MAINE PUBLIC DOCUMENTS

1952 - 1954

(in four volumes)

VOLUME II

MAINE
STATE DEPARTMENT
OF
HEALTH AND WELFARE

BIENNIAL REPORT

1952-1954

STATE OF MAINE

DEPARTMENT OF HEALTH AND WELFARE

DEAN H. FISHER, M.D., COMMISSIONER

Advisory Committee

Dr. Frederick T. Hill, Waterville

Mrs. Josephine Philbrick, Bangor

Frank Curran, Bangor

H. F. Staples, Gardiner

Dr. C. Harold Jameson, Rockland

Dr. Sargent Jealous, Portland

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Fred Greaves, Houlton

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James D. Ewing, Bangor

Sen. Roy U. Sinclair, Pittsfield

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DEAN FISHER, M. D.
COMMISSIONER

State of Maine

Department of Health and Welfare

Augusta

June 30, 1954

To His Excellency, The Governor
and the Honorable Council:

During the five months that I have served as Commissioner, the Department of Health and Welfare continued to operate under the policies and procedures established by my predecessor in this office, Mr. David H. Stevens, now Chairman of the State Highway Commission. Being in the unique position of having served under Mr. Stevens as Director of the Bureau of Health, and also succeeding him in office as Commissioner, my appreciation of his administration is doubly well founded.

As of this time, certain serious problems in the fields of health and welfare appear obvious. One of the most pressing of these is medical care for recipients of Public Assistance. Another is the need for a fourth category of Aid to the Total and Permanently Disabled. Still another is for the liberalization of the Old Age Assistance requirements to provide aid for certain hardship cases.

A helpful advance has been the expansion of the Advisory Committee on Health and Welfare by legislative action. This group of fifteen citizens has established sub-committees on such important problems as: adoption practices; rehabilitation; medical care and general relief.

The detailed reports of the several Bureau and Division heads deserve the careful attention of the many legislators and citizens who have evidenced interest in Maine's programs in both the health and welfare fields. The services provided have been the maximum possible with the present staff, the funds available and under the existing laws.

Appreciation is due to the administrative and elective officials of the State; to private health and welfare agencies; to physicians, legislators, and municipal officials and many others for cooperative assistance throughout the biennium.

This report is respectfully submitted in accordance with statutory provision.

DEAN H. FISHER, M.D.,
Commissioner

State of Maine

DEPARTMENT OF HEALTH AND WELFARE

State House — Augusta, Maine

COMMISSIONER
DEAN H. FISHER, M.D.

Bureau of Health

- Dean H. Fisher, M.D., Director
  - Division of Communicable Disease Control
  - Diagnostic Laboratory
  - Division of Tuberculosis Control
  - Division of Vital Statistics
  - Division of Mental Health
  - Division of Sanitary Engineering
  - Division of Maternal and Child Health and Crippled Children's Services
  - Division of Hospital Services
  - Division of Public Health Nursing
  - Division of Dental Health
  - Division of Alcoholic Rehabilitation

Bureau of Social Welfare

- John Q. Douglass, Director
  - Division of Public Assistance
    - Old Age Assistance
    - Aid to Dependent Children
    - Aid to the Blind
  - Division of Child Welfare
  - Division of Services to the Blind
  - Division of General Relief
  - Division of Licensing
  - Indian Affairs

Bureau of Administration

- Henry L. Cranshaw, Director
  - Division of Accounts and Audit
  - Division of Research and Statistics
  - Division of Business Management

Assistant Attorneys General assigned to the Department

- George C. West
- Frank W. Davis

BUREAU OF ADMINISTRATION

Henry L. Cranshaw, Director

The Bureau exercises administrative control over all Departmental expenditures, as well as providing accounting and statistical services to the various divisions of the Department. It is comprised of three divisions, namely, Accounts and Audit; Business Management and Research and Statistics.

Mr. Edward I. Albling resigned as Director of the Bureau on March 24, 1954 to assume a similar administrative position in the State Highway Department and was succeeded by Mr. Henry L. Cranshaw who had been Director of the Division of Accounts and Audit. Mr. Herbert L. Merrill was appointed to replace Mr. Cranshaw as head of the accounting section.

Another personnel change during the biennium was the retirement on her 70th birthday, May 29, 1954 of Mrs. Sara Laffin Hammons who had been Director of the Division of Business Management for many years. The personnel work which had been a function of the Division of Business Management has been transferred to the Bureau Director's office.

Among other responsibilities, the Bureau has that of arranging for rental, maintenance, space allocation, etc., for the 21 field offices of the Department, in addition to the work of authorizing and providing supplies and equipment to both field and central office personnel. In the past biennium the handling of personnel records has been improved and strengthened; the system of capital equipment control has been made more efficient and the utilization of dictating equipment has been increased resulting in more efficient and up to date case records.

As requested by the Governor, through the State Finance Officer, records have been set up to control expenditures on a line budget basis.

Comparative Statement of Expenditures
Welfare Programs

	1953	1954
Alcoholic Rehabilitation		$ 7,989.02
Blind Services	$ 86,211.64	124,239.45
Child Welfare Services		
Committed Children	1,141,273.82	1,183,794.88
Services	77,872.49	72,523.64
	1,219,146.31	1,256,318.52
General Relief		
Support of State Paupers	747,925.05	758,193.28
Jefferson Camp	65,069.30	53,068.80
	812,994.35	811,262.08
Hospital Aid	834,263.60	1,157,629.84
Indian Services		
Passamaquoddy	98,689.42	81,406.89
Passamaquoddy—Improvement Fund	8,180.15	1,592.49
Penobscot	55,968.50	43,622.44
Repairs to Buildings	3,475.37	8,205.98
	166,313.44	134,827.80
Public Assistance		
Aid to Blind	324,573.74	331,396.79
Aid to Dependent Children	4,025,977.50	4,088,865.00
Old Age Assistance	7,184,255.36	7,282,624.65
Burials	41,069.51	54,265.86
	11,575,876.11	11,757,152.30
Special Pensions	89,256.84	108,759.53
Welfare Administration	750,080.39	816,644.52
Total	15,534,142.68	16,174,823.06
Source of Funds:		
State Appropriation	6,889,284.30	7,291,499.42
Federal Grants	7,900,473.74	8,098,067.46
Other	744,384.64	785,256.18

Bureau of Health

Expenditures by Division and Source of Funds

Fiscal Years 1953 and 1954

	1953	1954
Central Administration	$ 30,378.68	$ 25,975.45
Vital Statistics	25,816.56	29,991.36
Cancer Control	8,732.45	9,182.63
Personnel Training	11,008.07	2,049.93
Diagnostic Laboratory	69,322.69	73,071.15
Maternal & Child Health	79,389.93	67,954.69
Dental Health	27,917.80	27,702.98
Crippled Children	92,618.99	81,590.60
Sanitary Engineering	107,096.42	110,750.06
Communicable Diseases	14,661.97	14,905.22
Tuberculosis Control	46,076.96	46,186.79
Public Health Nursing—State	15,335.71	20,711.98
Venereal Disease Control	8,011.26	223.70
Mental Health	30,775.56	31,631.85
Hospital Services	9,770.51	10,483.81
Hospital Survey & Planning	1,685.17	2,065.59
Control over Plumbing	13,060.71	14,434.40
Regulation of Cosmetics	7,611.32	632.00
Prophylactic Licenses	2,121.20	12.50
District Health Centers	324,862.64	341,318.00
Heart Disease	5,416.43	9,134.40
Plasma	6,487.11	—
Retirement Contribution	11,008.80	13,552.49
Total Bureau of Health	949,166.94	933,561.59
Special Boards:		
Barbers & Hairdressers	21,550.75	17,905.60
Plumbers Examining Board	8,073.14	16,393.25
Sanitary Water Board	14,409.04	17,486.87
	44,032.93	51,785.72
Source of Funds:		
State Appropriation	374,187.00	428,745.37
Town Funds	52,423.15	55,833.06
Income from Fees, Licenses, etc.	105,165.43	105,023.75
Federal	417,391.36	343,959.41
	949,166.94	933,561.59
Special Boards:		
State Appropriation	14,409.04	17,486.87
Fees, Licenses, etc.	29,623.89	34,298.85
	44,032.93	51,785.72

Comparative Statement of Expenditures

	1953	1954
Administration	$ 750,080.39	$ 816,644.52
Welfare Programs	14,784,062.29	15,358,178.54
Health Programs	949,166.94	933,561.59
Charitable Institutions	61,730.14	61,930.63
Total	$16,545,039.76	$17,170,315.28

SOURCE OF FUNDS

State Appropriation	$ 7,325,201.44	$ 7,697,389.46
Town Funds	587,507.60	605,568.76
Fees and Misc. Revenue	314,465.62	340,544.23
Federal Funds	8,317,865.10	8,526,812.83
Total	$16,545,039.76	$17,170,315.28

DIVISION OF RESEARCH AND STATISTICS

Vance G. Springer, Director

The Division of Research and Statistics has the responsibility of providing research and statistical service to the Department. The Division prepares routine reports both to federal agencies and to the departmental staff on operations of programs, prepares material for tabular and graphic presentation, plans and carries out special studies and is available for consultant service on any research and statistical problem.

Research studies either conducted or completed during the biennium include: Cost Analysis of Public Health Nursing Services; Requirements, Income, Resources and Social Characteristics of Recipients of Old Age Assistance; Characteristics of Families Receiving Aid to Dependent Children Administrative Case Review.

At the present time the Division is working with the Division of Maternal and Child Health on its report of the Rural School Health Program. The Division has also worked with the Committee on Aging to the extent of getting factual information on the aged population in Maine and helping in preparing a questionnaire which the committee plans to use to obtain factual information on problems of the aged.

During the past two years a number of annual reports have been prepared for various programs within the Department. These include: children known to public and private children's case work agencies; distribution of ages of children receiving Child Welfare Services; Children who receive physician's services under the Crippled Children's program; cases terminated under the Mental Health program; employees in the Public Assistance and Child Welfare programs; Employees who have entered and left Social Work positions; Concurrent Receipt of Old-age Assistance, Aid to Dependent Children and Federal Old-age and Survivor's Insurance and Selected Child Welfare expenditure of State and local Child Welfare Agencies.

BUREAU OF HEALTH

Dean H. Fisher, M.D., Director

In many ways this biennium has been an unusually active and interesting one. The spirit of inquiry, evaluation, reorientation, and of self-criticism has been productive, and gives promise of future activities that will meet needs realistically and economically.

Departmental personnel have completed and prepared for publication in scientific journals a series of studies on infectious hepatitis, a major communicable disease problem, and the efficacy of gamma globulin as a control measure. Another study brought the knowledge of the professional staff regarding the epidemiologic characteristics of tuberculosis up-to-date. Studies of the distribution of cleft palates, the uneven distribution of infant deaths, carbon monoxide hazards, the industrial effects of noise, and many similar projects provided information of immediate and practical use.

Program reviews, the reports of consultants, and the reports of advisory committees have been important contributions from people outside the department toward the maintenance of well adapted programs.

The Bureau has also participated as a contributor to studies carried on by others, either community groups with local problems or large groups such as those conducting the poliomyelitis gamma globulin and vaccine trials. Particular interest has been evidenced in helping local health departments with all available means, and it is hoped that additional means for such assistance can be developed. Such assistance is not a one way street by any means for the local health officer and his staff can frequently be most helpful to the Bureau. For example, the poliomyelitis vaccine field trial is being carried on almost entirely by the two local health officers in Bangor and Portland.

This matter of mutual assistance goes beyond local health departments and other official agencies, and the Bureau has had cordial and profitable working relationships with medical and hospital associations, voluntary health organizations, and committees or commissions. The work of the Sanitary Engineering Division cooperating with the Water Improvement Commission has undoubtedly permitted a far greater volume of work in water pollution control than would otherwise have been the case. This has been an example of good relationships between state agencies in sharing the burdens in a sphere of common interest. Of course, another example of cooperative planning with a variety of agencies has been the civil defense program in which members of the Bureau have taken an active part.

The hospital construction program, in which the Department acts as the state agency under the federal law, is to a large extent reported separately in the annual revisions of the plan material prepared under a special advisory council. Providing guidance and consultation for local groups, and developing the means by which projects may progress smoothly, has been an important contribution to good health in Maine. Incidentally, this program has had economic importance, and has given many community groups the experience of working toward a common goal. Amendments to the federal law will broaden this activity and will bring this Bureau, community groups, medical and hospital groups, other agencies, and individuals into the fields of chronic diseases, rehabilitation, community evaluation, and organization.

The accomplishments of the various divisions appear in their individual reports and neither repetition nor summary is necessary. The various directors and their entire staffs can feel proud of their work. It has not been accomplished without disappointments and frustrations. In the urgencies created by limitations of time, staff, and money, it is sometimes difficult to recognize to what extent patience and understanding must be factors in the operation of health programs.

The activities reported by divisions are the work of district and central office staffs, and in many instances include contributions made by local health officers, physicians, local health councils, and others who have made the accomplishments possible.

To conclude this acknowledgment of the services of many for the betterment of their fellows, a particular word should be written in memory of Doctor Charles F. Thomas who died March 13, 1954 after many years of service in Aroostook County, first as a respected practitioner of medicine, and then as District Health Officer for seven years. Doctor Thomas typified the devoted and dedicated worker without whom society would be impoverished in spirit.

DIAGNOSTIC LABORATORY

Arch H. Morrell, M.D., Director

The work of this Division over the biennium has continued normally with only those fluctuations in work load that can be expected of this type of public service. Understandably, the number and variety of tests outlined in the table which follows do not always reflect the amount of time involved in the processing and evaluation of each test. Papanicalaou smear testing is a case in point. As cancer education is translated into action for the early detection of cancer, wider use is made of the services of this Division in respect to both Papanicalaou smear and other tissue examinations.

The Laboratory also serves as maintenance and distribution center for gamma globulin supplies for the District Offices, especially District III. Many hours have been devoted to meeting and processing requests in this respect during the period covered by this report.

Fortunately there have been no serious outbreaks of disease to tax the resources of the Laboratory over the past two years.

Consultative services to physicians, hospitals, laboratory staffs and allied personnel in this field are a constant activity of this Division.

The Division has engaged in the normal amount of in-service training for its staff and two technicians received special training in serological techniques at the Communicable Disease Center in Atlanta, Georgia.

In summary as to the major activities of the Division, the volume of serological service has continued at about the same level as previously; blood specimens referred by the armed forces show marked fluctuation in volume, however. The volume of minor surgical specimens and cancer specimen has increased over the biennium. Tuberculosis tests and the many other types of diagnostic tests performed routinely by the Division have continued at about the same level.

DIAGNOSTIC LABORATORY

	1952-1953	1953-1954
I. Venereal disease tests:		
Bloods for syphilis—		
Hinton	6910	6900
V. D. R. L.	64905	55340
Kahn	6879	6170
Kolmer	210	856
Quantitative Kahn	1030	847
Quantitative V. D. R. L.	—	24
Spinal fluid examinations	376	348
Examinations for gonorrhea	1855	1804

II.	Intestinal tract disease tests—		
	Cultures for typhoid and dysentery ..	1105	1639
	Blood tests for typhoid	2308	2189
	Examinations for parasites	140	129
III.	Respiratory tract disease tests—		
	Diphtheria	129	189
	Tuberculosis—		
	Guinea Pigs inoculated	462	435
	Guinea Pigs autopsied	448	434
	T. B. Cultures	4204	3946
	Feces for tuberculosis	38	—
	Streptococcal	819	1267
IV.	Special blood tests—		
	Cultures	120	171
	Heterophile Antibody	532	594
	Rh	13771	13507
	Typing	2868	2735
	Chemistry	1891	2111
V.	Miscellaneous	632	613
VI.	Tissue specimens	1934	1601
	Papanicalaou Smears	93	158
		113736	104052

CANCER CONTROL PROGRAM

The Cancer Control Program of the Department is under the jurisdiction of this Division. A brief report is herein made of the salient aspects of the program for the biennium:

Clinic Services

The Department under this program continues to participate in tumor clinic service through payment to hospitals on bills submitted for Papanicalaou stain on cellular material on medically indigent ward or clinic patients. To facilitate reporting and billing on such cases, special forms have been devised and distributed to hospitals maintaining tumor clinics.

