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**MAINE PUBLIC DOCUMENTS
1948-1950**

(in three volumes)

VOLUME II

17.
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MAINE
STATE DEPARTMENT
OF
HEALTH AND WELFARE



BIENNIAL REPORT

1948-1950

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

Advisory Council

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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, 1950.

Respectfully submitted,

DAVID H. STEVENS,
Commissioner

BUREAU OF ADMINISTRATION

Edward I. Albling, Director

The Bureau of Administration, through the Divisions of Accounts and Audit, Business Management and Research and Statistics, is responsible for the financial, housekeeping, and reporting functions of the Department of Health and Welfare. The Bureau is a staff organization designed to render service to the Bureaus of Health and Social Welfare. By service is meant the procurement of personnel, supplies, equipment, office space; payment of charges incurred for administration and those incurred in behalf of needy individuals; control as to type and amount of obligations incurred; and the evaluation of procedures and routines.

The fiscal years 1949 and 1950 resulted in an increased workload due to expansion of existing health programs and welfare programs. Increased activities of the originating Bureaus caused a resulting increase in the workload of the Bureau of Administration. The over-all expenditure in 1949 and 1950 fiscal years of \$28 million, compared to prior biennium of \$23.4 million substantiates this statement. However, through simplification of routines and procedures, this work was accomplished without increase of personnel.

For the coming biennium, it would appear that the primary problems of the Bureau are as follows:

1. Office Space
2. Filing Space
3. Reproduction Facilities
4. Consolidation of Statistical Activities

For several years, the Department at Augusta has been housed in three separate locations. Individual divisions at these locations have been crowded together. It is believed that the Department could function more efficiently if all its divisions were adequately housed under one roof. In the field, inadequate or unsuitable space also exists. Financial consideration is not the only bar to securing better space. The lack of facilities appears to be the primary obstacle.

The Departmental records have been growing over a number of years. Although procedures are in effect for discarding outdated material, additional filing space is required each year. Microfilming of records should be given serious consideration.

The Bureau of Administration reproduces for the operating Bureaus approximately 150,000 sheets per month. Some of this reproduction requires more accurate registration than is available by mimeograph. In addition, more flexibility is needed. The multilith process, as compared to the mimeograph, should be considered.

Following is a series of tables which indicate over-all Departmental expenditure by fiscal year in greater detail.

Expenditures by Fiscal Years 1949 and 1950

	Year ending June 30th	
	1949	1950
Administration.....	\$785,620.96	\$835,788.12
Welfare Programs.....	11,384,896.82	13,426,576.40
Health Programs.....	736,158.93	802,515.30
Charitable Institutions.....	39,137.83	53,832.07
Total.....	\$12,945,814.54	\$15,118,711.89

Expenditures by Source of Funds

	Year ending June 30th	
	1949	1950
State Appropriation.....	\$6,553,023.71	\$7,535,709.20
Town Funds.....	457,972.24	408,238.63
Fees.....	215,953.02	179,771.88
Federal Funds.....	5,718,865.57	6,994,992.18
Total.....	\$12,945,814.54	\$15,118,711.89

**Expenditures by Welfare Programs
Fiscal Years 1949 and 1950**

	Year ending June 30th	
	1949	1950
Blind Services.....	\$47,947.56	\$42,896.42
Education.....	\$23,766.18	\$21,568.07
Services.....	13,667.89	16,570.55
Vocational Rehabilitation.....	10,513.49	4,757.80
Child Welfare Services.....	912,626.49	910,213.10
Committed Children.....	844,370.83	864,992.33
Services.....	68,255.66	45,220.77
General Relief and Allied Programs	739,740.79	1,057,307.38
Paupers.....	673,369.16	986,059.27
Jefferson Camp.....	66,371.63	71,248.11
Hospital Aid Program.....	578,000.00	578,000.00
Indian Services.....	126,469.25	125,091.98
Passamaquoddy.....	64,203.36	70,504.16
Penobscot.....	44,788.81	47,783.62
Improvement.....	4,455.53	2,411.88
Indian Ferry.....	458.99	—
Water Facilities.....	12,562.56	4,392.32
Public Assistance.....	8,912,670.27	10,624,698.71
Aid to Blind.....	287,115.50	345,127.00
Aid to Dependent Children.....	2,816,033.50	2,781,627.50
Old Age Assistance.....	5,750,474.41	7,479,901.71
Old Age Assistance Burials.....	59,046.86	18,042.50
Special Grants.....	67,442.46	88,368.81
Legislative.....	67,442.46	88,368.81
Total Welfare Programs..	\$11,384,896.82	\$13,426,576.40

**Expenditure of Welfare Programs by Source of Funds
Fiscal Years 1949 and 1950**

	Year ending June 30th	
	1949	1950
State Appropriation.....	\$5,760,912.61	\$6,626,428.88
Town Funds.....	422,907.34	366,644.73
Miscellaneous Income.....	122,893.15	80,439.63
Federal.....	5,078,183.72	6,353,063.16
Total.....	\$11,384,896.82	\$13,426,576.40

**Expenditures by Health Programs
Fiscal Years 1949 and 1950**

	Year ending June 30th	
	1949	1950
Central Administration.....	\$19,868.34	\$16,905.91
Vital Statistics.....	21,789.87	21,379.36
Cancer Control.....	3,144.96	8,688.99
Personnel Training.....	6,993.12	7,551.90
Diagnostic Laboratory.....	54,665.56	65,982.97
Maternal & Child Health.....	55,955.44	58,718.70
Dental Health.....	21,709.69	20,926.25
Crippled Children.....	62,518.64	74,692.05
Sanitary Engineering.....	63,835.50	85,670.68
Industrial Health.....	5,592.56	6,836.72
Communicable Diseases.....	13,618.58	12,818.41
Tuberculosis Control.....	35,898.54	41,378.32
Public Health Nursing—State.....	13,267.44	14,821.90
Venereal Disease Control.....	32,826.26	22,071.26
Mental Health.....	21,135.46	22,702.53
Hospital Services.....	8,618.24	9,061.69
Hospital Survey and Planning.....	1,570.33	1,771.50
Control over Plumbing.....	16,836.28	18,653.83
Regulation of Cosmetics.....	13,194.80	6,689.17
Prophylactic Licenses.....	1,825.05	1,758.32
District Health Centers.....	261,294.27	283,350.46
Heart Disease.....	—	84.38
Total Bureau of Health.....	\$736,158.93	\$802,515.30
Special Boards:		
Barbers and Hairdressers.....	15,455.48	20,498.45
Plumbers' Examining Board.....	6,558.13	7,392.42
Sanitary Water Board.....	11,552.06	11,961.05
Total.....	33,565.67	39,851.92

**Expenditures of Health Programs by Source of Funds
Fiscal Years 1949 and 1950**

	Year ending June 30th	
	1949	1950
State Appropriation.....	\$233,824.53	\$277,584.12
Town Funds.....	35,064.90	41,593.90
Income from Fees, Licenses, etc.....	93,059.87	99,325.05
Federal.....	374,209.63	384,012.23
Total.....	736,158.93	802,515.30
Special Boards:		
State Appropriation.....	11,552.06	11,961.05
Fees, Licenses, etc.....	22,013.61	27,890.87
Total.....	33,565.67	39,851.92

BUREAU OF HEALTH

Despite personnel shortages, the biennium has been marked by steady advances in the general activities of the Bureau of Health. Doctor Dean H. Fisher's resignation as director of the Bureau in August, 1949 was a distinct loss to the Department for his vision and leadership toward the promulgation of public health practices for the betterment of the health of the citizens of Maine was felt by all who worked with him. Much credit goes to the Bureau staff who, though keenly feeling the absence of a director, have unstintingly applied themselves not only to the fulfillment of their respective health services to the public but as well to those additional activities imposed by personnel lacks within the Bureau.

Each Division will make its report in some detail, but acknowledgment should here be made of the large group of personnel within the Bureau who, though filing no separate reports, contribute vastly to the work that is entailed in the operation of the Bureau services. Specifically, the District Health Officers and their staffs should be mentioned, for without their administration of the basic public health services within the field, the program of the Bureau could not be carried out. A composite of the weekly reports filed by each of these officers in the six health districts of the State indicates eloquently the variety and scope of the daily services rendered in this regard. Mention, too, should be made of the day-by-day activities of the nurses, technicians, inspectors, engineers, clerical staff and consultants to the various divisions whose work so largely implements the Bureau's program as a whole.

The past two years have pointed up the following significant instances of progress:

1. The lowest maternal death rate on record; increasingly steady decline in infant mortality rates. In the field of communicable diseases, the incidence of diphtheria and typhoid fever have reached new lows. Significant, also, is the decline in cases of undulant fever and of whooping cough. Gratifying as is this last, it should be noted that much remains to be done toward the encouragement and expansion of immunization programs throughout the State for the benefit of preschool and school children. Tuberculosis mortality and morbidity rates are running about the same for this biennium as last, with an average of 500 new cases reported each year through the State register and over 190 deaths from this disease recorded annually.
2. Reorganization and expansion of the programs of several of the divisions, commensurate with changing conditions and needs.

3. New emphasis upon programs of case-finding and treatment, reflecting progress in scientific developments and medical knowledge. Case-finding of tuberculosis by means of mass x-raying of large population groups has been extended and intensified since the widespread use of the small x-ray film; the discovery of penicillin and its use in the control of venereal diseases has assisted materially in the assurance of complete and rapid treatment.
4. Initiation of the first official Heart Disease Control Program. This program has been established as one distinct and apart from that of the longer established Rheumatic Fever and Heart Program carried on under Crippled Children's Services, by reason of the difference in the source of Federal appropriations for these services.
5. Recognition of the growing problems in the field of chronic diseases generally, due to the large percentage of aging people in the State, with acknowledgment that while provisions for meeting these problems are still in the exploratory stage, some foundation work in planning has been laid toward this end. Significant, also, is the growing problem in the field of non-motor vehicle connected accidents. A survey is currently being carried on in the State by the divisions of Vital Statistics and Public Health Nursing which, when completed, should serve as a base for action toward meeting the problem specifically.
6. Inclusion in the Bureau of a Health Educator whose work forms a nucleus for expanded service to all divisions.
7. The steady development of the State Hospital Survey and Construction Program with marked impetus to the operation of the program in accordance with liberalized Federal participation.
8. Revision of the rules and regulations governing administrative practices of several divisions commensurate with present conditions as new knowledge and practices develop in many fields of health endeavor.
9. Marked expansion of the activities of the most recently established divisions—Mental Health and Hospital Services.
10. Closer integration of the activities of the official health agency with those of the voluntary health agencies and allied professional groups in the State.

During the past years, it has become apparent that communities are increasingly providing more of their own basic health services—a fact

which may reflect, over the years to come, a gradual change in the philosophy of the State's role as it shifts from one of direct service to that of providing guidance, encouragement and supplementary services to communities toward the fullest development of this trend. In this regard, it may be pointed out that Federal programs operating now for the encouragement of health services in the states are largely of the nature of pilot programs which may be expected to move on to other broad endeavors as communities show increased acceptance of the responsibility for establishing and maintaining their own services in accordance with the needs of the citizens.

This report would not be complete without mention of the activities of a large group of persons who serve as line officers in the health field—the local health officers. Herein is grateful acknowledgment made of their assistance at all times in the operation of the official agency program. Acknowledgment, too, is made of the tremendous part played by the physicians of the State, as well as those of the voluntary health agency staffs, toward the carrying forward of a program dedicated to the highest ideals in public health practices for the benefit of all of the people of Maine.

HOSPITAL CONSTRUCTION PROGRAM

Dean Fisher, M.D., Consultant

In January, 1948, the Hospital Advisory Council, appointed by the Governor, and this Department, designated as the State's administrative agency, completed the first hospital construction plan. This outlined the conditions for the utilization of Federal funds under P. L. 725 to aid in the continued development in Maine of a far-reaching, coordinated and integrated general hospital network.

This program has been an outstandingly satisfying example of the way in which cooperative Federal-State-local programs can be made to work. Under the original plan, communities were eligible for assistance equal to 1/3 the cost of their project if they met the following requirements: (1) Were favorably located in accordance with the proposed hospital system; (2) Had sufficient funds available for financing 2/3 of the cost of construction; (3) Presented acceptable architectural plans; (4) Had sufficient relative need for hospital beds as outlined in the plan.

Two subsequent revisions of the plan provide for the allocation of Federal funds to projects on the basis of 55% of the total cost. Basically, the original plan proved to be a sound skeleton, and the modifications, that from time to time appeared to be necessary, were introduced by Council action without difficulty.

The first official revision of the plan included amendments based on experience with the first plan and the conclusions drawn from a complete re-survey of existing hospitals and of communities without facilities, but known to have local interest. The second revision made the adjustments necessitated by prior construction and changes in community interests or circumstances.

The Department has had the administrative responsibility of accounting and of planning the distribution of funds to maximum advantage. This has been a co-operative program from the point of view of this Department, for there is hardly a division that has not contributed time and personnel. Other departments, too, have been glad to give specialized assistance.

Fundamentally, the State Agency has had the duty of giving local sponsoring groups guidance and assistance, helping maintain or create local interest, and providing financial, engineering, hospital consulting, and other technical advice. The analysis of proposed hospital plans has required the training and reassignment of personnel and the services of a consulting architect. However, the program has developed to its present extent without the necessity for establishing a separate Departmental unit or staff.

