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Mazie Hough
University of Maine

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“TO CONSERVE THE BEST OF THE OLD”: THE IMPACT OF PROFESSIONALIZATION ON ADOPTION IN MAINE

BY MAZIE HOUGH

The Good Samaritan Home Agency has served young pregnant rural women from throughout the state of Maine since 1902. In its first four decades, the Home attracted more women than it could serve by incorporating rural values of self-reliance and hard work into its philosophy and organizational structure. Women came to the home to deliver their children and stayed for a required six-month residency. Taking advantage of inexpensive child care and job placement provided by the Agency, many women gained the opportunity to remain in the city, keep their children, obtain jobs, and marry. By the 1940s, pressure from state and federal social work agencies to follow national social work standards, caused the Agency's transformation from a residential program emphasizing individual responsibility to a series of foster homes with a focus on adoption. As a result, the Good Samaritan Home Agency could no longer meet the needs of the rural women it most wanted to serve.

Mazie Hough is the Associate Director of the Women in the Curriculum Program at the University of Maine. She received her Ph. D. at the University of Maine in 1997. Her dissertation is a comparative study of the treatment of unwed mothers in Tennessee and Maine during the first half of the twentieth century.

ON October 20, 1939, Maud Morlock, specialist of the U.S. Children's Bureau, the federal agency run by women to support and protect children, addressed the trends in social services for unmarried mothers at the Maine State Conference of Social Welfare in Bangor. Gertrude Atwood, superintendent of Bangor's Good Samaritan Home Agency, expressed her excitement at the opportunity to hear the latest ideas about the care for unwed mothers and urged all the Agency's board members to attend. To Atwood's surprise and disappointment, Morlock spoke disparagingly of Maine's efforts to assist unwed mothers.

In her public address, Morlock pointed out that Maine had one of the highest illegitimacy rates in the country and suggested that the Good Samaritan Home, the more successful of the state's two unwed mothers' homes, had outlived its need.¹

Atwood had been the superintendent of the Good Samaritan Home Agency since 1918 and during her twenty-year career she had enthusiastically promoted cooperation with national social work organizations such as the Children's Bureau. The Good Samaritan Home Agency should be proud of its cooperation with such agencies, she wrote year after year in her annual reports. In 1939, however, following on the heels of Morlock's criticism, she raised a note of caution. There was a tension, Atwood suggested in her report, between keeping what was good of the old and accepting the new. Drawing explicit attention to Morlock's encouragement to get on with the new, Atwood pointed out that social work techniques and methods had been changing so rapidly that practitioners found it hard to keep up. Atwood asserted that she preferred the opinion of another Children's Bureau staff member who had also spoken that day. Field Consultant Mary S. Labaree suggested that social workers would benefit from "the experience and guidance" of those who had been in the field a long time."²

For Atwood, however, the question was not simply one of old versus new. The new standards, she insisted, came out of work in the larger cities. "Nothing we have seen or heard applied particularly well to work in rural states . . . It would be interesting and helpful if the subject could be considered from the standpoint of such rural states as ours where conditions and the character of those we work with are very different from such work with the city girl."³

Atwood, no doubt, knew what she was talking about. The Good Samaritan Home Agency in Bangor had opened in 1902 and for over three decades had provided pregnant women from rural communities throughout the state an opportunity to change their lives. The women paid a \$125 entrance fee, provided three recommendations from people in their communities, and agreed, among other things, to stay six months after the delivery of their children. In return, the Agency provided medical care, found residents jobs in the city when their six months were up, and boarded their children for up to three years at minimal cost. In spite of the high cost of its entrance fee and its rigorous work requirements, the Home always had more applicants than it could serve and rarely did a woman leave the Home before her time was up.⁴

The evidence suggests that the Good Samaritan Home Agency's first

four decades were successful because during that time it responded directly to the practices and concerns of the rural Maine women it served. From 1939 on, however, pressure from national and state social work organizations pushed the Home to adopt professional social work standards. With each national standard that the Home implemented, it moved further away from the needs of its rural population. By 1959, the Home had hired a social worker to put children up for adoption and replaced housing for mother and child with a series of foster care placements. The newly named "Good Samaritan Agency" no longer provided a service which fit the particular needs Maine's rural women. It continued to offer services to pregnant women, but it no longer gave these rural women an opportunity to act in accordance with the values of their communities and, at the same time, change their lives.

In its early years, many of the women on the board of the Good Samaritan Home Agency had moved from small towns into the city of Bangor. The Home reflected their understanding of rural values in a number of ways. As in the rural communities, the older women of the board and staff assisted younger women in childbirth, supervised them through close observation, and provided them with examples of mature womanhood. Younger women provided the hard physical labor necessary to maintain the Home and to care for the babies. In addition, the Home offered women the opportunity to work additional weeks to pay off their entrance fee debt and thus to earn their keep through work. Because of the women's unpaid labor, the Home was able to provide inexpensive day care and thus give residents an opportunity to support their children. By working with the staff for six months, the residents could prove their value as workers and therefore earn recommendations that helped them obtain jobs outside the Home. With this help the young women were able to support themselves, assume responsibility for their children, and maintain the respect that their communities attached to self-sufficiency. The Home offered women an opportunity to leave their rural communities precisely because it reflected so well the communities' practices. As Atwood wrote to the sister of one woman, "It has come to us, although we are strangers to her, to take the place of her own kin."⁵ By taking the place of kin, the Home gained the trust of the families and thus offered young women an alternative community and, even though pregnant, to retain an element of choice in their lives.

Following Morlock's 1939 visit, the Agency's board and staff felt increasing pressure to adopt new professional standards. Stressing the importance of providing increased options to unwed mothers and of



Grace Abbott (1878-1939), head of Children's Bureau from 1921 to 1934 worked to create and maintain national social work standards. These standards, implemented by professional social workers at federal and state agencies, ultimately transformed the Good Samaritan Home Agency. *Photograph courtesy Library of Congress.*

limiting institutional control, the professional social work organizations urged the Good Samaritan Home Agency to consider adoption, to reduce the required length of stay in the Home, and to offer its services to women with second pregnancies. Each time the Good Samaritan Home Agency adopted one of these proposals, it moved further away from the practices of the rural communities and thus ultimately lost its ability to serve rural Maine women.

