RECEIVED
NOV 27 1963
MEDICAL CARE SECTION

CITY OF BALTIMORE

ONE HUNDRED AND FORTY-EIGHTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1962



To the Mayor and City Council of Baltimore for the Year Ended December 31, 1962

A well trained sensible family doctor is one of the most valuable assets in a community, worth today, as in Homer's time, many another man . . .
Few men live lives of more devoted self-sacrifice.

SIR WILLIAM OSLER

Aequanimitas and Other Addresses

1904

Advances in the life sciences are empty triumphs until they are applied to life itself . . .

DR. LUTHER E. TERRY

Surgeon General, U. S. Public Health Service
International Conference on Health Education

1962

DEPARTMENT OF HEALTH

Commissioner, ROBERT E. FARBER, M.D., M.P.H.

Chief Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.

ADMINISTRATIVE SECTION

Health Information.....JOSEPH GORDON
Laboratories.....CLINTON L. EWING
Public Health Nursing.....ALICE M. SUNDBERG, R.N., M.P.H.
Mental Hygiene.....MATTHEW L. TAYBACK, Sc.D.
Eastern Health District.....W. SINCLAIR HARPER, M.D., D.P.H.
Western Health District.....WILSON M. WING, M.D., M.P.H.
Druid Health District.....H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District.....W. SINCLAIR HARPER, M.D., D.P.H.
Southern Health District.....WILSON M. WING, M.D., M.P.H.

SECTION OF PREVENTIVE MEDICINE

Communicable Diseases .....VACANT
Child Hygiene.....GEORGE H. DAVIS, M.D.
Handicapped Children.....JOHN L. PITTS, M.D., M.P.H.
School Hygiene.....J. L. RHYNE, M.D., M.P.H.
Dental Care.....H. BERTON MCCAULEY, D.D.S.
Nutrition.....ELEANOR M. SNYDER, M.S.

MEDICAL CARE SECTION

J. WILFRID DAVIS, M.D., M.P.H., Assistant Commissioner of Health

SANITARY SECTION

GEORGE W. SCHUCKER, B.E., Assistant Commissioner of Health

Milk Control.....GULIUS D. D'AMBROGI, M.S.
Food Control.....FERDINAND A. KORFF
Meat Inspection.....WILLIAM J. GALLAGHER, D.V.M.
Environmental Hygiene.....GEORGE O. MOTRY, B.E., LL.B.
Industrial Hygiene.....ELKINS W. DAHLE, JR.

RESEARCH AND PLANNING SECTION

MATTHEW L. TAYBACK, Sc.D., Assistant Commissioner of Health

Biostatistics.....TODD M. FRAZIER, Sc.M.
Vital Records.....SIDNEY M. NORTON

Learn to Do Your Part in the Prevention of Disease



THE 92 ORAL POLIO VACCINE CENTERS WHERE 500,000 BALTIMOREANS RECEIVED TYPE I AND TYPE II VACCINE

CONSULTANTS

DR. C. REID EDWARDS,
Professor of Surgery, School of Medicine, University of Maryland.

DR. JOHN E. BORDLEY,
Professor of Laryngology and Otology, Johns Hopkins School of Medicine.

DR. J. EDMUND BRADLEY,
Professor of Pediatrics, School of Medicine, University of Maryland.

DR. ANDREW C. GILLIS,
Professor Emeritus of Neurology, School of Medicine, University of Maryland.

DR. PERRY F. PRATHER,
Commissioner, Maryland State Department of Health.

DR. ERNEST L. STEBBINS,
Dean, Johns Hopkins School of Hygiene and Public Health.

DR. ISADORE TUERK,
Commissioner of Mental Hygiene, Maryland State Department of Mental Hygiene.

DR. THOMAS B. TURNER,
Dean, Johns Hopkins School of Medicine.

DR. ALLEN F. VOSHELL,
Professor of Orthopaedic Surgery, School of Medicine, University of Maryland.

DR. CHARLES W. WAINWRIGHT,
Associate Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

DR. HUNTINGTON WILLIAMS,
Commissioner of Health of Baltimore City, Retired.

DR. WALTER D. WISE,
Professor Emeritus of Surgery, School of Medicine, University of Maryland.

DR. SAMUEL WOLMAN,
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine.

ADVISORY COMMITTEE ON SANITATION

MR. CLARK S. HOBBS, Chairman
Director, Civic Development Bureau, Baltimore Association of Commerce, Retired.

DR. ANNA M. BAETJER,
Associate Professor of Environmental Medicine, Johns Hopkins School of Hygiene and Public Health.

MR. HANS FROELICHER, JR.,
Honorary President, Citizens Planning and Housing Association.

MR. BERNARD L. WERNER,
Director of Public Works of Baltimore.

DR. ABEL WOLMAN,
Professor Emeritus of Sanitary Engineering, Johns Hopkins School of Hygiene and Public Health.

MEDICAL STAFF

MAURICE L. ADAMS, M.D. s
WILLIAM A. ANDERSEN, M.D. c
CARLOS E. ARRABAL, M.D. m
MUTLU ATAGUN, M.D. t
RAYMOND M. ATKINS, M.D. s
DANIEL BAKAL, M.D. t
McDONALD M. BANDO, M.D. c, s
GILBERT L. BANFIELD, M.D. s
M. L. BARKSDALE, M.D. v
RONALD BERGER, M.D. s
WILLIAM L. BERRY, M.D. s
ANNIE BESTEBREURTJE, M.D. c
WILLIAM R. BIRT, M.D. v
WALTER P. BLOCK, M.D. c
LOUIS V. BLUM, M.D. t
JOSEPH P. C. BOGGIO, M.D. m
DONALD B. BOND, M.D. s
KATHARINE H. BORKOVICH, M.D. t
LESTER H. CAPLAN, M.D. s
JAMES D. CARR, M.D. s
BARBARA K. CLARK, M.D. h
ERNEST S. CROSS, JR., M.D. v
W. ALLEN DECKERT, M.D. m
LEON DONNER, M.D. s
FRANK A. FARAINO, M.D. t
HAROLD S. FARFEL, M.D. c
JEROME FINEMAN, M.D. c, s
THOMAS FRAHER, M.D. s
W. A. GAKENHEIMER, M.D. s
JOSEPH R. GLADUE, M.D. t
HARRIS GOLDMAN, M.D. v
SYLVAN C. GOODMAN, M.D. v
GARY GOSHORN, M.D. s
LOUIS P. HAMBURGER, M.D. s
LOUIS E. HARMON, M.D. v
BERNARD HARRIS, JR., M.D. s
BERNARD HARRIS, SR., M.D. s
MARY L. HAYLECK, M.D. c
ERWIN HECKER, M.D. m
EMIL H. HENNING, JR., M.D. s
RAY HEPNER, M.D. c
HENRY W. D. HOLLJES, M.D. mi
RICHARD H. HUNT, M.D. v
THOMAS E. HUNT, JR., M.D. h
TURGOT JEUDY, M.D. s
MEYER W. JACOBSON, M.D. t
W. ATWELL JONES, M.D. v
IRVIN B. KEMICK, M.D. s
HOWARD C. KRAMER, M.D. v
IRVING KRAMER, M.D. c, s
ALBERT L. LAFOREST, M.D. v
ARNOLD F. LAVENSTEIN, M.D. c
LOUIS LAVY, M.D. c
C. DUDLEY LEE, M.D. t
LUCILLE LIBERLES, M.D. c
RENOLD B. LIGHSTON, M.D. c
HARRIS LOVICE, M.D. t
JERRY C. LUCK, M.D. c
CHARLES F. MALONEY, M.D. c
CLARENCE W. MARTIN, M.D. v
GEORGE H. MILLER, M.D. m
NORMAN L. MILLER, M.D. s
WILLIAM K. C. MORGAN, M.D. t
HERBERT L. MOSELEY, M.D. s
JOSEPH C. MYERS, M.D. s
HERBERT H. NASDOR, M.D. m
JOSEPH F. PALMISANO, M.D. s
GEORGE H. PENDLETON, M.D. v
ANTHONY PERLMAN, M.D. h
WINTHROP M. PHELPS, M.D., h
SAMUEL R. PINES, M.D. s
TALMADGE H. PINKNEY, M.D. v
WILLIAM G. POLK, M.D. v
JAMES PRIEST, M.D. s
UTHMAN RAY, M.D. s
MARY C. RILEY, M.D. t
DANIEL ROBERTS, M.D. v
STANLEY B. ROSENDORF, M.D. m
GILBERT W. ROSENTHAL, M.D. c
CECIL RUDNER, M.D. t
ALVIN D. RUDO, M.D. s
IRWIN SAUBER, M.D. s
ROYD R. SAYERS, M.D. mi
HERMAN H. SCHAERF, M.D. t
A. M. SCHNEIDMUHL, M.D. mh
JEROME SHERMAN, M.D. s
E. WALTER SHERVINGTON, M.D. v, s
M. S. SHILING, M.D. t
THADDEUS SIWINSKI, M.D. s
PATRICIA M. SMITH, M.D. t
PERCIVAL C. SMITH, M.D. s
ALVIN A. STAMBLER, M.D. s
MARY BETTY STEVENS, M.D. t
ADORACION TANEGA, M.D. mh
ZSIGMUND J. TOTH, M.D. m
ALEXANDER S. TOWNES, M.D. t
JOSE G. VALDERAS, M.D. m
ANDRE VON FESUS, M.D. s
GEORGE E. WELLS, JR., M.D. m
E. HUNTER WILSON, JR., M.D. t
DAVID E. WOOD, M.D. s
WARREN W. WURZBACHER, M.D. s, m
ROBERT E. YIM, M.D. v
N. LOUISE YOUNG, M.D. s
GINO F. ZARBIN, M.D. s
H. ZASSENHAUS, M.D. s