The following summary tabulates the individual hospital projects which are either under construction now or are at the stage where construction is scheduled within weeks.

<u>Hospital</u>	<u>Location</u>	<u>Total Cost</u>	<u>Federal Share</u>
Augusta General Hospital.....	Augusta.....	\$343,925.55	\$114,641.85
Augusta State Hospital.....	Augusta.....	440,858.00	115,595.00
Bangor City Hospital.....	Bangor.....	187,659.00	47,991.40
Central Maine General Hospital...	Lewiston.....	684,500.00	228,166.00
Community General Hospital.....	Ft. Fairfield...	485,811.00	267,196.05
Mercy Hospital.....	Portland.....	1,450,926.62	798,009.64
Peoples Benevolent Hospital.....	Ft. Kent.....	1,207,778.00	664,277.90
Portland City Hospital.....	Portland.....	95,630.07	52,596.54
Thayer Hospital.....	Waterville.....	1,139,510.00	626,730.50
Webber Hospital.....	Biddeford.....	896,964.00	493,330.20
		<u>\$6,933,562.24</u>	<u>\$3,408,535.08</u>

In addition to these listed projects, ten other communities have expressed interest, had plans reviewed, or are actively preparing to sponsor construction when fund-raising or planning are complete.

It seems likely, and desirable, that the complexion of the program should change in the next biennium. With one or two exceptions, construction has been limited to larger centers, for these have been the only areas able to raise funds and complete plans in time for participation. Time has been an important consideration for Federal funds lapse yearly unless encumbered. Fortunately, no significant funds have been lost in this way.

During the remainder of the program, more active participation is expected in the development of projects in those areas of obvious need where no sponsoring group has yet crystallized. In such communities assistance may be given in improving the utilization or coordination of existing facilities in participation of supplemental construction, perhaps the use of Federal funds to help develop auxiliary hospital, medical or public health services, and finally it is hoped to be able to help such areas arrive at feasible methods of financing construction and operation of their units.

Furthermore, nearly all construction thus far, and that immediately anticipated, has been in the general hospital category. Serious consideration must be given to the effective utilization of funds that may be available to contribute toward the solution of the complex problems associated with the special disease categories, such as tuberculosis, mental and chronic diseases.

The Departmental responsibilities become far greater than those of a simple disbursing agency if it is to prevent unwise construction and secure for the State the maximum contribution these funds can make toward the health and welfare of its citizens.

DIVISION OF COMMUNICABLE DISEASE CONTROL

Margaret H. Oakes, Assistant to the Director

During this last biennium the Division of Communicable Disease Control has received, tabulated, analyzed and recorded reports of 38,901 cases of communicable diseases. Special records have been kept of epidemiological investigation of cases, carriers, suspected cases and contacts of the major communicable diseases, all routinely investigated by the District or full time Local Health Officers or their staffs. The Division has carried on the supervisory interchange of information, necessary to successful completion of such investigations.

The cases reported in the biennium have revealed some interesting points in the recent communicable disease picture. Several new high and low records of incidence have been reached. Among those diseases hitting a new low during the biennial period are two which in the past have caused many serious outbreaks—diphtheria and typhoid fever.

Diphtheria, which during the years directly after World War II showed a much increased incidence, especially in certain poorly immunized localities, fell in 1949-50 to the lowest number of cases ever recorded in any fiscal year in Maine—only five cases. The biennial total was 36, which is the lowest biennial figure on record. The next lowest biennium was 1940-42 when 45 cases were reported. Typhoid and paratyphoid fevers also fell to the lowest biennial figure—35 cases. This was slightly below the preceding low record figure of 37 cases in the biennium 1946-48.

Undulant fever reached the lowest biennial figure since scattering cases first began to be reported in the late 1920's. Whooping cough also reached a record low—1584 cases, the next lowest being 1850 in 1946-48.

No feeling of complacency should be entertained because of these low records. There should instead be a determination to increase programs for immunization and for better sanitary practices. The apparent need for more immunization is seen in the whooping cough reports, which show a large increase in reported cases in the last few months of the biennium. If this trend continues, it is likely that 1950-52 will bring a marked increase over this last biennium.

The diseases which showed new high records were measles and poliomyelitis. Measles rose to a peak of 13,717 cases for the biennium, 12,214 of them occurring in the fiscal year 1948-49. The next highest peak for a biennial period was eighteen years ago in 1930-32 when 12,830 cases were reported.

Poliomyelitis dominated the communicable disease scene in the second half of the biennium. A total of 489 cases was reported during the two years, 50 in the first fiscal year and 439 in the second. This was by far the largest poliomyelitis outbreak ever recorded in Maine. It began very early in the season, with scattering cases appearing in May, 1949. Cases in the outbreak totalled 448, 256 (57.3%) of them showing some degree of paralysis or weakness. More than half the cases (52.3%) were fifteen years of age or older. However, the highest percentage of paralytic cases (78.8%) occurred in the age group under five years of age. By sex, the cases in the outbreak occurred as 239 males and 209 females. Geographically, the cases fell into eastern and western divisions; of the eastern cases 73.2% were paralytic, while in the western area only 45.1% showed paralysis. There were ten deaths in the outbreak and one case later died as a result of respiratory weakness due to polio. Seven deaths were males, four were females; the youngest was a female aged 14 months, the oldest a male aged 52 years.

Four typhoid and two paratyphoid B carriers were added to the active list during the biennium. Three (one typhoid and two paratyphoid B) were discovered through routine examinations for release from observation following their illness; one, with an old typhoid history, was found during diagnosis of an intestinal condition; one typhoid carrier was referred by another State; a hitherto unsuspected typhoid carrier was found and proved to be the source of two cases.

With the help of school superintendents and teachers in Sagadahoc County, District III, Hancock and Washington Counties, District V, a questionnaire was sent in the spring of 1949 to parents in these counties who had had children start school in the fall of 1948. The purposes of these spot surveys were: (1) To find out how many of these children had begun school immunized within a year against diphtheria, whooping cough and smallpox and (2) To establish an inexpensive and workable technique for getting a direct message to parents of individual school children of any particular grade. The latter purpose was fulfilled although, despite the cooperation of those from the county who assisted in the survey, the Sagadahoc returns proved valueless, because of the limitations of the questionnaire. As for the former purpose, the returns from District V showed that a marked need for immunization of school beginners existed in much of that area in the fall of 1948. Further surveys would be needed to establish how well these needs have been met since that time.

Besides the statistical and epidemiological work the Division was active in issuing information and in public health education during the

biennium. One important feature has been the educational and informational article appearing on the Communicable Disease Report, which is sent each week to a large mailing list. It constitutes an excellent medium for reaching local health authorities, physicians and others interested in public health. Occasional articles have been prepared for the quarterly bulletin of the Department. The Division has cooperated in the activities of the Local Health Officers' Association of District III (Kennebec, Sagadahoc, Lincoln, Waldo and Knox Counties).

Information about cooperative activities of school and health authorities has been made more readily available by the addition of sections on these subjects to the communicable disease guide sheet prepared for teachers. A new and expanded edition of "Health Laws of the State of Maine" was issued, with the laws brought up to date and with better indexes.

It is hoped and expected that the addition of a Health Educator to the staff of the Bureau of Health will result in increased health education activities for the Division during the next biennium.

**Reported Cases of Some Important Communicable Diseases
Biennial Periods 1938-40 and 1948-50**

	Biennium Total			Biennium Total		
	1938-39	1939-40		1948-49	1949-50	
Chickenpox.....	2128	2275	4403	3132	2732	5864
Diphtheria.....	248*	74	322	31	5	36
Dysentery, Bacillary.....	9	2	11	5	0	5
Food Poisoning.....	—	—	—†	59‡	1	60
German Measles.....	120	247	367	704	2573	3277
Measles.....	1940	9077	11017	12214	1503	13717
Meningitis,						
Meningococcal.....	10	15	25	19	18	37
Mumps.....	531	174	705	3332	4093	7425
Poliomyelitis.....	14	5	19	50	439	489
Scarlet Fever and						
Septic Sore Throat.....	668	623	1291	768	394	1162
Typhoid and						
Paratyphoid Fevers....	82	53	135	19	16	35
Undulant Fever.....	27	31	58	8	15	23
Whooping Cough.....	2149	1875	4024	560	1024	1584

*An outbreak year, the worst in the 25 years, 1925-50.

†Not reportable at that time.

‡56 cases in one outbreak due to cream puffs.

DIAGNOSTIC LABORATORY

Arch H. Morrell, M.D., Director

An analysis of the laboratory activities for the first year of the biennium indicates that it was another average year. However, much was done of a detailed and time-consuming nature during the year to prepare the way for developments and changes which took place in the second year of the biennium.

Studies made throughout the country on bacterial detection of the tuberculosis organism have pointed up the desirability of the culture methods for identification of tuberculosis. In preparation for the adoption of this new method, the Division trained personnel to implement the work and the new method was started August 22, 1949. New outfits were distributed without attempt to call in the old, since this appeared impractical. The change-over has meant, however, that a much greater amount of time has had to be spent on this program and new equipment procured for the cultures. The newer system has gradually become nearly complete.

In January of this year, the routine reporting of the screen test known as V.D.R.L.—developed by the Venereal Disease Laboratory of the Public Health Service—was begun. This new technique, highly recommended and now adopted by many states, has proved far more economical in time and labor-saving than methods previously used for testing for venereal diseases.

As to the more important fluctuations for the past biennium relative to general laboratory work, the following statistics may prove of some interest in this respect:

Test	1949	1950	Percent Decrease	Percent Increase
Bloods for Typing.....	264	759	—	185
Cultures for Gonococci.....	23	12	90	—
Smears for Gonococci.....	3029	2567	18	—
Bloods for Culture.....	95	127	—	34
Bloods for Heterophile.....	219	348	—	59
Swabs for Culture.....	115	368	—	220
Swabs for Stre p.....	154	350	—	127

As interpretation of the above, it would appear that the decided up-curve in blood typings reflects the present trend respecting blood bank program development and increased use of transfusions throughout the State. This item is probably one of continuing prominence.

As time has elapsed, the need for development of the Papanicalaou stain for determination of the presence or absence of malignancies has

become increasingly apparent. The Division has approached this from the point of view of assisting medically indigent cases under the Cancer Control Program. To this end, the director and a technician received special training in exfoliative cytology at Cornell Medical College in April of this year—the technician remaining at the School for a ten-weeks' course. Others receiving financial assistance for such training under the Cancer Control Program were 1 assistant pathologist, 3 laboratory technicians—representing personnel from two large general hospitals in the State.

As to future activities of the Division, it may be well to point out here that if the present international situation has as deep significance as it now appears to have, the Division may expect greatly to increase its serological work in line with demands which may be made upon it by the State Selective Service System.

DIAGNOSTIC LABORATORY

	1949-1950
I. Venereal disease tests:	
Bloods for syphilis—	
Hinton.....	33490
V. D. R. L.....	29621
Kahn.....	8544
Kolmer.....	687
Quantitative Kahn.....	1916
Quantitative Kolmer.....	1
Spinal fluid examinations.....	469
Examinations for gonorrhea.....	2579
II. Intestinal tract disease tests—	
Cultures for typhoid and dysentery.....	751
Blood tests for typhoid.....	2632
Examinations for parasites.....	147
III. Respiratory tract disease tests—	
Diphtheria.....	277
Tuberculosis—	
Guinea Pigs inoculated.....	403
Guinea Pigs autopsied.....	457
T. B. Cultures.....	3523
Sputum for T. B.....	1461
Feces for Tuberculosis.....	5
Streptococcal.....	1072
IV. Special blood tests—	
Cultures.....	127
Heterophile Antibody.....	348
Rh.....	10063
Typing.....	750
Chemistry.....	1841
V. Miscellaneous.....	1313
VI. Tissue specimens.....	1647
	104124

Cancer Control Program

In 1945, the Cancer Control Program, previously administered by another division of the Department, was added to the activities of this Division, presumably for purposes of economy and because the laboratory was already providing one of the basic functions of the program. Since no provision was made for additional personnel to carry the program forward, it was not found possible to do much constructive work in respect to promoting the program generally. Largely, the work done in this regard has centered mainly around two major activities: diagnostic laboratory service and nursing service. The former is pointed up under the tissue examinations item in the chart appending this report. With but small fluctuation in volume over the past five years the distribution of these tissue examinations has changed emphasis over the past few years from that of institutional to one of individual character, pointing up the fact that people are going to their physicians earlier. This reflects great credit for the splendid educational work on early diagnosis which is carried on by the Maine Cancer Society and other professional and voluntary health agencies.

With the addition of a Health Educator to the Bureau staff in February of this year, the program has received some impetus. A summary of the program includes:

Service to clinics: This past year the program has participated in clinic service to the extent of making payments to hospitals on bills submitted for each preparation (Papanicolouau stain or cellular material) on a medically indigent ward or clinic patient.

Hospital Aid: Payment on medically indigent patients hospitalized with a diagnosis of cancer to hospitals eligible for such aid on a per diem basis. It is estimated that approximately \$50,000 yearly of Hospital Aid appropriation has been used for this purpose.

Nursing Services: Follow-up of cancer patients in 1,260 bedside nursing visits made by state public health nurses.