Hospital Aid

Payment on medically indigent patients hospitalized with a diagnosis of cancer to hospitals eligible for this aid on a per diem basis, continues as part of the Hospital Services program.

Nursing Services

As part of a generalized nursing program, the Public Health nurses of the State continue to provide follow-up service on cancer patients referred from established sources. Field visits made in this regard during the biennium total 235. This does not include the case-finding activities in which the nurses are constantly participating in conjunction with their daily rounds. Cancer education is an important aspect of the total nursing program and one in which the entire staff participates continually. The Nursing Division has been instrumental in arranging for and leading discussion following the presentation of the film BREAST CANCER: SELF-EXAMINATION in countless women's groups throughout the State, and in the distribution of many thousands of pieces of cancer literature. One of the District Health Office nursing staffs has held in-service training on cancer as one of the chronic diseases during the period covered by this report.

Films

Several new cancer films, lay and professional, were added to the film library in the past months and have been extensively used by medical, dental, and nursing groups, hospital staffs, schools of nursing, Health Councils, local health departments, P.T.A.'s, high school and college groups.

Data recorded for this service shows a total of 65 such film showings for the biennium with an estimated audience of 2,500 persons reached.

Professional and Other Education

The Department has annually taken a poll of physicians in the State to determine members interested in receiving the Cancer Bulletin published bi-monthly by the Medical Arts Publishing Company, Texas, and has arranged for free subscriptions of the magazine to all physicians specifically requesting it; has purchased and distributed an Oral Cancer Manual to all dentists in the State; purchased and distributed the brochure Manual for Cancer Programs based on the requirements for approval of a cancer program, approved by the American College of Surgeons, to all pathologists and larger general hospitals of the State; distributed copies of significant cancer studies to members of the Cancer Committee, Maine Medical Association.

The Program is providing cancer literature daily to all persons and groups requesting this and has over the biennium distributed in this way an estimated 25,000 such pieces. Several physicians have received financial assistance for brief refresher courses on special aspects of cancer; funds have also been expended under the Program for expenses of speakers on the subject of cancer at annual medical and allied professional meetings.

Future Plans

Future plans for the program include: combined lay and professional education; staff education; better coordination of existing facilities; stimulation of interest in hospital registers and in hospital tumor boards; provision of financial assistance to post-graduate medical programs, and to those medical centers which are preparing teaching materials and aids for use or loan through the profession; like assistance for training of technicians or physicians in exfoliative cytology; provision of speakers for hospital or clinic staffs—medical and dental societies; financial assistance to hospital laboratories by purchase of certain services for the indigent; enlistment of greater District participation in existing clinic services; greater refinement of reporting methods.

DIVISION OF MENTAL HEALTH

Margaret R. Simpson, M.D.

Community interest in the mental health field continues to be high, and requests for psychiatric services for children and adults have increased. The waiting lists are long, and many cases have had to wait three to six months or more before appointments have been available.

In 1953-54 the Public Health Service of the U. S. Department of Health, Education and Welfare asked all out-patient psychiatric clinics to consider and prepare to use a standard Annual Statistical report. This special form is designed to collect nation-wide information on mental health services. Specific benefits to be obtained from these reporting procedures will include:

1. Analysis of clinic's case load in terms of persons served, types of service rendered, amount of service given each patient and effectiveness of treatment.
2. Date for clearer picture of community needs.
3. Measurement of clinic's own operations against that of other clinics.

Reporting by this form begins on July 1, 1954.

Personnel

One team—a part-time psychiatrist, one psychologist and one psychiatric social worker—is stationed at the Portland Clinic which is open daily. One psychologist is stationed at Lewiston, on a full-time basis. A psychiatrist-director (part-time) and a full-time psychologist cover the other clinics throughout the State. There is a great need for another psychiatrist and two psychiatric social workers to complete three teams, so that fair coverage could be given to the entire State.

Clinics

Mental Health Clinics for children and adults are held weekly in Portland, Lewiston, and Augusta and monthly at Waterville and Bangor. The traveling clinic visits Belfast, Rumford, Rockland, Houlton, Presque Isle, and Caribou several times during the year. Diagnostic and treatment services are offered at the weekly clinics, and diagnostic and consultation services are provided by the traveling clinic. About 25 per cent of the referrals come from the schools; another 25 per cent come from private physicians; the remaining 50 per cent is made up of re-

ferrals from social agencies, courts, families and other divisions within the Department of Health and Welfare.

Play therapy rooms are part of the clinic set-up in Lewiston and Portland. Use of these rooms and equipment has increased so much during the past two years that it has been necessary to replace much of the equipment—paints, clay, blocks, dolls, guns, simple construction sets of boats, airplanes, cars, etc. Group therapy with mothers is carried on at the Portland clinic under the guidance of the psychiatric social worker.

Summary of Activities

	1952-53	1953-54
Number of New Cases	349	402
Number of Return Visits and Consultations	1725	1758
Total Number of Patient Visits	2074	2160
Number of Psychological Tests Administered	818	1042
Number of Speeches, Lectures, Meetings, Conferences, etc.	125	196
Total Number of Clinics Held	475	496

Education

The division takes an active part in teaching mental health principles through lectures to student nurses, teachers, social workers, parents and other interested groups. The Portland Clinic has case conferences twice a month to which key people in the community and other agencies are invited. A course of six lectures with discussion periods on "Psychiatric Information and Concepts and Related State and Community Needs" was given to members of the board of the Southern Maine Mental Health Association and the staff of Sweetser Study Home for Children by the staff of the division. The staff took part in giving talks to teacher groups, high school students and college groups.

The division was represented at the New England Child Welfare Association Meeting in 1953, the annual meeting of the Orthopsychiatric Association in 1954 and the Conference on Mental Health Clinic Statistics held in Washington in 1954. Some of the staff also attended the Northeast Conference of State Mental Health Authorities held twice a year in New York City and a New England city.

The Department maintains a film library, containing some 20 titles in mental health subjects and keeps in stock some twenty different pamphlets on various aspects of mental health.

DIVISION OF SANITARY ENGINEERING

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

Numerous changes in the duties performed by the Division of Sanitary Engineering were effected during this biennium. Generally they were brought about by amendments to existing statutes passed by the 96th Legislature.

Owing to an act passed by the Legislature, the Maine Cosmetic Law, effective since 1933, has been modified to the extent that as of August 8, 1953 cosmetic preparations manufactured outside the State of Maine no longer will require registration. Only those cosmetic preparations manufactured in the State of Maine will be required to be registered with this Department. However, during the first half of this biennium a total of 12,110 cosmetic certificates of registration were issued, of which 1581 were for new preparations.

The statute relating to the manufacture and sale of bedding and upholstered furniture was repealed and then re-enacted by the legislature, although under the reenactment responsibility and enforcement of the law was designated as a duty of the State Department of Labor and Industry. However, in the first half of this biennium 997 books of stamps were issued together with 61 new registrations.

Federal funds, which were previously allotted to this Department for Stream Pollution activities, were not available during this biennium. However, due to the strong interest in pollution abatement, monies were allocated to the Department from the state contingent fund. Divisional activities were coordinated with those of the Water Improvement Commission in collecting, tabulating, and consolidating data pertaining to water quality of streams and tidewater areas. Division personnel were also engaged in preparing maps from the information at hand and a study was made to determine areas of specific rivers and streams that were lacking sufficient data to enable them to be designated under tentative classifications for possible submission to the next legislature.

During the last half of the biennium, divisional personnel were actively engaged in the preparation of an addendum to the publication "Report on Water Pollution in the State of Maine, 1950."

The survey of sewer outfalls discharging to tidewaters was completed during this biennium. A chemist and engineer employed by the Water Improvement Commission together with two engineers and one chemist employed by the State Department of Health and Welfare were engaged in this survey. Results of the survey will be incorporated in the addendum to the publication "Report on Water Pollution in the State of Maine, 1950."

The requirement of testing semi-public supplies such as those from isolated hotels, lodging places, recreational camps, schools and similar sources together with samples sent from private water supplies resulted in the submission of 19,228 samples for both bacteriological and chemical analysis.

The program for testing of water from public water supplies resulted in the submission of 9,412 samples for both bacteriological and chemical analysis during the biennium. This was an increase over the previous biennium of 582 samples.

The average cost of water analysis for the biennium was estimated as follows:

	Aver. Cost for Biennium
One bacteriological sample	$1.39
One gallon sample	3.86
One case, consisting of four bacteriological samples	5.20

The two additional sanitarians assigned to the Division's regular staff by the U.S.P.H.S. and whose activities consisted of work under Rodent and Insect Control and Refuse Disposal, were re-assigned to duty outside the state of Maine during the first half of the biennium. A detailed report was prepared covering inspections, investigations, statistics, and recommendations relating to refuse disposal, rodent and insect control for the two year period in which they were engaged.

Results of the summation showed that the refuse handling practices of 212 communities, having a total population of 770,453, costs annually more than $411,000. Recommendations based upon modern sanitary practices modified to suit local conditions were made for 37 municipalities.

The report also covered the latest methods of garbage and rubbish storage, collection and disposal in the various cities and towns throughout the state. Information on rodent, fly and cockroach control and infestations of these vermin prevailing in the State was also included in the report.

Aid and instructions were given to various local groups relating to rodent and insect control.

Inspections of eating and lodging places, recreational, overnight and trailer camps totaled 28,221. The cost of inspection per establishment for the biennium was estimated at $4.95 where inspection alone was involved, but where the establishment had its own water supply there was an additional cost for water analysis making a total of $8.86 for the services provided by the Division. During the previous biennium cost of inspection for establishments without a water supply was $4.96 and for those having private water supplies $8.85.

The issuance of permits for the installation of plumbing and the inspections for same were carried out as in the previous biennium. Permits received in this biennium amounted to 13,222 or an increase of 942. An amendment of the plumbers licensing law deleted certain portions which automatically extended the license requirements of the previous statute throughout the State, and likewise the plumbing regulations which are generally known as the State Plumbing Code.

Emergency sanitary problems were handled with the same expediency as in the past. During the first half of the biennium a number of requests were made by various water companies for the loan of emergency portable chlorinators. This was brought about by flood conditions which prevailed during the spring of 1953.

During the biennium, 371 industrial plants were serviced by the Industrial Health Section and a total of 597 visits were made involving 92,305 workers. Four hundred and twenty-eight recommendations have been made for elimination of health hazards affecting 1,875 persons. Compliance has been secured with 180 recommendations involving 2,225 workers. Recommendations for sanitary improvements affecting 12,332 workers have been met. Two hundred and ninety field determinations have been made for poisonous or detrimental substances used in industry.

In addition to the regular activities of the Industrial Hygiene Section, several other projects were undertaken.

A survey of shoe-fitting fluoroscopes was conducted which showed only two machines conforming to accepted standards at the first visit. Numerous re-visits were made to encourage correction of deficiencies and at the end of this biennium, all machines have either been corrected or removed from use.

A radiological health survey of hospitals was also conducted involving 57 hospitals and affecting 150 employees with a total of 1,275 tests made for radiation leakage. This disclosed many conditions needing correction but to date very few re-visits have been made.

In cooperation with the Liberty Mutual Insurance Company, a survey of the effects of industrial noise on hearing was undertaken. This involved a number of mill employees of the local textile mill. The results were published in "The Archives of Industrial Hygiene and Occupational Medicine."

A survey of 103 garages for the investigation of carbon monoxide was also conducted involving a total of 286 tests. Of the total tests made, only 103 were within the safe limit of 100 parts per million.

Ninety-eight recommendations were made for a new system of ventilation or correction of one already in place.

Several visits have been made to establishments which have installations of Ionotron Static Eliminators to determine the amount of radiation leakage. To date, no such leakage has been found.

The following tables summarize the Division activities for the past two years:

Activities of the District Sanitary Engineers
July 1, 1952 to June 30, 1954

	Total
Chlorinators Installed	101
Inspections:	
Beaches and Pools, Swimming	49
Camps, Boys' and Girls'	245
Cross-Connections (Mills)	277
Federal Housing Administration	269
Federal Watering Points	61
Hospitals	76
Springs (Commercial)	103
Veterans' Housing	97
Other Inspections	3611
Investigations	373

Summary of Division Activities
July 1, 1952—June 30, 1954

Water samples submitted from Public Water Supplies	9,412
Water samples submitted from Private Water Supplies	17,674
Water samples submitted from Schools	1,554
Specimens submitted for special and toxicological analyses	7,514
Total samples tested	36,154
Court Cases	6
Cross Connections Inspected	365
*Eating and Lodging Place Inspections	28,221
**Inspections, Special and Routine	5,220
Investigations	440
Bedding, Retail Places Inspected	495
Plumbing Applications Received	9,099
School Plumbing Plans Approved	103
Prophylactic Inspections	626
Public Addresses	28

* 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
Maternal and Child Health

The number of live births increased compared with the number of live births in 1951. The number of infant deaths decreased and the infant death rate decreased considerably in 1954. Maternal death rates continued to decrease.

Infant Death Rate

	Live Births	Infant Deaths	per 1,000 Live Births	Maternal Death	Maternal Death Rate
1951	21,143	604	30.8	18	0.8
1952	21,199	637	30.0	12	0.6
1953	21,774	570	26.2	8	0.4

The child health activities have increased during the biennium. Referrals for the diagnostic clinics which are being held monthly in Bangor and Waterville and every two months in Presque Isle, increased considerably thus making it necessary to increase the number of clinics. The clinics are conducted by pediatricians with nutrition, medical social and public health nursing service available. The following table shows the number of clinics and the attendance:

	1953	1954
Number of clinics	30	30
Attendance	319	347

Patients were hospitalized during the fiscal year 1953 with a total of 498 hospital days; fiscal year 1954, 427 hospital days.

The number of Child Health Conferences was about the same as during the last biennium. Approximately 1,000 sessions were held with an average attendance of 16 in 1952 and 18 in 1953. This includes children who attended for immunizations only. Immunization services generally have shown substantial increase over the two year period. Cod liver oil, to supply Vitamin D for children, has been distributed freely on a state-wide basis by the public health nurses. Distribution of Vitamin C tablets has been added as a supplement to families which cannot supply the required amount of Vitamin D and C to children up to the age of 16 years.

The demonstration rural school health program which was started in School Union 102 covering Machias, East Machias, Machiasport, Marshfield, Northfield, No. 14 Plt., Roque Bluffs, Wesley, Whitneyville, in April, 1947 was discontinued on June 30, 1953 as a demonstration program. However, Federal Reserve Fund B was appropriated for the fiscal years 1954 and 1955 for an evaluation study which is in process at the

present time. When the project was discontinued the communities in the school union voted for continuation of the school health services on a smaller scope.