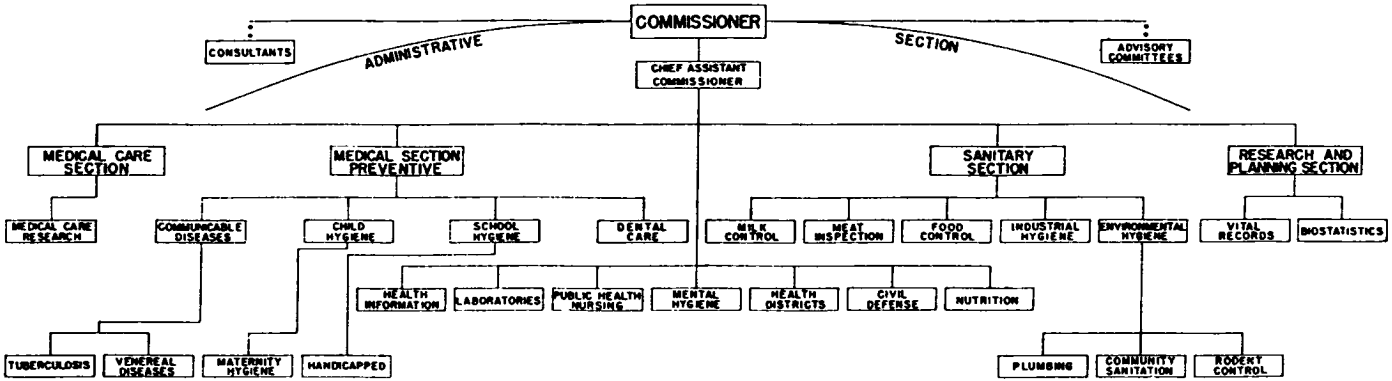
c = child hygiene, h = handicapped, m = maternity hygiene, mh = mental hygiene, mi = medical investigator, s = school physician, t = tuberculosis clinic, v = venereal disease clinic.

TABLE OF CONTENTS

	Page
THE DEPARTMENT OF HEALTH	3
REPORT OF THE COMMISSIONER OF HEALTH	9
ADMINISTRATIVE SECTION	19
Chief Assistant Commissioner of Health	20
Civil Defense Health Service	20
Health Information	23
Laboratories	28
Public Health Nursing	40
Mental Hygiene	45
Eastern Health District	48
Western Health District	53
Druid Health District	58
Southeastern Health District	62
Southern Health District	64
SECTION OF PREVENTIVE MEDICINE	
Communicable Diseases	66
Child Hygiene	83
School Hygiene	92
Dental Care	100
Nutrition	105
MEDICAL CARE SECTION	107
SANITARY SECTION	120
Milk Control	123
Food Control	127
Meat Inspection	137
Environmental Hygiene	140
Industrial Hygiene	148
RESEARCH AND PLANNING SECTION	159
Biostatistics	162
Vital Records	165
VITAL STATISTICS TABLES	168
APPENDIX	208
Health Department Publications: 1962	208
Bibliography: 1962	209
Ordinance: Health Department Clinics	213
Notes Concerning Certain Milk Regulations	213
Regulation: Certification of Birth and Death Transcripts	214
State Law on Handicapped Children	214
Chadwick Lecture: Health Education by Television	215
INDEX	220

ORGANIZATION CHART

BALTIMORE CITY HEALTH DEPARTMENT



ONE HUNDRED AND FORTY-EIGHTH ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT 1962

REPORT OF THE COMMISSIONER OF HEALTH

The Honorable,

THE MAYOR AND CITY COUNCIL OF BALTIMORE

GENTLEMEN:

Pursuant to the provisions of Section 81 of the City Charter and also in accordance with a resolution adopted by the City Council in the year 1817, I have the honor to transmit to you the one hundred and forty-eighth in a series of consecutive annual reports of the work done by the Baltimore City Health Department, and by the several bureaus thereof, for the year ended December 31, 1962.

Introduction

For the first time on record the City Health Department jointly with the Baltimore City Medical Society mobilized a total community effort in a mass drive to wipe out poliomyelitis as a disease entity in Baltimore through the use of the Sabin oral poliomyelitis vaccine. With exceptional cooperation from many groups and individuals in the city, successful programs were conducted with Type I vaccine on October 4, 5 and 6 and with Type II vaccine on November 15, 16 and 17. In both phases more than fifty per cent of the population or half a million persons received the vaccine. It is particularly gratifying to note that ninety per cent of school children participated. This program was also unique in that a voluntary contribution of twenty-five cents per dose was requested to defray the cost of the vaccine and other expenses.

The "Knock Out Polio Drive," as it was termed, was part of a state program in which 18 counties joined efforts to coordinate pur-

chasing, procedural, educational and publicity activities. The year 1962 was also noteworthy in that not a single case of paralytic poliomyelitis occurred in Baltimore City. This is the first time such an event has been noted in the Department's records of this disease. Type III vaccine has been tentatively scheduled for early spring of 1963 and in accord with the recommendations of Dr. Luther L. Terry, Surgeon General of the Public Health Service, emphasis will be made to obtain the participation of all persons thirty years of age and under, particularly the young children.

Continuing its fine relationship with the Instructive Visiting Nurse Association the City Health Department on January 1, 1962 established a stronger base for coordinated teamwork in the care of the medically indigent. This was accomplished through a co-operative agreement and contract delineating the areas of responsibility of each agency. The agreement also made it possible through government funds to reimburse the IVNA for some services to persons who could not afford them.

For several years there has been a growing need to assist and more adequately supervise day nurseries and nursery schools. Toward this end provision was made in the Ordinance of Estimates for 1963 for a new Division of Child Day Care. The funds will also make possible the development of facilities and services for the day care of preschool children who may suffer neglect while their mothers are working.

On May 22 Dr. Ira V. Hiscock, recently retired chairman of the Department of Public Health at Yale University, completed an overall review of the work of the City Health Department. The survey made at the request of the Commissioner of Health with the approval of the Board of Estimates found the "patient" to be in "good health" with a number of the Department's administrative units functioning on a more progressive level than comparable units elsewhere.

The year 1962 also marked the end of an era of administration under Dr. Huntington Williams. Tribute was paid Dr. Williams at a testimonial banquet on June 5 for his unswerving devotion to Baltimore City for thirty-one years and as a public health leader of international acclaim.

On July 2, Mayor J. Harold Grady administered the oath of office to Dr. Robert E. Farber who had been Assistant Commissioner of Health for Preventive Medicine since February 9, 1961 and a mem-



ORAL POLIO VACCINE CAMPAIGN—1962

ber of the City Health Department staff since 1955. At this time, upon invitation by the new Commissioner, the Consultants to the Department signified their willingness to continue under the new administration. Soon after, Dr. Huntington Williams and Dr. Isadore Tuerk, Commissioner of Mental Hygiene for the State of Maryland, accepted appointments to serve with this advisory group so that at the end of the year the Consultants comprised thirteen leading physicians in the city. All other Health Department Advisory Committees continued as previously. Following his retirement, Dr. Williams on July 17 appeared before the British Central Health Services Council's Committee on Health Education, in London, to testify on the matter of "Health Education by Radio and Television." On July 20 he delivered a Chadwick Lecture on the same subject, and later prepared a paper on "The Administration and Planning of Urban Health Services in the U. S. A." for the World Health Organization's Expert Committee on Urban Health Services. The Chadwick Lecture may be found in the appendix.