The Home had not always been in conflict with professional organizations. It began paying dues to the National Conference of Social Work in 1918, and, after that time, Atwood regularly attended the annual Maine State Conference of Social Welfare. In 1924, the Agency's *Annual Report* noted the "endorsement of our policies by foremost social service organizations in New England, two of which changed policies along certain lines to conform with ours." The 1926 *Annual Report* commented on the "aroused and quickened spirit of progress" among members of the board through affiliation with the Girl's Social Service League of America and the National Conference of Social Work. The report asserted that this contact with world-wide welfare brought an "added breadth of vision and increased efficiency for the administration of our policies." The 1928 report announced that the Children's Bureau had paid the Home the compliment of asking for the Home's training policy and had highly praised the "outstanding excellence" of its system of case records.⁶

Five years later, however, Atwood recorded a new perspective. "We are keenly awake to the fact that the technique of living and serving is changing swiftly, but despite the bewildering conditions prevailing, we have an abiding faith that a wisdom as permanent as the oldest yesterday of man still endures." She was referring not only to the severe economic pressures of the Depression but also to the "changing trends in the field of work with unmarried mother[s]." The board, she suggested, should "consecrate ourselves to the task before us, with courage and determination to face the new age, but to conserve the best of the old; to follow truth wherever it leads, and to apply it; to be open mindedly critical of our methods, but alert to our dangers, and to be courageously loyal to our fundamental purposes in our chosen field."⁷

Just as Atwood was beginning to sound a word of caution about new national standards, state government in Maine was extending its control over the practices of private welfare organizations through increased licensing requirements. In 1931 the Legislature created the Department of Health and Welfare with broad regulatory powers and each branch of the new department had its own licensing procedures. By 1935, when the Legislature passed a law requiring organizations to have a license to place children for adoption the Department of Health and Welfare required four licenses from the Good Samaritan Home: as an unwed mothers' home, boarding home, hospital, and child-placement agency.⁸

The state's licensing procedures also became increasingly invasive. In 1935, licenses required lengthy reports which involved listing the num-

bers served and money spent. These reports may have been time-consuming—the Bureau of Health, for example, required that the Good Samaritan Home Agency measure each room in the facility and count the number of toilets, faucets, windows, and sinks—but they did not interfere in the operation of the Home. By 1937, however, staff members from the Bureau of Social Welfare were visiting the Home to inspect its record management systems. In 1938 Miss Fuger from the Bureau spent five and a half hours reading records “with a critical eye.” From then on, the visits multiplied in number and scope. Mary H. Merrill, who succeeded Atwood as superintendent of the Home, mentioned numerous visits from the Department of Health and Welfare, the District Sanitary Engineer, and the District Health Officer. In October, 1947, Merrill reported that the Director of the Division of Hospital Services “went through the Home examining every corner from cellar to Dormitory” and then examined the books. Mr. Downy, consultant to private agencies in the State, also visited “to get acquainted with our routine” and suggested that the board send him its minutes.⁹

Public officials began to demand that the Home change its practices



Many of the superintendent's reports discuss the benefits of the Home's sun-porch where the babies took the fresh air. This building at 334 Union Street, Bangor served as the Good Samaritan Agency Home from 1917 to 1954 and has seen few major alterations. *Photograph by Paul Schroeder*

in order to comply with state standards. At first these changes were practical. While they consumed the staff's time and the Agency's money, they left the structure of the Home intact. In 1936 for example the Bureau of Social Welfare requested that the Home revise its application blanks; in 1945 the Bureau of Health required it to purchase an oxygen tank and a heated bed for infants, and the District Sanitary Engineer required it to make changes in the plumbing and raise all the faucets a fraction of an inch. By the 1940s, however, state agencies increasingly pressured the Good Samaritan Home Agency to change its basic procedures and services. This pressure extended from requiring board members and staff to participate in educational meetings to threatening to withdraw funds if the Home did not change.¹⁰

The changes that the state urged on the Home included hiring a social worker to implement an adoption program, decreasing the length of stay required, admitting women with second pregnancies, and ultimately, closing the Agency's residential facility. With each change called for by the state and implemented by the Good Samaritan Home Agency the organization moved further from the values and practices of the local communities that it served. In every case, the Good Samaritan Home Agency Board resisted the change until dramatic economic pressures brought on first by the Depression and then World War II provided additional incentives.

It was the Depression that ultimately led the Good Samaritan Home Agency to accept adoption by strangers as an option for its residents. Traditionally a community, if not a family affair, adoption in Maine was expected to maintain the status quo. The original Maine adoption law of 1855 expressly excluded the rights of inheritance and explicitly called upon the adopting parents to bring up and educate the child "with reference to the degree and condition of" his or her parents. The most commonly cited reason for adoption was that the child had been living with the petitioners for an extended period of time.¹¹

The preponderance of the adoptions in Maine prior to the mid-1920s occurred between members of the same community or within the same family. Even when the adoption crossed community lines, the parent retained the right to keep in contact with the child. In 1881, for example, Melissa Douglass of Bath surrendered the care and custody of her infant child. She reserved the right, however, to visit the child "at reasonable times" and apparently moved to be near her child. The adopting couple was called upon to support and rear the child in a comfortable and proper manner and to provide the advantages afforded by the

neighborhood “where they do and I [the birth mother] shall hereafter reside.”¹²

Appellate court cases, Penobscot County court records, and the Good Samaritan Home Agency case files all confirm that adoption occurred within communities for the purpose of providing children with practical support when one or both of their parents had died or were unable to care for them. Adopting parents expected the children to help support them in return. As one woman who adopted a girl from the Girls’ Home in Belfast wrote to Gertrude Atwood in 1921, “I took her because I had no girl and I needed help.” The early case records of the Good Samaritan Home Agency show that women in the Home followed this practice. Out of the forty-six cases examined from 1918 to 1930, only sixteen children were adopted—six by the husbands of the child’s mother when she got married, four by relatives or friends, and only five by “strangers.” In the five cases of “stranger” adoption, either the mother had died or had abandoned her child for a long time. The relatives who adopted included members of the father’s family as well as those of the mother’s. Throughout the 1930s and later, both maternal and paternal family members continued to take the children either informally or through formal adoption proceedings. As one resident’s mother wrote in 1939 when Atwood suggested a possible adoption placement, “It was never my intention or ___’s wish to have the baby go to anyone outside our own family. I intended to tell you . . . that my eldest daughter wished to adopt it.”¹³