Physician and other professional education: During the biennium, this program financed several speakers on cancer subjects for county medical societies; assisted with 3 nursing cancer institutes held at the three larger general hospitals in the state; purchased 3 professional films for use by medical and allied groups; provided a year's subscription to the "Texas Bulletin" for all physicians in the state; provided the Cancer Nursing Manual for all nursing training schools and the district office nursing staffs; financed, in cooperation with the Division of Den-

tal Health and the Maine Dental Society, a series of "Oral Cancer" seminars in five easily accessible centers of the state, for physicians and dentists on a state-wide basis.

A meeting of a representation from the Department with the Cancer Committee of the Maine Medical Association and representation from the Maine Cancer Society at Poland Springs, during the time of the Maine Medical Convention in June, offered opportunity for a review of the respective programs each agency is carrying on and pointed up the value of closer integration of the resources each provides toward a total program of service to cancer sufferers throughout the state. This Division looks forward to continued conferences of this nature for the help these offer toward the solution of mutual problems.

DIVISION OF TUBERCULOSIS CONTROL

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

Although the death rate from tuberculosis in Maine has shown the same downward trend over a period of years as has the rate in the country as a whole, the number of new reported cases has continued at a more or less fixed figure for a number of years.

Some change in the reported number of new cases will be noted in the latter half of this biennium and will probably be noticeable to a greater extent in the next biennial report. The drop in the number of reported cases will be due in most part to the discontinuance of reporting newly diagnosed inactive cases. Inactive cases will be recorded in the Division of Tuberculosis Control but not reported to the United States Public Health Service. This plan should result in figures which will give a more accurate picture of tuberculosis as a communicable disease problem in Maine.

Morbidity by Fiscal Years

	1948-49	1949-50
Pulmonary reinfection-type..	442-83%	401-86%
Minimal.....	90-20%	78-19%
Advanced.....	162-37%	211-53%
No stage.....	190-43%	112-28%
Extra-pulmonary.....	66-17%	61-14%
Total Cases Reported, All Forms	508-100%	462-100%

In 1948-49, forty-four or 9% of the 508 total cases were reported by death certificate; thirty or 6% were reported by death certificate in 1949-50.

Because of the continued large number of cases reported without stage, it is impossible to draw any accurate conclusion as to how early in the disease cases are being diagnosed. However, a comparison of the figures for the two years indicates in 1949-50 an increase in the per cent of cases reported as "advanced" and a comparable decrease in those reported as "no stage given." The number of cases reported in a minimal stage shows no appreciable change.

X-ray Surveys

The demand for community x-ray surveys increases. At the present time a waiting list of about two years has been established. A total of 73,039 survey x-rays were taken during the biennium, 30,134 during the fiscal year 1948-49 and 42,905 during the fiscal year of 1949-50. This represents a 100% increase over the last biennium with no increase in

technical personnel or equipment. Four hundred and fifty-two films were reported as containing lesions characteristic of reinfection-type tuberculosis, active or inactive. This figure does not include so-called suspicious films.

The Department continues to assist colleges, teacher training institutions, school personnel, mental and penal institutions by the loan of equipment and personnel and free films.

The following table indicates the various general groups included in the mass x-ray program of case-finding.

Mass X-ray Surveys

	Total for biennium	1948-49	1949-50
State Institutions			
Number x-rayed.....	2308	1865	443
Reinfection-type tuberculosis.....	124	119-6%	5-1.17%
Colleges			
Number x-rayed.....	6647	3215	3432
Reinfection-type tuberculosis.....	10	8-.2%	2-.06%
School employees			
Number x-rayed.....	5693	2271	3422
Reinfection-type tuberculosis.....	15	9-.4%	6-.2%
Industrial Surveys			
Number x-rayed.....	24042	16652	7390
Reinfection-type tuberculosis.....	116	91-.5%	25-.3%
Community Surveys			
Number x-rayed.....	33732	6131	27601
Reinfection-type tuberculosis.....	187	40-.7%	147-.5%
U. S. Naval Reserve			
Number x-rayed.....	617	—	617
Reinfection-type tuberculosis.....	—	—	—

The assistance of the Maine Tuberculosis Association is acknowledged in the preparation of many of the community surveys. Without the help of this voluntary agency, this program could not have been carried on at its present level. The detail of pre-x-ray preparation is varied and time-consuming. By relieving the Department of this responsibility, they have made it possible for the x-ray equipment to be scheduled for use at more frequent intervals.

Regional Clinics

Fifty Regional X-ray Clinics for the follow-up of known cases, contacts and suspected cases referred by physicians were held during the biennium. At these clinics, 1888 films were taken in 1948-49 and 1839, in 1949-50.

During the two-year period, 19 new active cases of tuberculosis were diagnosed among this selected group of patients.

Over the years the Division has recognized the need for the establishment of local clinics for diagnosis and treatment of indigent ambulant patients. It is believed, however, that the initiative for the establishment of such local clinics should stem from local physicians. The Division is not in a financial position to develop total clinic programs, but it can provide certain services, and supervision, and is in a position to suggest other sources from which aid may be expected.

Tuberculosis Case-Register

The tuberculosis case-register contains the names of 2558 cases in need of medical supervision at this date. This points up the importance of intensified work in case follow-up in respect to the tuberculosis patient, if an effective, well-rounded program is to be maintained.

Cooperative Case-finding Programs

The Division continues to supply survey films to four general hospitals, primarily for the routine chest x-raying of admissions. These institutions x-rayed 32,457 hospital admissions, out-patients and community groups during the biennium. Reports indicate that although an impressive number of films were taken, only a small per cent of hospital admissions were x-rayed in some of the participating institutions.

DIVISION OF VITAL STATISTICS

Parker B. Stinson, Director

Summary of Vital Statistics

Maine, 1948 and 1949

1948 (Population 896,873)			1949 (Population 902,909)	
22,270	(24.8)	Births and Rates per 1,000	21,941	(24.3)
9,841	(11.0)	Marriages and Rates per 1,000	8,085	(9.0)
10,091	(11.3)	Deaths and Rates per 1,000	10,174	(11.2)
921		Adoptions	891	
2,260		Divorces	2,117	
Some Causes of Death and Rates per 100,000				
3,588	(400)	All Heart Diseases	3,844	(426)
1,481	(165)	Malignant Neoplasms (Cancer)	1,529	(169)
1,056	(118)	Cerebral Hemorrhage, Embolisms, Thrombosis	1,076	(119)
605	(67)	Accidents, All Forms	598	(66)
419	(47)	Pneumonia and Influenza	276	(31)
200	(22)	Tuberculosis, All Forms	192	(21)
227	(25)	Arteriosclerosis	285	(32)
Deaths and Rates per 1,000 Live Births				
730	(32.8)	Deaths Under One Year, All Causes	732	(33.4)
18	(0.8)	Puerperal Deaths	18	(0.8)

With addition of records received during the biennium, files of the office now total 2,265,500 records of birth, death and marriage.

Provisional figures from returns through June of this year show that the high birth rate, extreme in 1947, is leveling only slowly and may continue at near twenty thousand births a year for some time. Preliminary returns from the 1950 census, subject to minor correction, give the state's population as 907,404, a gain in ten years of over 60,000. That number is less, however, by nearly 28,000 than the "natural increase," the excess of births over deaths during the time since 1940, so that it is evident that Maine still continues to export population.

The value of complete and accurate returns now again assumes particular importance as considerable numbers are being enrolled in the armed services. Federal agencies require proof of birth, marriage and death for enlistment and for proof of claims of dependency of service men. During this two year period in addition to 43,019 photographic copies of current birth records sent to mothers for verification, 17,009 certifications of all types of records under seal have been issued and 13,451 verified for official agencies. The worth of sound records for these and the usual purposes is not to be minimized.

With 1950 the office has begun in cooperation with the Public Health Service a study in detail of fatal accidents in order to analyze the hazards that annually take some 600 lives in Maine. In this study the aid of the district nurses is most helpful.

DIVISION OF MENTAL HEALTH

Margaret R. Simpson, M.D., Director

The past two years have shown considerable progress in mental health work throughout the State. The Division has been able to increase its services which include mental health clinics for children and adults, consultation service to other State departments, community education in mental health and training of personnel in the psychiatric field.

Clinics

Mental Health clinics are held weekly in Augusta, Portland and Lewiston. Monthly clinics are held in Waterville and Bangor. A traveling clinic visits the remainder of the State at irregular intervals. Clinics are available to children and adults and give both diagnostic and treatment service. Referrals are made because of behavior not acceptable to the home or the community, emotional difficulties, school problems, mental retardation, speech difficulties and for mental evaluation. In 1948-49 there were 129 clinics held with a total of 544 patient visits; an increase occurred in 1949-50 with 183 clinics and a total of 821 patient visits.

At Portland the clinic has a play therapy room for children showing emotional and behavior disorders. Finger painting, clay modeling and other play therapy techniques are carried on. A similar set-up is being undertaken at the Lewiston clinic. A group therapy project has been carried on at the Portland clinic with parents—the group varying from 6 to 12 parents who meet weekly with the psychiatrist.

Personnel

The Division now has one complete psychiatric team and two-thirds of a second team. Under the National Mental Health Act, federal funds granted to the State were used to train a psychiatric social worker and a nurse from the Division of Public Health Nursing. Both of these persons are now working in their special fields. The Division plans to train another psychiatric social worker next year. Training will also be given to a psychologist who will be working for a doctor's degree in psychology. The present staff consists of 2 part-time psychiatrists, 2 psychologists, 1 psychiatric social worker and 1 senior clerk-stenographer.

Education

The Division has taken an active part in teaching mental health by lectures to nurses, teachers, social workers, parents and other interested

groups. Some films have been shown, and many pamphlets dealing with child guidance and mental health have been distributed to parents, teachers, nurses, etc. Staff members have taken part in various conferences and meetings in and out of the State. A series of radio broadcasts, "Of These We Speak," was presented as a cooperative project with Dr. Charles A. Dickinson, Professor of Psychology at the University of Maine. The film, "Preface to a Life," loaned by the National Mental Health Institute, is being shown throughout the State. The Maine State Federation of Women's Clubs has done an excellent survey of community resources for mental health in the State. The statistics on this are now being compiled.

As to progress in the future, there is a very definite need and request for the services of the clinics. The Division has been able to take care of the emergencies immediately, but all the clinics have a waiting list. The time is looked forward to when the Division can have three complete clinic teams. It is hoped to continue meetings with the directors and personnel of the Mental Health Divisions of the other New England States. These were started by the Boston Regional Office of the National Mental Health Institute and have been of the greatest help.

Summary of Activities	1948-49	1949-50
Number of New Cases.....	308	381
Number of Return Visits.....	231	438
Number of Consultations (No Records).....	5	2
Total Number.....	544	821
Analysis of New Cases		
Children under 12.....	204	217
Children 12-18.....	84	128
Adults.....	20	36
	308	381
Number of Interviews and Conferences.....	519	828
Number of Play Therapy Sessions.....	175	244
Number of Group Therapy Sessions.....	25	45
Number of Psychological Tests Administered.....	896	966
Total Number of Visits by Psychiatric Social Worker...	0	111
Speeches.....	34	54

DIVISION OF DENTAL HEALTH

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

A program of dental health education combined with applications of decay preventive sodium fluoride solution has keynoted the program of the Division of Dental Health during the past biennium. The increasing demand for this service by towns and school officials far exceeds the availability. This project, operated by registered dental hygienists for pre-school children and those in school, is difficult to evaluate. However, figures will demonstrate the improved dental health of children of towns which do employ this service.

As part of its dental health education and dental decay prevention program, the Division conducted, through its dental hygienists, a total of 1,785 mouth examinations of children in ten different towns. Four hundred and forty-eight children completed sodium fluoride treatments in these towns. 8,451 children in the same towns received lessons on oral hygiene as a part of school health education under the tutelage of dental hygienists. In addition, 2,416 mouth examinations were made by dental hygienists serving at Child Health Conferences throughout the state.

The Mobile Dental Unit, a completely equipped dental office housed in a trailer, has been used to supply corrective service in rural areas lacking dental personnel. The use of this unit has been spasmodic, however, due to the non-availability of dentists to operate it. The limited salary offered the dentist prevents the continuous operation of the program. There is a real need for a regular corrective service for children in rural areas of our state, and the dental trailer appears as the one solution to the problem.

During the period of July, 1948, to June 30, 1949, the mobile unit, which is rented to the towns or sponsoring agencies for \$150 a week, operated in 16 towns. Patients given dental care under the program, which covered fillings, extractions, prophylaxes and other dental operations, numbered 1,140.

The Division has continued with its year round program of adult education through talks made to many groups, including parents, teachers in service and in training, service and civic clubs and women's organizations. In addition, it continues to advise on corrective care services which towns are steadily developing for their children, with follow-up of these services on a consultative basis. Consultative services are likewise given two Public Health dental hygienists working in the state

on independent programs; the dental program of the Public Assistance Division of the Department; the Vocational Rehabilitation Program of the Department of Education.

The Maine Demonstration Team loaned to the state by the U. S. Public Health Service consists at present of three dental hygienists and a clerk. This group has been demonstrating the use of the topical application of sodium fluoride solution to the teeth as a decay preventive measure. Operating on a state-wide basis, the team has compiled the best record in the nation for such units, due chiefly to the efforts of the various towns to organize and support the program during the summer months. This service will probably be discontinued in June of 1951 and it is anticipated that the demand for an increased dental service will be even greater than at present.