Other significant administrative achievements in 1962 included: (1) The establishment on October 1 of the first community-oriented Psychiatric Day Center in Maryland, a facility developed with the assistance of the Maryland State Department of Mental Hygiene to provide early treatment of the mentally ill as close to the patient's home as possible with the express purpose of preventing hospitalization; (2) the approval by the U. S. Public Health Service of a grant for the creation of a Coordinating Office of Chronic Diseases to permit a medical team to provide guidance and consultation with family physicians in the treatment of residents disabled by chronic illness and who require care in a publicly financed program; (3) the revision of the "Operational Medical Plan for Natural Disasters Occurring in Baltimore City" a work representing much cooperative labor by many officials and agencies and coordinated by the Baltimore City Civil Defense Health Service; (4) the inauguration of Medical Self-Help Training Courses for Baltimore residents as a joint effort of the Baltimore City Medical Society, the Baltimore Civil Defense Organization, the Baltimore Regional Chapter of the American Red Cross, and the Baltimore City Health Department; (5) the completion toward the end of the year of a draft of a single unified housing code which may materially improve the quality of the physical environment of economically disadvantaged residents,

and (6) the approval by the U. S. Public Health Service of a grant for the purpose of improving services to known tuberculosis patients and their contacts.

The Health of the City

The estimated population of the city on July 1, 1962 was 932,000; the white population was 585,000, and the nonwhite population was 347,000 or 37 per cent of the total. These figures have been used in calculating the rates in this report.

When compared with population figures for 1961 the city experienced a loss of 14,000 white residents and a gain of 9,000 nonwhite residents making a total city loss of 5,000 persons. This decline in city population has been a pattern which has been in progress since 1956. There is evidence, however, that the pattern may be undergoing some modification. During the past three years the rate of inmigration of families from the south has diminished perceptibly, and, it is believed, that in recent months more nonwhite families have left than have moved into the city. The effect of this new development combined with opportunities for out-of-city residence for middle income nonwhite families may accentuate the population decline.

In 1962 the infant mortality rate, an important index of community health, was 32.9 per 1,000 live births, a slight increase over that of 32.0 for 1961. The infant mortality rate for white infants rose from 24.9 in 1961 to 25.3 in 1962 and for nonwhite infants continued at the disturbingly high level of 40.8. The most likely explanation for the rise is the increase in the number of mothers in underprivileged economic and social circumstances who are now residents in the city. In Baltimore, babies born to mothers in the lowest economic fifth have a risk of dying in the first year of life which is eighty per cent higher than that experienced by babies born to mothers in the highest economic fifth of the city.

There were 12 maternal deaths in 1962 or a rate of 5.4 maternal deaths per 10,000 live births. This is a respectable record and compares with 12 maternal deaths or a rate of 5.2 in 1961.

With reference to the communicable diseases, 1962 was a year with no case of smallpox, diphtheria, tetanus or poliomyelitis, and a low incidence of whooping cough. This is the solid, totally effective end result of the practical products of basic research in immunology and the public's education in their use.

Acute respiratory disease—colds, flu, grippe, virus—was present in the city in peak frequency during the first three months and the last three months of 1962. Their incidence was considered well below that which is experienced when influenza is present in epidemic form.

Tuberculosis and the venereal diseases both give ground grudgingly. Deaths due to tuberculosis declined from 148 in 1961 to 133 in 1962 although a four per cent rise was noted in new cases—780 in 1962 compared with 749 in 1961. Infectious syphilis continued at about the same incidence in 1962 as in 1961—384 cases compared with 381, respectively—while the reported incidence of gonorrhea declined from 5,981 cases in 1961 to 4,972 in 1962.

The year 1962 also established a shockingly high record of automobile accidents in Baltimore City. The figures are 18,732 accidents reported, 8,854 persons injured and 106 deaths.

Principal Causes of Death

The total resident death rate was 12.2 per 1,000 population, a slight increase over 1961. Total deaths numbered 11,338. The chief causes of loss of life vary little from year to year. In 1962 cardiovascular diseases accounted for fifty per cent of total deaths while cancer was the cause of sixteen per cent of deaths. Congenital malformations and other diseases of infancy, accidents, pneumonia and diabetes were other important causes of death. The seven leading causes of death for 1962 and 1961 are shown in the table below.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH
TOTAL, WHITE AND COLORED POPULATION—BALTIMORE
1961-1962

Total Population			White Population			Colored Population		
Cause	Death Rate per 100,000		Cause	Death Rate per 100,000		Cause	Death Rate per 100,000	
	1962	1961		1962	1961		1962	1961
Diseases of the heart	525.2	515.5	Diseases of the heart	628.5	607.5	Diseases of the heart	351.0	352.4
Cancer, all forms	191.2	196.2	Cancer, all forms	220.5	226.2	Cancer, all forms	141.8	142.9
Vascular lesions of the central nervous system	87.6	88.5	Vascular lesions of the central nervous system	93.5	92.0	Certain diseases of early infancy	87.6	92.9
Certain diseases of early infancy	53.4	53.7	Accidents	47.2	42.1	Vascular lesions of the central nervous system	77.5	82.3
Accidents	51.3	47.0	Diseases of the arteries and veins	40.9	37.9	Accidents	58.2	55.6
Influenza and pneumonia	38.2	36.8	Influenza and pneumonia	37.9	35.6	Influenza and pneumonia	38.6	39.1
Diseases of the arteries and veins	34.3	33.0	Certain diseases of early infancy	33.3	31.6	Diabetes	24.8	17.2

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1962.

FINANCIAL STATEMENT

As of December 31, 1962

Total City Appropriations	$6,157,237.00
Total City Expenditures	5,704,712.84

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration	$ 97,440.18	
Health Information	57,199.14	
Laboratories	231,181.64	
Eastern Health District	61,554.76	
Western Health District	44,572.64	
Druid Health District	48,523.69	
Southeastern Health District	21,152.42	
Southern Health District	20,877.15	
Public Health Nursing	1,073,578.65	
Mental Health	70,097.34	
		$1,726,177.61

MEDICAL SECTION—PREVENTIVE

Preventive Medicine—Supervision	$ 14,975.10	
Maternal and Child Health	164,345.86	
Nutrition	8,830.52	
School Health	151,587.81	
Communicable Diseases	38,118.10	
Venereal Diseases	118,304.47	
Tuberculosis	168,634.39	
Dental Care	152,427.95	
Handicapped Children	36,536.47	
		$853,760.67

MEDICAL CARE SECTION

Medical Care for Indigent Administration	$ 107,761.99	
Professional Services (100% State Aid)	1,492,566.42	
Medical Assistance for the Aged Administration (100% State Aid)	37,009.95	
Professional Services (100% State Aid)	228,764.37	
		$1,866,102.73

SANITARY SECTION

Administration	$ 66,549.49	
Milk	99,007.92	
Food	101,347.66	
Meat	126,378.60	
Environmental Hygiene	182,164.45	
Industrial Hygiene	99,406.25	
		$ 674,854.37

RESEARCH AND PLANNING SECTION

Administration	$ 48,471.21	
Medical Epidemiology	21,641.64	
Vital Records	89,596.46	
Biostatistics	95,020.16	
		$254,729.47

CIVIL DEFENSE

Administration	$ 4,404.00	
		$ 4,404.00

CONTRACTUAL SERVICES

Instructive Visiting Nurse Association	$200,000.00	
Supervised Transport Service	61,516.00	
Chimes School for Mentally Retarded Young Adults	13,200.00	
Maryland Society for Mentally Retarded Children	6,750.00	
Day Nursery Workshop	350.00	
		$281,816.00

SPECIAL PURPOSE GRANTS

National Institutes of Health Grant—Causes of Prematurity	$ 786.10	
State Commission on Aging	234.50	
Federal Grant—Venereal Diseases	9,443.87	
University of Maryland Psychiatric Institute Cooperative Study	1,070.00	
Johns Hopkins Hospital Nursing Education Project	5,346.26	
Utilization Data Baltimore City Medical Care Program	12,079.56	
Federal Grant—Tuberculosis	12,649.03	
Evaluation of Psychiatric Day Center	1,258.67	
		$42,867.99
Total Expenditures		$5,704,712.84

SOURCE OF FUNDS

State and Federal Funds for Medical Care for Indigent	$1,492,566.42
State and Federal Funds for Medical Assistance to Aged	265,774.32
State and Federal Funds for Local Health Services	1,533,129.00
Funds from Other Sources*	216,462.00
	$3,507,931.74
City Funds	2,196,781.10
Total	$5,704,712.84

Receipts

Vital Records	$85,573.14	
Food Permits	51,395.00	
Milk Permits	13,017.89	
Meat Permits	32,971.71	
Miscellaneous Revenue	2,630.51	
		$185,588.25

Additional Non-Health Department Expenditures

Beginning July 1, 1958 State financial aid became available to the City for the first time for formula matching for certain local health services. There follow certain tabulations of expenditures for health work in Baltimore in 1962 which was closely related to or a part of the work of the City Health Department:

I. OFFICIAL EXPENDITURES

City Civil Defense Organization—Health Service	$ 12,834.60†
City Department of Welfare	
Tuberculosis Hospital Services	
Baltimore City Hospitals	1,161,330.31
Eudowood Sanatorium—city cases	43,334.89
State Department of Health Funds	
State Tuberculosis Hospitals—city cases	1,064,527.65
Medical Care—city cases	
Hospital inpatient program	6,600,000.00†
Hospital outpatient program	230,000.00†
State Chronic Disease Hospitals—city cases	1,171,911.43
Rehabilitation Centers	66,098.08
State Mental Hospitals—city cases	12,100,000.00†
Services for Crippled Children	
State Funds	418,667.75
Federal Funds	52,492.63
Federal Funds—venereal disease control	32,327.24
Other Federal Funds for Research and Training	55,000.00†
	$23,009,024.58

*United States Public Health Service, National Institutes of Health, Community Chest, and other voluntary agencies.