Community or extended family adoption meant that the mother often had the opportunity to keep in touch with her child after adoption. The father of Irene’s lover adopted her child. He invited Irene to dinner, found a job for her where he worked so that she could return to the area, and encouraged her to come see her child whenever she wished. Even in a case of adoption by a “stranger,” the Home did not require—as other agencies did at this time—that the mother agree to refrain from seeking information about or making contact with her child.¹⁴

Adoption by related kin meant that the child’s “adoptability” was not an issue. Adoptive parents rarely questioned the mental or physical condition of a child. When the sister of the man who impregnated Stella adopted Stella’s child, she carried on a long correspondence with Atwood. The child’s father brought the child presents and insisted that the adopting parents use the name Stella had chosen for the baby. Later the adopting mother wrote to Atwood: “You spoke about the baby being backward. Of course you know we have no others to compare with so

perhaps can not judge but we think she is darling. Of course, we took her on account of her parentage mostly and would probably have loved her anyway.”¹⁵

People from Maine chose to adopt within the community not only because they wished to care for their own but also because they distrusted “strangers.” Mothers, lovers, and the women themselves repeatedly expressed their distrust of those outside of the community. “It is going to be a hard battle for us both. Just think you have got to go among strangers,” wrote one man from training camp. Another resident’s mother wrote, “I don’t know how to express myself to you as we are strangers.” Atwood worked to reassure the women and their families that the Home would treat the women and their children, in the “place of her own kin,” as if to reassure them that the Good Samaritan Home Agency board members and staff were not “strangers.”¹⁶

For three decades this distrust of “strangers” and commitment to taking care of one’s own led Maine communities to rely on the Good Samaritan Home Agency because it encouraged young mothers to work hard and support themselves and their children even as national social workers increasingly encouraged adoption. The Depression of the 1930s, however, placed a strain on the Home and the women it served and ultimately led to the Home accepting adoption by “strangers” as a viable option.

At the beginning of the Depression, the Home increased its reliance on Maine’s traditional structures for supporting unwed mothers—families and bastardy suits. Even the well-endowed Good Samaritan Home Agency could not survive the harsh economic times without exploring every option for financial support. Unable to find jobs for the unwed mothers, the Agency sent increasing numbers of residents back to their homes and, as a result, Atwood noted, more women than usual married the fathers of their children.

With families and the Good Samaritan Home Agency short on funds, Atwood turned to the courts to enforce bastardy legislation with a vehemence even she recognized. Her efforts in 1931 were mainly devoted to collecting fees for room and board and she felt “in spirit similar to an ogre or dragon, or some horrible thing. Threats of suits have brought some results, promises galore, some notes and considerable money.” In pursuit of fees and money for the women Atwood brought unemployed husbands as well as chauffeurs of wealthy summer residents into court. Of one she commented, “We had him arrested and, as he could not get bonds, had him committed to jail, but released him



The dorm room of the Home was clean and well-lit, although crowded to accommodate large numbers of women seeking support from the Agency during the 1930s. *Undated photograph courtesy of the Good Samaritan Agency.*

upon his personal recognizance as he was worth nothing to us lying in jail.” Atwood noted with pride that she rarely lost a legal suit. At the same time Atwood pushed the Maine towns to provide for the women who could legally claim town assistance and, occasionally, took towns to court to ensure that they met their responsibilities.¹⁷

Atwood’s efforts to find support for the women meant that any one who had access to other means of support no longer came to the Home. From 1929 to 1940 twice as many women applied to the Good Samaritan Home Agency as the Home could accommodate. In 1930 the board renovated its building to house more women; still it was forced to turn away as many as it accepted. Not only did more and more women apply for help, but those who did were increasingly desperate, unable to pay anything toward their delivery or support. As a result, the board determined that while no destitute or homeless woman should be turned away, “such girls as had homes or responsible relatives to care for them were referred elsewhere unless relatives were willing to pay for at least

the required clothing and medical fees.” In 1933 the board voted to add a new condition for admission: inability to pay. Five years later, Atwood reported that destitution among the women applying was greater than ever before. “Many of them,” she reported at the annual meeting, “were without adequate underwear, shoes, stockings and outer clothing sufficient to protect them from the rigors of a climate such as ours. Among the present family there are several without sufficient money to pay postage on letters home or to friends.”¹⁸

A growing social gap between the members of the board and the women they served emerged as a result of this screening brought on by the harsh economic conditions. Many of the original women of the board had themselves come from rural Maine communities. They had not, however, been destitute. Their families or their husbands had the resources to move into the city to take advantage of opportunities that gained them entrance into the middle class. The Home had encouraged the women who used its services to do the same. The women who now entered the Home had little opportunity to change their lives; their primary concern was survival.

Fern, for example, entered the Home in 1934 when her landlady turned her out. When admitted she had eaten only a candy bar in twenty-four hours. Profoundly hard-of-hearing she had been unable to obtain any work but the heavy cleaning she had been doing until just before coming to the Home. She gave birth shortly thereafter.¹⁹

A doctor brought Ethel to the Home at 3:00 A.M. He had gone to Ethel’s two-room shack but found the conditions so bad that it was “impossible for him to deliver her there.” The Home admitted the girl of sixteen, but then the staff called the ambulance to take her to the hospital when her appendix burst and she delivered prematurely. Ethel’s mother, described as a “cripple” in the case files, was a state pauper who had been boarded away from home for three years “presumably to avoid more children.” Ethel had nursed her mother through the last confinement and “carried on the home since her mother was removed.” The doctor blamed the stepfather was for Ethel’s pregnancy.²⁰

Women from these backgrounds were, Atwood declared, “utterly untaught in the very rudiments of household duties and generally speaking lacking discipline of any kind.” They were also young. Atwood conceded that, because of their age, she did not expect them to be proficient housekeepers but, she concluded, “that they are so untaught in every line is an indication of what their home condition must be.” Atwood referred to those who returned to their own families after a stay in



Gertrude Atwood (right) supervised the work of the Good Samaritan Home Agency as General Secretary, Superintendent, and Executive Secretary, from 1923 until her death in 1941. Mrs. Oliver Hall (left) was president of the Good Samaritan Home Agency Board during the 1920s and 1930s. *Photograph courtesy of the Bangor Daily News.*

the Home as “missionaries” who “spread the gospel of better housekeeping.” The residents also noted the difference in conditions between their homes and the Good Samaritan Home. The board found Velma a domestic position in Bangor, but she had been away for a year and was homesick and “unable to adjust herself.” She took her child with her to her home in Calais, but a month later she returned once more to Bangor, this time asking the Good Samaritan Home Agency to place her child for adoption. “She said she had not realized the conditions existing in her home until she had an opportunity to see how other people lived,” Atwood explained.²¹