Fiscal year 1953

Cases examined	267
Medical follow-up cases	54
Nutrition	19
Tonsillectomies	17
Glasses supplied	23
Hospital days	25

It is planned to start a demonstration project on premature care in the fiscal year 1956 after completion of the demonstration school health evaluation study. It is hoped that Federal Reserve Fund B will be appropriated for that project. At the present time some steps have been taken towards the start of a premature program: 1) As of January, 1953, all hospitals, maternity homes and physicians have been reporting premature birth to the central office which in turn notifies the local public health nurse about the premature birth, providing an opportunity for close follow-up care. During the first year of report, 904 cases were reported. 874 born in hospitals, 19 in maternity homes, 11 at home. 2) teams of pediatricians and hospital nurses in all health districts of Maine have been sent to the Premature Institute at the New York Hospital, New York, conducted by the hospital and Cornell Medical Center, and sponsored by the New York State Department of Health and the U. S. Children's Bureau, 3) Institutes on Premature Care for Nurses were conducted in Portland, Lewiston and Bangor in spring, 1954.

Also a demonstration of nutrition teaching in a hospital prenatal clinic was carried out in the fall of 1952 at the Central Maine General Hospital in Lewiston. This project has been taken over by the hospital after discontinuation of the demonstration period. Plans are being made to carry out a demonstration of nutrition teaching in the Eastern Maine General Hospital prenatal clinic in Bangor.

Pediatric Institutes for General Practitioners, co-sponsored by the Maine Medical Association, were held in Waterville in 1952 and in Bangor in 1953.

A one week field training program in maternal and child health activities for graduate students of the Harvard School of Public Health has been conducted each year and field training for one of the physicians out of that group was provided during the summer of 1952 and 1953.

Nutrition Service

Consultative nutrition service has been increased during the biennium, especially to hospitals and maternity homes. In cooperation with

the nutrition consultant from the Bingham Associates program, a monthly bulletin "Food News" is being sent to all hospitals, convalescent homes, nursing homes, also children's homes and homes for the aged in the state. This newsletter provides pertinent material on foods, food costs control and nutrition. Eight leaflets in addition to the monthly issue of "Food News" have been completed during the biennium. Clinic interviews: 1953—449 1954—437.

Crippled Children's Services

The program expanded during the biennium in volume as well as in scope. Request for orthopedic, cardiac and hard of hearing services for children have increased considerably during the biennium.

Orthopedic Services

One clinic center in Augusta was added to the ten centers in operation previously, located at Portland, Lewiston, Rumford, Waterville, Bangor, Rockland, Machias, Presque Isle, Houlton and Fort Kent.

During the calendar year 1952, 494 new cases were placed on the state register, 633 during the calendar year 1953. At present, over 4,000 children are listed as active cases.

	1953	1954
Number of clinics	68	68
Attendance	1798	1785

Average clinic attendance 26. One clinic in January, 1954 was cancelled on account of weather conditions.

In the calendar year 1952, hospital care was provided for a period of 6,091 days, convalescent home care for 4,553 days. In the calendar year 1953 hospital in-patient care was provided for 6,135 days, convalescent home care for 3,177 days, including cardiac cases and hard of hearing cases. Appliances were provided for 66 patients in 1953 and for 98 patients in 1954. These figures do not include the appliances ordered by the state agency for polio patients and paid for by the National Foundation for Infantile Paralysis.

The rheumatic fever and congenital heart disease program with clinics in Portland and Bangor was expanded during the biennium.

	1953	1954
Number of clinics	64	65
Attendance	755	748

Average clinic attendance 12.

Cases of congenital heart disease were referred for cardiac surgery. Most of these cases were referred to the Children's Medical Center in Boston. A few were referred to the Maine General Hospital in Port-

land after the hospital added cardiac surgery to the services available there.

Hospitalization for congenital heart (surgery and diagnostic procedures):

	Cases	Days
1952	20	268
1953	35	344

Hard of Hearing Program

This demonstration program which covered Waterville and the surrounding area was expanded to a program covering health districts II to VI. The hard of hearing clinic in Waterville conducted during the fiscal year 1953 held 4 clinics with total attendance of 80. This service was discontinued at the beginning of the fiscal year 1954 since an otological outpatient service became available at the Thayer Hospital in Waterville. The program is now being conducted on lines similar to the Bangor Cardiac program, i.e., cases are examined in one of the pediatric clinics and from there referred to otologists for consultation. Follow-up including hospitalization and hearing aids, is being provided if recommended and if the families are unable to provide the follow-up care. This program is being conducted as a demonstration program with Federal Reserve Fund B appropriation.

Cardiac

This program has been conducted as a demonstration project since 1940. It will be included within the regular crippled children's activities as of July 1, 1955.

Cleft Palate Evaluation Clinic

Team approach for long term care for these cases was started in January, 1953, when plans were made for a cleft palate evaluation clinic to be conducted in Portland and to be staffed with specialists staff and district staff. Five clinics have been conducted to the end of the fiscal year 1954. Some progress has been made in planning for follow-up care by the team approach.

Speech Services

During the fiscal year 1953, 82 clinics were conducted with an attendance of 663 for 218 patients. During the fiscal year 1954, 95 clinics—attendance 716 for 207 patients.

Medical Social Service

Activities for this program over the last biennium had to be decreased since it was not possible to fill the available position of a medical social consultant II. It is hoped that full activities can be resumed by the addition of a medical social consultant II to the staff in the fall of 1954. Activities summarized for the fiscal year 1953 are: 975 interviews at clinics (orthopedic 725, cardiac 103, pediatric 102, hard of hearing 31, cleft palate 14): fiscal year 1954, 641 interviews (orthopedic 404, cardiac 120, pediatric 99, hard of hearing 8, cleft palate 10). Consultation service to other divisions of the department as well as other state departments has been provided by the professional staff. Cooperation with volunteer health agencies such as Pine Tree Society for Crippled Children and Adults, Inc., and the National Foundation of Infantile Paralysis is also maintained. The Crippled Children's Services continued to work closely with the county chapters of the National Foundation of Infantile Paralysis through the state chairman. The yearly polio preparedness meeting was an important factor in this cooperation.

Training Program

During the biennium several part-time physicians and staff members of the Crippled Children's Services attended rheumatic fever workshops at the New Haven Hospital, Conn. Plans are made for a course in orthopedic nursing for public health nurses; a seminar for two nurses in physical rehabilitation at New York University Bellevue Medical Center, and a workshop on cerebral palsy for two nurses at Boston University.

DIVISION OF COMMUNICABLE DISEASE CONTROL

Margaret H. Oakes, Assistant to the Director

The Division of Communicable Disease serves as a clearing house for statistical and epidemiological activities having to do with communicable disease and as a permanent repository for information on communicable disease in Maine. A stream of reports and information on communicable disease continually goes in and out of the Division office.

Under the law, the local health officer in each city, town and plantation has the responsibility for reporting communicable disease to the Department. The Division of Communicable Disease Control processes these reports and those received from other sources, issues a weekly bulletin summarizing the reports, prepares permanent records from them, and assembles statistics based on these reports.

When epidemiological investigations are needed, the Division cooperates with the District Health Officers in furthering these investigations, receives and records reports of the investigations and makes epidemiological studies based on them. Cases of all communicable diseases except the most common ones regularly receive epidemiological investigations to determine the source when possible and to prevent further spread. These investigations require many supplemental reports and considerable correspondence.

During the biennium the Division received and processed reports of 38,686 cases of communicable disease, including tuberculosis. During the same time epidemiological investigations were made of 1,383 cases and their contacts, including a special study of 671 cases of infectious hepatitis in 1953. These figures do not include the routine investigations of all tuberculosis cases and their contacts which are recorded by the Division of Tuberculosis Control.

Activities connected with poliomyelitis were among the most time consuming of the biennium. Reported cases came very near equalling 1949-50, the largest biennium on record. In 1953 Maine took part in the national evaluation of gamma globulin as a means of prevention of paralytic poliomyelitis. Altogether, 11,632 cc. of globulin was issued to 1,138 contacts of poliomyelitis cases. This globulin was furnished free from the national globulin pool, under the auspices of the National Foundation for Infantile Paralysis and the U. S. Public Health Service. The Division of Communicable Disease Control is responsible for accounting for this globulin. The number of cases whose contacts received globulin was 242. All but one, who received globulin five days before

onset, showed muscle involvement. Besides the regular case investigations, each of the 1,138 globulin recipients were followed individually. In addition, as a part of the Globulin Evaluation Program, all outbreaks involving two or more cases in one household were specially investigated, whether or not globulin was used. As the biennium ended, the Division was preparing to cooperate with the health officers of Bangor and Portland in the Poliomyelitis Vaccine Evaluation Program which is now being carried on all over the country.

A study of poliomyelitis from 1910 to date was an important statistical activity of the last fiscal year, special emphasis being placed on a detailed analysis of 2,212 cases reported since January 1930.

Since all globulin in the country has since May 1953 been available only from the national pool, the Division has also had responsibility for accounting for globulin issued to all contacts of measles, German measles and infectious hepatitis.

There have been several interesting outbreaks of diseases other than poliomyelitis. Besides several small family outbreaks of bacillary dysentery, one involving 55 cases occurred in a village. Infection seems to have centered around a school where children were careless about hand washing. One food poisoning outbreak of 23 cases was caused by chicken patty sauce not kept refrigerated before reheating, and another of five cases was evidently caused by cake containing streptococci.

An outbreak of nine cases of paratyphoid fever followed a wedding where turkey sandwiches were served. The other paratyphoid fever cases were scattered. One family had three cases of salmonellosis due to S. typhimurium. A husband and wife acquired trichinosis from undercooked pork; and six persons in one locality were reported as cases of trichinosis the only likely source being raw hamburger infected by improper handling in the meat markets.

All the typhoid fever cases reported in the biennium were scattered. As usual with scattered cases, the source was determined in almost no instances. Seven typhoid and paratyphoid carriers were added to the Bureau's list during the two years. Eight were removed—five through death, three convalescent carriers through release. On June 30, 1954 the list showed 61 chronic (permanent) carriers and eight convalescent or temporary carriers not released.

Of the seven undulant fever cases, two were veterinarians testing infected herds, two were infected outside Maine, one had had milk from a known infected herd, two had source unknown.

Activities of the Division not wholly connected with communicable disease control included work on a manual for local health officers, issue of which has been delayed by an expected change in rules and regulations; and gathering of material for a study on the epidemiology of non-motor vehicle accidental deaths in Maine during 1953.

The figures below show better than words can do the change in the communicable disease picture in the past two decades. As old problems cease to loom up, due to immunization or other measure of control, new ones arise.

Reported Cases of Some Important Communicable Disease

	1952-54	1950-52	1942-44	1932-34
Chickenpox	8,920	7,115	5,108	4,256
Diphtheria	4	37	48	165
Dysentery, Bacillary	82	13	3	0
Food Poisoning	34	107	*	*
German Measles	4,928	1,389	1,176	1,070
Hepatitis, Infectious	1,370	108	*	*
Influenza	1,180	9,742	839	5,571
Measles	6,413	13,439	8,963	768
Meningococcal Infection	59	56	182	18
Mumps	9,119	3,602	2,662	800
Poliomyelitis	474	145	54	126
(Paralytic)	(368)	(86)	(39)	(86)
Streptococcal Nasopharyngitis	3,564	988	1,912	1,559
Typhoid and Paratyphoid Fevers	35	42	56	388
Undulant Fever	7	14	74	45
Whooping Cough	654	2,292	3,325	3,578

* Not reportable at that time.

DIVISION OF HOSPITAL SERVICES

Lillian Nash, R.N., Director

This Division is now concerned with the administration of two programs, (a) licensure of Hospitals and Related Institutions, and (b) State Hospital Aid. In January 1954, work in connection with hospitalization on State Paid Programs was transferred to the Division of Accounts and Audit in the Department.

Hospital Licensing

During this biennium no changes have been made in the licensing law or in the requirements and standards pursuant thereto. Number of licensed hospitals and related institutions in Maine with bed capacity: June 30, 1953, 278 institutions—6330 beds. June 30, 1954, 294 institutions—6488 beds.

Official annual inspections have been made by the District Health Offices, the District Sanitary Engineers and by representatives from the State Insurance Department. A continuing effort has been made to bring about realization of need to comply promptly and effectively with all directives following fire inspection by the State Insurance Department.

During the biennium, major recommendations made by inspectors from the State Insurance Department have been met including the following specific items: Installation of fire escapes, enclosure of boilers in fireproof rooms, installation of sprinkler systems, fireproof rooms for oxygen, exit doors rehung to open outward, conductive flooring provided in operating rooms and delivery rooms, heat activated alarm systems provided, dumb waiter shafts lined with fire resistant material, automatic emergency lights provided for halls and exits. The responsibility of licensed institutions to provide for the maximum degree of safety to the occupants is of paramount consideration.

Initial fire clearance is required before issuance of a license. The importance of fire safety in hospitals and related institutions cannot be overestimated, or too greatly emphasized. Constructive advice and interest at the time of inspection should result in improvement of physical features, general operative procedures. An educational program may prove valuable in such regard.

It must be realized that many small hospitals and the majority of nursing homes are converted residences with particular need to conform to fire safety standards. Otherwise no fire safety is offered to the occu-

pants. Every licensed institution, from the largest general hospital to the smallest nursing home should be aware of the responsibility to meet all requirements, to comply with all fire recommendations, to provide for a maximum degree of safety, to overcome hazards, and to have an organized plan for the meeting of emergencies. Regulations governing licensure are designed to assure a safe and consistent level of care regardless of size or location.

In a previous biennial report, it was recommended that consideration be given to the endorsement of a Maine Association of Nursing Homes. It is gratifying to report that the operators of these homes formed an association in June 1954.

The interest shown by the membership of this organization indicates concern for the development of higher standards on the part of the nursing home operators. In the sharing of ideas in the same field of activity, strength and power in accomplishment of basic principles may result.

The association has been assured of the interest of the Department of Health and Welfare in the consideration of future possibilities for the evaluation and carrying out of desired objectives, intensive supervision and education through institutes, publications by consultative and advisory services on the part of the licensing agency that may well serve as a goal. Nursing homes in the community may then have due recognition in a complete patient-care plan.

Nutrition Consultation has continued to expand during the past biennium with the publication of a monthly leaflet "Food News," which is sent to all hospitals, nursing, and convalescent homes. Approximately eight visits on nutrition consultation were made to nursing homes during the year 1953-54, with equal number made to hospitals. It is planned to expand these services further and to bring nutrition information to the members of the Maine Association of Nursing Homes organization through the meetings and workshops of that organization.

Much of the assistance to nursing homes by the Nutrition Consultant is carried out through information in "Food News," materials offered in "Food News" and correspondence. During the year 1953-54 there were thirty-eight communications with nursing home operators. In addition to this many materials on nutrition, foods, and sanitation offered in "Food News" were requested and sent to nursing homes.

The Nutrition Consultant has continuing contact with dietitians throughout the State and attempts to keep them informed, interested, and up-to-date in nutrition and diet therapy.

Among the objectives for the coming biennium, particularly with reference to nursing homes and small hospitals, development of nurse consultation service should be considered. Exploration through public interest for more adequate provision of unmet needs for chronic disease units may also be worthy of consideration.

In the second half of the biennium, 297 licenses were issued. In this period, 320 fire inspection reports were received from the State Insurance Department, also 187 reports from the District Health Officers and 148 plumbing survey reports. In addition, approximately 230 visits and inspections were made by the Director of the Division of Hospital Services, in the year ending June 30, 1954.

State Hospital Aid

The 96th Legislature made an appropriation of $2,220,000 for the biennium ending June 30, 1955. This has resulted in an increase of $400,000 in the total appropriation of $1,800,000 in the previous biennium.

During the last legislative session, the statutes were amended to define responsibility of relatives toward payment of hospital care if of sufficient financial ability to do so. Responsible relatives include the spouse, parents, and adult children living in Maine. It has therefore become necessary to require hospitals participating in the State Hospital Aid Program to submit detailed information concerning the financial resources of all responsible relatives. This permits careful review of all applications to determine if approval or rejection shall be made.