II. NONOFFICIAL EXPENDITURES

American Cancer Society—Maryland Division, Inc.	$ 374,636.00
Baltimore Chapter—Muscular Dystrophy Association of America, Inc.	23,000.00†
Baltimore City Chapter—National Foundation—March of Dimes	40,000.00
Baltimore Hearing Society	48,000.00
Baltimore League for Crippled Children and Adults, Inc.	98,521.56
Children's Rehabilitation Institute, Inc.	57,432.00
Food Establishments—sanitary control, auxiliary inspection	115,000.00†
Heart Association of Maryland	275,000.00
Instructive Visiting Nurse Association	63,800.08
Johns Hopkins University—Eastern Health District	3,926.89
Laboratory Services—hospital or private	450,000.00†
Maryland Association for Retarded Children	90,000.00
Maryland Chapter—Arthritis and Rheumatism Foundation	56,413.64
Maryland Chapter, National Cystic Fibrosis Research Foundation	1,200.00
Maryland Chapter—National Kidney Disease Foundation	15,500.00
Maryland Chapter—National Multiple Sclerosis Society	20,233.04
Maryland Society for the Prevention of Blindness	18,000.00†
Maryland Tuberculosis Association	185,954.00
Metropolitan Baltimore Association for Mental Health, Inc.	60,000.00†
Pasteurization Plants—farm and laboratory control	225,000.00†
Venereal disease control—hospital dispensaries	15,000.00†
	$ 2,236,617.21
Total	$25,245,641.79

This $25,245,641.79 added to the City Health Department expenditures of $5,704,712.84 gives an estimated total of $30,950,354.63 or $33.21 per capita. This does not include expenditures for water purification or sewerage, nor is it a complete account of expenditures for general hospital and medical care services rendered by the City Welfare Department by private hospital outpatient departments, agencies or individuals.

† Approximate figure.

Staff Changes

Dr. John L. Pitts was appointed Health Officer of the Southeastern Health District and physician-in-charge of the Division for the Handicapped on June 18. Dr. Jimmie L. Rhyne was named Director of the Bureau of School Health on July 2 following the resignation of Dr. Dale E. Harro on June 29. Dr. Gertrude M. Gross became Director of the Psychiatric Day Center, 2111 N. Charles Street, on September 1. Mr. Joseph Pohlhaus was promoted to Chief of the Division of Dairy Farm Inspection on May 31, and Mr. Louis G. Hillebrand, Sr., likewise was promoted to Chief of the Division of Milk Plant Inspection on June 25.

The following personnel retired during the year: Mr. William L. Berry, M.D., Secondary School Physician, on September 1 after 19 years of service; Mrs. Ruth F. Eckman, Senior Public Health Nurse, December 1, 36 years; Mr. Robert F. Gaddis, Chief of the Division of Dairy Farm Inspection, May 1, 37 years; Jacob Goldbrown, D.V.M., Veterinarian, September 1, 7 years; James B. Hawkins, M.D., Health Officer, Druid Health District, March 28, 40 years; Hugh P. Hughes, M.D., Health Officer, Eastern Health District, school physician, July 24, 40 years; Miss Edna B. Kenney,

Public Health Nurse, November 2, 37 years; Miss Anna Persch, Public Health Nursing Supervisor, February 2, 45 years; Mrs. Jessie S. Rosenstock, Senior Clerk, October 3, 18 years; Mrs. Anna S. Stitley, Senior Clerk, October 26, 18 years; Miss Helen von Wachter, Principal Clerk Stenographer, October 26, 42 years; and Miss Edna V. Yates, Public Health Nurse, December 1, 34 years.

On November 20 the Department lost a devoted and loyal worker in the death of Dr. Morris M. Cohen, Clinical Director for Venereal Diseases; Dr. Cohen had been in the city's employ since 1948. The City Health Department roster on December 31, 1962 included 591 full-time and 235 part-time positions.

Conclusion

There were no dramatic outbreaks of disease in 1962. Effective control was maintained over the preventable communicable diseases, and for the first time in the recorded public health history of this disease in Baltimore no case of paralytic poliomyelitis was reported.

The events of 1962 point up the need to improve the circumstances under which babies are born. Many Baltimore mothers fail to secure adequate prenatal care. Many, indeed, because of their social circumstances are in a poor position to bear or rear children. The action required under these circumstances involves educational and social workers as well as health and medical personnel.

Tuberculosis continues to attack substantial numbers of Baltimore residents, primarily in areas characterized by deprived social and economic circumstances. Here again social and economic amelioration will be necessary to significantly alter the long range trend of this disease.

The toll of disability and lives lost as a result of automobile accidents, sharply up from the prior year demands further control measures. If an additional public investment is to be made in automobile safety, common sense dictates that preference be given to that program or programs which can produce maximum benefit.

The individual reports for the several bureaus of the Department of Health follow.

Respectfully submitted,

Robert E. Farber, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1963

ADMINISTRATIVE SECTION

EXECUTIVE OFFICE

Personnel

Robert E. Farber, M.D., M.P.H., Commissioner of Health
Ross Davies, M.D., M.P.H., Chief Assistant Commissioner of Health
Royd R. Sayers, M.D., Senior Medical Supervisor for Occupational Diseases
Kimmett Topfer, Civil Defense Health Service Officer
Beatrice Bryant, Senior Administrative Assistant
Mary L. Rentz, Principal Clerk Stenographer
Mary F. Riley, Principal Clerk Stenographer
Margaret G. Evans, Head Clerk
Mary A. Williams, Senior Clerk Stenographer
Jerome A. Kaufman, Senior Building Custodian

Note: Personnel records as given here and at the close of each bureau report are in accordance with the Department staff roster as of December 31, 1962.

CHIEF ASSISTANT COMMISSIONER OF HEALTH

Ross Davies, M.D., M.P.H.

A close working relationship was maintained during the year with the office of the Commissioner of Health and in this way many work assignments were received to be processed in this office. The position of Director of the Bureau of Communicable Diseases remained vacant throughout the year. Prior to July 1, before becoming Commissioner of Health, Dr. Robert E. Farber directed the work of this bureau. Following his appointment the work was assigned to several doctors including the Chief Assistant Commissioner of Health, and considerable time was spent in this activity after that time.

The certification of medical certificates for persons traveling to foreign countries continued at about the same volume as in 1961 and approximately 5,000 certificates were processed during the year.

The Chief Assistant Commissioner of Health continued throughout the year to serve as Deputy Director of the Civil Defense Health Service for the city and early in the year considerable time was spent on the committee organizing an operational medical plan for natural disasters occurring in the city.

CIVIL DEFENSE HEALTH SERVICE

The Civil Defense Health Service during 1962 maintained in a state of readiness the supplies and equipment for forty city emergency treatment stations and four 200-bed Civil Defense Emergency Hospitals prepositioned at Prettyboy and Liberty reservoirs. Among many other civil defense activities in 1962 the Baltimore Civil Defense Organization jointly with the City Health Department, the Baltimore Regional Chapter of the American Red Cross and the Baltimore City Medical Society organized, administered and gave courses in Medical Self-Help Training for the people of Baltimore City. These courses consisted usually of eight weekly two hour sessions and concentrated the fundamental knowledge needed to prepare an individual to help himself, his family, or his associates to meet their own medical needs in the event of a major disaster when a physician may not be available.

Included in the training were such subjects as Care of the Sick and Injured, Emergency Sanitation, Protection against Fallout, and How to Deal with Childbirth Emergencies. Each course was sponsored by a physician, with instruction given by Red Cross volunteers trained in Self-Help measures. The Self-Help Training Program was developed by the U. S. Public Health Service with the Office of Civil Defense and is approved by the American Medical Association. Three hundred and forty-seven persons were given certificates of completion in the Medical Self-Help courses through the year.