At the same time that board members began to recognize the poverty from which residents came, childless couples were applying to the Home in increasing numbers for infants to adopt. A striking contrast in social class appeared between the residents and the couples seeking

their children. Many couples were professionals who had regular salaries and owned their own homes. A large number were summer visitors from other states. They included college professors, architects, social service administrators, and the head of a pediatrics ward at one of the largest hospitals in the Midwest. Atwood described one adoption in which the husband worked as an engineer for the federal government and both husband and wife had college degrees. They adopted the child of a fifteen-year old.²²

It was at this time that Atwood began to note the educational and cultural advantages of adoption. While she had regularly referred to the residents as “satisfactory” or perhaps “very satisfactory,” she began to refer to the adopting couples as “extremely satisfactory,” “unusually good,” and even “superior in every respect.” She emphasized the care given to investigating the parents for “every child has a right to the very best type of American parents and home.” As the adoption program began to grow, so did Atwood’s sense that there was no perfect solution. “As the years pass,” she acknowledged at the end of 1935, “we become more and more cognizant of the fact that the best we can do for these little ones and those unfortunate other children—their mothers—seems very little in comparison to what we desire for them.”²³

While the Depression made starkly clear the contrast between the social standing and financial security of the would-be adoptive parents and that of the unwed mothers, it also forced other poor families to consider adoption in order to provide for their children. Atwood noted in 1935 that the Bureau of Social Welfare and “many outside sources” were requesting assistance in placing children for adoption, suggesting, she posited, “an unusually large number being offered for adoption through the inability of the families to provide for such unfortunate children.” Doctors, the city, families, and “various organizations and social agencies” all sought the Good Samaritan Home Agency’s assistance in finding homes. Atwood noted that these referrals were “a distinct compliment to our success in this important field” and proudly reported that the court also had “highly complimented . . . our conscientious efforts and methods in cases of adoption.”²⁴

As they turned to adoption, the Good Samaritan Home Agency board members and staff developed adoption policies that included tests for the children, a thorough investigation of the prospective parents, and a one-year waiting period. At the same time they observed that desperate families placed children in less than ideal conditions without the benefit of the Home’s experience or expertise. In 1934, for example, the Home

Home Agency. The Home accepted the child as a boarder and the father agreed to pay its way. Atwood noted her expectation that eventually, "he and his wife will bring it up in their own home." A month later Atwood reported that the baby admitted in "such a pathetic condition," was making satisfactory progress. It had, she said, gained weight and "lost much of its apparent fear when approached." It had become "much less nervous and wakeful."²⁵

That same month Atwood told her board members the story behind a newspaper ad offering an infant for adoption. The mother of the infant had applied to the Good Samaritan Home but, unwilling to remain for the six-month required stay after her delivery, found a family that would support her. The family offered fifty dollars to anyone who would take the child. The money, Atwood suggested, was to pay for the expense of confinement. "Undoubtedly the friends of the girl will be successful in placing it—but how desirably is a question."²⁶

Faced with women who could not find jobs that would enable them to support their children, with adoptive parents offering the opportunities provided by a professional's income, and the slipshod placement of children whose parents were desperate to find support for them, the Good Samaritan Home Agency began to place children in "strangers" homes for adoption. Having turned to adoption, Atwood and others took pride in doing it right.

Once the Good Samaritan Home Agency began to place children for adoption, it made an effort to conform to "all regulations" of the Department of Health and Welfare. As Atwood noted in her 1937 *Annual Report*, the Agency worked to provide the "best possible home" for the child and to "select for placement only children as have suitable background and are physically sound and mentally fit for such superior homes as are open to them." The Agency asked professional psychologists to test the children; they themselves recorded and studied the child's background. They relied on "various social agencies outside of Maine" or their own case committee to provide a thorough investigation of the adoptive families, and they required a one-year probation under supervision before they finalized an adoption. "With the splendid co-operation and assistance in this work of baby specialists, psychiatrists, and lawyers, all leaders in their chosen professions, we believe we may feel justified in our satisfaction in this rapidly expanding department of our work."²⁷

Professional adoption practices, however, conflicted with traditional adoption practices and created problems which the Agency had not pre-

viously faced. Standards, for example, called for a strict screening of all children who were to be placed and this led to a number of children who could not find adoptive homes. The Good Samaritan Home Agency records and minutes are filled with notations about the children who were unsuitable for adoption for a wide variety of reasons—they were the result of incest, their fathers were unknown, or their mothers were mentally slow or had a family history of epilepsy. In one case, a child had an eye problem that could not be corrected for a year. In addition, professional standards emphasized that children must be placed in families of the same faith as their birth parents. This created a problem when the Department of Health and Welfare insisted that agencies not place children outside of Maine. The Good Samaritan Home Agency not only faced a shortage of Catholic family placements in Maine, its board refused to admit a woman who was pregnant by a Jewish man because it did not want to assume responsibility for finding a placement for a Jewish child.²⁸

A greater challenge to traditional practices arose because adoption required a woman to rely on “strangers” and to provide the “strangers” with information about her family and lover. In 1938 Miss Fuger of the Bureau of Social Welfare suggested that the Good Samaritan Home Agency try to learn more of the history and background of the men involved and to obtain more detailed histories of all its residents. Atwood responded that many of the girls came voluntarily and many came “from homes of great ignorance and limitations and . . . we are greatly handicapped by suspicions which such condition of ignorance breeds of any stranger or unfamiliar institutions.” The state might assume the field work such investigation would require but Atwood was not confident of the results. “We have the feeling however that many of our girls might be fearful of such a procedure and believe that too much publicity was being given to their cases,” she noted.²⁹

Not only did the adoption encouraged by social workers involve a reliance on “strangers,” it also called for a new kind of communication: professional evaluations of an individual rather than the informal discussion of a small community which could put an individual’s behavior into context. Professionals tended to gather one-dimensional information for adoptions. Their information was written and, therefore, not easily changed or contested. They relied on tests designed to measure a child’s intelligence and personality independent of the child’s relations to others. Although professionals suggested a trial placement before finalizing the adoption, they urged that the placement be made as early as

possible for the sake of the child, and this required, they suggested, careful testing. Adopting parents relied on a battery of tests as well as a thorough investigation of the child's families to determine "adoptability."