In determination of total assets and liabilities of the patient or family, as well as of responsible relatives, the hospital is in a position to justify an application for this form of assistance for medically indigent individuals. In the administration of this program an impartial review of application has been promoted, and a consistent effort made to place additional responsibility with the hospital in the submission only of well authenticated requests for State Hospital Aid.

In August 1953 a Field Examiner was added to the staff of the Division of Hospital Services. This examiner has been concerned with problems of field investigation, and with dissemination of knowledge with reference to the over-all features of the program. Audit of State Hospital Aid accounts in participating hospitals to determine necessity of refunds to the appropriation has proved of particular value.

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

HOSPITAL AID

Financial Report

Fiscal Year: July 1, 1952 to June 30, 1953		Fiscal Year: July 1, 1953 to June 30, 1954	
Funds Available		**Funds Available**	
State appropriation	$800,000.00	State appropriation	$1,100,000.00
Refunds from hospitals	34,263.60	Refunds from hospitals	57,629.84
Total Available	$834,263.60	Total Available	$1,157,629.84
Expenditures		**Expenditures**	
Hospitals	834,254.62	Hospitals	1,157,615.72
Unexpended Balance	8.98	Unexpended Balance	14.12
Patient rate per day paid all hospitals quarterly:		Patient rate per day paid all hospitals quarterly:	
Quarter ending Sept. 30, 1952	6.635	Quarter ending Sept. 30, 1953	9.943
Quarter ending Dec. 31, 1952	6.027	Quarter ending Dec. 31, 1953	10.282
Quarter ending Mar. 31, 1953	6.211	Quarter ending Mar. 31, 1954	9.294
Quarter ending June 30, 1953	6.576	Quarter ending June 30, 1954	9.237
Average rate for year	6.337	Average rate for year	9.689

SERVICE SUMMARY

Fiscal Year Ending June 30, 1953		Fiscal Year Ending June 30, 1954	
Participating Hospitals	62	Participating Hospitals	63
Total days allowed	130,600	Total days allowed	119,366
Total newborn days	4,795	Total newborn days	4,124
Cases paid by State	7,697	Cases paid by State	6,818
Average number days treatment per case	18	Average number days treatment per case	18

DIVISION OF DENTAL HEALTH

Dr. A. H. Garcelon, Director

The activities of the Division over the past biennium fall mainly into the following major programs: dental decay prevention through fluoridation of public water supplies and topical applications of sodium fluoride solution; dental health education for improved mouth care; and consultive advisory service to communities developing or continuing mouth health services.

Encouraging and assisting communities throughout the State to fluoridate their respective water supplies has received particular emphasis. To this end, the services of several other divisions of the Bureau of Health, many agencies and many persons have been enlisted, including personnel from the District Health offices, physician and dentist groups, the U. S. Public Health Service, town and city officials, local health departments, hundreds of local lay committee members, the press and radio. From October of 1953 to May 1954, Division personnel alone covered 24 speaking engagements in behalf of this program. The Director of the Bureau of Health, staff of this Division, district health officers, nurses, health educators, sanitary engineers—all joined in the team approach to the program on a state-wide basis.

Generally, activities were concentrated in those communities in which interest was already apparent—from Madawaska on the north to Kittery in the south. In all, 21 widely scattered areas of the State were actively involved in carrying the facts to their people to bring the matter to popular vote. Of eighteen such communities voting on this public health measure last spring, twelve obtained the approval of the electorate. Three other communities had previously voted favorably and one, Norway, initiated fluoridation in October 1952.

At the present time, Woodland in Washington County has purchased equipment and received approval of its plans for installation. Brunswick is reported as having ordered equipment. Several other communities are currently seriously considering the measure or planning for its commencement.

Mass production of supportive educational materials has necessarily been greatly augmented. Much of the material was purchased from available sources, several divisions of the Department combining forces in the selection, assembly and distribution. By far the larger proportion, however, was produced or processed by the Department in response to the needs of the communities involved.

By reason of the continued interest manifest in many communities and for assistance to those communities currently working to translate the popular vote into action, activities of the Division have remained at a high pitch. Indeed, it is hoped and expected that the assistance offered by the Division may endure and increase until all Maine communities with public water supplies have incorporated fluoridation as a substantial part of their vested local programs.

The Division has continued to supply topical applications of sodium fluoride solution for decay prevention to child populations in cooperating communities. For the first year of the biennium, five dental hygienists including two working in conjunction with the Federal Program for this purpose, were actively employed in 67 towns. The Federal Program having been withdrawn soon after the beginning of the second year, four dental hygienists completely under jurisdiction of the Division, continued in 57 communities.

For these topical application projects, the communities through appropriations or interested service clubs have contributed nearly one-half the actual cost.

Over the period covered by this report, the dental hygienists gave 34,939 topical applications to 8,797 children; taught mouth health lessons to 10,899 children in their classrooms; and gave individualized or group instruction in needed mouth care to an additional 4,206 children.

It is presently planned to increase the dental hygiene staff to five for the continued operation of the above program, and towns without public water supplies will receive even greater priority consideration for more equitable distribution of known dental decay prevention services.

Although composite statistics on all towns are not yet completely compiled, it is heartening to observe that many individual towns show 25-30 percent of their children have no new cavities in teeth which received topical applications 3 years previously.

Independently operated community projects in other towns of Maine fall roughly into three types of programs—preventive, corrective and educational. During the closing biennium, corrective and educational programs have been established in Old Town and Bangor. A combined educational and preventive (topical applications of sodium fluoride) project has been initiated in Portland to augment their long-standing corrective program. Corrective dentistry either through established clinics or referral of patients to the offices of practicing dentists is currently carried on in 62 towns of the State.

The Division has loaned equipment to and assisted in the planning for six additional communities to carry on their own topical application of sodium fluoride projects,—namely, Winslow, Rockland, North Vassalboro, Corinna, Dayton and New Gloucester.

In line with the previously established policies, the Division's mobile unit (trailer equipped as a complete dental office) has been loaned to communities without a resident or itinerant dentist—largely those communities in coastal or insular areas of the State. This loan has principally occurred during summer months when recently graduated dentists have been available for short engagements under jurisdiction of the borrowing organizations.

The Division staff has rendered consultive services to communities whenever called upon to do so; also to such other programs as Vocational Rehabilitation of the Department of Education; to the Maternal and Child Health Division and related programs; to the Crippled Children's Program and to the Department of Institutional Services.

DIVISION OF TUBERCULOSIS CONTROL

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

For 72 years it has been known that tuberculosis is caused by a specific organism, the tubercle bacilli. During all this time ceaseless efforts have been made and are continuing to be made to find a specific cure.

The means by which tuberculosis can be controlled in humans are known; but society is reluctant to penalize its presently infected members in order to safeguard future generations. It considers that the end result of public education, as slow as it is, will have more lasting effect than would a dictatorial law-enforcing isolation of every infected individual.

Control programs are geared to teaching the general public, by accepted educational methods, and by specific programs of case-finding and treatment, the cause of the disease, how it spreads, how it can be treated, how it can be avoided; with all the ramifications such programs entail.

No significant change in the program of the Division has occurred since the last report. During the last two months of the biennium, citizens residing in some of the more sparsely populated areas of Washington, Aroostook, and Franklin counties were enabled to have chest x-ray service brought to their individual communities. This was made possible by the use of a mobile x-ray bus which was assigned to this State by the United States Public Health Service on a loan basis. The fact that this unit has its own power generator makes such service possible in small communities. A total of 5618 individuals were x-rayed with this unit during these two months, resulting in further study of 340 individuals. 70 mm film results:

Abnormal findings	340
suspected TB	215
suspected non-TB chest disease	63
suspected cardio-vascular disease	62

Along with some of the ever-present problems with which the Division is confronted, such as continuing attempts to stimulate reporting of cases, to encourage improved follow-up of known cases, and to maintain proper management of the recalcitrant patient, it is realized that the advent of drug treatment is rapidly putting the Division in a position where it must take a stand regarding home treatment programs.

This Division as the official control agency is expected to, and should take, the leadership in any decision concerning wide-spread public programs of this type.

This problem has many facets, and a judicious decision can be reached only by proper appraisement of the facts. The Division realizes that all TB patients benefit by some residence in a sanatorium; for even with specific drugs available for treatment, rest continues to play its part. In the sanatorium the patient learns by experience not only what is meant by rest for the tuberculous, but he also gains general information about the disease which gives him an understanding of why he need make certain adjustments in his life, and how he can protect his associates from contagion.

The Division also realizes that there will always be certain people who will not, or can not, adjust themselves to a sanatorium regime; and with a specific aid at hand which, wisely used, may render a patient non-infectious, at least for some period of time, thus reducing a source of infection among the general population, it must decide whether or not its sanction of home-care programs is made obligatory by its mandate under the law which charges it with the control of this disease.

Program accomplishments are now measured by the number of new cases which develop each year, rather than by the number of deaths occurring. Both the tuberculosis death rate and case rate in Maine continue to decline. During the calendar year of 1952 the mortality rate in this State was 10.9 per hundred thousand; the case rate was 44.8 per hundred thousand. During the calendar year of 1953, the mortality rate was 9.5 per hundred thousand; and the case rate 39.1 per hundred thousand.

Below is a statistical break-down of the new active cases reported for the fiscal biennium. Of the total of 717 cases reported, all but 71 were pulmonary.

AGE AND SEX DISTRIBUTION

	Biennium			1952-53		1953-54	
Age	Total	M	F	M	F	M	F
Under 5	16	10	6	5	3	5	3
5 to 14	24	15	9	10	4	5	5
15 to 24	105	54	51	32	36	22	15
25 to 44	237	129	108	70	54	59	54
45 to 64	208	172	36	76	17	96	19
65 and over	115	79	36	43	16	36	20
not specified	12	8	4	8	2	0	2
	717	467	250	244	132	223	118

Certain striking facts are shown by these figures, one being that 65% of the total cases reported for the biennium were males. Reporting of males predominates in all age groups; the greatest single difference being shown in the 45 to 64 year group where nearly five times more men

were reported than women. The discrepancy between the sexes is not as marked between the ages of 15 and 44.

To further emphasize the need for unrelenting public education, the Division offers this report of an epidemiological study made of the eight cases reported during the fiscal year 1952-53 who were under five years of age. This study was made to determine the source of infection if known. Seven of the eight children were diagnosed as tuberculous meningitis; one was reported as active primary phase tuberculosis. Of the seven cases of TB meningitis, one was reported by death certificate and three others died after being reported. These eight children ranged in age from 7 months to 4 years. For one four year old boy, the source of infection could not be traced. For the other seven, the source was traced directly to an adult member of the family. In one instance a mother was diagnosed by x-ray following the child's diagnosis. In every other instance, a heedless adult in the home was responsible for the child's illness.

A system for exchanging pertinent information regarding patients entering the sanatorium has been worked out with the Department of Institutional Service. 45.5% of the cases reported during the biennium were first known to the Division by application for admission to a State sanatorium. Information submitted by the Department of Institutional Service indicates there were 875 admissions to the three State sanatoriums, and 953 discharges. Of the 875 patients admitted, previous admissions were recorded in this office for 182 or 21%. Of the 953 discharges, 193 patients left against medical advice. Of the 193 who left prematurely 66 or 20% returned to their respective communities with tubercle bacill their sputa.

The Tuberculosis Case Register in the Central Office contains an average of 2200 reports of patients who continue to need medical and public health nursing supervision.

This Division has continued supplying films to certain general hospitals for routine admission x-rays. One local community clinic is also supplied with film.

Casefinding by mass x-ray projects and regional x-ray centers for the x-raying of selected groups continue as functions of the Division.

The following table indicates the number of individuals x-rayed under the mass survey program.

	Biennium Total	1952-53	1953-54
4 State Institutions	1944	346	1598
10 Colleges	7289	3130	4159
School personnel (14 county conventions)	7135	1996	5139

36 Community Surveys	78,446	61,928*	16,518
17 Industrial Groups	11,069	894	10,175
5 Armed Forces Reserve Groups	972	311	661
TOTAL	106,855	68,605	38,250

* USPHS 35,533

Four hundred sixty-seven cases of pulmonary tuberculosis, active or inactive, were noted in the x-ray interpretations. One thousand two hundred thirty-one other significant findings were noted.

Percent of Pulmonary TB and Other Significant Pathology Noted in Films

	% TB		% Other Significant x-ray findings	
	1952-53	1953-54	1952-53	1953-54
State Institutions	1.4	2.0	3.7	2.1
Colleges	0.1	0.2	0.8	0.9
School Employees	0.3	0.1	1.1	1.2
Communities	0.5	0.35	0.95	1.5
Industries	0.7	0.5	8.1*	1.2
U. S. Armed Forces Reserve	0.0	0.0	0.3	0.1

* Silicosis

3036 films were taken at regional x-ray clinics. 63 new suspicious and 16 new active cases were referred to private physicians for further follow-up. 82 previously diagnosed cases reporting to the x-ray clinics were still considered to have active diseases.

DIVISION OF PUBLIC HEALTH NURSING

Helen F. Dunn, R.N., Director

Public Health Nursing is recognized as an important part of any community health program. The function of the Division of Public Health Nursing is to cooperate with other health agencies and other divisions of the department in providing adequate public health nursing service in the State. This is accomplished through consultation or advisory service offered to official and private nursing agencies and through direct nursing service in those areas of the state where there is no organized service.

Through the Enabling Act Service local communities with a population of six thousand or under are assisted with the establishment of a nursing program and maintenance over a five year period. The State bears 50 per cent of the cost of salary and transportation of the nurse the first year. Each year thereafter, the contribution is decreased 10 per cent until at the end of five years the town assumes the full cost of service.

The annual census of nurses showed that on January 1, 1954, there were 145 public health nurses in Maine, employed by 62 agencies. Comparison with the 1944 census indicates that at that time there were 69 agencies employing the same number of nurses. The non-official agencies decreased whereas the number of school departments and local health departments employing nurses remained the same.

The chief reason for the decrease in non-official agencies was the discontinuance of nursing programs by Insurance Companies and the change of policy of the Maine Tuberculosis and Health Association whereby the Association urges the local affiliated organizations to discontinue nursing programs and develop health education service. The decrease in non-official agency sponsorship of nursing programs indicates a trend toward recognizing public health programs as a community responsibility for which tax support must be provided. On July 1, 1952, the nursing program of the Aroostook County Anti-Tuberculosis Association was transferred to the District staff. There were many problems involved in integrating into a generalized program, a very personal type of service carried by one nurse for about forty years. However, the staff met the test and it is believed a very satisfactory service was developed. During the year, the Bangor-Brewer Tuberculosis Association discontinued its nursing service. Assistance was given in making plans for the continuation of public health nursing service under other auspices.

During the biennium the staff worked in 458 towns and plantations with a population of 414,359. Based on the 1950 population census this means that with forty-one staff nurses, the Division serves 45.3 per cent of the total population in Maine. Ninety-six nurses employed by other agencies are responsible for 54.7 per cent of the population. Subtracting the population (29,978) in communities with enabling act services the ratio of nurses to population in the territory served by the Division staff is about one nurse per 10,000 population.

This is, of course, a totally inadequate staff for meeting all public health nursing needs in a community. It is therefore imperative that this program be carefully analyzed for the selecting of acitvities which will best meet public health nursing needs in the State.

With the rapid advances in Public Health, formal education rapidly becomes outdated. Therefore, it is important that the staff be given opportunities through a staff education program to keep abreast of new developments in health and allied fields. The staff in each district planned their own program based on their particular needs. Their programs covered a wide range of subjects — "Youth Participation in Community Health Activities," "Newer Aspects and Public Health Nursing Implications in Arthritis, Cerebral Palsy, Epilepsy, and Other Diseases," "Techniques of Interviewing." Regional Institutes on Mental Health, Care of the Premature, Geriatrics and Poliomyelitis were arranged by Department staff or some other group.