In 1962 Baltimore City was selected as one of fourteen cities to conduct a Pilot Study in Stocking of Community Shelters. The City Health Department, in cooperation with the Baltimore Civil Defense Organization, developed techniques and procedures for the filling of water containers stocked in these shelters. Some 3,000 water containers holding 17.5 gallons of water each were filled under the supervision of the City Health Department. Bacteriological and chemical tests were made and will continue to be made to assure the potability of this drinking water.

During the summer the City and State Health Departments, cooperating with the U. S. Public Health Service, conducted a "State of Readiness" survey on thirty city hospitals and other city governmental agencies. This survey was conducted to evaluate the ability of Baltimore City to provide Emergency Health Services in a disaster situation.

To test the city's medical "defenses" in the event of a natural disaster, six local civic agencies and the Baltimore Civil Defense Organization played supporting roles as the Johns Hopkins Hospital successfully tested its plan for handling mass casualties which might occur as a result of a natural disaster. The exercise, named "Operation Honeymoon," was held in June under the joint direction of the Baltimore Civil Defense Organization and Dr. J. Frederick Sparling, Associate Director of the Johns Hopkins Hospital. An assumed explosion which occurred in a fictitious industrial plant triggered the exercise. Over 100 children from the Villa Maria Children's Village and scouts from Immaculate Heart of Mary School were dressed as "casualties" by a moulage team from Fort George G. Meade, Maryland. The exercise demonstrated that the Baltimore Civil Defense Organization with the Fire Department, the Police Department, the Department of Transit and Traffic, the Box 414 Association, the Medical Control Center operations staff

and the Red Cross, as well as the hospital, were capable of coordinating activities to provide needed services for handling a limited number of mass casualties.

Mr. Kimmett Topfer, Civil Defense Health Service Officer, attended the Shelter Management Course given at the Shelter Management School, Manhattan Beach, N. Y. in June and the Thirteenth Annual County Medical Societies Conference on Disaster Medical Care sponsored by the Council on National Security of the American Medical Association in Chicago, in November.

During the year, eight lectures were given to student nurses, pharmacists, and other groups, with the attendance amounting to 463 persons.

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

The Bureau of Health Information in 1962 continued its year by year work through many media and many programs. This city-wide informational and educational service was accomplished with the assistance of numerous individuals and agencies, both governmental and non-governmental, at all levels. The state and city medical societies, the Maryland State Department of Health, the voluntary health groups in the city, and the member units of the City Health Department were of particular help in many of these activities.

Community Health Programs

Most outstanding of all community health programs in 1962 was the concerted drive to motivate residents to take the Sabin oral poliomyelitis vaccine. Type I was given in October and Type II in November. The success of this drive is noted elsewhere in this report. Suffice is it to say that this was a total community effort which could not have been accomplished without the support of the many community groups—business, professional, civic, religious and governmental—all of which contributed in one way or another toward its success. The director served not only as chairman of the publicity committee for the "Knock Out Polio" drive in Baltimore City but was also chairman of publicity for the metropolitan campaign of which Baltimore was a part. He also assisted the Maryland State Department of Health in coordinating many publicity and printing matters.

The bureau continued to work on many problem areas including maternal and child health, tuberculosis, venereal diseases, nutrition, accident prevention, chronic illness, and environmental hygiene. Special mention should also be made of the bureau's participation in the drives of many voluntary health agencies and in Dental Health Week, Clean-up Week, the Harlem Park Health Fair, Fire Prevention Week, and the Diabetes Fair during Diabetes Detection Week.

Publications

Each week during the year the Commissioner of Health's official report and press release, the *Saturday Letter to the Mayor,* was prepared and distributed to over 300 individuals and agencies. This letter which includes the weekly vital statistics was supplemented by the issuing of twenty-seven special news releases on a variety of timely subjects. Excellent cooperation was received from the press, radio and television in making these messages public.

The *Baltimore Health News* was continued for the 45th year. This publication is distributed to over 12,000 persons and agencies including physicians, school teachers, hospitals, nurses, dentists, libraries, city officials, news agencies, and others interested in Baltimore's health matters.

The yearly reports—the *147th Annual Report of the Department of Health—1961* and the booklet *Guarding the Health of Baltimore —1961* were prepared and distributed as in former years. The *Quarterly Statistical Report* prepared by the Research and Planning Section was printed for the 14th consecutive year.

The Department in 1962 published 14 new and 12 revised health pamphlets on a variety of subjects. This does not include the poliomyelitis leaflets and posters produced jointly with the metropolitan counties for the "Knock Out Polio" drive, the production of which was supervised by the director of the bureau. The list of publications is given in the appendix. Overall, the bureau was responsible for the printing and distribution of over 3,500,000 copies of text or form materials for various community health programs. In addition, staff members aided in the preparation and mailing of letters to physicians or other special groups and in the writing of monthly articles for the *Maryland State Medical Journal.*

Radio and Television

Radio and television contributed immensely to the success of the "Knock Out Polio" drive through spot announcements and special programs. Radio station WEBB and television station WJZ-TV offered their facilities as oral polio centers and these stations conducted live programs during the drive bringing the message to the population.

The "Keeping Well" spot announcements were sent to all radio and television stations and for the first year 2 x 2 video slides were prepared on a weekly basis for use as a visual supplement to the

spot announcements by the television stations. Weekly taped messages by the Commissioner of Health were sent as in past years to radio stations WEBB and WFBR.

The end of the year saw the production of the 715th "Your Family Doctor" television series sponsored jointly by the Baltimore City Health Department and the Medical and Chirurgical Faculty of Maryland and broadcast over WMAR-TV. Radio and television health spot announcements were also jointly sponsored with the state medical society. A list of "Keeping Well" spot messages is found in Table No. 1 and the "Your Family Doctor" television broadcasts for 1962 are given in Table No. 2. Radio and television stations also served as valuable media for the dissemination of news releases during the year.

Exhibits, Films and Other Services

Seventy-five large exhibits and numerous small display items were produced by the bureau. Of particular note was the exhibit "Clean Air for Baltimore City" constructed at the request of the Bureau of Industrial Hygiene which was displayed at the American Public Health Association Meeting in November at Miami, Florida. The health information office also arranged for the procurement or showing of 185 films. Slide projectors and motion picture projectors were borrowed from the bureau on 65 occasions; and 445 photographs were made for television, exhibit, press, or other use. As in past years staff members assisted other administrative units with library, editorial and printing matters. The bureau's duplicating service printed over 2,500,000 copies of text or form materials; this involved the processing of 603 requisitions and the production of 1,652 master copies or plates by the varitypist. On other requests the bureau supervised the printing of 122 forms or texts by the Municipal Duplicating Bureau.

Personnel

Joseph Gordon, B.S., Director
John Bamberger, B.A., Senior Public Information Assistant
Frederic M. Stiner, Exhibits Specialist
Charles Scalion, Senior Printing Press Operator
Margaret A. Shaver, Senior Clerk Typist
Barbara A. Woods, Senior Clerk Stenographer
Nancy I. Sommers, Clerk Stenographer
Alfred Cianferano, Equipment Operator

TABLE No. 1

"KEEPING WELL" RADIO SPOT ANNOUNCEMENTS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND*

January	7	Polio Vaccine Now!
	14	Prevent Hearing Loss
	21	Tuberculosis Check-Up
	28	Child Lead Paint Poisoning
February	4	A Smile is to Keep
	11	Prevent Rheumatic Fever
	18	Pregnancy Demands Medical Attention
	25	Preventing Falls in the Elderly
March	4	Build Protection against Paralytic Poliomyelitis
	11	City Size Cancer Loss
	18	Prevent Home Poisonings
	25	The Preschooler and Traffic Safety
April	1	Nursing—The Career for You
	8	Clean-up Week in Baltimore
	15	When a Child Won't Eat
	22	Glaucoma—Thief of Sight
	29	Watch Your Weight
May	6	Polio Prevention
	13	Prevent Lead Paint Poisoning
	20	Fight the Rat
	27	Weed Control
June	3	Prevent Power Mower Accidents
	10	Prevent Polio
	17	Rocky Mountain Spotted Fever
	24	Swimming Safety
July	1	Boating with Safety
	8	Dog Bites
	15	Safe Picnic Foods
	22	Lead Paint Poisoning
	29	Install and Use Seat Belts
August	5	Prepare for School
	12	Weeds and Allergy
	19	Dental Care
	26	Polio Prevention
September	2	Check Heating Units
	9	Overweight
	16	Oral Vaccine Program
	23	Who Should Take Sabin Vaccine?
	30	Sabin Vaccine is Easy to Take
October	4	Get Sabin Oral Polio Vaccine Now
	7	Fire Prevention Week
	14	Watch Your Diet
	21	Hunting Accidents
	28	Influenza
November	4	Oral Vaccine Program Type II
	11	Who Should Take Sabin Vaccine?
	15	Get Sabin Oral Vaccine Now
	18	Thanksgiving Turkey
	25	The Tuberculosis Saboteur
December	2	Toy Safety
	9	The Common Cold
	16	Christmas Tree Fire Safety
	23	Holiday Greeting
	30	A Medical Check-Up

* Announcements were sent to all radio and television stations in Baltimore. These messages were recorded on tape by the Commissioner of Health for Radio Stations WFBR and WEBB.