This conflict between adopting parents' desire for proof of suitability for adoption and traditional Maine values is reflected in Harriet's story. In 1934 Harriet, the daughter of a minister from the coast, gave up her child to the head of pediatrics in a Philadelphia hospital and his wife. At twenty-eight, Harriet was older than most of the women the Good Samaritan Home Agency served. Her case was also atypical in that she, Atwood told the adopting parents, "parted with her child from a sense of filial devotion and duty to her parents, and to protect them in their position in their community." Contrary to its general practices, the Good Samaritan Home Agency Board placed Harriet's child when the child was only three-months old.

The adoptive parents' concern about family history makes clear the tension between "professional adoption" and traditional Maine practices. The doctor and his wife wanted to know the background of their adopted child. "I am perfectly willing to undertake all of the usual risks in raising a child," the doctor wrote, "however if it should be shown that the paternal history is notable for the very high incidence of insanity, epilepsy and feeble-mindedness then do you think that the child is a suitable subject for adoption by anyone?" He urged Atwood to "have several chats with the mother and see if more cannot be extracted from her" about the father. He did not, he warned her, thoroughly trust what the mother would say as such information "obtained too freely, is often false." He proposed instead to use his hospital and agency connections to trace the father and the members of the father's family "in a quiet way." He was, he claimed, interested in any history of epilepsy, dementia praecox (early insanity), allergies, tendency to bleed, and the "build" of the father. Atwood chided him. Harriet's daughter had by this time been with the doctor and his family for several months. While in deep sympathy with his desire to know more, Atwood wrote that she was "wondering how scientific we are in allowing her to visit your household, with the inevitable result of attachment formed for her and the distress if conditions found upon investigation should be unfavorable." In what might have been a veiled threat, she told him that she had another couple from Ohio who would be glad to adopt the girl.³⁰

Atwood did, however, research the paternal background and send a history of the father's work and family, but, following traditional practices, she was careful to place the father's indiscretions in context. He

had worked as a brakeman, she found, "which would indicate a record of sobriety." He left school early and though she didn't know why, it was "probably for financial reasons as his was a large family with not the best of management on the part of the mother." The family itself had good standing in the community and the father was considered to be reliable, upright, and industrious. Since leaving school, Atwood reported, the boy had worked as a common laborer doing whatever came to hand for unskilled work. Though he did not have steady employment for any length of time, she suggested this should not count against him "under the present economic conditions." Similar to the references given for women residents of the Good Samaritan Home, Atwood pointed out his weak points but counterbalanced them with other observations. "He is irresponsible and apparently untruthful, but I do not find any record of dissipation beyond being what he would perhaps term being a 'good fellow' as far as liquor is concerned." After the Good Samaritan Home Agency successfully placed the child in the Philadelphia doctor's household, Atwood continued to act as an intermediary for the mother. For the next few years she kept Harriet informed about the development of her child.³¹

When Atwood provided information to the public on the new program of adoption, she took care to explain it in terms that the community could accept. She repeatedly made clear that adoption was only used selectively, in cases of economic need. She reported to the board in 1937, "We would not give the impression that our children are being placed on a wholesale scale, far to the contrary." The Agency had placed only ten children in the last three years. She also made clear that the adoption program was "an outgrowth of the prevailing economic conditions which have made it impossible for many of our girls entering domestic service when dismissed from the Home to earn a sufficient wage to support themselves and children."³²

Economic pressures forced Atwood to turn to adoption, but she consistently maintained that it was the least desirable option. In 1940 a reporter published a story about the new adoption program in the *Bangor Daily News*. He commented on the requests for infants that came to the Good Samaritan Home Agency from all over the country, many from people "blessed with this world's goods." In the following days, the Agency was "swamped with applications from Waterville to Canada." Atwood inserted a story soon after to make clear that the majority of women kept their children.³³

Despite its embrace of adoption in the 1930s, the Good Samaritan

Home Agency did not fully commit itself to adoption and hire a part-time social worker to advise the residents for more than a decade. Coming as she did from a rural Maine community, Atwood had understood and worked to mediate the conflict between professional social workers and traditional Maine practices. When she died in 1941, the Agency's case committee attempted to continue her practices. Although the chair of the case committee was a certified medical social worker, she was also a volunteer and the daughter of a woman who had been on the board for over twenty years. The Department of Health and Welfare was not satisfied with this degree of professionalization and continued to push the Agency to hire more trained social and case workers. At first Lena Parrot, head of the Children's Division of the Department, consulted with the Good Samaritan Home Agency board members and urged them to hire a social worker. Later, Charles Downy, consultant to the private agencies in the State, visited the Home and "made it very plain to the members present that the Home definitely needed a social worker, or at least a part time social worker." When the case committee chair explained that the Good Samaritan Home Agency was, and always had been, "very careful to choose people who have keen judgment to be on the case committee," he was not impressed and he threatened to hold up the Agency's child placement license.³⁴

The Home depended upon state funding, and it finally acquiesced to the Bureau of Social Welfare's demands. In February of 1950, board members met with the Bangor Family Welfare Society and arranged to hire the Society's licensed social worker on a part-time basis. Downy agreed to issue a license to the Home when the two agencies signed the agreement. In March, Mrs. Tandy took over the duties of social worker at the Good Samaritan Home Agency and assumed all of the case work for the Agency.³⁵

The newly hired social worker pressed the Agency to gather detailed information about the mother and her family. Just after taking the position, she commented to a Children's Aid Society social worker that she "felt it would be necessary to get more information than had previously been the custom." She told the board that she hoped to interview each resident "fairly early" after admission. She planned to interview family members, write letters to doctors to get information on the family, and contact the fathers when possible.³⁶

Caseworker Tandy, like her successor Eugenia Rugan who became the executive director in 1954, also cautioned women against arranging adoptions with people they knew. Both women emphasized the impor-

tance of severing all contacts between the adoptive family and the mother of the child. In her case notes Rugan recorded how she explained this to the mother: "I said that if she knew where the child was, she would be wondering about it, and wantint [sic] to see it, and perhaps if she did see it, she would not be satisfied with the type of care it was getting, even though this might be the best of care. I said that the reason for this might well be that she would feel so badly that she was not caring for it that she could not see or accept another persons being called 'mother' by the child."³⁷