Under the above program, total number of persons receiving topical applications of sodium fluoride during the past biennium were 14,494. This represents work done by the Demonstration Team in 54 different Maine towns and cities, all of which has necessitated a great amount of preparation on the part of the Division itself. It is heartening to point out here that many of these towns have already taken steps to provide continuing programs in this respect.

In April and May of this year the Maine Dental Society, in cooperation with the Division of Dental Health and the State Cancer Control Program, sponsored a series of five educational seminars for physicians and dentists throughout the state on the subject of "Oral Cancer." The program, first of its type to be held on a state-wide basis, offered as out-of-state guest speakers two eminent authorities on oral cancer. Attendance from the physicians and dentists groups in the sixteen counties included approximately one-third of the total membership of these groups. The enthusiastic response to this educational program has pointed up the hope, expressed by many of those who attended the meetings, that this type of seminar program may be continued on an annual basis.

DIVISION OF SANITARY ENGINEERING

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

Two additional duties were acquired by the Division during this biennium; namely, inspections of funeral homes and stream pollution. The former was made at the request of the Board of Embalmers & Funeral Directors. Inspections were begun in the fall of 1949 and 188 funeral homes were inspected at that time. As this was a new activity an analysis of the cost of inspection was made showing it to be \$4.46 per inspection. It is anticipated that this activity will continue during the next biennium.

Federal funds were allocated to the Department in the last half of the biennium to aid in preparing a comprehensive study of stream pollution in the State of Maine. Divisional plans and efforts were coordinated with the activities of the Sanitary Water Board and the Department of Sea and Shore Fisheries and results are being compiled to give a more complete picture of the stream pollution situation.

An increase of 9,050 inspections of eating and lodging places, recreational, overnight and trailer camps was noted over those made in the previous biennium. The cost of inspection of such establishments for the 1st half of the biennium was estimated at \$6.10 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 of \$9.10 for the services provided by the Division. During the previous biennium cost of inspection without a water supply ranged from \$5.26 to \$5.87 and those having private water supplies from \$8.59 to \$8.66.

The testing of private water supplies resulted in the submission of 19,978 samples for both bacteriological and chemical analyses of water compared to 16,080 for the previous 2 years, an increase of 3,898 for the biennium. These required 407,298 tests, an increase of 76,773 over the previous biennium.

Beginning in August 1949, public water supplies and commercial springs were charged the average cost of the water analysis for each sample submitted. This came about as a result of new legislation passed by the 1949 legislature. Under Chap. 52, P. L. 1949 the Department is required to charge the average cost of testing samples of water for municipal water systems, commercial springs and others selling water.

Due to considerable difficulty in collecting transportation charges for forwarding empty water containers for the collection of samples as re-

quired by the various statutes a decision was made to include the cost of transportation in the charges for such water analysis. It was further decided that postage and express charges for all empty containers be prepaid from this office and that the expense of such transportation be borne by the Department.

The first year that costs of water analysis were compiled, the average was found to be \$3.33 not including postage. Reduction to the present cost of \$3.00 per sample with 35c additional for postage one way is due to the increased number of samples and economics effected.

The examination of horse saliva for the State Racing Commission, although made only during the first half of the biennium, resulted in the testing of 657 samples.

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 25,580 tests, an increase of 5,387 over the previous biennium. Cosmetics alone showed an increase of 1255 samples over the number received for examination during the previous biennium. An increase of approximately 2,000 was also noted in the number of cosmetic and electrical equipment certificates issued.

Other activities of the Division have likewise increased during this interval, so that all recorded items of activities for the biennium was 1,007,869 compared with 822,892, an increase of 184,977. These included 63,000 letters received and 226,000 sent out.

Seven additional personnel were added to the Division's staff during this biennium making a total of 40. This group consisted of a chemist, an engineering assistant and a clerk stenographer, all of whom were assigned work on stream pollution. A chief chemist was employed to assist the director. One new plumbing inspector, one sanitary inspector, and another engineering assistant were also added to the staff.

During the biennium, the Industrial Health Section has made 446 visits to 288 manufacturing plants employing 74,290 workers. Three hundred and seventy-seven recommendations have been made for elimination of health hazards affecting 6,254 persons. Compliance has been secured with 75 recommendations involving 886 workers. Recommendations for sanitary improvements have been complied with affecting 20,233 workers. One hundred and eighty-six field determinations have been made for poisonous or detrimental substances.

Special emphasis has been placed on investigation and control of exposures to radioactivity, carbon monoxide, silica-bearing dust, mercury, and solvents such as benzol and carbon tetrachloride.

During the past year the activities of the District Sanitary Engineers have been included in the monthly summaries of the Division activities and likewise for the annual summary.

The following table is a brief summary of the field activities for the past two years.

Activities of the District Sanitary Engineers					
July 1, 1948 to June 30, 1950					
	Districts				Totals
	No. 1	Nos. 2-3	No. 4	Nos. 5-6	
Addresses or Lectures, Public.....	2	3	—	—	5
Chlorinators Installed.....	1	4	3	12	20
Conferences.....	40	64	80	173	357
Inspections:					
Beaches and Pools, Swimming...	26	52	13	83	179
Camps, Boys' and Girls'.....	254	10	93	—	357
Cross-Connections (Mills).....	107	214	75	44	440
Federal Watering Points.....	73	28	11	35	147
Hospitals.....	7	45	44	66	162
Springs, Commercial.....	31	36	18	45	130
Other Inspections.....	482	727	493	858	2560
Investigations.....	63	82	100	50	295
July 1, 1948 to June 30, 1950					
Water Samples submitted from Public Water Supplies.....					9,234
Water Samples submitted from Private Water Supplies.....					18,864
Specimens submitted for special and toxicological analyses.....					9,893
<hr/>					
Total samples tested.....					38,001
Conferences.....					443
Cosmetic Samples Received.....					3,454
Cosmetic Working Samples Received.....					1
Electrical Equipment Received.....					24
Cosmetic and Electrical Equipment Certificates Issued.....					18,581
Court Cases.....					25
Cross-Connections Inspected.....					424
Cross-Connections Inspected by Water Companies.....					2,421
*Eating and Lodging Place Inspections.....					29,407
Eating and Lodging Place Licenses Issued.....					20,014
Schools, Food Handlers.....					11
†Inspections, Special and Routine.....					2,619
Investigations.....					359
Bedding Books of Stamps Issued.....					1,736
Bedding Registrations Issued.....					645
Bedding Retail Places Inspected.....					665
Bedding Mfg. Plants Inspected.....					35
Bedding, Pieces of Bedding Analyzed.....					7
Plumbing Applications Received.....					11,504
Plumbing Permits Received.....					13,299
Plumbing Certificates of Inspections Received.....					13,541
Plumbing Codes Sent.....					2,145
School Plumbing Plans Approved.....					101
School Plumbing Plans Submitted.....					110
Prophylactic Inspections.....					685
Prophylactic Investigations.....					0
Prophylactic Licenses Issued.....					552
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 MATERNAL AND CHILD HEALTH (Including Services for Crippled Children)

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 Division of Services for Crippled Children became a part of the Division of Maternal and Child Health in the Bureau of Health. However, separate budgets and records are maintained. From the point of view of organization, there is one division and administratively the programs are integrated as closely as possible through the director for the combined activities.

The Emergency Maternity and Infant Care program, a federal program administered by the Division of Maternal and Child Health, was discontinued as of June 30, 1949. It provided free maternity care for wives of servicemen in the four lowest pay grades of the armed forces. It also provided necessary medical, hospital, and nursing care and free immunization for their infants up to one year of age.

Since 1943, when the program was put into operation in Maine, 9,095 cases have been authorized—8,145 maternity cases and 950 infant cases. The total expenditure was \$725,799.55. Only licensed hospitals and maternity homes could participate in the program. Certain minimum standards for nursing, medical, and hospital care were set up, and in doing so improvement of quality of care of mothers and infants throughout the state resulted. In 1945, 100 out of 2,096 cases were delivered at home, which represented 5% of all cases; in 1946, 4.4%; in 1947, 2.5%. As many as 610 physicians and 121 hospitals and maternity homes participated in this program.

It is hoped that post-war planning will make use of the experience gained from this program in expanding maternal and child health services. The Division is aware that proper care for mothers before delivery and after childbirth will be a step toward the goal of reducing maternal and infant morbidity and mortality.

The Child Health activities have increased in scope during the biennium. The number of Child Health Conferences has not increased considerably. However, the number of regular monthly conferences shows continuous increase, whereas the number of irregular conferences

(annual or semi-annual) is decreasing. Immunization services increased substantially.

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

	1949	1950
Clinics.....	30	28
Attendance.....	249	264
Return Visits.....	58	46
New Individuals.....	191	218

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

The demonstration Rural School Health program, developed in cooperation with the Department of Education, which was started in Washington County in April 1947, has increased in scope during the biennium. The demonstration area covers a coastal school union of 9 towns. The objectives of this program are, 1) to determine health needs and to provide corrective services when needed, 2) to develop community interest and participation in a local program. Complete health services, including medical and dental examinations, are offered through this program. The divisions of Maternal and Child Health, Dental Health, and Public Health Nursing are working in close cooperation with the Department of Education.

During the fiscal year 1949, 175 cases were examined. 108 out of this group were referred to the 6 School Health pediatric clinics. 239 cases were examined during the school year 1949-50. 164 were referred to the 5 School Health clinics. During the summer of 1949, fluorine treatment for prevention of dental caries was started and 662 children received treatment. The following table shows the follow-up care provided under this program.

	School Year 1948-1949	School Year 1949-1950
Dental Examinations.....	69	109
Referred to Crippled Children's Services.....	14	11
Referred to Nutrition Services.....	3	4
Referred for Ear, Nose and Throat Consultation.....	15	20
Referred for Eye Examination.....	3	30
Supplied with Glasses.....	2	25
Tonsillectomies.....	21	41
Days of Hospitalization.....	72	53
Referred to Mental Health.....	4	7

The cooperation of the parents and the community interest have increased considerably during the biennium.

The infant death rate has decreased during the last two years—infant death rate (per 1,000 live births) 1948, 32.8; 1949, 31.0. The maternal death rate has stood at the low point of .82 for the biennium.

* * * * *

The Services for Crippled Children provides medical guidance and treatment for children who are crippled or suffering from conditions which lead to crippling or physical handicapping. Medical and after-care services for the physical restoration and social adjustment of crippled children are provided on a state-wide basis for children under 21 years of age. Crippled Children's Services has expanded considerably during the last biennium. Since the beginning of the program, more than 8,000 cases have been registered. About 3,000 were removed for such reasons as having reached the age limit, moving from the state, or being cured. At present, over 4,000 crippled children are listed on the state register as active cases (including cases suffering from rheumatic fever and heart disease and cases with impaired hearing).

Ten clinic centers are providing easily accessible clinic service for orthopedically handicapped children in the 6 health districts. The following table shows the volume of the service.

	1949	1950
Number of Clinics.....	63	64
Attendance.....	1560	1732
New Individuals.....	1250	1348
Returns.....	310	384
Hospital Care.....	420	337
Referred for Speech Therapy.....	212	186

In the fiscal year 1949, hospital care was provided for a period of 13,331 days, thus averaging a stay of 31.8 days per patient. In 1950, there were 9,619 days' care, an average stay of 28.5 days. Appliances were provided for 45 patients in 1949 and for 90 patients in 1950.

In 1949, a poliomyelitis epidemic occurred in Maine. The Polio Planning Committee was called in by the director of the Services for Crippled Children several times during the epidemic in order to work out plans for care and follow-up care of the polio patients. All polio cases under 21 years of age were placed on the Crippled Children's register and are being followed up by the Services. The number of clinics was increased in order to give immediate follow-up care after discharge of the patients from the hospital.

A program for children with rheumatic fever and heart disease is included in the Services for Crippled Children. Two clinic centers are established at present—one in Portland and one in Bangor. The Portland Clinic is conducted weekly, while the clinic in Bangor operates

monthly. These clinics offer the services of pediatricians and cardiologists to families and family physicians, provide for necessary laboratory or diagnostic measures or offer hospitalization when needed. The following table summarizes the activities of the two clinic centers:

	1949	1950
Number of Clinics.....	63	61
Attendance.....	1129	882
New Individuals.....	315	372
Return Visits.....	814	507
Hospital Care.....	59	48

In 1949, hospital care for cardiac patients was provided for a period of 1,194 days—average stay per case, 20.2 days. In the fiscal year 1950, hospital care was provided for 834 days—average stay 18 days.

In order to prevent recurrences of rheumatic fever attacks, a small program has been continued for keeping carefully selected cases on sulfa drug medication. Seventy cases have been receiving this treatment during the biennium. In the fiscal year 1950, 20 cases were placed on penicillin prophylaxis. Very few recurrences have appeared in both groups.

A Hard of Hearing program covering Waterville and the surrounding area is included in the Services for Crippled Children.

	1949	1950
Number of Clinics.....	3	3
Attendance.....	40	45
New Individuals.....	36	38
Return Visits.....	4	7

65 cases have been registered under this program.