Two nurses attended a Rheumatic Fever and Cardiology Workshop; one attended a workshop on Growth and Development, and one attended a workshop of Cerebral Palsy.

Nurses from private or local official agencies were invited to participate in the staff education program. This is a service that is much appreciated by the agencies with a small staff as it gives the nurses an opportunity to have the stimulation of work with a larger group.

One member of the staff who is a qualified Red Cross Instructor taught the Instructor's Training Course to a group of 10 nurses.

Members of the staff participated in professional nursing organizations and were allowed time for attendance at meetings of allied organizations. The staff was honored to have a member elected President of the Maine State Nurses Association. The Educational Director was appointed by the Governor as a member of the Board of Registration of Nurses to fill the unexpired term of a member who had left the state.

Field experience was provided for nurses in basic, graduate nurse and graduate programs in nursing. The field staff in all districts participated in the program.

In the fall of 1952, an experimental program was set up at St. Mary's Hospital School of Nursing in Lewiston, whereby eight basic students were given one-month field observation. The program was continued for 1953-54 with eight students taking advantage of the experience.

Assistance was given to the faculty of three other schools of nursing in order that students might have a concept of community nursing. At the Maine Medical Center, where University of Maine students were having clinical experience, selected observation and conferences were arranged prior to their pediatric and public health nursing experience. Clinical observations were arranged for students at Eastern Maine General. At Mercy Hospital the staff participated in a course on community resources.

The Educational Director and members of the staff assisted in the program arranged for basic nursing education students from Boston University, who had rural hospital experience at Thayer Hospital in Waterville.

Following is a summary of the number of students and the institutions from which they came:

1952-53		1953-54	
Boston University		Boston University	
Graduate nurses	1		
Graduate students	1		
Basic students	9	Basic students	14
Simmons College		Simmons College	
Graduate nurses	2	Graduate program	1
Rockefeller Foundation	1		
Bates College		Bates College	
Basic students	3	Basic students	11
N. E. Baptist Hospital			
Basic Student	1		
Saint Mary's Hospital		Saint Mary's Hospital	
Basic students	8	Basic students	6
Maine Medical Center		University of Maine	
		Basic students	3
TOTALS	26		35

No program can be successful without the understanding and support of the people it serves. It is gratifying to report the steady increase in the number of local Health Councils. This is an indication of the awareness of community leaders that public health is a community responsibility.

Not only has there been an increase in the number of active councils, but the organizations have been strengthened by wider representation and sponsorship of programs of vital concern to every citizen in the community. Their programs include: community surveys; rural sanitation; water fluoridation; mental health. The annual meetings held in each District brought together representatives from the Councils in the area who through an exchange of information and plans gained help in solving their local problems.

The following charts give statistical data on various services over a five year period.

Table I

	Admissions to Service		Home Visits	
	1952-53	1953-54	1952-53	1953-54
Totals	10,368	9,455		
Antepartum	778	625	1,408	1,225
Postpartum	673	540	1,027	846
Infants	3,207	2,716	7,620	6,930
Preschool	2,351	1,887	6,233	5,581
School	791	820	2,233	2,061
Crippled Children	1,133	1,392	2,802	2,982
Morbidity	399	471	2,670	2,816
Adult Health	285	243	736	568
Communicable Disease	19	14	34	49
Tuberculosis	713	737	2,501	2,306
Venereal Disease	19	10	85	33
Totals	10,368	9,455	27,349	25,397

Table II

Immunizations

	1952-53	1953-54
Totals	45,875	52,004
Smallpox	8,196	9,240
Diphtheria	13,123	14,794
Whooping Cough	11,174	12,242
Tetanus	12,656	14,962
Typhoid	726	806

The total number of immunizations for 1953-54 were increased over the two preceding years but there was a decrease from 1950-51 when an intensive immunization program was conducted as a part of Civil Defense.

Table III

Child Health Conferences

	1952-53	1953-54
Number of Towns	368	269
Number of Conferences	1,030	1,073
Number of Attendance	17,929	18,863

The number of towns where conferences were held shows a decrease over the two previous years, since an effort was made to combine conferences in those towns where attendance was small. However, there was an increase in the number of conferences and attendance. Evidence of progress may be noted by comparing the statistics for the current year with 1944 when 445 conferences were held against 1,073 in 1953-54.

In all areas of the State improvement can be reported in school programs. There is better screening of pupils for examination, more complete medical examinations being given and increased interest on the part of teachers and parents in referring children needing special attention. More emphasis is being placed on parent responsibility for the health of their children. Much of the improvement has come from the fine teacher-nurse conferences.

DIVISION OF VITAL STATISTICS

Parker B. Stinson, Director

The Division of Vital Statistics maintains a complete file of births, marriages, divorces, and deaths occurring in Maine since 1892. The files of the Division now contain nearly 3,000,000 records of vital events.

New Records

During the biennium ending June 30, 1954, the Division added 87,120 records to its files. The following table shows the numbers of each kind of record received during the biennium:

Type of record	Number received during biennium
Birth	42,631
Death	19,574
Marriage	16,951
Divorce	4,514

In addition to the records of current vital events listed above, the Division also received 3,450 delayed returns of birth for filing and received orders to correct or amend 5,820 records already in its files. Included in the latter were 2,056 court orders amending records of birth after adoption.

Certified Copies and Verifications

During the biennium ending June 30, 1954, the Division issued 22,868 certified copies of births, marriages, and deaths, not including copies of birth records issued free for school entry. This represents an increase of nearly 20 per cent over the number of certified copies issued during the previous biennium. The Division also verified information pertaining to 21,268 vital events for public agencies. This represents an increase of 7 per cent over the number of verifications requested during the previous biennium.

Microfilming

The Division has prepared a microfilm transcript of each birth and death received during the biennium for the National Office of Vital Statistics. The preparation of microfilm transcripts, which was initiated during the previous biennium, has effected a substantial saving, both in cost and in effort over the former practice of providing hand transcribed copies for the National Office of Vital Statistics.

The Division also provides microfilm service for other divisions in the Department of Health and Welfare for the purpose of microfilming old records in order to conserve space, and provides microfilm service

for other state agencies in cases where it is necessary that flat bed microfilm equipment be used.

The Division is now receiving microfilm copies of all town records of vital events occurring before 1892. These copies are being provided free of charge by the Genealogical Society of Salt Lake City, Utah. Upon the completion of this project, the Division will have as complete a collection of early Maine vital records as it is possible to assemble. This collection of old records should prove of great interest to persons interested in genealogical research, and may prove invaluable in the event that original town books are destroyed in future catastrophes.

Photocopies

The Division has prepared a photocopy of each birth occurring in Maine during the biennium and forwarded it to the parents as a check on the accuracy of birth registration.

The Division also provides photocopy service as required by other divisions in the Department.

Statistical Services

At the end of each calendar year the Division prepares and publishes an annual report containing an analysis of births, marriages, divorces, and deaths among Maine residents during the previous calendar year.

The staff of the Division makes itself available to other divisions in the Bureau of Health for consultation on statistical matters, and prepares such special studies as other divisions may require.

PUBLIC HEALTH EDUCATION

Ruth T. Clough, Health Education Consultant

In reporting the activities of this program, it is fully recognized that health educational endeavors do not readily lend themselves to well-defined measurements of accomplishment. Pamphlets and other publicity media produced and distributed; films selected, distributed and presented; exhibits created and displayed; speeches made and discussions stimulated; special community health projects organized, carried out, evaluated; workshops, conferences, seminars, forums arranged and executed—these are but the methods employed in "helping people to help themselves" to health.

It is the wide gap between the "knowing how to do and yet the doing of" wherein lies the infinity of opportunity for service on the part of every public health program—for every public health service and worker uses the tool, health education.

Progress for the program over the past two years appears to be indicated in the more selective, requests for service,—the wider variety of departmental and community programs and services in which this office has participated,—the greater volume of technical and consultative assistance rendered in both old and new programs. Much of this last is due, it is felt, to the addition of an assistant to the staff, one whose past training and experience has greatly facilitated the work of the office and added materially to the quality of service rendered.

A summary review of major activities in which this office has been engaged over the biennium, follows:

- Assistance to all divisions of service and to other departments in the State service, in the educational aspects of their respective programs;
- Cooperation with the assistance to voluntary health agencies, professional groups—schools, local health departments and officials, lay health councils and committees, service clubs and countless individuals in the identification of health needs in their specific jurisdictions with assistance in methods, programs and services for meeting these needs;
- Helping communities organize for mass TB X-ray surveys; for fluoridation of public water supplies and similar programs which lend themselves to total community involvement,—developing educational programs promotional to these ends;

- Compiling and distributing news releases on health subjects for the press, radio, professional and lay house-organs and for departmental bulletins;
- Developing and maintaining a reference library of health materials and resources for the Department and for the public on a limited scale—doing the necessary research in response to public demand for service in this respect—compiling, revising, and distributing bibliographies, literature and film lists,—allied reference materials;
- Selecting, pre-viewing, processing and distributing films to a wide variety of sources throughout the State;
- Preparing literature and bulletin materials for many divisions of health service in the Department, and for allied programs; preparing exhibits and other visual aids for Department programs and for community groups;
- Assisting Department personnel with in-service training programs and orientation of new workers.

During the biennium, staff of the office have participated in planning community health surveys; in training techniques and methods courses; public speaking workshop; school health workshops; accident prevention and safety programs; personnel training programs; Civilian Defense organization, planning and training; nutrition seminars and program planning; have assisted professional and lay groups in special studies such as nursing surveys and the problems of the Aging; medical care surveys; health education programs developed as adjuncts to clinical services offered in general hospitals.

Future plans for the program include: wider services to local health departments and programs compatible with personnel available for this service; greater emphasis on and assistance to school health programs; continuance of community organization for meeting identified health needs and projects; expansion of in-service training methods and assistance with health education methodology in collegiate and teacher training programs.

DIVISION OF ALCOHOLIC REHABILITATION

Max P. Good, Director

The Division of Alcoholic Rehabilitation is the newest addition to the Department of Health and Welfare and for that reason some space will be devoted to the history of its development.

In the year 1949, through Legislative Act, there was created within the State structure a seven member Liquor Research Commission for the purpose of studying certain unwelcome conditions arising from the sale and use of alcoholic beverages in Maine.

In 1951, after an intensive 2 year survey, this study commission presented an excellent factual report to the 95th Maine State Legislature which stated as of that time:

1. The State of Maine has enough compulsive drinkers of alcoholic beverages to create a serious problem.
2. The problem is not being dealt with, even on the most inadequate basis.
3. The corrective methods (or lack of corrective methods) now being used are both useless and ill advised.

This Commission suggested that a prudent, State-sponsored program be adopted to remedy this situation. The 95th Legislature appropriated funds for this purpose and passed additional legislation which authorized the Commission to further study this situation and develop a definite plan for action.

In 1953 the Liquor Research Commission submitted a progress report to the 96th Legislature and after due deliberation the following conclusion was reached: If compulsive drinking, or alcoholism, has assumed the proportions of a public health problem, why should it not be considered as a public health responsibility and arrangements made to treat it at the same level as other public health problems? A new Act was passed at this time which provided for the Department of Health and Welfare to succeed the Liquor Research Commission and on August 8, 1953, the Division of Alcoholic Rehabilitation was created within the Bureau of Health and a seven member advisory committee was designated by Governor Burton M. Cross to counsel a full time director.

On September 2, 1953 within this new structure an organizational meeting was held and plans were drawn whereby, "education regarding alcoholism as an illness" would be the principal objective of the program during the remainder of the biennium which would end on June 30, 1954. The director was instructed to work closely with all existing

agencies both public and private to inform the general public about alcoholism and to gradually develop a sound and sensible program aimed at the physical and economic recovery of the alcoholic.

Alcohol Education Services Offered

An Information Center was immediately established at Augusta within office space located in the Bureau of Health and consultation services were made available. Literature, posters and films on alcoholism and alcohol problems were selected and obtained for distribution. A limited number of qualified speakers were developed for groups who wanted such service. A series of radio broadcasts was prepared for State-wide airing and articles about alcoholism have been supplied to the press in the interest of public information. A descriptive brochure, listing the various services offered was circulated in large quantities throughout the State with thousands of people becoming advised that definite attempts were being introduced to help control compulsive drinking.

The following material is available:

Pamphlets—fourteen in variety, adopted for general as well as professional reading, furnished free by the Division on request.

Radio Material—a series of eight 15 minute transcribed radio programs entitled "Anyone You Know" which dramatize the combined role of Alcoholics Anonymous, the family, the doctor, the hospital and members of the clergy in the treatment of alcoholism.

Films—two 16 mm sound engineered films, "Alcohol and the Human Body" for school use, and "Alcoholism" for showing to adult groups. These films are shown by Division personnel on request and extra copies are stocked in the Departmental Film Library on a loan basis for privately sponsored use.

General Activity

In addition to the demands ordinarily made upon an information center the Division has become active in many other diversified areas of endeavor. Some favorable results have been obtained as the result of such activity.

Participating memberships have been taken out with the National Committee on Alcoholism and also The National States Conference of State Administered Programs so that Maine can profit from any and all new data and methods currently being developed for use in the treatment of alcohol problems. Thirty-nine states and the District of Columbia now maintain programs and the National Committee on Alcoholism has 47 affiliating agencies included in its memberships.

An excellent rapport has been established on a mutually cooperative basis with Alcoholics Anonymous and the Division is continually working more closely with the 38 AA groups in Maine, located from Biddeford in the south to Fort Kent in the north. A State Directory of listed meeting places has been developed and can be made available to anybody who is interested in visiting an AA group for the purpose of learning more about alcoholism and how it can be arrested.

Many members of the clergy are devoting more and more time to "pastoral counseling" in the treatment of man's problems. In recent years such counseling has been very effective in the treatment of alcoholism. Many national figures of various faiths, now consider alcoholism as a threefold illness, physical, mental and moral, an illness of the total man. This progressive trend is having its reflections here in Maine and many of the clergy are thereby accepting the challenge.

Strong community organization in keeping with changing community attitudes is a much needed feature in a successful overall recovery program and for that reason a "Pilot Project" was established very early in the City of Rockland because of certain favorable local conditions and resources. Primary results have been encouraging and a pattern is being developed which may be profitably followed by various other communities in the State. In Rockland, alcoholism is recognized as an illness to the extent that an area of agreement is being reached within which the doctors, the hospital staff, the clergy, the courts, the law enforcement authorities, the local AA group, the service clubs and many other civic minded peoples are joining forces to try and solve a serious problem at the community level.

On October 24, 1953, at the State University in Orono, Maine, the Eastern Maine Committee on Alcoholism of Bangor and the State Division of Alcoholic Rehabilitation co-sponsored the first Conference on Alcoholism ever held in the State. Several prominent national figures participated in an all-day program and the Conference was well attended by many key people from various walks of life. A more extensive conference is now being planned for a date which will be established later.

Most physicians now recognize alcoholism as an illness and as the result of a census, 100 doctors in the State have signified that they will treat alcoholics. Also, during the early months of 1954 the Maine Medical Association appointed a five member committee composed of three medical doctors and two practising psychiatrists, to be designated as a Sub-Committee on Alcoholism for the Maine Medical Association. This is a very important step in the quest to bring about the reduction of alcoholism.

Although most general hospitals have in the past refused admission to alcoholic patients several have now signified that they will admit properly-sponsored alcoholics for treatment and as fast as possible all further necessary measures will be undertaken so that no deserving alcoholic will be denied needed and adequate medical care. In connection with hospitalization, it is significant that The Associated Hospital Service of Maine, under its Blue Cross Contract, has accepted alcoholism as an illness which will qualify for Blue Cross Payment participation.