While the Agency encouraged adoption, it encountered resistance from many women and their families as well as their communities. In 1955, for example, one sixteen-year-old considered giving up her child so she could support herself but, she told her caseworker, her big concern was that the community "would hold it against her if she did not take the baby and bring it up."³⁸

Although the Depression led the Good Samaritan Home Agency to accept adoption, it was World War II that led the Agency to change its institutional structure. As in the case of the social worker, professionals had for a long time pressured the Good Samaritan Home Agency to modify the residential character of the Home. State agencies had promoted these modifications with persuasion, licensing requirements, and finally threats to withhold state funds. As in the case of adoption, however, the Good Samaritan Home Agency accepted the professionals' suggestions only when changing economic and social conditions required a new response.³⁹

Professionals began to urge the Good Samaritan Home Agency Board to minimize the residential aspects of its program in 1939 when Maud Morlock suggested that private maternity homes such as theirs might have "outlived their need." She called on the board to abolish the requirement that women remain in the Home six months after they deliver and suggested that they replace the institution with a network of foster homes. In later conferences, state and national experts stressed the hazards of group homes, and Mr. Downy, consultant to the private agencies in the State, reminded the Good Samaritan Home Agency board members that institutions were "black eyes."⁴⁰

World War II, however, ultimately forced the Home to reduce its required length of stay. During the Depression women had often stayed longer than the required six months because they could not find jobs. With the onset of war, however, they suddenly had open to them new jobs with good salaries. Residents who would make far more working in

ship yards than in the Home began to push to leave early. A number of women who applied decided they would be better off going to the hospital and paying for their deliveries than staying half a year at the Good Samaritan Home. At the same time, hospitals and social agencies were pushing the Good Samaritan Home Agency to assist more pregnant women. Superintendent Merrill, quoting from *Modern Hospital* about how strapped hospitals were to provide needed care, noted that local institutions “must change overnight as the war steps up tempo and trends.” The Good Samaritan Home Agency, she suggested, in order to “take the bigger load off the shoulders of the remaining doctors, nurses and hospitals” should shorten its required stay to accommodate more women. In December 1942, the board voted to reduce the required stay after delivery from six months to three. By 1949 it required only a three-week stay.⁴¹

Nothing changed the nature of the Home more than reducing the requirement that residents remain in the Home six months after the delivery of their children. This required stay had enabled the Good Samaritan Home to rely on the unpaid labor of its residents and at the same time enabled the residents to work for their support. As a result of these low labor costs, the Home was able to provide inexpensive day care and thus give residents an opportunity to settle into jobs or find husbands and thus continue to support their children. By working with the staff for six months, the residents could prove their value as workers and earn recommendations that could help them obtain other jobs. By the 1940s the Home did not provide residents an opportunity to work additional hours instead of paying their fees. Faced with the more costly services unsubsidized by women’s labor, the women from poor backgrounds found it impossible to earn their own way and, thus, to keep the respect their communities attached to self-sufficiency.

With increased costs and decreased services the Home lost much of its appeal to rural women. It began to apply its admissions policies less stringently but still it could not attract the women it needed to provide enough income to support the institution. In 1954 the board closed the residential Home and opened a series of foster homes.⁴²

Closing the residential institution further diminished the Good Samaritan Home Agency’s attractiveness to rural women. The group home worked for them because it reflected the values of their communities and enabled women to live among others who, like themselves, were from rural areas. One pregnant woman made clear her discomfort when Eugenia Rugan, the executive director, explained to her the new board-

ing home arrangement. "She found this very hard to accept," Rugan noted, "and said that she had thought that when she came to Bangor she would live in a home with other girls." Rugan explained that the board had closed up the Home and now placed girls in separate boarding homes. "This was very hard for her, as she did not want to go with strangers. I told her that I could place her in a home where there was another girl but this did not seem to be what she wanted." The girl returned to her mother who was waiting in the car, cried, and left to return home.⁴³

Of all the changes required by the trend toward professionalization, perhaps none threatened the Agency's relationship to the rural communities more than accepting women with second pregnancies. Rural communities made clear distinctions between their expectations of younger and older women. Younger women could make a mistake; older women should not. Having a child marked one's movement from childhood to adulthood. The rules of the Home followed this tradition, stating unequivocally, "On no consideration shall a girl be admitted to the Home a second time for the same offense." This remained the one invariable rule. Married women, "feeble-minded" women, older women, and women who had been in the state reformatory all had a hard time getting into the Home, but sometimes the board accepted them. Women who had had several sexual partners were routinely accepted if they had community members willing to vouch for them. A "second offender" never got a second chance. As Atwood noted in 1933, "Our policy regarding the admission of the second offender is so well known that we need not go into detail regarding it."⁴⁴

For Atwood and her board the women who came to the Agency had gotten pregnant not because of men's seductions but because of their youth and lack of supervision. They could redeem themselves by growing up: by working hard and taking responsibility. Having a baby marked one's entrance into the "portals of womanhood," as Atwood noted on a regular basis. One youthful indiscretion, occurring before one entered the adult world, could be overcome; it was only a mistake. As Atwood advised one applicant, "It is not so much what we have done as it is what we do in the future that really counts. For after all, we all make mistakes in one way or another and as for you, you harmed no one but yourself."⁴⁵

The residents and the communities from which they came understood this. Community members invariably noted the woman's youth when they wrote recommendations for admission to the Home. Rev.

A.G. Davis, for example, wrote of one fifteen-year-old who, according to another community member, had been “a little loose for a year or two back.” Ellie was “not a bad girl but one who is more unfortunate than anything else. I believe with the training she will in time develop into a virtuous and respectable woman and I trust a useful member of society.” The women who applied to the Home almost never blamed anyone else for their predicament. As one applicant wrote, “It is not fair for me to blame all the responsibility on the fellow. I was eager for his kisses and intoxicated with both sex and alcohol.” And another, “I should have known better but I loved him better than my honor.” Instead, time and again, they offered to work hard in exchange for support. As one promised, “I can work and I am very willing to do anything if you will only help me.”⁴⁶

Although the communities and residents continued to describe the women or themselves in this traditional way, the new idea of young women as adolescents and a group unto themselves began to have an impact on the Home. While the Good Samaritan Home Agency had thought of them as laborers in training, capable of doing hard physical labor, social workers and others began to see them as young people who needed time to understand who they were and where they were going. While the Agency originally expected the residents to do all the work of the Home under the supervision of a matron, the staff began to push the board to hire additional paid help to do such work as cooking, laundry, yard work, and spring cleaning. By 1943 the staff included two graduate nurses, a case worker, and ten other employees. The superintendents regularly explained to the board that the Home needed this additional help because the “girls” were too young to do the requisite hard physical labor. They made this assertion even though, as the case files make clear, the age of the residents remained constant, ranging from 18 to 22, and the young women’s families continued to rely on them for hard physical work at home and in the fields.