Hospital care for cases with impaired hearing was provided to 9 patients (for a period of 20 days) under this program. Two hearing aids were provided. Five cases were referred for consultation services, and nine were referred for tonsillectomies and adenoidectomies.

Consultation service to the Bureau of Social Welfare, as well as to other departments, is provided by the professional staff of the Division of Maternal and Child Health and Services for Crippled Children.

Limitation of funds and lack of trained personnel do not permit expansion of clinic service at present.

DIVISION OF HOSPITAL SERVICES

Lillian Nash, R.N., Director

This Division has continued the administration of three programs in the biennium ending June 30, 1950, to include Hospital Licensing, State Hospital Aid, and Hospitalization on State Paid Programs.

Hospital Licensing

No changes in laws or requirements have been made in this period.

On June 30, 1949 there were 245 licensed hospitals and related institutions in Maine with total bed capacity of 5,139 beds.

On June 30, 1950 there were 252 licensed hospitals and related institutions in Maine with total bed capacity of 5,478 beds.

During the period in which the program has been in operation, annual inspections have been made by the District Health officer and District Sanitary Engineer from the Department of Health and Welfare; fire inspections by the State Insurance Department and by municipal authorities where fire ordinances prevail. Annual visits to these institutions are also made, wherever possible, by the director of the Division of Hospital Services.

The aim of these inspections is to determine adequacy of physical features of the institutions as well as to promote conditions that will insure adequacy of care.

Plumbing surveys made routinely of the institutions have brought about definite improvement toward elimination of hazards caused by faulty plumbing. Institutions with private water supplies are required to have annual analyses. If water is non-potable, water must be obtained from a satisfactory source and a record of such source kept on file with the Division.

Concerning fire safety in the institutions, the Division works closely at all times with the State Insurance Department which makes the necessary recommendations for greater safety of construction and operation, and with the local fire officials. Follow-up in this respect is made by the Division for compliance with directives from the Insurance Department.

Over the past biennium the Division has furnished all hospitals with two publications through which recommendations of fire safety and safe operating room practices are emphasized as guide toward reduction of fire and explosion hazards.

During the past year, it was found necessary to revoke licenses in two instances by reason of conditions found detrimental to the welfare of patients in these institutions. In accordance with established policies of the Department, as promoted by this Division, licenses are issued only when minimum requirements are met by the licensee. Higher standards must be promoted in some institutions. This will mean closer supervisory services needed with view to making necessary recommendations as to equipment and structural changes, as well as for general operative procedures.

Within the next biennium, the Division looks forward to achieving the following objectives: revision of the present requirements for licensing, to provide separate standards for hospitals, nursing homes and maternity homes. In respect to standards for licensing nursing homes, it is felt to be of paramount importance that adequate care of the chronically ill and the aged person be the first consideration. To this end it is recommended that consideration be given the endorsement of a Maine Association of Licensed Nursing Homes, such agency to serve on a voluntary basis toward the promulgation of constructive plans for elevation of standards of these institutions, as well as to offer valuable guide for inspection activities.

State Hospital Aid

The 1949 Legislature made annual appropriation of \$578,000 for the fiscal years ending June 30, 1950 and June 30, 1951. This represented no increase over the appropriation in the previous biennium.

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

HOSPITAL AID

Financial Report

Fiscal Year:		Fiscal Year:	
July 1, 1948 to June 30, 1949		July 1, 1949 to June 30, 1950	
FUNDS AVAILABLE		FUNDS AVAILABLE	
State Appropriation	\$578,000.00	State Appropriation	\$578,000.00
Refunds from hospitals	5,947.05	Refunds from hospitals	5,984.03
Total Available	<u>\$583,947.05</u>	Total Available	<u>\$583,984.03</u>

EXPENDITURES

Hospitals	\$583,919.41
Unexpended Balance	\$ 26.64

Patient rate per day paid
all hospitals quarterly:

Quarter ending Sept. 30, 1948	4.259
Quarter ending Dec. 31, 1948	4.214
Quarter ending Mar. 31, 1949	3.77
Quarter ending June 30, 1949	3.853
Average rate for year	4.024

EXPENDITURES

Hospitals	\$583,953.62
Unexpended Balance	\$ 30.41

Patient rate per day paid
all hospitals quarterly:

Quarter ending Sept. 30, 1949	4.881
Quarter ending Dec. 31, 1949	4.853
Quarter ending Mar. 31, 1950	4.485
Quarter ending June 30, 1950	4.314
Average rate for year	4.633

SERVICE SUMMARY

Fiscal Year Ending June 30, 1949	
Participating Hospitals	53
Total days allowed	143,805
Total newborn days	6,367
Cases paid by State	8,395
Average number days treatment per case	18

Fiscal Year Ending June 30, 1950	
Participating Hospitals	54
Total days allowed	124,912
Total newborn days	6,869
Cases paid by State	8,184
Average number days treatment per case	16

Hospitalization Procedure With State Paid Programs

On April 1, 1949, a change in the ceiling all inclusive per diem rate of payment to hospitals for cases on State Paid Programs became effective. Based upon the average per diem cost of care as shown on the Hospital Statement of Reimbursable Cost, and also upon determination of medical service provided to ward patients with or without extra charge, two ceiling rates were established. To hospitals that do provide medical services without extra charge, the ceiling rate of \$10.00 was approved, while \$8.50 was continued as the rate for hospitals where medical services are not provided without extra charge. These ceiling rates are effective if the Hospital Statement of Reimbursable Cost indicates that the per diem cost of care equals or exceeds the established ceiling rate.

If the average cost of care is below the ceiling rate as indicated on the cost statement submitted by any hospital, payment is made accordingly.

Contracts have been maintained with general hospitals wherever possible to have payment made at the ceiling all inclusive per diem rate. A few hospitals have terminated the contract, and continue to bill at the ward rate plus extra charges.

The State Paid Programs for which the State continues to be responsible for payment are as follows:

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

DIVISION OF VENEREAL DISEASE CONTROL

Richard P. Jones, M.D., Director

At the beginning of the biennium, July 1, 1948, the Rapid Treatment Program, for hospitalization and penicillin treatment of syphilis in medically indigent patients, was discontinued. The newer, longer lasting penicillin which requires only one injection daily instead of every 3 hours eliminated the necessity for hospitalization and permitted the former program to be supplanted by one in which these patients might receive treatment daily from their local doctors. Penicillin is furnished for the treatment and the doctor is paid \$2.50 per treatment or a total of \$25.00 for the 10 injections.

This new program has brought about a decrease in expenditure per patient and has allowed more local doctors to become familiar with the diagnosis and treatment of syphilis. In general, the program has been very well received by both the doctors and the patients. During this two year period 135 indigent patients have received penicillin treatment for syphilis by local doctors.

Previously established clinics have been maintained. These are located in: Augusta, Bangor, Bath, Belfast, Biddeford, Lewiston, Portland, Presque Isle, Rockland, Rumford, Sanford, Waterville, Wilton and Winthrop. While their activity has been lessened, they still serve as local centers for diagnosis and for treatment where the local doctor does not wish to handle venereal disease patients. During the biennium, 279 indigent patients received penicillin treatment for syphilis in the clinics.

The treatment of gonorrhea and other venereal disease has followed the same pattern as for syphilis and has met with equal success.

Even though the location of treatment has changed, the important measures of locating contacts and bringing them to diagnosis and treatment has not been neglected. In fact the local doctors, since they have become more familiar with this phase of the program, have been most cooperative.

During this two year period there has been a noticeable decrease in the number of venereal disease cases reported. However, there still remains a sufficient number of undiscovered and untreated infected persons to furnish a potent reservoir of infection. Consequently the work of furnishing drugs for the treatment of all reported venereal disease patients, paying for the treatment of medically indigent patients and the seeking and bringing to diagnosis and treatment the contacts of all patients must go on with undiminished thoroughness and interest.

Biennial Summary of Services

INDIVIDUALS ADMITTED TO CLINICS FOR DIAGNOSIS 1,040

Number found infected.....		544
Syphilis.....	251	
Gonorrhoea.....	291	
Other V. D.....	2	
Number not infected.....		496

PATIENTS ADMITTED TO OUT-PATIENT TREATMENT 692

	Syphilis	Gonorrhoea	Other V.D.
Clinics	279	248	2
Private Physicians.....	139	24	0
	418	272	2

DIVISION OF PUBLIC HEALTH NURSING

Helen F. Dunn, R.N., Director

The annual census of public health nurses in the state as of January 1, 1950, shows that there were 76 different agencies sponsoring public health nursing programs whereas on the same date in 1946, 80 agencies were conducting public health nursing services. The agencies represented are school departments, health departments, and private or non-official agencies. A review of the census indicates that there has been an increase in official agency staffs, a decrease in the number of nurses employed by non-official agencies whereas the number employed by school departments remained the same in 1950 as in 1948. One reason for the decrease in employment in non-official agencies was due to the policy of the American Red Cross to terminate all public health nursing services by January 1950. The Augusta, Brunswick and Madison-Anson Chapters of the American Red Cross discontinued their nursing programs and they were replaced by services supported in whole or in part by tax funds. The Augusta Anti-Tuberculosis Association gave up their nursing service when the agency was reorganized as the Kennebec County Health and Tuberculosis Association.

The Division had a staff of 44 nurses on July 1, 1948 and at the end of the biennium a staff of 47 nurses was on duty. During this period there were 12 resignations and 15 appointments. Because of limited staff, many of the nurses cover a very large territory and it is not possible to give all the service that is desirable.

Six nursing services were carried on under the Enabling Act whereby the town and state share in the cost of salary of nurse and transportation. The service in Fort Kent was discontinued in May 1949 when the nurse resigned and a replacement could not be secured. Several other communities are interested in this type of service, and we will hope to establish services when the staff is available.

Following is a summary of some of the accomplishments for the fiscal years 1948-49 and 1949-50:

	Number of Admissions to Service		Number of Home Visits by Type	
	1948-49	1949-50	1948-49	1949-50
Totals.....	13,055	12,578	30,482	29,543
Antepartum.....	1,061	1,046	1,807	1,797
Postpartum.....	822	894	822	894
Infants.....	4,319	4,149	9,438	9,363
Preschool.....	3,275	2,968	8,004	7,118
School.....	1,047	964	2,906	2,561
Crippled Children.....	1,017	1,107	2,033	2,519
Morbidity.....	528	729	2,488	2,835
Adult Health.....	230	231	702	604
Communicable Disease.....	107	38	260	87
Tuberculosis.....	599	424	1,849	1,696
Venereal Disease.....	50	28	173	69

This summary indicates that there was an increase in admissions for morbidity service but little change in other categories except venereal disease and other communicable diseases which showed a marked decrease. There was an increase in visits to crippled children and morbidity cases. The decrease in home visits to children of school age, it is believed, is an indication that the nurse, teacher, parent conferences have placed greater emphasis on positive health and the prevention of illness and thus fewer children are in need of home visits.

Immunizations

While there was a decrease in the total number of immunizations in 1949-50 from the number in 1948-49, this is an increase over any previous year. The largest increase is in immunization against whooping cough and tetanus.

	Immunizations 1948-1949	Immunizations 1949-1950
Totals.....	35,671	31,038
Smallpox.....	9,651	7,081
Diphtheria.....	13,374	10,080
Whooping Cough.....	6,920	7,216
Tetanus.....	5,369	6,661
Typhoid.....	357	

Child Health Conferences

There has been a steady increase in the number of towns sponsoring child health conferences where the children have a complete physical examination and may be immunized against diphtheria, whooping cough and tetanus. There was a larger attendance of infants which indicates that children are being immunized at an earlier age than in the past. The willingness of busy physicians to serve at the conferences and the splendid work of volunteers have contributed much to the success of the conferences.

	Child Health Conferences 1948-1949	Child Health Conferences 1949-1950
Number of Towns.....	240	262
Number of Conferences.....	902	977
Attendance.....	15,244	17,997

Clinic Service

One or more nurses served at the following clinics:

	1948-1949	1949-1950
Crippled Children.....	62	65
Pediatric.....	30	30
Cardiac.....	64	64

In-service Education

The plan of holding district conferences, usually on a monthly basis was continued as was the annual two-day meeting held each year in Augusta.

Institutes on Pediatric Nursing and Cancer and Poliomyelitis were held on a regional basis.

Eight nurses were granted educational leave, one for the academic year and the others for one semester of work. Two nurses went to school at their own expense and others were given a stipend. A nurse employed by a general hospital was granted a stipend for four months' study in Pediatrics.

Two nurses attended one week workshops at Simmons College, Boston.

Student Training Program

To meet the increasing demand for field experience in public health nursing, generally, training areas have been established throughout the State. This plan enables the Division to use more facilities and permits the entire staff to participate in the program. Field experience is offered to both student nurses and graduate nurses in the State and from other areas.

July 1, 1948 to June 30, 1950

Name of School	Number of Students		
	1948-50	1948-49	1949-50
Bates.....	7		7
Boston College.....	2		2
Boston University.....	1		1
International student—Haiti.....	1		1
New England Baptist Hospital.....	6		6
Simmons.....	3	2	1
Trainees.....	4	3	1
Vanderbilt University.....	1		1
Total.....	25	5	20

Health Councils

While the objective of a health council in every community has not yet been reached, the accomplishments of these councils have done much to further the public health nursing programs.