TABLE No. 2

TELEVISION SERIES TELECAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1962—"YOUR FAMILY DOCTOR" SERIES: WMAR-TV*

DATE		TITLE	GUEST
January	13	Health Outlook for 1962	Mr. Todd Frazier Dr. Huntington Williams
	20	Billy and Beethoven	
	27	Portraits of the Mind	Mr. Jerry Levin, Mrs. Amilie Rothchild, Mrs. Jane Frank
February	3	A New Fight for Freedom	Dr. Thomas Mott, Mr. G. J. Jobson
	10	Building Dental Health	Dr. H. Berton McCauley
	17	Arteries for Heart Service	Judge Dulany Foster
	24	Planning for Tomorrow's Citizens	Mrs. Sadie Ginsberg, Mr. G. Manser Dr. Matthew Tayback
March	3	The Lost City	
	10	Ready for Disaster	Dr. Philip Whittlesey
	17	Accidents Don't Just Happen	
	24	30 Years A Health Commissioner	
	31	Medicine in the American Revolution	Dr. Louis A. M. Krause
April	7	Love Made Visible	Miss Lynn Neugent, Miss Janice Jaeger
	14	When a Child Won't Eat	Dr. David E. Wood
	21	Medical Questions and Answers	Miss Nancy Sommers
	28	Dr. Hiscock is Here	Dr. Huntington Williams Dr. Ira V. Hiscock
May	5	The Dental Assistant	
	12	The Obscure Magician	Mr. Clarence E. Keefer
	19	Darkness in Retreat	
	26	The Four-legged Tyrant	Mr. John A. Childs
June	2	The Alpha, Beta, Gamma of Radiation	Miss Nancy Sommers, Mr. G. D'Ambrogi Mr. Elkins W. Dahle, Mr. F. Korff Mr. George Schucker
	9	Where Training Counts	Dr. John E. Peters
	16	MS: Cause Unknown	
	23	Cutting Power Mower Injuries	Mr. Earl P. Jackson
	30	Safety Afloat	Captain George Krill
July	7	A New Step Toward Mental Health	Dr. Matthew Tayback, Dr. Isadore Tuerk
	14	Is There a Doctor in the House?	Mr. Kimmett Topfer
	21	Spotlight on Lead	Dr. Emanuel Kaplan
	28	Picnic Problems	Mr. Jacque Ayd, Mr. Elbert Cohen
August	4	Mechanics for School Preparation	Dr. J. L. Rhyne
	11	Confection Perfection	Mr. Gulius D'Ambrogi
	18	Losing To Win	
	25	Yours in Good Health	
September	1	We Drivers	
	8	Problems in a Package	Mr. Ferdinand Korff
	15	M.D. and D.V.M.: Public Health Partners	Dr. Charles Ziegler
	22	My Aching Back	Dr. John LeBouvier Miss Nancy Sommers Mr. Albert Strappelli
	29	1 Minute against a Lifetime	Dr. Laurence Finberg Mrs. Olen Whetstone
October	6	The Innocent Arsonist	Capt. Charles T. Crowley
	13	United We Stand	Mr. Walter C. Kanwisher
	20	It's All in Knowing How	
	27	Freedom from Doubt	Mrs. Helen Nussear
November	3	Over Half a Million	Dr. Robert E. Farber
	10	Honey Passing Through	Dr. A. A. Silver
	17	The Track of the Quack	Mr. George Sooy
	24	The Anatomy of a Disease	
December	1	Safety Santa	Mr. George Motry
	8	The Traitor Within	Miss Nancy Sommers
	15	Mental Care by Day	Dr. Matthew Tayback Dr. Gertrude Gross
	22	Blood the Life Preserver	Dr. Charles S. Petty
	29	Our Medical Ambassadors	

* This series was inaugurated December 15, 1948. The part of "Dr. John Worthington," a family doctor who appears from week to week, was played by Mr. Jack Redfern, Senior Public Information Assistant in the Bureau of Health Information.

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

The Bureau of Laboratories has provided laboratory services continuously for over 65 years. In 1962 staff members made 170,314 microbiological tests of 70,886 clinical specimens and 21,816 bacteriologic and 46,277 chemical examinations of 21,908 samples of milk and food products and industrial or other materials. When combined, these figures totaled 238,452 examinations of 92,794 specimens or samples. In comparison with 1961, total examinations decreased by 26,929 or 11.0 per cent and total specimens decreased by 4,292 or 4.4 per cent.

Tuberculosis

Laboratory services in tuberculosis were expanded in 1962 especially in the culture procedure. This was made possible by a special grant from the U. S. Public Health Service which provided two additional laboratory workers and a large walk-in incubator. In addition to an increase in the number of specimens submitted, there were approximately twice the number of culture tests made. By the end of the year, all specimens of sputum, urine, gastric washings, and other materials were routinely cultured for *Mycobacterium tuberculosis.*

Syphilis

Laboratory services in the venereal diseases date back to 1916 when syphilis testing was first introduced in the Health Department laboratories. In 1962, a total of 51,208 blood and 602 spinal fluid specimens was submitted for tests for syphilis. Of these specimens 18,663, or 36 per cent, were submitted by private physicians; 21,230, or 41 per cent, by Health Department clinics; 6,110, or 12 per cent, by commercial firms and special groups; and 5,807, or 11 per cent, by hospitals and other institutions. Over 1,000 blood specimens were sent to the Maryland State Department of Health Laboratories for verification purposes. By special arrangements with the Venereal Disease Research Laboratories in Atlanta, Georgia, TPI tests were made on 434 specimens of blood.

Other Diseases

Enteric pathogenic bacteria were isolated on 33 occasions. Six were identified as *Salmonella* and 27 as *Shigella* organisms as follows: *Salmonella miami*—2, *Salmonella st. paul*—1, *Salmonella senftenberg*—1, *Salmonella typhimurium*—2, *Shigella* (A-D group)—7, *Shigella flexneri*—9, and *Shigella sonnei*—11.

Other isolations included 91 coagulase-positive staphylococci, 43 beta streptococci, 17 of which were identified as Group A, and 5 organisms identified as *Bacterium anitratum*. In addition, 46 cultures of various organisms were submitted by a number of local hospitals for identification.

In cooperation with personnel of the Druid Hill Park Zoo, examinations were made of fecal specimens collected from a snake, a duck, and a swan. Microscopic examinations of the duck and swan specimens were negative. However, the snake's specimen was found to contain hookworm ova, tapeworm ova, and *Trichuris trichiura* ova (whipworm).

Rabies examinations decreased by 10 when 87 animals were tested. Animals examined were as follows: Dogs—50, cats—18, hamsters—7, mice—2, rabbits—2, rats—2, squirrels—2, opossums—2, muskrats—1, and bats—1. All examinations were negative. The last rabid animal reported in Baltimore was a dog that was recorded as positive in February, 1947.

Milk, Food and Water

Bacteriologic and chemical examinations were made of 8,880 samples of milk and food and approximately 2,000 samples of water. No instance of improper pasteurization of milk was detected in the examination of 1,992 samples. Added water was found in 2.1 per cent of 4,468 licensed producers' milk samples. Seventeen of the latter samples contained penicillin and 10 were contaminated with inhibitory substances other than penicillin.

Microanalytical tests for filth were made of 767 samples of miscellaneous foods and 18.4 per cent showed evidence of filth such as rodent contamination or insect infestation. An additional 93 samples were examined as a result of consumer complaints concerning extraneous material or alleged unwholesomeness.

In the investigation of suspected cases of food poisoning, 45 samples of various types of food and 6 samples of water were

tested. Coagulase-positive staphylococci and enterococci were isolated from gefüllte fish in one case. *Escherichia coli* in large numbers were found in another case when samples of tripe were examined. In another instance, samples of water were collected from ice tanks in the coaches of a railroad car after some passengers became ill. *Streptococcus faecalis, var. liquefaciens* was isolated from one of these ice tanks.

Chemistry

Routine and investigative services entailed 46,277 examinations of 17,577 samples representing a decrease of 11.0 per cent in examinations and an increase of 5.2 per cent in samples tested.