The State Department of Health and Welfare deals with both health and welfare problems. Alcoholism may become either a public health problem, a public welfare problem or both and for that reason several Divisions of the Department may at the same time become involved in the same situation. The treatment and recovery of an alcoholic restores him or her to fruitful productivity and usually removes such a case from further expense to the State. In many instances whole families are involved with other complications which involve an added financial burden. Since the Division entered the Department correlation of effort has been made with other Divisions working with such cases and joint effort has produced results which give promise of substantial future savings.

Prevention of alcoholism in future generations is a long range goal of the Division. Attention has been focused not only on the alcoholic who now suffers but also on the potential alcoholic who may emerge from the ranks of school age groups. A close working relationship has been formed with the State Department of Education so that effective educational material based on fact can be introduced into the public school system by qualified teachers. It has now become an accepted fact that much problem drinking can be prevented through such education.

Through the courtesy of the North Carolina Alcoholic Rehabilitation Program the Division was able to adapt the radio series "Anyone You Know" to use on a nominal cost basis and this excellent series of eight fifteen minute programs on alcohol problems was carried on public service time through the generosity of the following radio stations during the past winter: WIDE (Biddeford), WGAN (Portland), WCOU (Lewiston), WRUM (Rumford), WFAU (Augusta), WRKD (Rockland), WTVL (Waterville), WLBZ (Bangor), WABM (Houlton), WAGM (Presque Isle) and CJEM (Edmondston, N. B., Canada). These broadcasts were received with much interest and the Division feels that the 88 programs aired were of tremendous value in the attack on alcoholism.

The Director has addressed 133 groups of various types from August 1953 to July 1954. As some measure of public interest and acceptance

of the program, 237 visits to the information center were made in the same period by clients, and relatives or friends of clients.

Every summer for the past ten years Yale University has offered a four weeks' summer course on The Study of Alcohol Problems. Among the 200 students who are enrolled for the 1954 session the Division will sponsor three Maine citizens, namely:

1. A medical doctor, who is also Chairman of the Sub-Committee on Alcoholism for the Maine Medical Association;
2. An educator, who is the Director of Physical Education, Health and Recreation for the State Education Department;
3. The Director of the Division of Alcoholic Rehabilitation.

A fourth person, a registered nurse, was also sponsored by the Division to attend a four-day special session of the Yale Summer School for nurses only.

Summary

The Division feels it has made good progress in the field of alcohol education at the public level with the use of correspondence, the interview, the public meeting, the radio, the press and the distribution of literature. Television, which is comparatively new, is being considered as an added service for public information.

The Division in conjunction with the Department of Education has explored the possibilities of introducing factual alcohol education into the school system as one of the most powerful aids in the primary prevention of alcoholism. The decision by teen-agers "to drink or not to drink" should be based on facts and high personal values. Many of these values are formed during school years.

The Division has persistently sought to obtain adequate medical treatment and hospitalization for the sick alcoholic who needs it so that the traditional stigma attached to alcoholism might be removed and recovery made possible to those who have an honest desire to get well.

During the ten months since the Division became activated the surface has been merely scratched. The office has been staffed with but two people, the Director and clerical aid. The Director has had to serve as Director, caseworker, therapist and public relations representative. A most urgent need is for a larger staff if future obligations are to be satisfied and a successful rehabilitation program is to be brought to the reach of all Maine citizens who suffer. It is now estimated there are 30,000 compulsive, excessive drinkers in Maine with 7500 of them alcoholics in the sense that their lives are unmanageable by themselves. Alcoholism is rated the nation's fourth largest public health problem.

BUREAU OF SOCIAL WELFARE

John Q. Douglass, Director

The Bureau of Social Welfare is charged by statutes to provide financial assistance and other services to a substantial portion of residents of the State. The reports of the four divisions within the Bureau of Social Welfare which follow discuss in some detail the type of services, the numbers of people served, the resources which are mobilized to make the service possible, and some of the benefits which accrue, both to the people receiving the services and to all residents of the State.

While the individual recipients of the services are the primary beneficiaries, the returns are felt by every person who lives within the State. These returns are manifested in many indirect ways, some of which are difficult to recognize without careful examination. Obviously, the twenty-seven million dollars expended in the biennium was returned to the Maine economy in creative income and employment for a substantial number of Maine people, who in turn used their income to contribute to the economic welfare of the State. Obvious, too, is the satisfaction which can be derived from realizing that through grants of assistance and provision of services, the people of Maine have helped to provide for those who face economic need, deprivation and difficult personal problems. Similarly, it is easy to recognize the value of restoration of sight to the blind and vocational rehabilitation to the visually handicapped, in many instances enabling these people to assume a productive place in the society of the State.

Less obvious are the positive results which occur as a result of protective services to children in their own homes, the making of permanent plans in the form of adoption for children whose own parents can never make a suitable home for them, and the provision of temporary foster care for those children who may at some time in the future be returned to their own families. Less obvious, too, is the emotional well-being which results in every community when the aged can be assured of having their basic needs met by Old Age Assistance, when children who have been deprived of support of one or both parents by reason of death, continuous absence or incapacity, are enabled to have their basic needs met and to continue in schools rather than being forced to terminate their education and contribute to the support of their families. Far less obvious is the unrecognized confidence which all have that boarding homes for either the aged or for children must meet certain minimum standards before they are permitted to operate.

There are gaps in social welfare services, some of them important gaps. As the strength of the programs contributes to the good of all, so do the weaknesses act as a detriment to the good. Basic needs which can be met by financial assistance could be expanded, people giving the services could be increased, and the skills of the staff could be even more developed. The people of Maine have been moving in the direction of filling the gaps for many years, and it is to be expected that this forward movement will continue.

It is important to recognize that however well the programs may be financed, the ultimate quality of service rests with the staff of the Bureau of Social Welfare. This staff—stenographers, caseworkers, supervisors, and division directors—has contributed in a loyal and effective way to the administration of the social welfare laws during the last biennium.

DIVISION OF PUBLIC ASSISTANCE

Pauline A. Smith, Director

The Division's responsibility is to provide financial services to those individuals and families who, generally, due to circumstances over which they have little or no control, are unable to provide themselves with even minimum subsistence. These people must also meet certain other requirements specified in Maine law in addition to being in financial need. The Division meets this responsibility by identifying and evaluating the resources these people have when they ask for assistance and, if granted financial aid, during receipt of assistance.

Having made this appraisal, the Division then helps the individual or family to utilize his or their own resources if they are easily available and sufficient to provide minimum subsistence. If resources are potential instead of actual and readily accessible, the Division helps in developing them in a way that makes them useful to the individual or family. Finally, if the resources of those who seek assistance are insufficient, the Division supplements the resources by making financial assistance payments in accordance with individual circumstances.

Resources referred to run the gamut from actual cash reserves and regular income, to unregistered claims, to retirement and other benefits or ability and willingness to be gainfully employed. In this last respect the Division feels increasing responsibility to direct its efforts toward best serving those people who are employable in all respects, (especially the younger people) by helping them to maintain or regain full or partial self-maintenance. Experience and research have demonstrated that both physical and mental health are fostered by productive and satisfying activities.

In addition to the services that can be classified in the financial category, the Division is diligent in making use of all auxiliary services available through federal, state and local resources. Services in this respect also have as their objective, helping people to make fuller use of their own capacities and to lead happier lives. Typical referral service might consist of referring an aged person to a local medical clinic or nursing home, a blind person to the State sight restoration or employment counselling service, a young incapacitated father to Vocational Rehabilitation service, a young housewife and mother to household management or budgeting counselling service, or a disturbed child to mental health service.

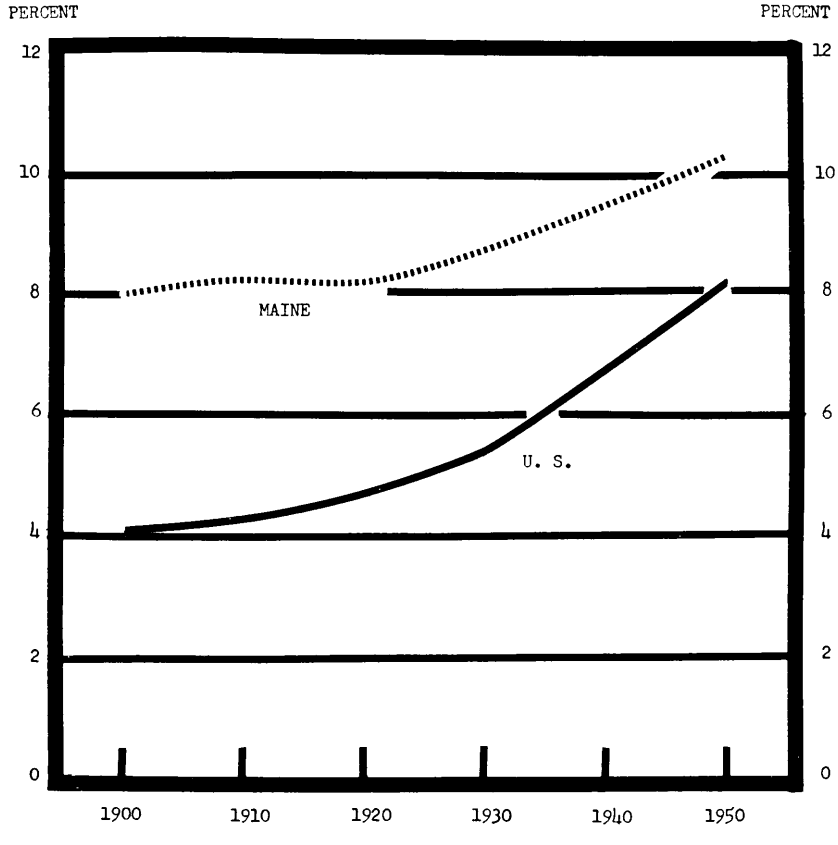
People served by the Division are needy persons who have reached the age of 65, dependent children who have been deprived of parental

support or care by the death, total physical or mental incapacity, or continued absence from the home of at least one parent,—and needy individuals who meet the legal definition of blindness. Activities on behalf of these people are carried on with the assistance of clerical staff by four administrative staff members at the State office level and nine supervisors and ninety-one social workers in district offices which are located in thirteen communities over the State. These social workers have provided some one or more of the services described above to approximately 31,825 individuals and families during the biennium.

The following charts entitled "Percent of Population Aged 65 and Over Receiving Old Age Assistance" and "Old Age and Survivors Insurance, Maine and U. S. June 1946 and December 1953" point up certain conclusions which deserve comment here.

PERCENTAGE OF TOTAL POPULATION AGED 65 AND OVER

MAINE AND U.S., 1900 - 1950



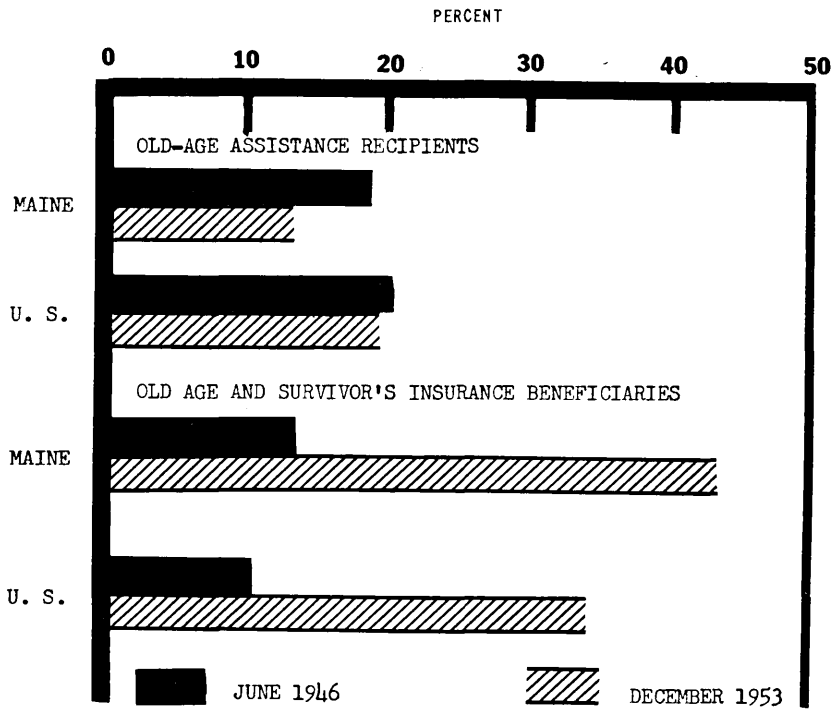
The first chart which compares Maine's aging population with the national picture and supplemented by the fact that Maine holds 5th place in the United States in its percent of population aged 65 and over bears testimony to the need for expansion and development of a vast variety of services to meet the needs of this group. One highly important development for Maine's elder citizens as well as for others concerned with the social and economic problem posed by this group, was the creation by the 96th Legislature of a Maine Committee on Aging. The Department of Health and Welfare was represented on the Committee by the Director of Public Assistance. Although the Committee's activities were of necessity largely exploratory, they did cover a vast area of needs and problems and have established guideposts for future steps in solution of some of the many problems of the aging in Maine. The Committee's findings and recommendations, which were published in a report to the Legislature, have special significance for the Division, the municipalities and the taxpayers of Maine.

The second chart demonstrates the progress that has been made in reducing old age assistance toward which recipients have made no direct contributions, to a minor role in providing for financial dependency. This is a logical accompaniment to the trend and long-range goal toward Old Age and Survivors Insurance, a contributory plan, as the major protection against financial hazards for the aging. Economic phases of problems of the aging bear close relationship to this chart.

Another activity with important implications for dependent people and necessary services as well as long-range economic planning was an experiment carried on by the Division during this biennium. This was the assignment of a social worker with experience and professional training in social work to a small aid-to-dependent-children caseload in Auburn. The objective was to determine what, if any, tangible benefits might accrue to dependent families and to the taxpayers by providing specialized service in a limited caseload, thus permitting closer and more intensive contact than does the average caseload of well over 200 active cases served by most of the social workers. This experiment was of one and one-half year's duration and although only now in the process of being evaluated has resulted in some firm impressions. Definite conclusions will be reached only after the evaluative study has been completed. However, there is even now a basis for deducing that both immediate and long-range values resulted, some of which can be expressed in monetary savings for the taxpayer.

One very clear fact that emerged from the experiment was a recognition of the volume and magnitude of problems that face many of the

PERCENT OF POPULATION AGED 65 AND OVER RECEIVING OLD-AGE ASSISTANCE AND OLD-AGE AND SURVIVOR'S INSURANCE, MAINE AND U.S. JUNE 1946 AND DECEMBER 1953



families served by the Division—problems which if allowed to go unsolved and to magnify, only perpetuate and increase dependency. Further evidence of the hazards that confront dependent children who are the true victims of marital discord, broken families, and deprivation, is shown in the table below which reflects the changing character of the aid - to - dependent - children caseload. Since 1920, the program has changed from a service for widows and half-orphans to one primarily for children of broken families and those deprived by parental illness. Again social insurance, through its provision for benefits to survivors, is the major protection for dependent widows and children with the result that this group, at latest analysis, only comprises 19.3% of the total Aid to Dependent Children recipients.