Annual District Health Council meetings were held where representatives from local councils reported on their activities and plans. Such meetings do much to stimulate interest in health programs and give assistance in developing plans to meet health needs in the community.

The nurses have participated in community activities by assisting local groups to arrange programs, to secure speakers and show films and take part in radio programs.

School Health Project

The program in School Union #102 the aim of which is, "to study ways of meeting total needs of the school age child in a rural area" was continued. Special emphasis was placed on the teacher-nurse conference when the needs of the individual and group were discussed. It was encouraging to have more parents accept the opportunity to meet with the teacher and nurse. Children in three grades are given a complete medical examination each year and children in other grades who have health needs are referred for service. During the past year special referrals to health service have doubled. This indicates an increased awareness on the part of parents and teachers of health problems, nutritional, emotional and physical.

Public health nurses who are the largest group of health workers in the field have done outstanding work, many covering a large territory that requires over 10,000 miles of travel during the year, and much overtime work. Clerical assistance in those offices where none is available would do much to save the time and energy of the nurse for nursing activities.

Some of the needs to be considered in the next biennium are:

To increase the number of child health conferences.

To continue emphasis on early immunization against whooping cough, diphtheria and tetanus.

To organize more health councils.

To give guidance and assistance in planning for the care of the aged and chronic.

BUREAU OF SOCIAL WELFARE

Commissioner Stevens, Acting Director

The principal changes in the welfare field during the biennium were:

1—The action of the 94th Legislature in increasing the maximum grant that could be paid in Old Age Assistance from \$40 to \$50 a month.

2—The action of the same body in eliminating the responsibility of relatives living out of State as an eligibility factor in the Old Age Assistance program.

3—The necessity of imposing administrative maximums and other restrictions in the Aid to Dependent Children program in order to conserve available funds to meet the rapidly increasing caseload.

During the biennium the average grant in the OAA program increased from \$33.60 to \$44.34. The caseload increased from 13,191 to 15,064 (more detailed information on the three programs of Old Age Assistance, Aid to Dependent Children and Aid to the Blind will be found in the report of the Director of the Division of Public Assistance).

Several plans for the liberalization of these three welfare programs were submitted to the Legislature through its Research Committee, but other than the two actions referred to above, no changes were ordered by the Legislature in the administration of the programs.

Maine, in common with all the other states is confronted by a major problem in caring for its aged. This State is one of the three in the nation having the highest proportion of its population aged 65 and over.

The most serious and acute situation is in regard to care for the chronically ill who are in need. It has been impossible during the past biennium to include medical care in the budgets of OAA recipients. A recent amendment to the Federal Social Security Act would make possible direct payments to doctors and hospitals for medical care for some Public Assistance recipients. To become effective in Maine, this proposal would, of course, require Legislative action.

Another new amendment to the Social Security Act would provide for payments to persons over 18 who are permanently and totally disabled. This would become a fourth category in the Public Assistance program if accepted by this State.

Activities of the Child Welfare Division are outlined in the report of the Director. Although the report indicates that the number of children committed to State custody continues to increase, it is obvious that the number would be far greater if this Division failed in its diligent service to children.

The Division of Services for the Blind continues to show progress in its important program of rehabilitation. The Division of Licensing maintains its program of checking boarding homes for the aged and for children.

When dealing with money payments to approximately 32,000 persons and with human lives and emotions and problems of the aged, no State Department can expect to be free of criticism. However, a marked decrease in the number of complaints may be considered as a measure of work well done by the various division heads and employees.

DIVISION OF PUBLIC ASSISTANCE

Pauline Smith McClay, Director

The Who of Public Assistance

If they believe they meet the eligibility requirements defined in the Maine public assistance laws and file a request for assistance, needy aged, needy blind and needy dependent children are served by the Division of Public Assistance.

The How of Public Assistance

The service is in the form of 1) a determination of eligibility to receive a money payment for a majority of these applicants, 2) a helping hand to point out and utilize other resources that are available to them for some applicants, 3) a joint search for other services and solutions for those applicants who have no personal resources and yet do not meet eligibility requirements for public assistance and 4) a continuing responsibility to help recipients of public assistance to make maximum use of their individual capacities to maintain or regain self-dependence and to be productive members of society.

The common element in the three public assistance programs is the standard by which need is determined and measured. Statewide cost studies of food and clothing are made periodically, and with the help of a trained nutritionist are translated into amounts which represent by age, sex and activity groups the minimum dollars and cents that will purchase food essential to the maintenance of decency and health. These figures plus the amount actually paid for shelter, fuel and lights, or the maximum payment whichever is less, make up the assistance payment. The legal maximum for one individual in Old Age Assistance and Aid to the Blind is \$50 a month. Although there is no legal maximum in Aid to Dependent Children, the appropriation for this program permits a maximum payment of \$40 a month for the parent or other relative acting in place of the parent and the first child, \$20 a month for the second child and \$15 a month for each additional child up to \$150 for any family group.

The Division operates through 1 central office in Augusta, staffed by a director, assistant director, and 1 clerical worker, and 14 local district offices located at strategic spots throughout the state, staffed by 7 district supervisors, 86 social workers and 36 clerical workers. The supervisor is responsible for the administration of the public assistance program in his district and for the training and supervision of from 10

to 17 social workers and a proportionate clerical staff. The social worker is responsible for an average recipient caseload of 250 individuals and families and for processing an average of 8 applications a month. In some localities, where duplication of travel and expense will not result, workers who are equipped by special training, special skills or special interest to give extra service to children give full time to smaller segregated Aid to Dependent Children caseloads. Justification for this plan rests in a conviction that the degree to which financial aid is truly constructive depends on the quality and quantity of supplementary case-work services. Although many factors combine to prohibit more than a very limited service, the agency believes in the need for and right to service in these families the majority of whose security and unity are already threatened by the absence or serious illness of at least one parent and who are beset by all the problems accompanying broken homes, economic insecurity and in many instances a questionable status in the community.

The Why of Public Assistance

There are many factors in the present economic and social system that contribute to the need for public assistance, a need which seems to be ever increasing. Some of the more obvious reasons are high cost of living during and since the war years, industry's pattern of early retirement that is arbitrarily related to chronological age rather than productive capacity, lack of any extensive employment opportunities for those with even minor employment handicaps in a tightened labor market, the rising percentage of population aged 65 and over in relation to the general population with no adjustment in the economy that will allow these persons to use their abilities to produce, limited coverage by the social insurance programs to which people must contribute during their productive years for their individual retirements, unemployment which affects not only the recipient load but also relatives who customarily contribute to the support of these people, broken homes and high divorce and separation rates, and chronic illness of the wage earner, especially those aged 65 and over. Experience has demonstrated since the inception of public assistance that these factors far overshadow the relatively few instances in which some personal inadequacy or moral or character defect plays a major role.

Of the 6,043 persons added to the Old Age Assistance rolls in this biennium, only 19% were in their 65th year while the remainder were over 65 before applying. The major reason for opening cases was loss of employment or decreased earnings of the applicant or another per-

son in the home, accounting for 36% of the openings. This represents an increase over the previous biennium and reflects the decrease in employment opportunities and increased unemployment. The second most important reason for granting assistance was depletion of savings or other resources which accounted for 27% of the openings. Many of the cases added were in reality reinstatements of people whose grants were discontinued because of the ability of relatives to support them, relatives whose circumstances changed and who were no longer able to support them.

Of the 3,074 families added to the Aid to Dependent Children program during the biennium, 35% required assistance because of loss of employment or decreased earnings of the parent or other person in the home, while 34% of the cases were opened due to loss of the wage earner in the home through death, divorce, desertion or jail penalties. Of these 3,074 families, 34% were transferred from other public assistance agencies, 29% from general relief. This high figure is largely accounted for by the required six-month waiting period between the incident causing dependency and receipt of Aid to Dependent Children.

Facts and Figures Regarding Public Assistance

In setting forth significant facts and figures that have interpretative value for readers who are interested in knowing more about this subject, an attempt was made to select from innumerable data those items that might have the widest interest as well as the greatest explanatory value.

Recipient rates as computed in December 1949 and believed currently valid, are noteworthy, especially as Maine's rates are compared with some other states. Of Maine's 87,000 persons aged 65 years and over, 16.7% were receiving Old Age Assistance, while the national average was 24.1%. Maine stood 37th in the nation in its rate. In the New England states, Massachusetts was highest with 22.5% and Connecticut was lowest with 11%. The difference between Maine and Connecticut is due in part at least to the fact that the latter is a highly industrialized state with a larger proportion of its elder citizens covered under social insurance, higher per capita income which permits accumulation of savings during the earning years and greater ability of relatives to support.

In Aid to Dependent Children, Maine ranks 20th in the nation with 3.1% of its children aged 18 and under being assisted as compared with a national average of 3.3%. In New England, Rhode Island had the highest rate of 4.1% and Connecticut the lowest with 1.8%. The preceding explanation of the discrepancy between Maine and Connecticut's

Old Age Assistance recipient rate can be applied here. In general relief, Maine was the 3rd highest state in the nation with 1.7% of its 907,000 citizens receiving general relief. The obvious conclusion here is that general relief is carrying a disproportionate share of the dependency burden in Maine, and the funds must be provided by the smallest unit of government with limited powers of taxation.

How much are public assistance and general relief costing the taxpayers of Maine? The following table, which shows the per capita cost for public assistance and general relief, compares Maine's expenditures per inhabitant during the fiscal year ending June 30, 1949 with the highest and lowest expenditures among the New England states.

	OAA	ADC	AB	GR
Maine....	\$6.41	\$3.15	\$.32	\$1.71
	Massachusetts	Rhode Island	New Hampshire and Maine	Rhode Island
Highest...	\$14.04	\$3.93	\$.32	\$3.01
	Connecticut	Vermont	Connecticut	Vermont
Lowest....	\$5.14	\$1.38	\$.05	\$1.01

A study of characteristics of families receiving Aid to Dependent Children in Maine conducted in November 1949 revealed some facts that will have the interest and concern of the citizens of Maine. The present caseload consists of 10,500 dependent children. First, it was found that 18.5% of the dependent children were living with both parents (one parent totally incapacitated), 73.3% with the mother only and 6.5% with other relatives. These 10,500 children represent slightly more than 3% of Maine's youth under 18 years of age and are being reared under circumstances that are not most conducive to producing healthy adults because they are deprived of the usual child's heritage in the majority of the homes by the absence or severe illness of at least one parent.

Secondly, the study revealed that under the administrative maximum payments there was an average unmet need of \$34 per family based on the five budgeted requirements (food, clothing, shelter, fuel and lights) after deducting the assistance payment and cash income from other sources. In 84% of the families there was unmet need ranging from \$21 a month in a family with 1 child to \$82 a month in a family with 7 or more children.

Thirdly, it was found that much of the cash income in these families was derived from the mother's earnings outside the home; 17.6% of the mothers were so employed. Many people believe the mother should go

out to work and support her children when for some reason the father is not doing so, and it is true that in some instances satisfactory arrangements can be made for the children's care while the mother is out working. At the same time, it should be borne in mind first that the basic purpose of the Aid to Dependent Children program is to enable children to stay in their own homes and have the mother's care and supervision and secondly that all children need the care and guidance of the mother and especially in those homes where the normal development of the children is seriously threatened by poverty and its evil companions.

Fourthly, one final important fact revealed by the study was the fact that 8% of the families with income (57% of the total caseload) were receiving payments from the absent father in an average amount of \$49.75 a month. These are the people who should be contributing to the fullest extent of their ability and the Division makes every possible effort to achieve this end.

Highlights in Public Assistance

Here in brief form are mentioned some of the most significant developments in Maine's public assistance operations during this biennium.

1. Continuing increase in applications received and active cases as shown in the table at the end of this section.
2. Continuing rise in the average monthly payments in Old Age Assistance and Aid to the Blind.
3. Decrease in the Aid to Dependent Children average monthly payment due to necessity of lowering the maximum in July, 1949.
4. Speedier and more efficient processing of applications by staff, despite larger caseloads, more turnover in cases, and the handicap of greatly restricted travel expenditures.
5. Reduction in staff turnover—definite improvement in the rate of turnover with resultant increased staff efficiency has been noted during the biennium.
6. Two time-studies were conducted during the biennium for the purpose of analyzing the social worker's activities and use of working time. Both studies pointed up areas in which improvement could be effected which would lead to greater efficiency. Some improvements have been made while others are continuing under more extensive study for the best solution.
7. A food and clothing survey in late summer of 1948 resulted in increased standards for these items to keep abreast with rising living costs.

8. By legislative enactment in 1949, the maximum payments in Old Age Assistance and Aid to the Blind were increased from \$40 to \$50 monthly and in Aid to Dependent Children were removed, and relatives living outside the State of Maine were excluded from consideration of eligibility in Old Age Assistance and Aid to the Blind.
9. In staff development continuing effort has been focused on improved services to beneficiaries, taxpayers and citizens of Maine in general through such means as strengthening supervision by carefully planned monthly meetings of district supervisors, including two highly profitable three-day workshops on supervision; encouraging staff to take professional training by providing educational leave which is partly financed by federal funds (two workers completed one year of training during this biennium); more careful and exacting recruitment and selection of staff at all levels. In addition, the development and use of a uniform service rating plan and standards of performance with the primary objective of improving staff competence, new brief manuals listing all policy and instructional material for staff use.

