay for board and care for the children committed to it by the courts is usually \$24.00 per month. This is \$5.54 for a seven-day week or 79c per day. The foster parents are expected to give the child parental care and affection as well as food, incidentals and laundry for this amount of 79c per day. The amount does not include the cost of clothing or medical care.

Better homes for these children could be obtained if the department could be provided with additional funds. The State becomes the guardian of these committed children and satisfactory homes are necessary if the State expects these young children to become good citizens in the future.

In boarding homes for the aged or blind, there will be found many recipients of Old Age Assistance or Aid to the Blind who have no relatives whatever. Under Maine law, the largest amount which it is possible to pay to any recipient of Old Age Assistance or Aid to the Blind is \$40.00 per month. This is \$9.24 for a seven-day week or \$1.32 per day. This amount does not include any medical care whatever. In June 1948, most of the more satisfactory homes were charging at the rate of at least \$50.00 per month which is \$11.54 for a seven-day week or \$1.65 per day, and some of the better homes were charging \$15.00 per week or more. This amount includes a room, food and usually personal laundry or a part of it.

The aged individual, unemployable and often chronically ill, who depends wholly upon his Old Age Assistance payment of not over \$40.00 per month must obtain board for that amount in a cheaper home if he can find one. Usually he cannot find one, and he must appeal for additional assistance to the town or city in which he lives or from some private charity. In some instances such additional assistance is not available.

3. The solicitation of funds for charitable or benevolent purposes by any person, firm, corporation or association outside of the municipality where such person resides, or where such firm, corporation or association has its place of business.

This law serves to make more sure that the solicitation of funds for charitable or benevolent purposes in Maine is carried on only by persons, firms or associations who are equipped to use such funds properly for the purposes intended.

The department is indebted to the Portland Better Business Bureau and the State Chamber of Commerce for their cooperation in matters concerning solicitation of funds.

Licenses in Effect	Year Ending June 1947	Year Ending June 1948
Children's homes	928	1034
Private child caring agencies or institutions	23	22
Homes for the aged or blind	101	108
To solicit funds for charitable or benevolent purposes	13	11

INDIAN AFFAIRS

Commissioner Stevens

Appointment of an Indian Agent who is responsible for the management of the three Indian reservations and for the care and supervision of Indians living on these reservations is made by the Governor with the approval of the Executive Council. Mr. Hiram Hall of Robbinston was appointed to this position on June 10, 1947 to succeed Mr. Oscar H. Brown of Eastport. The Indian Agent is responsible to the Department of Health and Welfare after appointment.

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 by each tribe. Two Representatives to the Legislature are also elected biennially by each tribe, but they do not have the power of voting.

During the past biennium, there has been little change in the management of Indian affairs. It is recognized that rehabilitation work, such as the establishment of home industries, may well be the answer to the State's recurring problems with the Indians, but nothing could be done along that line as only sufficient funds to provide the necessities of life for needy members of the two tribes and to provide education for Indian children were available.

The Department is in accord with the views of those interested in the social problem of the Indians that the State of Maine should attempt a rehabilitation program to bring about a desired improvement in Indian welfare, but until funds and a special staff are made available, this program is out of the question.

It is proposed to submit to the incoming Legislature for its consideration, measures providing for the transfer of the responsibility for the education of Indian children from the Department of Health and Welfare to the Department of Education.

Expenditures for the two tribes for the first year of the biennium amounted to \$143,064.58 and for the second year, \$122,980.57. The decrease in the second year can be accounted for by the fact that a more rigid supervision of expenditures for needy Indians has been made by the Indian Agent and also to some extent as the result of more Indians applying for and found to be eligible for public assistance.

DIVISION OF GENERAL RELIEF

Charles S. Brown, Director

The Division of General Relief provides for persons who are destitute, needy, have fallen in distress, and who have no settlement in the State of Maine.

Approximately 70 per cent of these persons are handled by the local officials of the cities and towns in which they fall in distress. These cities and towns administer the relief and are reimbursed by the Division of General Relief for the necessary expense. The remaining 30 per cent are taken care of by the Division of General Relief in boarding homes, convalescent homes, hospitals, and Jefferson Camp.

During the fiscal year 1946-47, there were received by this Division 588 applications for relief and during 1947-48, there were received 873, making a total of 1461 applications for the two years. Twelve hundred and ninety-two of the total were accepted as non-settled (State) cases.

The amount expended by and reimbursed to municipalities for the year 1946-47 for State General Relief cases was \$369,728.85 and for 1947-48, \$484,569.76. During the first three and one-half months of the calendar year of 1948, more applications for relief were received than for the entire fiscal year of 1945-46.

Following is the breakdown of the reasons for the applications received for this biennium:

Sickness	26%
Hospitalization	13%
Desertion	8%
Deaths	4%
Incarceration	3%
Unemployment, Insufficient income, Disabled	} 40%
Insane	1%
No reason given	5%

General Law Pensions

These pensions were turned over to the Division of Veterans' Affairs on August 13, 1947 due to an act of Legislature. At this time, there were 239 active cases.