The superintendents’ discussions and judgment of their charges also reflected this new perception of young women. Gertrude Atwood had maintained the traditional rural expectation that young women required supervision because they lacked judgment but that they were capable, in fact expected, to do hard physical work. She judged almost every woman in the Home as either “satisfactory,” “very satisfactory,” or “not satisfactory” according to how willingly they did their work and how well they got on with the other workers. In contrast, the two superintendents who followed Atwood identified women not as “satisfactory”

but as “nice.” While Atwood emphasized the work performed by the women, Mary Hayward and Alice Merrill stressed the work required to manage them. As Hayward told the public in her *Annual Report*, “It takes hard strenuous work to re-establish these girls . . . It takes time, encouragement, and much, much patience.”⁴⁷

In line with the idea of adolescence as a frame of mind, a time in which personality developed, professional social workers explained out of wedlock pregnancy as a character flaw, the result of a psychological need that could only be treated with counseling. In this view, there was no inherent difference between a “first” and a “second offender,” both had to be psychologically readjusted. Caseworker Tandy, hired in 1950, could only understand the rejection of the “second offender” as a fear that her personality might disrupt the Home. Noting the decreased number of women applying for admission she pressed the board to accept the “second offender” who might have more need of the services. “After all,” she concluded, “whether or not they will be an upsetting influence with the other girls is more a matter of individual personality than of whether they have been married or had a previous child.” That year, at her insistence, the Home began to admit women with second pregnancies, but even that was not enough to counteract the falling admissions.⁴⁸

By 1956 the Good Samaritan Home Agency had been totally transformed by implementing most of what professional social workers defined as good social work practice. An undated, unsigned report on the Agency, written between 1950 and 1954, described a program and philosophy that Gertrude Atwood would not have recognized. It described the women as “all disturbed, most of them from broken homes,” the Home as an institution that provided “as much entertainment as possible,” and an organizational philosophy that “it seldom works out well for the mother or the child to have the mother keep her baby.” While the “new” Home was modeled on the latest social work standards, it did not meet the needs of the rural women who had turned to it in such great numbers in the past.⁴⁹

For almost half a century, from 1902 until 1946, the Good Samaritan Home Agency had more applicants than it could accommodate and, of those women that it accepted, only three left before their time was up. Most stayed to work hard for at least six months after the delivery of their children and after leaving wrote to the Home about how much they missed it. Beginning in 1946, however, when the Home implemented the first of its major changes, the number of applicants declined

significantly and eventually, more women withdrew their applications than accepted the help of the Home. The Good Samaritan Home Agency had not successfully conserved the best of the old and, as a result, lost the support of its rural Maine constituents.

NOTES

1. "Superintendent's Report," September 1939 and December 1939, Good Samaritan Agency archives, Good Samaritan Agency, 100 Ridgeway Drive, Bangor, Maine. Unless otherwise noted, all subsequent references to reports, case files, and minutes of the Good Samaritan Home Agency are to this collection.

2. Good Samaritan Home Agency, *Annual Report* (Bangor: Good Samaritan Home Agency, 1939).

3. "Superintendent's Report," December 1939.

4. This study is based on a log of all residents (1902-1957) and a review of every fifth full case record of every resident (1917-1957) of the Good Samaritan Home Agency.

5. Case File #297-135, Letter from Atwood to ___, 2 April 1928.

6. *Annual Report*, 1924, 1926, and 1928.

7. *Annual Report*, 1933.

8. The Department of Health and Welfare, through its various bureaus, assumed the responsibilities of earlier state Boards of Health (created in 1885), of Charities and Corrections (created in 1913) and of Mother's Aid (created in 1917). *Agencies of Maine State Government, 1820-1971* (Augusta: Maine State Archives, 1977); "Superintendent's Report," May 1935 and December 1935. The Bureau of Health and the Bureau of Social Welfare implemented Department of Health and Welfare policies.

9. "Superintendent's Report," February 1935. Atwood reported that Miss Fuger inspected the case record system, by-laws, patient register, and birth and death register and expressed "great satisfaction" that the work was being conducted on "a very high plane." "Superintendent's Report," January 1937; "Superintendent's Report," February 1938, February 1945, and February 1946; *Annual Report*, 1946; "Executive Director's Report," October 1947.

10. *Annual Report*, 1936 and 1946; "Superintendent's Report," February 1945. Peggy Pascoe in *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939* (NY: Oxford Univ. Press, 1990) has discussed the impact of united fund agencies on unwed mothers' homes. Bangor developed a Bangor/Brewer Community Fund in 1938 and, almost immediately, the Good Samaritan board had conflicts with the Fund's board which was mostly male and "evidently not entirely in sympathy with our request." Appearing before the Community Fund for the first time was, Atwood reported, "a most un-

pleasant” experience. The Community Fund limited the Good Samaritan Home Agency’s ability to draw on the public support that it had cultivated so well for so long. By 1946, however, the superintendent was able to report that the Home was able to operate without asking money from the Community Fund. Instead it relied on state funds, a healthy endowment, and admissions fees. Good Samaritan Home Agency, “Minutes,” 13 September 1938; “Superintendent’s Report,” September 1946.

11. The discussion is based on an analysis of every third adoption record in the Penobscot County Court from 1857 to 1953, Probate Court Records, Penobscot County, Penobscot County Courthouse, Bangor.

12. Probate #138.88, Penobscot County Courthouse.

13. My sample confirms that the majority of adoptions occurred within communities because one of the parents had died or abandoned the child. It is not always possible to ascertain kinship ties in the adoption records, but a large number of adoptions occurred within families. The most often cited reason for adoption was that the adoptive family had already maintained and supported the child for a period of time. Case File #196-24, Letter from __ to Atwood, 31 May 1920. Orphaned girls were regularly placed out to earn their keep at twelve years of age. In this case it is not clear why one would be adopted in lieu of being simply placed to earn her keep. Four additional women married men who were not the fathers of their children and their husbands may have adopted the children, but it is not recorded in the case files. In one case the wife of the child’s father insisted that her husband adopt his child. “Superintendent’s Report,” February 1934; Case File #508-336, Letter from ___ to Atwood, 27 September 1939. The Good Samaritan Agency deleted all the names from the case files. I have provided fictive names for clarity, but in quoted materials I have retained the original documents’ blank spaces.