Aid to Dependent Children—Reasons for Loss of Support or Care by the Father for Specified Periods

	June 1920	June 1928	Sept. 1945	Nov. 1949 Famil.	Aug. 1951 Famil.	Nov. 1953 Famil.
Total cases	428	567	1,340	3,340	4,419	4,047
Percent	100.0	100.0	100.0	100.0	100.0	100.0
Death	90.9	85.0	50.7	32.8	24.4	19.3
Desertion	2.8	10.0	9.8	14.4	12.4	11.2
Divorce	2.8	10.0	14.4	24.5	26.6	33.3
Mother not married to father			2.6	7.6	12.3	15.8
Absent for other reasons			2.6	2.9	3.3	2.5
Incapacitated	3.5	5.0	19.3	17.0	19.2	16.7
All other			0.6	0.8	1.8	1.2

An examination of the following statistics will point up that the number of payments to the aged and blind has steadily decreased, while payments on behalf of dependent children have increased numerically. This can be explained in part by continued extension of Old Age Insurance which has resulted in closings of some cases, reduced payments in others, and fewer applicants, and in part by a high death rate due to the fact that the median age of old age recipients is about 75 years, and about one-half of the aid-to-the-blind recipients are over the age of 65. The statistics also testify to the fact that in proportion to the number of recipients more applications are received and disposed of by other means than giving an assistance payment in the aid-to-dependent-children program than in the other categories. It is noteworthy that average payments increased in all categories due to the fact that statutory and administrative maxima were increased during the biennium. There are other deductions that are self-evident in these statistical tables and therefore require no further comment.

PUBLIC ASSISTANCE STATISTICS

Fiscal Years 1952-53 and 1953-54

	Fiscal year ending June 30 1953	1954
1. Active cases		
Old Age Assistance		
Number of recipients receiving payments in June	13,175	12,808
Total payments authorized in June	$609,364	$601,808
Average payment in June	$46.25	$46.99
Number of cases approved for payment during year	1,666	1,860
Number of cases discontinued during year	2,669	2,220
Aid to Dependent Children		
Number of families receiving payments in June	4,171	4,239
Number of eligible children in families	10,562	10,636
Number of eligible adults in families	4,033	4,099
Total payments authorized in June	$341,954	$348,712
Average payment in June—per family	$81.98	$82.26
Average payment in June—per person	$23.43	$23.67

Number of cases approved for payment during year	1,503	1,676
Number of cases discontinued during year	1,837	1,593
Aid to the Blind		
Number of recipients receiving payments in June	557	548
Total payments authorized in June	$27,874	$27,790
Average payment in June	$50.04	$50.71
Number of cases approved for payment during year	53	65
Number of cases discontinued during year	88	77

2. Applications

Old Age Assistance		
Pending first of year	246	175
Received during year	2,654	2,855
Total on hand during year	2,900	3,030
Disposed of during year	2,725	2,859
Approved for payment	1,666	1,860
Denied or otherwise disposed of	1,059	999
Percent approved for payment	61.1	65.1
Pending end of year	175	171
Aid to Dependent Children		
Pending first of year	122	87
Received during year	2,129	2,413
Total on hand during year	2,251	2,500
Disposed of during year	2,164	2,377
Approved for payment	1,503	1,676
Denied or otherwise disposed of	661	701
Percent approved for payment	69.5	70.5
Pending end of year	87	123
Aid to the Blind		
Pending first of year	14	6
Received during year	128	149
Total on hand during year	142	155
Disposed of during year	136	138
Approved for payment	53	65
Denied or otherwise disposed of	83	73
Percent approved for payment	39.0	47.1
Pending end of year	6	17

DIVISION OF CHILD WELFARE

Lena Parrott, Director

The Division of Child Welfare provides services to minor children of the State who are in need of protection and care. To carry out this responsibility the services which the division offers are divided into Protective Services, Placement Services and Licensing.

Protective Services

This is a service given to neglected children in their own homes. The purpose of this service is to strengthen family life and to encourage and help parents provide care to their children which will compare favorably with the care which all the children in the community receive.

Protective service is a vital part of a child welfare program and it is based on the conviction that most parents do want to provide for their children and that children should remain in their own homes whenever possible. In the last biennium 2,067 children were accepted for protective service. This by no means represents service to all the neglected children in the State who need more service and protection than their parents can give, but it was as many children as the staff could accept and still carry on its other responsibilities.

Placement Services

Although one of the objectives of the Division of Child Welfare is to help keep children in their own homes and with their own parents, factors are at work continually to so weaken family life and parental responsibility that placement away from their own home must be undertaken for many children. Separation of parents, mobility of life today, father's entrance into military service, mother's employment away from the home, parents' inability to assume their role as parents, and illegitimacy are a few of the reasons why some children require placement away from their own homes. Of the 2,067 children accepted for service the last biennium, the neglect of 551 children was so serious and had existed for such a long period of time that placement away from their own parents was imperative.

Placement service means placing a child away from his own home. There are several kinds of placements. A child may be placed in a foster home to board, or the foster parents may give a child a free home in return for some service given (this usually occurs when the child is older), or the child may be placed in an adoptive home. Although foster care is used for most of the children, placement in private or public institu-

tions is made when it seems to be the best kind of placement for the child. Treatment centers, such as The Sweetser-Children's Home of Saco, Maine are used for children who are too disturbed to fit into a foster home and this specialized care is needed for a temporary period.

(Placement of a child cannot be undertaken without the consent of the child's parent or parents or until a court having jurisdiction has removed custody of the child from the parents and given the custody to the Department.)

Special tribute is given to foster parents—who care for the largest number of children away from their own homes throughout the State—for their contribution to the welfare of the children. It is not easy to be a parent to a child who is not one's own. It is especially difficult in the case of older children who come to foster parents frightened, undernourished, untrained and with a feeling of ill will toward the adult world. Especially difficult is the role played by foster parents who take babies to prepare them for adoptive homes. Such foster parents must give the babies devoted care but with the realization that the babies can never be their own.

Practically all the children placed have been given into the custody of the Department by action of the local courts. In the case of the other children the parents have requested placement service for their children.

Adoptive placements are not made until a court gives the Department parental rights to a child. This includes giving the Department the right to consent to the adoption when the time comes for adoption decree to be granted by the judge of probate. Adoptive placements are not made until all the resources in the child's own family have been weighed and no one is found suitable or willing to accept responsibility.

Adoption is a three-fold service. For children having no suitable family ties, it provides the child with adoptive parents who have chosen to take and bring him up as they would their own. For married couples having no children of their own or couples unable to have any more children and wishing to have a larger family, adoption can be the means of bringing them satisfaction and happiness which otherwise they could not enjoy. Adoption saves the taxpayer from supporting a child until he is old enough to support himself. When the court gives the custody of a child to the Department, the judge specifies that the Department shall keep custody of the child until he is 18 years of age or as long as he requires the protection of the Department. During the biennium adoption was completed for 231 children. With a few exceptions the children were 6 years of age or less. None of them have a family suit-

able to care for them. It is estimated that $175,000 was saved in the last biennium alone by the adoption of the 231 children.*

In addition to placing children in adoptive homes, the Division of Child Welfare studies adoptive placements which have been made without the benefit of a social agency. These are known as independent placements. In such cases the studies are undertaken at the request of a probate judge. The purpose is to give the judge information which will help him to determine the suitability of the adoptive family as well as the suitability of the child to be adopted.

Licensing

Licensing is another way in which the state provides protection for children who must live away from their own home. The law requires all homes boarding non-related children under 16 years of age to be licensed. Likewise, all private agencies organized to care for children away from their own families are required to have a license from the Department. This legislation recognizes the seriousness of children being separated from their own families and attempts to protect their welfare when it is necessary for them to live in a substitute home.

In the last biennium 2,016 licenses were issued to board children. Of this number 1,636 were licensed to board children for the Division of Child Welfare. In the same period 25 agencies and institutions were licensed to carry on service to children living away from their own homes.

The legislature makes an annual appropriation to ten of the private agencies in the State to supplement their other sources of income. The Division of Child Welfare is responsible for seeing that the obligations which the law places on agencies and institutions receiving public funds are carried out. The Division also offers consultation and advice to agencies requesting it.

Collections For The Support And Care Of Children Placed

The Department is responsible for collecting funds from any and all available resources to be used to apply toward the cost of caring for children placed away from their own homes. One resource is the payments made on court orders placed on parents by local court when the custody of the children is given to the Department. Some parents make voluntary payments without having had a court order placed on them. By far the largest amount collected, however, comes from federal programs.

As guardian of the children receiving placement services, the Department may apply for federal funds for the children who are eligible to

receive benefits from these resources. This includes Old-Age and Survivors Insurance, Veterans' Compensation, Servicemen's Allotment, and Railroad Retirement. During the last biennium the Department received $148,534.94 from the following sources:

Federal Old-Age and Survivors Insurance ...	$81,651.31
Veterans' Compensation	25,217.51
Railroad Retirement	4,368.01
Servicemen's Allotment	1,728.54
Court Orders and Voluntary Payments	34,619.57
Miscellaneous	950.00

Staff

Helping troubled children requires a staff of workers with a variety of skills. Not only must the worker have a special interest in and love for children but must also have an awareness of the problems of children, their needs and how to meet them. In giving protective service, the worker must evaluate the circumstances in the child's own family and offer help to parents in relation to these problems. At the same time the capacities, resources and needs of the family are interpreted to the citizens or officials in the community who may be complaining about the family and the care the children are receiving.

In giving placement service, the worker must be aware of the feelings of both parents and children with respect to separation so that separation can be accepted with the minimum of grief, frustration, and resentment.

In selecting foster homes for children, the worker must find out what the foster parents' motives are for taking a child, how understanding they are of the feelings of a foster child, what their attitude is toward a child's own parents, how flexible they can be in dealing with a child, and if they are in sympathy with the philosophy and the policies of the Division.

A worker must be familiar with the laws of the State which were passed to protect children. A considerable amount of a worker's time is spent with local courts where cases of neglect are heard. A worker must give reports to the courts and attend hearings.

Children Under Care

Under care July 1, 1952		3,185
Accepted during biennium		2,067
Protective Services to children in their own homes	1,516	
Placement Services	551	
Closed during biennium		2,332
Protective Services no longer needed	1,531	
Placement Services	801	
Under care June 30, 1954		2,920
Protective Services	606	
Placement Services	2,314	

DIVISION OF SERVICES FOR THE BLIND

Dean P. Morrison, Director

The Division provides seven varied programs of services to blind residents of the State of Maine, and also provides medical services for eye conditions to prevent blindness and to restore vision. The particular service offered to an individual depends upon his needs, capacities and his areas of special interest.

The Division staff, located in three offices at Augusta, Houlton and Portland, is especially prepared to help parents, children and adults to meet the problems of blindness and to provide each with help in adjusting as a blind person living in a sighted world. All services are available state-wide within the limitations of personnel and funds.

Consultants are used on a case service basis and include ophthalmologist, psychologist, and psychiatrist and personnel of other state departments as needed. Consultation services of the Office of Vocational Rehabilitation, Department of Health, Education and Welfare are also available to the Division.

Prevention of Blindness and Restoration of Vision

Diagnostic eye examinations by a medical eye specialist are provided as the first step in the process of preventing possible blindness or restoring sight.

The Division, after a determination of the individual's inability to pay for eye care, is then able to proceed intelligently with surgery, medication, or whatever eye treatment is indicated by the medical eye specialist (with the consent of the individual client). The Division, working toward the ultimate goal of reducing the incidence of blindness in all age groups, is participating in a continuous co-ordinated plan of public education, case finding, treatment, economic assistance for medical eye care, and periodic observation and evaluation of those having eye conditions.

Number of individuals hospitalized:

Fiscal year 1952—27 Total days 274
Fiscal year 1953—97 Total days 760

At end of biennium 1953—934 active medical cases receiving services
65 inactive cases receiving limited services

Pre-School Blind Children Program

Counseling and guidance is available to parents of pre-school blind children. Assistance is given to parents with their problems of medical care, and counseling provided in the areas of growth and development.

Psychological and psychiatric studies are provided when indicated, and educational plans are made for the children according to their individual needs.

Education for the blind funds are being used to provide nursery school experiences to pre-school blind children to help evaluate their abilities to function in a controlled group situation, and also to give them experiences with sighted children.

It is the philosophy of this Division to bring about social and cultural integration of the individual child, and a more accepting attitude of the sighted toward the blind through educating blind children with sighted children in public and private schools.

At close of fiscal year 1952—21 pre-school blind
5 reported blind but not visited
At close of fiscal year 1953—39 pre-school blind
1 reported blind but not visited

It is expected that an increasing number of pre-school blind children will become known to the Division in the next biennium due to an increased incidence of blindness in young children.

Education of Blind Children

Three types of education were provided blind children by this Division at the end of the biennium.

1. Education in public or private residential school for the blind .. 23
2. Education with the sighted in public or private schools with a resource or special class teacher available during the entire school day 19
3. Education with the sighted in public or private schools with itinerant teaching service available at regular or needed intervals 14

In all school programs, one important and basic premise is recognized, i.e.: that each blind child should be educated according to his individual needs in the realization that the changing needs for each blind child may require flexibility to permit him to move from one type of program to another, not only that he may be placed educationally according to the type best suited to meet his need but also that the program selected provide for him an education at least equal to that which he would have received had he not been blind.

Vocational Rehabilitation

This is a public service to preserve or restore the ability of disabled people to achieve economic independence through useful work.

No disabled individual is considered rehabilitated until he has been placed in suitable employment after being provided with substantial

rehabilitation services. In most cases, the criterion is successful accomplishment in paid employment, verified by personal follow-up. In some cases it is the ability to perform the important work of making a home.

The services which are provided under the public program for vocational rehabilitation, a federal-state program, are geared to the specific needs of the individual, with due regard to the nature of his disability, interests, and aptitudes and goals in employment.

There are nine services in all. 1) Medical diagnostic services to learn the nature and degree of disability and to help determine eligibility for services, the need for additional medical services, and the individual's work capacities; 2) individual counseling and guidance, including psychological testing, to help select the right job objectives; 3) Medical, surgical, psychiatric, and hospital services to remove or reduce the disability; 4) Artificial limbs and other prosthetic appliances to increase work ability; 5) Training, including occupational training and adjustment training for the blind; 6) Maintenance and transportation during treatment or training; 7) Tools, equipment, or licenses if these are necessary to give the individual a fair start; 8) Placement in a job commensurate with the individual's highest physical and mental capacities; 9) Follow-up to ensure that the rehabilitated man or woman is successful and that both he and the employer are satisfied.

The vocational rehabilitation of men and women who are blind is rendered extremely difficult by a general lack of understanding of the potentialities of these individuals. This lack of understanding not only shapes public and employer attitudes, but also pervades the thinking of some professional people whose help is needed to establish blind workers in suitable careers. Equally serious is the fact that many of the visually disabled themselves fail to realize that vocational rehabilitation can be employed to prepare blind persons for paid work and place them in jobs, even though men and women without sight are successfully working in some three hundred different occupations.

From a purely economic standpoint, vocational rehabilitation enjoys unique distinction as a social program that pays for itself many times over. The rehabilitated worker will pay in Federal income taxes alone more than $10 for every Federal dollar invested in his rehabilitation.

During the past biennium, vocational rehabilitation services for the blind restored forty-two disabled men and women to useful work.

During fiscal year 1952 — 67 new individuals received vocational rehabilitation services

At end of fiscal year 1952 — 77 new individuals received vocational rehabilitation services

During fiscal year 1953 — 123 new individuals received vocational rehabilitation services

At end of fiscal year 1953 — 117 new individuals received vocational rehabilitation services

Home Teaching Services

The home teacher provides services to blind individuals on a statewide basis. The home teacher's major responsibility is to teach the individual how to live as a blind person and to do all the necessary activities of daily living. Braille instruction in reading, writing, typing and the teaching of handcrafts are some of the tools used to accomplish this end.

One hundred and twelve individuals received this service during the biennium.

Home Industries Program

Annual sales of handcraft articles made by blind persons in their homes were held during the biennium.