Public Assistance Statistics
Fiscal years 1948-49 and 1949-50

	<u>Fiscal year ended June 30</u>	
	1949	1950
1. Active cases		
Old Age Assistance		
Number of recipients receiving payments in June.	13,714	15,064
Total payments authorized in June.....	\$566,956	\$667,962
Average payment in June.....	\$41.80	\$44.34
Number of cases added during year.....	2,692	3,351
Number of cases discontinued during year.....	2,186	1,902
Aid to Dependent Children		
Number of families receiving payment in June...	3,414	4,072
Number of eligible children in families.....	9,419	10,528
Total payments authorized in June.....	\$277,237	\$263,863
Average payment in June—per family.....	\$81.38	\$64.80
—per child.....	\$29.43	\$25.06
Number of cases added during year.....	1,441	1,635
Number of cases discontinued during year.....	532	962
Aid to Blind		
Number of recipients receiving payments in June	659	663
Total payments authorized in June.....	\$27,752	\$29,904
Average payment in June.....	\$42.43	\$45.10
Number of cases added during year.....	84	93
Number of cases discontinued during year.....	107	82

2. Pending Cases

Fiscal Year	Number of Applications								
	<u>Received</u>			<u>Disposed of</u>			<u>Pending June 30</u>		
	OAA	ADC	AB	OAA	ADC	AB	OAA	ADC	AB
1948-1949	3,925	1,870	156	3,866	1,917	153	448	166	25
1949-1950	4,347	2,151	175	4,443	2,172	169	352	145	31

DIVISION OF SERVICES FOR THE BLIND

Emily T. Murchie, Director

A variety of services, exclusive of financial assistance, is available to blind residents of Maine through the Division of Services for the Blind. The staff is made up of a director, two home teachers (blind), two rehabilitation counselors, an employment counselor (blind), and three secretaries. Service is offered on a state wide basis within the limitations of personnel and funds. In general, the types of service offered fall into four main groups; service to blind adults in their homes, rehabilitation services to the employable blind, services to blind children and a small medical program to provide eye care for the prevention of blindness and restoration of vision. The particular type of service offered depends upon the individual situation.

Service to adults in their homes is carried on mainly by the home teachers who are located in Augusta and Portland and serve adjacent areas. A limited amount of service is provided in other areas through correspondence and occasional home visits. The home teacher's goal is to aid the client to live a normal life within his home and in his community. The home teacher helps the newly blinded person face the many new adjustments necessary because of loss of sight. She may provide such basic services as teaching him how to get around his home, how to manage his eating, dressing and similar activities so that he remains an acceptable member of his family group. In addition, the home teacher gives instruction, when desired, in braille reading and writing, typing and a variety of handicrafts. She helps the client find recreational activities in line with his interests. She gives the client information in regard to various appliances and devices which have been developed for the use of the blind.

As an outgrowth of the handicraft instruction, the Division has developed a small sales program to market merchandise made by blind adults in their homes under the supervision of the home teachers. Proceeds of the sales go to the blind producers for their labor. Christmas sales are held in Bangor and at the State House in cooperation with the Penobscot County Association for the Blind. The Division is represented at Farm and Home week by an exhibit and sale. A number of blind women are now busily occupied in knitting mittens for the use of children under care of the Department. During the biennium over 400 pairs of these mittens have been purchased by the Child Welfare Division. Small consignments of merchandise made by the blind are now placed in eleven gift shops catering to summer visitors. Proceeds of the sales in 1947-48 amounted to \$1120 and in 1948-49 to \$1196.

During the biennium, vocational rehabilitation services to employable blind have been strengthened and broadened. One of the highlights of this period has been the start of the state program of business enterprises for the blind. Under this program the Department is able to establish blind individuals in suitable small businesses under the supervision of the Division. Necessary equipment is purchased with state and federal funds and remains the property of the state. A minimum wage and profits go to the blind operator of the business. During the biennium three vending stands have been established. One in the Augusta railroad station and one in the Penobscot Hotel in Bangor retail such items as newspapers, magazines, tobacco goods and sundries. The third stand is a luncheon stand in a state office building in Augusta. Placement of blind persons in industry has been affected by employment conditions throughout the state, but there has been no decrease in the Division's efforts to secure suitable job openings in all types of industry. First contacts have been made with 47 additional plants. Job surveys were allowed in 16 of these plants to determine what jobs could be done without the use of vision, and 14 employers agreed to hire blind labor when openings were available on the selected jobs. With the slowing down of industrial opportunities, additional efforts have been made to assist clients to become self-employed and to expand employment opportunities in rural areas.

During the period of this report, rehabilitation services have been provided for 236 individuals, an increase of 67 over the previous biennium. A total of 37 cases have been closed as satisfactorily employed. Others have received extensive services including guidance, physical restoration and referrals to other agencies for other types of service. Of the 37 individuals placed in suitable employment, 26 were males and 11 females. Five persons were enabled to return to their former jobs by having vision restored through cataract surgery. Twelve persons were placed in industry, two of these were in shoe plants, two as sales clerks. Other industries included a machine shop, bakery and butcher shop. Four people were placed as kitchen helpers, of whom three were in institutions and one in a home. Self-employment accounted for 11 people. Of these, five were established in poultry raising. One man was assisted in developing a woodworking shop in a rural area in which he now has steady employment filling orders for window sash, doors, screens, and other articles for people in the community. Others are working in various occupations such as operating a grocery store, home laundry, cutting slab wood, chair re-seating. Four blind housewives were provided with physical restoration services, training and guidance which has enabled them to resume their household responsibilities.

Three persons have been placed in vending stands and seven in miscellaneous occupations including four in labor and odd jobs, two in sheltered shops and one as a farm laborer.

At the close of the biennium fifty clients are in the process of rehabilitation plans leading to permanent employment. Of these, nine are already employed but are still under supervision to determine the client's ability to perform the job satisfactorily. Eleven are ready for employment. Five clients are receiving training and eight are undergoing medical and surgical care.

Service to blind children has been provided through administration of the state program for education of blind children and direct service to families of pre-school blind. Education is provided at Perkins Institution and Massachusetts School for the Blind at Watertown, Massachusetts, and through a few individual plans with public schools in Maine. The attendance of Maine children at Perkins Institution in 1948-49 was 29 and during 1949-50 was 25. Due to increasing costs of operation it has been necessary for Perkins Institution to raise its rates beginning July 7, 1950 from \$800 to \$1,000 yearly per pupil. Special educational plans for visually handicapped children in local schools are made in cooperation with the Division of Special Education, Department of Education. In 1948-49 eight children were given service and in 1949-50 five children had specially adjusted programs.

An interesting development in the service to pre-school children during the biennium was a one day institute on pre-school blind held in Portland for professional workers. This institute was a cooperative venture on the part of the Department of Health and Welfare, Perkins Institution for the Blind, and the medical social service department of the Massachusetts Eye and Ear Infirmary.

In January, 1949, in order to consolidate services relating to blindness, the eye care program previously administered in the Bureau of Health was transferred to the Division of Services for the Blind. Medical treatment is limited to eye conditions in which blindness may be prevented or vision restored. In general the patients served are the blind and near blind or those with eye conditions which would progress to blindness without treatment. Because of limited funds the selection of patients is, necessarily, rather rigid. The services provided include visits to offices of eye physicians for diagnosis and treatment, hospitalization, glasses as part of the medical treatment as in cataract cases, occasional transportation to doctors' offices or hospitals, and an annual eye clinic in Aroostook County. More than half of the patients receive-

ing eye care through this program are those with cataracts. The second group of importance are patients with glaucoma. Early diagnosis and treatment is of utmost importance with this group in order to prevent blindness.

During the fiscal year ending June 30, 1950, 390 patients received eye care through the medical service program, including 77 patients who were seen at the one day Aroostook County eye clinic. Surgical care was provided for 76 patients, about 20% of the total number receiving service. Fifty-five of the patients had operations because of cataracts, six had surgery for control of glaucoma, and the remaining 15 patients had operations for eleven different eye conditions. At the close of the biennium some of these patients were still under treatment, but final post-operative reports on 42 of the 76 patients show gratifying results in terms of restoration of vision. In 36 cases there was substantial improvement in vision, with twelve patients having normal vision in the operated eye (20/20). Eleven patients had vision only very slightly below normal (20/30), and thirteen patients had marked improvement with adequate vision for most activities. Only five patients failed to show improvement in vision. Of these, one is a child with congenital cataracts who has not yet completed his eye care. One patient was hospitalized for removal of a blind eye, and one patient was hospitalized for x-ray treatment.

DIVISION OF CHILD WELFARE

Lena Parrott, Director

The Division's concern and responsibility is to protect and care for neglected children and children in danger of becoming delinquent. The Division has a staff of social workers who devote their full time to working with children who come to its attention. The children served fall into two general groups. One includes children who either have no home of their own or their own home in the opinion of the court is not a suitable place for them to live. The Department is given custody of these children by judges of the superior, municipal and probate courts. These children will be referred to in the report as children in the custody of the Department.

The other group served are children living with their own parents or with relatives and not receiving suitable care, guidance or training. These children will be referred to in the report as children receiving service.

There are certain licensing laws which were passed to further protect the welfare of dependent children, and the Division is responsible for administering these laws. This work will be discussed under the heading of "Licensing."

Children in Custody

The number of children committed to the custody of the Department continues to mount each year. More children were committed this biennium than in any biennium in the history of the Department. In this biennium, 681 children were placed in Departmental custody by the courts. The highest number in any previous years was in 1946-47 and 1947-48 when 667 children came into custody.

Many factors contribute to the need for children to be placed in the care of a public social agency. Some of the most common causes can be traced to the number of divorces granted during and since World War II, mothers working outside of the home, lack of suitable housing, parents' inability to earn enough to support their children, parents who are unable to assume the role of parents, and the lack of services at the local level to help parents with their problems when they need and can use the assistance of a social agency.

Most of the children in custody are placed in foster homes. The Division has about 1300 foster homes in use most of the time. The aim is to

place only 2 or 3 children in a foster home. By having a few children, foster parents have more time to devote to them.

The Division is aware of the fact that for most children it is a disadvantage to remain in the care of an agency for a long period of time. The staff, therefore, tries to get children settled in a permanent home as soon as possible. In the last biennium, 565 children were dismissed from the custody of the Department. Children are committed until they are 18 years of age, but they can be dismissed for various reasons before they reach this age. In general, children are dismissed because they are adopted, returned to live permanently with their own parents after it is found that the parents have a suitable home for them, placed with relatives, or when the children finish their education and become self-supporting. A large number of boys and a few girls have joined some branch of the Armed Services when they finished school.

Some 50 children were committed to Pownal State School during this biennium. The commitment of such a large number of children in the space of two years is due to the fact that Pownal has been overcrowded and could not accept the children in the custody of the Department who were in need of custodial care. When Pownal opened two new buildings, the superintendent accepted all the children the Department had on the waiting list for Pownal. The Division wishes to take this opportunity to thank the Commissioner of Institutional Service and the Superintendent of Pownal for accepting the children who were in need of custodial care.

The Division has in the past two years made real progress in the development of an adoptive program. During this period, 114 children were adopted. This is by far the largest number of children ever adopted in a biennium since the Department was established. The largest number in any previous biennium was in 1946-47 and 1947-48 when 71 children were adopted. Adoption represents a service to children in need of permanent homes, a service to adoptive parents wanting a child and a saving of public welfare funds.

The Department receives an appropriation from the Legislature for care of children in custody. Care as used in this sense includes board, clothing, medical, dental, hospital and miscellaneous items. The following will show the number of children in custody at the beginning and the end of the biennium, the number committed and dismissed, and the total number under care during the period:

Children under care July 1, 1948.....	2,386
Committed 1948-49.....	345
Total under care.....	2,731
Dismissed 1948-49.....	295
Children under care July 1, 1949.....	2,436
Committed 1949-50.....	336
Total under care.....	2,772
Dismissed 1949-50.....	270
Children under care June 30, 1950.....	2,502

Number of different children under care during the biennium... 3067

The following will show the amount collected from parents, relatives and the Federal Government for the support of children in custody:

	1948-49	1949-50
Veterans Administration	\$7,004.50	\$8,035.45
Servicemen's Allotment	1,760.43	1,567.92
Voluntary and Court Order	15,707.11	10,217.24
Federal Old-Age and Survivors Insurance.....	11,289.64	15,177.95
Railroad Retirement.....	1,564.56	926.52
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	\$37,326.24	\$35,925.08

Total for biennium—\$73,251.32.

Children Receiving Service

The Division received 2337 children for service during the biennium. The concern for these children was to strengthen and improve conditions in their own homes so that they might be spared the unhappy experience of being separated from their own families as the children were who were described in the foregoing section.

The staff gave a wide variety of service to the 2337 children. The greatest number of children were living in substandard homes and their parents were unable to give them proper care and training. In other cases, the children were having difficulty in school or were causing trouble in the community. A number of unmarried mothers were in this group of service cases. Some of them were asking for assistance in planning for their confinement and for help in placing their babies when the babies were ready to be discharged from the hospital.

The staff also studied and approved financial settlements in the case of 130 unmarried mothers who had brought legal action against the alleged fathers of their babies for financial assistance in taking care of their confinement and the support of the babies. The staff has also studied adoption petitions for Probate Courts upon request. These are adoptions that have been made without the benefit of placement by a

social agency, and the Judge of Probate requested an investigation before taking action on the petition.