Special Resolve Pensions

These pensions are granted by the Legislature and administered and supervised by the Division of General Relief.

During 1946-47, there was an average of 282 cases with an average monthly expenditure of \$4,691.70, averaging \$16.64 per case.

During 1947-48, the Legislature granted 110 pensions averaging \$27.19 per case to become effective May 1, 1947, thereby making the average number of cases for the year 1947-48, 290 cases and the average monthly expenditure \$5,723.20 with the average cost per case \$19.74.

Surplus Commodities

The Division of General Relief distributed surplus commodities from the United States Department of Agriculture to schools, state institutions, local charitable institutions, hospitals, and welfare recipients during the biennium. The distribution of these commodities has been transferred to the Department of Education.

Jefferson Camp

Jefferson Camp, a home for homeless non-settled (State) cases, has been considerably improved during this biennium. New underpinnings have been placed under the buildings, the outside walls have been covered with brick siding, the kitchen has been modernized, and the interior of the buildings has been improved.

There was an average of 119 men in the Home for the year 1946-47 with the highest number of 138 during the month of February 1947, the lowest number being 102 during the month of June 1947.

The average number of men during the year 1947-48 was 131; the greatest number was 156 in January 1948, and the lowest number 107 during July and August 1947.

LEGAL SERVICES

Jean L. Bangs, Assistant Attorney-General
George C. West, Assistant Attorney-General

The responsibilities of the two Assistant Attorneys General assigned to the Department are to advise and assist the department head and staff in all matters pertaining to the interpretation of all Health and Welfare laws and laws of related activities, and to enforce all Health and Welfare laws.

Up to June 30, 1948, there was recovered, under the provisions of Revised Statutes 1944, Chapter 22, Section 268, from children of OAA recipients, the sum of \$6,489.50.

As a result of activity of this department in attempting to secure support from fathers of ADC children, and from investigations made by this department, there was an average monthly saving in grants of the Department of Health and Welfare in the sum of \$707.05.

In General Relief, contributions from children in three cases will show a saving of roughly \$75.00 per month. There was also a recovery from one son in the sum of \$500.00.

Another important function of the Attorney General's department is in the matter of enforcing the law which provides that the State of Maine shall have a claim against the estate of a recipient of Old Age Assistance. During the fiscal year 1946-47, the total collected amounted to \$65,341.29; while in the year 1947-48, a total of \$87,837.88 was realized as a result of filing claims in the probate courts and as reimbursements direct from the heirs of the Old Age Assistance recipients.

Upon requests from the Child Welfare staff, an assistant attends hearings involving a child who is in custody and is brought before the court for any infraction of the law. Legal counsel also attends contested hearings when a complaint has been instituted against parents for neglect of their children or for other reasons as set forth in Section 238 of Chapter 22 of the Revised Statutes. In 1946-47, counsel's services were sought in 27 cases, while in 1947-48, an Assistant Attorney General attended 41 hearings. Under the provisions of the court order which commits children to the custody of the State, the parents are often ordered to contribute a specified weekly sum directly to the Department of Health and Welfare to help defray the costs to the State for the care of the minor children. In instances where the parents neglect to heed

this order, it then becomes necessary for counsel to institute the proper legal action by which the parent who has defied the judge's decree is ordered to appear in court and show cause why he or she should not be held in contempt. Upon hearing, the judge may order an execution issued against the delinquent parent by the terms of which he must make satisfactory payments to the department or be committed to jail. The number of men committed to jail in 1946-47 were 3, while in 1947-48, there were 8 sent to jail for failure to comply with the court order. Collections from said parents in 1946-47 totaled \$15,042.17, and in 1947-48, it dropped slightly with a total of \$14,357.34. This might be attributable to the high cost of living because actually there has been a more concerted effort placed on this problem. The Attorney General's department has the further responsibility of preparing all papers to be presented to the court in instances where it is necessary to modify or amend court orders pertaining to payments or in relation to extending time of commitment to the State or dismissing committed children from custody.

Other Services

The attorneys are called upon during legislative sessions to assist in the preparation of proposed legislation and must also prepare a weekly progress report on pending legislation which has to be submitted to the Regional Office of the Social Security Board. The Attorney General's department is called upon to pass upon and take appropriate legal action in settlement cases. The attorneys are continually being consulted relative to the varied problems that present themselves daily which require oral opinions relative to the many Health and Welfare laws as well as the formal written opinions which are submitted by the attorneys at the request of the commissioner. Another area in which the department of the Attorney General serves the Department of Health and Welfare is in the compilation of all laws pertaining to Health and Welfare and related activities in pamphlet form for use by all staff and for distribution to interested citizens.

Other phases of the Attorney General's work for the department are in the matters of approving all legal forms which are part of the department's business. All leases must be approved as to content, the adoption forms which are presented to the commissioner for signature must be approved as to content, and deeds of Indians to lands on reservations must be approved by the Attorney General's Department as to form. The rules and regulations which are promulgated by the Department of Health and Welfare are either drafted by or at least reviewed with the Attorney General's Department.