Total sales fiscal year 1952	$2,442.33
Total sales fiscal year 1953	$2,693.54

Vending Stand Program

The Division is the Federal licensing agency for vending stands located in Federal buildings. It also supervises the operation of the vending stand program for blind individuals.

During the biennium three vending stands have been in operation at Augusta, Bangor and Portland employing three blind individuals.

Total sales fiscal 1952	$27,634.14
Total sales fiscal 1953	$27,798.80

Talking Book Machines

Federally owned phonographs called "Talking Book Machines" are distributed by this Division to the legally blind upon request. This Division arranges with the Perkins Institute Library to supply "Talking Book" records and Braille books to the legally blind upon their request. All books are supplied without cost to the individual and are mailed postage free.

Number of readers at end of fiscal 1952	257
Number of readers at end of biennium 1953	307

The need for more complete rehabilitation services has become increasingly apparent; first, due to the increased number of blind individuals; and second, due to the fact that many blind individuals have serious physical disabilities other than blindness.

Rehabilitation can be achieved only through an increased staff and a greater use of available resources—such as rehabilitation centers for blind persons. There is an urgent need for a fully trained staff member to teach travel instruction to blind individuals of this State in order that they can start to make adjustment toward living without sight and to move about in the sighted world purposefully and with as much personal independence as possible.

The aim of the Division, in the next biennium, is to put into operation the various new techniques and scientific developments that have proved their worth in providing better services for blind individuals, and to benefit the communities in which they live.

DIVISION OF GENERAL RELIEF

Paul D. McClay, Director

One of the most important phases of the State General Relief Program is the service it renders to the local municipal relief officials and subsequently to all individuals seeking General Relief. This service finds its way to local government through the medium of six field representatives strategically located throughout the State according to case load demand. It is an established fact that the General Relief field representative has more frequent contact with the local relief administrator than any other representative within the Department of Health and Welfare and his potential for helping local officials with their over-all relief problems is unlimited. Thus a complete knowledge of his own program as well as all other programs within the Department is necessary. He must also be familiar with Federal and private agency programs.

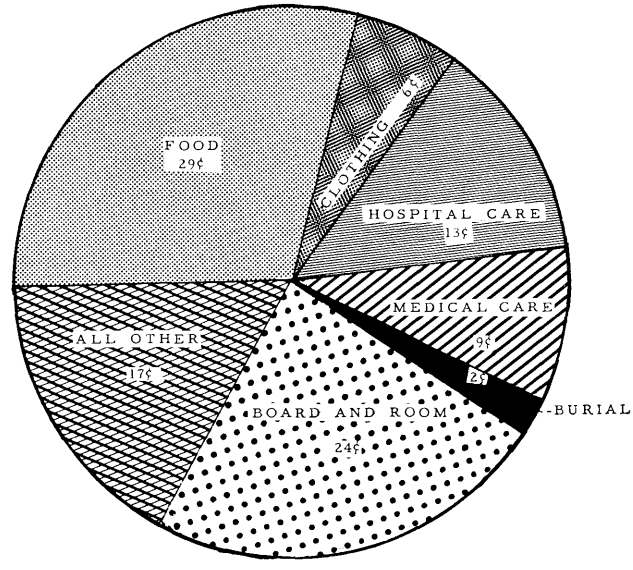
The State office through its field staff must provide local relief administrators with advice and counsel: must be prepared to interpret for them the many and sometimes complicated pauper and settlement laws. To these functions of advising and counseling is added the responsibility of assisting the newly elected local relief administrators toward those adjustments accruing to this position, and which, because of the annual turnover resulting from the town meeting form of government necessarily demand constant service from this Division. Many of these local officials accept these poorly paid and sometimes thankless jobs only because of their desire to serve their community which however small, is to them the most important governmental subdivision in existence. Most of these officials have no prior knowledge of any type of welfare program. However, the majority develop into good relief administrators who approach their problems individually and objectively and with a dual purpose, namely, to provide for the needy those things necessary for their health and welfare while keeping in mind their responsibility to the taxpayer and the proper use of his tax dollar.

All General Relief, whether local or so-called non-settled or State, is administered by the local relief administrator, whether he be an overseer of the poor, or, in the larger towns and cities, a town manager or director of a Department of Public Welfare.

In the cases involving people without a legal settlement in any Maine municipality, the State, through the Division of General Relief, reimburses the municipality for expenditures made. For example, during

the fiscal year ending June 1954, 8403 claims were received and processed and reimbursement went forward to 241 municipalities within a period of from one week to ten days from date of receipt of claims at State Office. Home visits are made by the field staff to assist local officials in determining eligibility for continued receipt of relief. Case records are compiled, referrals to other categories made, i.e., Old Age Assistance, Aid to Dependent Children, Aid to the Blind, Division of Veterans Affairs, services such as Division of Rehabilitation, Services for the Blind, Maternal and Child Health, Mental Health and Tuberculosis Control, are constantly utilized. Every effort is made to transfer a General Relief case to the categories where Federal funds are available because, of course, General Relief is financed one hundred percent from State funds.

HOW THE GENERAL RELIEF DOLLAR WAS SPENT
JULY 1952 - 1954



Jefferson Camp

Jefferson Camp is an institution established in 1942 for the purpose of providing shelter and care for indigent and homeless men who are the responsibility of the Division of General Relief and who previously were housed in private boarding homes throughout the State. The resident staff consists of a supervisor, one clerk, chef and second cook, a work foreman, and night watchman. Semiweekly calls are made by a physician who prescribes for the residents there.

Work projects are developed at Jefferson; all fuel wood needed by the General Relief families within a radius of 30 miles is worked up by residents of the home and delivered by camp vehicle at a considerable saving to the taxpayers. Certain foods consumed are raised here.

During the last two years a program which is proving very valuable has been developed. Men throughout the State who are heads of families and who request relief for reasons of physical disability, the nature of which appears vague, are transferred to Jefferson Camp. These cases are referred by the field staff. All possible medical history is obtained and turned over to the Camp physician. He in turn examines the individual thoroughly, studies him over a period of time, recommends any clinical workup or hospitalization which may be indicated. During the period of observation a complete study of the man's work capabilities is made. The result has been that the majority have been returned to their homes, because it was found they were capable of working and supporting their families. In other cases the medical treatment, including surgery, which perhaps had been needed for some time to enable them to meet their responsibilities to their families, has been made available. Detailed case histories concerning all cases are recorded.

Any man meeting the eligibility requirements for categorical assistance such as Old Age Assistance, and Aid to the Blind is assisted in obtaining such a grant and in the finding of an adequate home when certified. However, on June 1, 1954 there were 41 men out of a total of 75 residing at Jefferson Camp who were 65 or over but who were not eligible for Old Age Assistance because of the citizenship requirement. Moreover, there were in 4 nursing homes in the Augusta area 19 men who had been transferred from Jefferson Camp because of various reasons of incapacity who had reached age 65 or over but who were ineligible for Old Age Assistance because of the alien law.

During the last biennium many physical improvements have been completed; among them the erecting of a new 5,500 gallon water storage tank and tower and the replacing of the old and highly inadequate stove pipe type chimney with seven newly constructed brick chimneys, thus lessening the fire hazard and increasing the efficiency of fuel consumption. The material for the remaining eight chimneys has been purchased and they will be erected before cold weather arrives.

Jefferson Camp Statistics

	1953	1954
Total Expenditures	$65,069.30	$53,068.80
Repairs and Capital Expenditures	11,196.88	5,564.69
Expenditures not including Repairs and Capital Expenditure	53,872.42	47,504.11

Average Monthly Enrollment	92	88
Yearly Per Capita Cost	585.57	539.81
Monthly Per Capita Cost (exclusive of Repairs and Capital Expenditures)	48.80	44.98
Income		
Social Security Collections	14,660.55	14,445.00
Other	3,395.75	449.87*
Total	$18,056.30	$14,894.87

* The seemingly great decrease in other income between 1953 and 1954 is for the following reason. Prior to 1954 fuel wood furnished General Relief families in this area was purchased from Jefferson Camp appropriation and when delivered the Jefferson Camp Account was credited at so much per cord with transfer made from the General Relief Account. This practice has been discontinued and the wood is now purchased from the General Relief Account.

Special Resolve Pensions

Another function of the Division of General Relief is the investigating and re-establishing of eligibility for Special Resolve or Legislative Pensions granted individuals by the Legislature at each session. These pensions are granted on the basis of need and can only be discontinued or increased by subsequent action of the Legislature. However, they may be suspended, reinstated, or decreased by the Division of General Relief based on changes in the economic condition of the recipient. The number of Special Resolve Pensions active and amount expended in comparable months were as follows:

Special Resolve Statistics

	June 1953	June 1954
Number of Pensions	378	340
Amount	$9,289.73	$8,378.73

DIVISION OF LICENSING

Frank W. Haines, Director

The Bureau of Social Welfare is responsible for issuing licenses to operate for the following purposes:

1. To board children under 16 years of age unattended by parent(s) or a guardian;
   a. In homes maintained by individuals, usually called foster homes;
   b. In institutions maintained by private child-caring organizations.

A license is necessary to board one child or more under 16 years of age, regardless of whether the child may be placed by the Department of Health and Welfare, by a private welfare organization, by a parent or other relative, or by an unrelated person including a municipal welfare official. In addition, there are several private child-caring organizations in Maine which provide institutional care and these must be licensed.

No license is necessary for a free home provided by an individual for a child under 16; or when the child is related to the individual by blood or marriage; or when a child is in a home pending adoption; or when a child has been legally adopted. No license is necessary for a home which provides only for day-care for children.

2. To conduct private child-placing organizations which do not maintain an institution. Private child-placing organizations must be licensed to operate even when such organizations do not maintain their own children's homes or institutions.

3. To board the aged, blind, or persons 16 years of age or over who are dependent, defective or delinquent;
   a. In homes maintained by individuals;
   b. In homes maintained by private organizations.

Boarding homes for the aged, blind, and others as noted in paragraph three above, include those maintained by individuals and also those maintained by any private organization, partly or wholly for the purpose of boarding any of the types of persons mentioned.

General Statement

Licenses for the types of boarding homes and for private institutions as previously mentioned are issued on a yearly basis and must be re-

newed each year. Before a license may be issued or renewed, the home or private institution must be examined by a fire inspector from the Division of State Fire Prevention of the office of the State Insurance Commissioner. If the home or private institution is found not to be in compliance with the fire prevention and protection laws of the State of Maine, a directive letter is sent to the applicant for the license by the Division of State Fire Prevention, and the Division of Licensing receives a copy of such directive. All matters mentioned in the directive letter must be put into effect before an original or a renewal license can be issued. A renewal license may be issued without a consecutive annual fire inspection in the case of homes boarding not over two children.

If the water used in the home or private institution for drinking and culinary purposes is not obtained from a municipal water system, a sample of the water used from a private well or spring must be analyzed by the Division of Sanitary Engineering of this Department. The applicant is notified in writing of the results of the analysis, and the home is eligible for a license from the water supply standpoint if the analysis shows a satisfactory supply. If not, the applicant must agree either to make such water supply safe by proper treatment, or to obtain water from a different source which is known to be satisfactory.

Other standards and general requirements for the different types of homes have been established by the Department, and must be met before the license can be issued. Whether or not they are met is determined by visits to the home by a representative of the Department. Such standards afford protection to the children and to the aged and other persons in these homes, including the licenses.

4. To solicit funds for charitable or benevolent purposes;

   If a person, firm, corporation or association wishes to solicit funds for charitable or benevolent purposes, outside of the municipality where such person resides, or where such firm, corporation or association has its place of business, a license is necessary. It must be shown to the satisfaction of the Department that the person or organization requesting the license is reputable and responsible and has suitable facilities for applying the funds to the purpose for which solicited, and that proper records will be accurately kept.

The Department is indebted to the Portland Better Business Bureau for its cooperation in this matter of organizations soliciting funds.

The table below shows licenses in effect at the end of each fiscal year of the biennium:

	Licenses in effect	Year Ending 6-30-53	Year Ending 6-30-54
1a.	Children's Homes (Foster Homes)	1007	1009
1b.	Children's Homes (Private Institutions)	15	16
2.	Private Child-Placing Agencies	12	13
3a.	Homes for the Aged, etc., maintained by Individuals	219	219
3b.	Homes for the Aged, etc., maintained by Private Agencies	28	28
4.	To solicit funds for charitable or benevolent purposes	18	21

INDIAN AFFAIRS

Dean H. Fisher, M.D., Commissioner

Physical improvements to schools and homes at the Penobscot Tribe Reservation at Indian Island, Old Town, and at the two Passamaquoddy Reservations at Princeton and Peter Dana Point were made during the biennium as a result of a special Legislative appropriation for such work.

With this exception, the funds appropriated for the Indians were expended for the education of Indian children and the relief of needy Indian families.

The population of the two tribes remained constant (1197) during the biennium.

The sum of $301,141.24 was expended for Indian Services during the biennium. Disbursements were made by two Supervisors (one Indian and one white) geographically assigned to each Tribe, for purposes of economy; under the general administration of the Commissioner's Office.

COLLECTION AND RECOVERY UNIT

George C. West, Assistant Attorney General
Frank W. Davis, Assistant Attorney General

At the start of the biennium Roscoe J. Grover, Jr. of Brewer was an Assistant Attorney General assigned to this Department. Mr. Grover continued in this capacity until July 1, 1953 when he resigned and resumed his private practice in Bangor. Mr. Grover did an outstanding job while with the Department, and contributed materially to many of the present policies and methods of this particular unit in the handling of its work. The vacancy was filled by Frank W. Davis of Old Orchard Beach.

Since Mr. Davis came with the Department two new investigators have been added to the staff.

This gives the unit five field investigators and makes coverage of the State quite adequate at the present time. The next year should reveal a decided increase in the collections of this unit, as the result of the addition of the two new investigators.

During the past year this unit has used quite extensively the Uniform Reciprocal Enforcement of Support Act, which this State first adopted in 1949, and has revised at each session of the legislature. The results from the use of this Act have been quite interesting. During the fiscal year ending June 30, 1954 there was a total of $3,101.05 collected as a result of Uniform Support Actions. During this same period many other cases were entered in court but had not progressed to the point where direct results could be counted. It is expected that the coming biennium will show a very large increase in the amount collected through this medium. It is also quite probable that there are additional benefits received from this Act which cannot be measured accurately. It is felt, too, that many of the payments which come in from out of state without the use of this Act are the indirect result of the widespread publicity it has received in newspapers and magazines. In looking over the records of this unit it is apparent that more money is being collected and collected more easily from out-of-state fathers than was true in the years past. It seems that the only answer to this could be the knowledge that if payments are not made, the man will be taken into court in the state where he is located and ordered to pay for the support of his children.

The following figures show the collections made by this unit during the past biennium:

Aid to Dependent Children:	
July 1, 1952 to June 30, 1953	$ 46,308.61
July 1, 1953 to June 30, 1954	48,171.74
Child Welfare:	
July 1, 1952 to June 30, 1953	$ 15,517.30
July 1, 1953 to June 30, 1954	19,102.27
Old Age Assistance Estates:	
July 1, 1952 to June 30, 1953	$ 98,625.20
July 1, 1953 to June 30, 1954	109,859.69
Aid to the Blind Estates:	
July 1, 1952 to June 30, 1953	$ 550.00
July 1, 1953 to June 30, 1954	742.72

In each of the four categories these payments show an increase over the previous biennium, and it is expected that as long as economic conditions remain sound, collections will increase each biennium.

In addition to the actual collecting of money this unit handles all the other legal work for the Department, and from time to time gives advice to the Commissioner, the various bureau directors, and division directors, as well as drafting legislation and doing such other legal work as may be requested by officials of the Department.