With the casework service which the staff was able to offer and by the use of local and state resources, all of the 2337 children were helped without transference of custody to the Department except in the case of 681 who were so neglected over a long period of time that the only way to protect their welfare was for the courts to commit them to the custody of the Department.

Adoption Study

In cooperation with the Division of Research and Statistics, a study was made of adoptions granted in the state in 1948. This study was used as the basis for a meeting of workers and board members of all private and public agencies in the state to discuss the study. This meeting resulted in the organization of a permanent committee to study standards of adoption and to find ways to increase the number of children placed by private and public agencies and at the same time reduce the number of independent adoptions, which are adoptions arranged privately and without the benefit of a social agency.

Licensing

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

During this biennium, the staff studied 1987 applications to board children; 1973 were certified for a license and 14 were denied.

Twenty-four private organizations were currently licensed to maintain and operate child-caring institutions and agencies. These agencies gave service to an approximate average of 1300 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 1948-49, the appropriation to 11 private child-caring organizations totaled \$27,050 of which \$25,900.73 was expended for part of the care of an average of 70 children. For the fiscal year 1949-50, the appropriation to 11 private child-caring organizations totaled \$34,550 of which \$33,381.32 was expended for part of the care of an average of 87 children.

DIVISION OF GENERAL RELIEF

Charles S. Brown, Director

The 1948-49 caseload was the largest since 1939 and the 1949-50 load increased more than 50% over the previous year. The increase was due to lack of employment, increased costs of hospitalization and medical services and the necessity of imposing lower administrative maximums in the Aid to Dependent Children program.

The function of this Division is to provide the necessary assistance to persons having no settlement in the State of Maine who are unable to obtain the necessities of life and are destitute and without resources. Approximately 70% of these cases are taken care of by the municipalities in which they fall into distress and these municipalities are reimbursed by the State for the necessary expenditures. The remaining 30% are assisted directly by this Division in boarding homes, convalescent homes, hospitals and Jefferson Camp.

During the year 1948-49, 1048 new applications for relief were received representing 3386 persons. The year 1949-50, 1588 applications were received representing 5422 persons, making a total of 2636 cases and 8808 persons. There were 1839 families and 794 singles. 75% of the families had over five in the household receiving relief.

Approximately 3.6% of the applications received had settlements and were not the responsibility of this Division.

Following are the reasons for the request for relief based on the 2636 new applications received during these two years:

Unemployment	1083 or 41%
Hospitalization and sickness	672 or 26%
Desertion	128 or 5%
Various other	753 or 28%

Approximately 15% of the relief cases were veterans or veterans' families.

The Division collected from Social Security Administration for "Lump-sum Death Payments" as follows:

1948-49—	\$1,205.91 for 16 cases
1949-50—	830.88 for 10 cases

Collected from recipients who were receiving social security:

1948-49—	\$215.03
1949-50—	907.74

Approximately \$665,808.77 was received in claims and bills and approved for payment by the Division of General Relief for the year 1948-49 and approximately \$1,058,336.48 for the year 1949-50.

Special Resolve Pensions

Another function of this Division is the administration of the Special Resolve Pensions. These pensions are granted by the Legislature to needy persons who are not eligible for any other categorical assistance.

During the year 1948-49 there was an average of 276 cases averaging \$5,625.03 or \$20.38 per case per month. During 1949-50 there was an average of 326 cases averaging \$7,294.09 a month or \$22.39 a case.

There were 14 deaths and 4 were suspended because of Old Age Assistance grants during 1948-49, and 13 deaths and 8 suspensions for the year 1949-50.

Jefferson Camp

Jefferson Camp was established in 1942 for the purpose of taking care of homeless men who were in distress and without a settlement. This Home is located in the town of Jefferson, twenty miles from Augusta.

During the year 1948-49 there was an average membership of 142 per month, and for the year 1949-50, 156. The largest number for any month was 180 for the month of February 1950.

It was necessary to remodel one of the buildings which provided another barracks.

The total expenditures for the year 1948-49 was \$66,371.63 and for 1949-50 was \$71,248.11.

Collections were made from the members of the Camp from Social Security checks in the amount of \$6,635.71 for the year 1948-49; for the year 1949-50, \$9,777.82; from MUCC checks for 1949-50, \$1,107.00 and Canadian checks \$16.70, making a total of \$10,901.52 for 1949-50, or a total for both years of \$17,537.23.

Jefferson Camp furnished wood to the State General Relief cases within a radius of twenty-five or thirty miles amounting to approximately \$5,158.00 for the two years.

DIVISION OF LICENSING

Frank W. Haines, Director

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.
 - a. Homes maintained by individuals, usually termed foster homes.
 - b. Institutions maintained by private child-caring organizations.
2. The operation of private child-placing organizations which do not maintain an institution.
3. Boarding Homes for the aged, blind, or persons 16 years of age or over who are dependent, defective or delinquent.
 - a. Homes maintained by individuals.
 - b. Homes maintained by private organizations.
4. The solicitation of funds for charitable and 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.

A license is necessary to board one or more children under 16, regardless of who places such children in a home. Boarding Homes for children include not only those maintained by individuals for one or more children under 16, but also those maintained by private child-caring organizations. These latter usually provide institutional care. No license is necessary for a free home provided by an individual, or when the child is related to the individual by blood or marriage, or when a child is legally adopted by the individual. No license is necessary for a home which provides only for day care of children.

Child-placing organizations must be licensed to operate as such, even when such organizations do not maintain their own children's homes.

Boarding homes for the aged, blind, etc. include not only those maintained by individuals, but also those maintained by any private 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 is a satisfactory one. If not, the applicant must agree either to make the water supply safe by proper treatment or to obtain water from a satisfactory source.

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 other persons in these homes, as well as to the licensee.

The necessity of a license to solicit funds as described in paragraph number 4 above serves to make more sure that such solicitation for charitable or benevolent purposes in Maine is carried on only by those persons, firms, or corporations which 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 the matter of solicitation of funds.

The table below shows licenses in effect at the end of each fiscal year. There has been an 11% increase in licenses issued for Boarding Homes for Children and a 29% increase in licenses for both types of Boarding Homes for the Aged from June of 1949 to June of 1950.

Licenses in effect	Year Ending 6-30-49	Year Ending 6-30-50
1a. Children's Homes (Foster Homes).....	936	1,040
1b. Children's Homes (Private Institutions).....	15	15
2. Private Child-Placing Agencies.....	10	10
3a. Homes for the Aged, etc., maintained by Individuals	146	188
3b. Homes for the Aged, etc., maintained by Private Agencies.....	21	26
4. To solicit funds for charitable or benevolent purposes.....	13	16

INDIAN AFFAIRS

Commissioner Stevens

This Department continued to be responsible for the welfare of needy Indians and the education of Indian children during the biennium. The 94th Legislature voted against an act which would have transferred the responsibility for education of Indian children to the State Department of Education.

Approximately 275 children are now being educated at State expense. Except for the Penobscot Tribe at Indian Island, the majority attend reservation schools. Twenty-five are attending high schools at Princeton, Eastport and Old Town. Parents are free to send their children to either reservation or outside schools.

The Indian Agent is Hiram Hall of Robbinston who, according to statutes, was appointed by the Governor and Council. He is responsible to the Department after appointment.

No progress can be reported on rehabilitation for Maine Indians as only sufficient funds to provide the necessities of life for needy Indians and for the education of Indian children are available.

Expenditures for the two tribes for the first year of the biennium amounted to \$126,469.25 and for the second year, \$125,091.98.

LEGAL SERVICES

Jean Lois Bangs, Assistant Attorney General

George C. West, Assistant Attorney General

The Attorney General is elected by the Legislature of the State of Maine to serve as legal advisor to the Governor and Council and to all Department heads, as well as to represent the State of Maine in all legal matters. Obviously, the task is more than can be handled by one person and therefore the State law provides that the Attorney General has the privilege of appointing deputies, assistants and special assistants sufficient to carry out the duties of the office.

Because of the many statutory requirements for the work of the Attorney General's Department, as prescribed in the laws pertaining to the Department of Health and Welfare and because of the extent of the responsibilities of this Department, the services of two Assistant Attorneys General are required to carry on the legal work within the Department of Health and Welfare. One assistant is appointed on a full-time work basis while the other one is appointed for part-time work.

In general, both attorneys have the responsibility of advising and assisting the Commissioner and the staff of the Department of Health and Welfare in all matters pertaining to the interpretation of all laws involving the Department and its related activities; to enforce the health and welfare laws; to advise in matters of legislation and to draft or assist in drafting proposed additions or changes to the Health and Welfare laws.

An important function of the Attorney General's Department is that of enforcing the law which provides that the State of Maine shall have a claim against the estate of a person who has been a recipient of Old Age Assistance. Through the efforts of the Attorney General's Department, there was collected during the fiscal year, 1948-1949, a total of \$112,459.27, while in the fiscal year of 1949-1950, the total collected amounted to \$104,706.61. These amounts were realized as the result of the filing of claims in the Probate Courts and from reimbursements made direct from the heirs of the Old Age Assistance recipients.

In November, 1949, the services of the Attorney General's Department were requested by the Commissioner to assist in determining the settlement of Aid to Dependent Children families in those instances where the public assistance workers found it impossible to make the determination due to the fact that the settlement laws are highly technical

and complex and thereby requiring the opinion of an attorney. At the close of the fiscal year, June 30, 1950, there had been a total of 565 of such referrals, as a result of which, after thorough investigation, it has been determined that 294 cases are the responsibility of the State of Maine, while in 98 cases, such families have been declared to be the responsibilities of the various towns and cities of the State. At that time there remained 173 active cases which were still under investigation.

The Attorney General's Department has been active in the matter of following up and enforcing the orders of court for the support of children of divorced parents. The results of this activity show that there were a total collected for the year 1948-49, of \$10,491.09, of which \$4,451.19 was paid over to the recipients of Aid to Dependent Children to supplement their assistance which was considered to be insufficient to provide the families' budgetary needs. The balance of \$6,040.76 was credited to the State against the Aid to Dependent Children grant. For the fiscal year, 1949-1950, the collections were increased to a total of \$18,153.79, of which \$12,959.25 was turned over to the recipients to make up for insufficient grants and the balance of \$5,194.54 was credited to the State as reimbursement for the amounts granted.

Upon request from the Child Welfare staff, an Assistant Attorney General attends hearings in cases where a committed child has been brought before a court because of some infraction of the law. Counsel also acts in the behalf of committed children in the matter of collecting insurance which may be due as a result of an accident to a committed child.

Legal council also attends contested hearings where complaint has been brought against the parents of children on the charge that such children have been neglected, abused or the family has failed to provide suitable food, clothing and education to their family. At the time of such commitments the courts review the circumstances of the parents and when it is considered advisable, the court orders the parents to contribute a specified weekly sum to the Department of Health and Welfare to assist in defraying the cost of the care of the child or children who have been committed. In instances where the parents who have been so ordered neglect to fulfill the terms of the court decree, it then becomes necessary for counsel assigned to the Department to institute the appropriate 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 issue an execution to use against the delinquent parent, by the terms of which such parent must make satisfactory adjustment to the Department

on this debt or he may be committed to jail. In some cases, as the result of these executions, the full penalty of the law has had to be imposed until satisfactory payment to the Department is made.

Collections from the parents of committed children through the concerted efforts of the Child Welfare staff with the cooperation of the Attorney General's Department, in the fiscal year 1948-49, totalled \$15,707.11. For the fiscal year, 1949-50, the collections dropped to the amount of \$10,995.70. It is believed that this decrease is attributable to the high cost of living and to decreased employment, because in reality there was as much effort made to collect from these parents as was made in the previous fiscal year.

The Attorney General's Department has the further responsibility of preparing all papers for court in instances where it is necessary to modify or amend any court orders pertaining to payments by parents, or in order to extend the time of commitment of children to the State from eighteen years of age until such child becomes twenty-one. This is done in those cases where it is considered that such an extension of commitment is justified for the protection of the child. There are other instances where legal action is taken by the Department of Health and Welfare upon the petitions prepared by the Attorney General's Department to have children dismissed from the custody of the State where circumstances warrant.

Other Services

The attorneys are called upon during legislative sessions to assist in the preparation of proposed legislation and to prepare each week a progress report on pending legislation to be submitted to the regional office of the Social Security Board. The attorneys are continually being consulted by various members of the Department to discuss the various problems that present themselves daily relative to the Health and Welfare laws, which require either oral opinion or formal written opinion when requested by the Commissioner.

Another area in which the Attorney General's Department serves the Department of Health and Welfare is in the compilation of laws pertaining to Health and Welfare and related activity, which are prepared in pamphlet form for use of the staff and for distribution to municipal officers and other interested citizens. Rules and regulations promulgated by the Department of Health and Welfare are either drafted by or reviewed and approved by the Attorney General's Department.

Other phases of the Attorney General's work for the Department are those of preparing or approving all legal documents which are necessary to the carrying out of the Department's business, such as leases on all rented space; deeds of Indians to lands on the reservation which must by law be approved by the Attorney General's Department as to form, as well as any and all other legal forms in use by the Department of Health and Welfare.