The Division of Chemistry again contributed to the Department's lead paint poisoning control program with the examination of 1,356 specimens of blood for lead as an aid in the diagnosis and treatment of lead poisoning. Specimens obtained from 773 children and 98 adults were submitted by 21 hospitals and 17 practicing physicians. Excessive amounts of lead were detected in specimens from 137 children and 8 adults.

The examination of 1,743 samples of paint scrapings represented a decrease of 35 per cent from the number tested in the prior year. Lead in excess of the one per cent permitted by ordinance was found in 47.3 per cent of the samples.

Services performed for the Division of Air Pollution Control required the testing of 1,349 samples of air and dust. Studies by the Division of Industrial Hygiene involved the testing of 31 samples of workroom air for lead, parathion, chromic acid, hydrogen sulfide and sulfuric acid mist.

Special Investigations

Microbiological aerosol and surface culture studies were made in four local hospitals and in two City Health Department chest clinics. A total of 1,843 samples was collected during these surveys and 20,111 tests were made of the samples. Coagulase-positive staphylococci of various bacteriophage patterns were isolated from air and surface samples in all of the areas sampled. One hospital instituted a thorough cleaning and sterilizing program and subsequent air samples indicated a 75 per cent reduction in viable bacterial aerosol particles per cubic foot of air. All of these studies were part of a project to develop a practical monitoring service for the study and prevention of air-borne infections.

A joint study that was begun in October, 1961 with the Division of Physical Therapy of the Department of Preventive Medicine of the University of Maryland Hospital was concluded in 1962. The investigation involved a study of the bacterial contamination of the water in whirlpool baths. Between October 23, 1961 and January 19, 1962, the studies involved the collection of 90 whirlpool tank water samples, 60 tank motor swabbings, 152 aerosol samples and various other samples. It was found that the routine procedures used in the physical therapy clinics at the time of the study were not completely satisfactory. After certain recommended changes for cleaning and sterilizing the tanks were made, further tests indicated that when procedures are carefully carried out, the chances for cross infections are very remote.

Another study was begun in July in collaboration with the Department of Preventive Medicine and Rehabilitation of the University of Maryland School of Medicine. This investigation involved the bacteriology of urine specimens obtained from pregnant women and was part of a more involved study of the relation of asymptomatic bacteriuria to prematurity. In the period from July 2, to the end of the year, 657 specimens of urine were tested. Bacterial counts were made of the specimens and those specimens that gave counts over 50,000 bacteria per ml. were further studied to determine types of bacteria present. This work will be continued in 1963.

Because of the need for a disinfectant that will destroy all Gram negative as well as Gram positive bacteria, an investigation was made of various disinfectants and cleanser-disinfectants. Forty samples were tested wherein 1,894 tests were performed. Various procedures were carried out including the tube dilution method, the disc method, the pour plate method, the food-soil-culture-method and the broth-soil-culture-method. In one study, the cleanser-disinfectants were evaluated on the basis of actual use in a local hospital. Results demonstrated that none of the products tested completely destroyed all Gram negative bacteria in recommended dilutions.

For many years, Dr. John E. Blair of the Hospital for Joint Diseases in New York City bacteriophage-typed cultures of coagulase-positive staphylococci isolated in the Bureau of Laboratories. Because of the large number of isolates of these bacteria experienced in various investigations, and because of the pressure of work on Dr. Blair, this service was discontinued. The procedures for carrying out the test were studied and with the availability of commer-

cial bacteriophages, this invaluable laboratory method was set up on a routine basis in the Research Unit.

The Division of Chemistry participated in and served as a reference laboratory for 5 evaluation studies conducted by the Maryland State Department of Health of methods for the determination of butterfat, antibiotics and phosphatase in connection with the certification of laboratories for the interstate shipment of milk. They also accurately reported results of samples submitted in a study of the method for determining the sulfur dioxide concentration in air conducted by the Analytical Reference Service of the U. S. Public Health Service.

A joint paper was prepared for publication with Mr. Todd M. Frazier, Director of the Bureau of Biostatistics, on a mathematically derived correction table for thermistor cryoscope calibration. The data are extremely useful in the routine examination of milk for added water by the freezing point method.

Examination for the Sanitary Section of liquid filled plastic "water ball" toys showed two to contain a flammable liquid, kerosene; mineral oil was found in five toys, and two others were water filled.

The laboratories played an important part in the mass "Knock Out Polio" vaccine campaign. Considerable time and effort were devoted to the preparation and distribution of 246 kits containing vaccine, sugar, cups, trays, sterile water, signs, certificates, tally sheets, thaw instruction sheets, and money cans. These kits were distributed to industries, hospitals, private schools, institutions and miscellaneous groups. A total of 64,400 doses of Type I, oral vaccine and 55,500 doses of Type II, oral vaccine were dispensed in this phase of the campaign.

Other studies included: refinement of techniques for determination of added water in milk by the thermistor cryoscope; the preparation and stability of standard salt solutions for cryoscope standardization; the construction of a color scale for evaluation of color of dust collected on glass fiber webs; the absorption of lead by closures of blood specimen collection tubes; an evaluation of the "Urograph" test paper reported by the U. S. Food and Drug Administration for the detection of mammalian urine residues on food bags; and an evaluation of "restaurant final rinse" chlorine-tablet-containing-bags developed by the Olin Mathieson Chemical Corporation.

Personnel

Clinton L. Ewing, Director
Emanuel Kaplan, Sc.D., Assistant Director for Chemistry
Katharine E. Welsh, A.B., Assistant Director for Microbiology
Grace Freeland, A.B., Principal Bacteriologist
Mary McManus, B.A., Principal Bacteriologist
Sanford M. Belth, B.S., Principal Chemist
Wilbert R. Lewis, B.S., Senior Bacteriologist
Rosalinda McKenna, A.B., Senior Bacteriologist
Warren Thiell, Senior Bacteriologist
Duane Tilghman, B.S., Senior Bacteriologist
Franklin Mink, B.A., Senior Bacteriologist
Robert S. Shaull, B.S., Senior Chemist
Marilyn E. Gallagher, A.B., Senior Chemist
James H. Adams, Jr., B.S., Bacteriologist
John F. Bees, Bacteriologist
Byrd G. Wenke, Bacteriologist
Betty L. Chapman, Chemist
Raymond Buettner, Laboratory Assistant
Carroll Bacon, Laboratory Assistant
Patricia Calloway, B.S., Laboratory Assistant
Anna G. Johnson, Laboratory Assistant
Michael Madigan, Laboratory Assistant
Ruth B. Mickens, Laboratory Assistant
Martina K. Norton, Laboratory Assistant
Janice Owings, Laboratory Assistant
Hernel K. Gruber, Administrative Assistant
John A. Wheeler, Principal Clerk
Kathryn Hiltner, Senior Clerk Stenographer
Katherine Wood, Senior Clerk Stenographer
Lillian R. Feit, Senior Clerk Typist
Claire Marlowe, Senior Clerk Typist
Michael J. Doonan, Senior Storekeeper
Thomas J. Faulkner, Stores Clerk
Warren H. Barnes, Equipment Operator
William Edmunds, Custodial Worker
Patrick J. McHugh, Laboratory Aide

TABLE No. 1

CLINICAL SPECIMENS SUBMITTED AND THE NUMBER OF LABORATORY PROCEDURES PERFORMED FOR EACH TYPE OF SPECIMEN

Type of Specimen and Test	Number of Specimens	Number of Tests
Total	70,886	170,314
Animal heads	87	..
Animal inoculation	..	83
Microscopic	..	935
Blood	52,210	..
Agglutination	..	1,882
Culture	..	461
Microscopic	..	8
Serologic	..	61,553
Direct culture	3,343	..
Agglutination	..	503
Animal inoculation	..	15
Culture	..	6,856
Microscopic	..	1,842
Exudates	4,416	..
Animal inoculation	..	3
Culture	..	3,570
Microscopic	..	7,273
Feces		
Bacteria	195	..
Occult blood	3	..
Parasite	442	..
Culture	..	4,208
Macroscopic	..	14
Microscopic	..	2,060
Fungi	26	..
Culture	..	65
Microscopic	..	52
Helminths	322	..
Macroscopic	..	1
Microscopic	..	321
Spinal fluid	604	..
Culture	..	16
Microscopic	..	2
Serologic	..	581
Sputum	7,902	..
Animal inoculation	..	226
Culture	..	52,759
Microscopic	..	9,460
Stomach lavage	576	..
Animal inoculation	..	30
Culture	..	9,101
Microscopic	..	923
Urine	760	..
Animal inoculation	..	6
Culture	..	3,073
Microscopic	..	2,432