14. Case File #191-19. Almost thirty years later one woman wrote that her child was placed in her home town and that she could see her child whenever she wanted. Case File #80-610. The Maine Department of Health and Welfare, for example, required a woman to sign a formal agreement that she did “hereby agree and pledge not to interfere with the custody, control, care, or management of said child in any way or encourage or allow anyone else to do so.” Probate #6989, Penobscot County Courthouse.

15. Case File #179-7, Letter from __ to Atwood, 27 February 1920.

16. Case File #173-1, Letter from __ to Scoboria, 9 January 1918; Case File 195-23 13 June 1920.

17. “Superintendent’s Report,” November 1933; “Case Committee Report,” July 1931; “Superintendent’s Report,” April 1934; “Minutes,” 12 September 1933; “Superintendent’s Report,” October 1933. For a discussion of Maine’s settlement and poor laws see Jean F. Hankins, “‘Every Town Shall Maintain Their Own Poor’: New England’s Settlement Laws.” *Maine History* 39 (Fall 2000): 168-185.

18. "Superintendent's Report," April 1933; "Report to Trustees," 6 March 1933; *Annual Report*, 1938.

19. Fern's case was unusual because she was married and Atwood took her husband to court. It is unclear from the record whether her husband had fathered the baby. "Superintendent's Report," April 1934.

20. "Superintendent's Report," September 1940.

21. Velma's was not an isolated case. The Good Samaritan Home was also keeping a young woman named Melvina while Atwood could work out an alternative when her mother demanded Melvina's immediate return to pick potatoes. "The unwholesome condition of poverty and squalor existing in Melvina's home when she arrived there . . . was so upsetting to her that she is unwilling to remain at home or to leave her child there and she is now willing to comply with any plan made for her." "Superintendent's Report," Summer 1937. In spite of the squalid conditions, Atwood hesitated to attribute the situation to the mother. Perhaps, she observed, "in a family the size in which many of them are being reared, we should not expect much from a mother whose time must of necessity be spent in seeing that the family is fed and whose strength must have already been spent in giving birth to a child every year." "Superintendent's Report," February 1935, September 1937, and October 1937.

22. "Superintendent's Report," Summer 1934 and October 1937. While Atwood described the advantages of the adopting parents she did not stress the natural mother's poverty and low social status. Elsewhere, she reports that the fifteen-year old came from Hall's Quarry "with all that name implies," but when she reported the adoption to the Board, she stressed the youth of the girl and the inappropriateness of her living with grandparents "both over seventy."

23. "Superintendent's Report," December 1938, January 1939, and December 1935; *Annual Report*, 1934. Even in these years the Good Samaritan Home Agency placed relatively few children: 4 in 1935, 3 in 1936, and 3 in 1937. "Superintendent's Report," Summer 1937.

24. The Good Samaritan board had turned to adoption in cases when the mother had died or abandoned her child. They had also placed babies for adoption who had been boarded in the Home. See for example "Minutes," 8 April 1930; "Superintendent's Report," March 1935, May 1935, and Summer 1934; *Annual Report* 1934.

25. "Superintendent's Report," February 1934 and March 1934.

26. "Superintendent's Report," March 1934.

27. *Annual Report*, 1937.

28. "Superintendent's Report," Summer 1940.

29. "Superintendent's Report," February 1938.

30. Case File #433-261, Letter from ___ to Atwood, 4 August 1934 and 27 August 1934. The doctor strengthened his argument by referring to the advice and

expertise of his friend, Dr. Bond, of the Mental Hygiene Institute; Letter from Atwood to ___, 31 August 1934 and 8 December 1934.

31. Ibid. Letter from Atwood to ___, 8 December 1934.

32. "Superintendent's Report," Summer 1937; *Annual Report*, 1937.

33. Oscar Shepard "Home has 200 Applicants for Little Ones," *Bangor Daily News*, 23 October 1940, p.3.

34. "Minutes," 14 September 1948, 14 October 1949, and May 1950; *Annual Report*, 1949.

35. "Case Committee Report," 7 February 1950.

36. Case File #820-625, Letter from Tandy to Miss Alice Boyden, Vermont Children's Aid Society, 16 May 1950; "Case Committee Report," 13 June 1950.

37. Case File #865-670, Letter from Miss Krick to Mrs. Tandy, 15 October 1951; Case File #982-787, 24 August 1954.

38. Case File #1004-811, 29 March 1955.

39. "It would have been impossible for our Home to have functioned but for State Aid," Atwood noted in 1939. Budget figures confirm that the \$4-6,000 the Good Samaritan Home Agency received annually from the state was critical to its operation. *Annual Report*, 1939.

40. "Executive and Budget Committee Report," 18 September 1946.

41. The newly shortened stay was still longer than the stay professionals recommended. The Temporary Home in Portland was astounded that the Good Samaritan Home had as many as thirteen residents willing to stay for that length. The Temporary Home required a stay of six weeks after delivery and could only attract one resident. Not only did the board decrease the required amount of stay for mothers, it did the same for the children. This was, in part, a response to the demands of adopting parents who wanted infants. By 1951 the Board was discussing the problem of women leaving their children in the Home too long, and Lena Parrot offered to investigate the women who left babies six months. Families would not like to have babies "already used," she suggested.

42. Case File #173-1, "Rules," undated.

43. Case File #1042-849.

44. "Case Committee Report," 1933. The case files make clear, however, that although the Good Samaritan refused to accept the "second offender," it often sought help for her from other sources.

45. Case File #212-41, Letter from Atwood to ___, 16 December 1940.

46. Case File #207-36, Letter from Sawyer to Atwood, 25 October 1921; Case File #207-36, Letter from Davis to Atwood, 1 November 1922; Case File #465, Letter from ___ to Home, 12 June 1944; Case File #173-1, Letter from ___ to Home, 18 January 1918.

47. *Annual Report*, 1945.

48. "Social Worker Report," 1951.

49. Undated and unsigned report, Good Samaritan Agency archives.