TABLE No. 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

Type of Examination	Total	Positive	Negative	Doubtful	Unsatisfactory
Total	86,067*	17,821	64,796	1,242	1,314
Brucellosis					
Total	406	...	377	3	26
Agglutination					
Blood	350	...	347	3	...
Culture					
Blood Clot	56	...	30	...	26
Diphtheria					
Total	96	2	94	...	...
Animal inoculation					
Virulence test	2	...	2	...	...
Microscopic					
Swab	94	2	92	...	...
Enteric Infections					
Total	1,405	260	1,056	87	2
Agglutination					
Blood, H antigen	344	4	280	60	...
Blood, O antigen	182	2	153	27	...
Culture					
Blood	9	...	9	...	...
Blood clot	18	1	17	...	...
Feces	625	64	559	...	2
Rectal swab	5	1	4	...	...
Urine	222	188	34	...	...
Gonococcus Infections					
Total	7,310	1,974	4,872	145	319
Exudate					
Culture	3,165	626	2,229	...	310
Microscopic	4,145	1,348	2,643	145	9
Histoplasmosis,					
Latex agglutination	32	...	30	2	...
Infectious Mononucleosis					
Blood agglutination	708	175	158	372	3
Intestinal Parasites					
Total	769	112	645	...	12
Microscopic					
Cellulose tape slides	321	72	249	...	...
Feces	447	39	396	...	12
Worms	1	1	...	...	...
Malaria					
Blood, microscopic	4	...	4	...	...

*This includes 581 total protein tests (see syphilis examinations—Biochemic), and 334 microbial sensitivity tests (other examinations). Also it includes the total for each disease or condition.

TABLE No 2—(Continued)

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

Type of Examination	Total	Positive	Negative	Doubtful	Unsatisfactory
METALLIC POISONING					
Total	1,304	296	660	342	6
Biochemic					
Lead					
Blood	1,297	294	655	342	6
Urine	7	2	5	...	...
MYCOSIS					
Total	85	61	24	...	...
Exudate	48	37	11	...	...
Sputum	32	19	13	...	...
Urine	5	5	...	...	...
RABIES					
Total	175	...	173	...	2
Animal inoculation					
Brain emulsion	88	...	88	...	...
Microscopic					
Animal brain	87	...	85	...	2
RICKETTSIAL INFECTIONS					
Total	256	...	238	18	...
Agglutination					
Blood					
Proteus OX_2	128	...	114	14	...
Proteus OX_{19}	128	...	124	4	...
STAPHYLOCOCCAL DISEASE					
Total	255	241	14	...	...
Culture					
Blood	1	1	...	...	...
Exudate	253	239	14	...	...
Sputum	1	1	...	...	...
STREPTOCOCCUS INFECTIONS					
Total	493	490	3	...	...
Culture					
Exudate	481	478	3	...	...
Sputum	12	12	...	...	...
SYPHILIS					
Total	59,340	13,412	44,953	8	407
Biochemic					
Total protein	581*	...	...	...	21
Complement-fixation					
Eagle					
Spinal fluid	602	40	534	7	21
Flocculation					
VDRL, Blood	51,208	6,590	44,260**	...	358
VDRL, Titer	6,580	6,579**	1	...	...
Immobilization					
TPI Tests	369	203	158	1	7
TRICHOMONIASIS					
Exudate, microscopic	125	103	22	...	...

*These figures are included in grand total. Not classified as to results.

**This includes a total of 157 premarital examinations of which 5 were positive.

TABLE No 2—(Continued)

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATIONS

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TUBERCULOSIS					
Total	12,840	606	11,434	264	536
Animal inoculation					
Exudate	6	2	4	...	...
Sputum	201	11	185	5	...
Stomach lavage	35	3	31	1	...
Urine	12	...	12	...	...
Culture					
Exudate	12	3	9	...	...
Sputum	3,371	225	2,913	185	48
Stomach lavage	609	33	516	41	19
Urine	38	1	37	...	...
Microscopic					
Exudate	19	...	19	...	...
Sputum	7,933	312	7,128	25	468
Stomach lavage	560	16	536	7	1
Urine	44	...	44	...	...
TULAREMIA					
Blood, agglutination	6	...	6	...	...
VINCENT'S INFECTION					
Exudate, microscopic	3	...	3	...	...
OTHER EXAMINATIONS					
Total	455	89	30	1	1
Biochemic	14	2	12	...	...
Culture	63	46	15	1	1
Microbial sensitivity	334*	...	...	...	...
Microscopic	44	41	3	...	...

*These figures are included in grand total. Not classified as to results.

TABLE No. 3

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

Type of Sample	Number of Samples	Number of Tests
Total	11,363*	21,861
Check work with outside laboratories	2	...
Coliform count	...	4
Plate count	...	4
Dairy products (milk, cream, ice cream, control samples, etc.)	7,951	...
Coliform count	...	2,949
Plate count	...	6,223
Special tests	...	451
Temperature check	...	119
Equipment for Sterility (bottles, containers)	204	...
Plate count	...	196
Food poisoning investigations	61	...
Coliform count	...	54
Microscopic count	...	11
Plate count	...	70
Special tests	...	354
Food products	285	...
Coliform count	...	228
Microscopic count	...	63
Plate count	...	305
Special tests	...	1,675
Investigative work	1	...
Special tests	...	1
Miscellaneous samples	255	...
Coliform count	...	269
Microscopic count	...	30
Plate count	...	50
Special tests	...	162
Procedure controls	...	...
Special tests	...	4,169
Swabbings (hand and equipment)	637	...
Coliform count	...	17
Plate count	...	637
Special tests	...	69
Water (tap, pool, well, spring, river, etc.)	1,967	...
Coliform count	...	1,967
Plate count	...	1,047
Special tests	...	737

*Of this number, 4,865 samples were submitted for bacteriologic examination only, the other samples were submitted for bacteriologic and chemical analysis.

TABLE No. 4

SAMPLES SUBMITTED FOR CHEMICAL ANALYSIS AND THE NUMBER OF LABORATORY PROCEDURES PERFORMED FOR EACH TYPE OF SAMPLE

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF TESTS
Total	17,577*	46,277
Body fluids and excreta	1,965	...
Lead test	...	4,067
Total protein test	...	581
Unclassified biochemic tests	...	35
Dairy products (milk, cream, ice cream, etc.)	7,844	...
Added water test	...	8,056
Antibiotic test	...	6,367
Butterfat test	...	3,091
Hypochlorites test	...	338
Net contents test	...	450
Phosphatase test	...	2,485
Sediment test	...	515
Unclassified tests	...	843
Food products	1,036	...
Adulteration test	...	435
Decomposition tests	...	212
Filth test (rodent and insect infestation)	...	2,627
Unclassified tests	...	34
Industrial hygiene and air pollution control samples (air, dusts, solvents, paint scrapings, etc.)	3,909	...
Air contaminant tests	...	7,789
Industrial poison tests	...	196
Lead in paint test	...	1,761
Miscellaneous samples	181	...
Unclassified tests	...	1,057
Solutions and outfits	349	...
Unclassified tests	...	2,133
Water samples	2,293	...
Boiler water control tests	...	1,004
Fluoride test	...	1,615
pH test	...	307
Sanitary analysis	...	279

*Of this number, 10,545 samples were submitted for chemical analysis only, the other 7,032 samples were submitted for bacteriologic and chemical analysis.

BUREAU OF PUBLIC HEALTH NURSING

Alice M. Sundberg, R.N., B.A., M.P.H.

Director

The Bureau of Public Health Nursing maintained its established generalized program during 1962. The nurses made 86,165 home visits and gave nursing service to 267 schools and 147 clinics each week. The growing need for more service for the handicapped child, and programs dealing with mental retardation and emotional illness was evidenced in the increased visits and in-service education given in each district. A total of 6,740 visits was made in behalf of the handicapped children as compared with 4,510 in 1961. This is a reflection of the cumulative caseload and the long term aspects of care. The mental hygiene visits increased from 780 in 1961 to 945 in 1962.

The Volunteer Council of the Baltimore City Health Department held its annual meeting at the Druid Health District Building on January 18. Sixty volunteers who had given more than 50 hours were presented service awards. Numerous community organizations joined the Health Department during the KO Polio Campaign and gave 27,680 hours of volunteer service in the schools and centers. Student volunteers who worked in the summer program gave 3,569 hours, while volunteers in clinics and offices gave 8,129 hours. The hours contributed reached a total of 41,324 for 1962.

The visiting for the Baltimore Health Survey, begun in 1960, continued to be a responsibility of the public health nurses. The basic data plus the special questionnaires provided valuable information useful for the Health Department planning and for the nurses in giving services to families.

The nurses worked diligently and conscientiously on the oral polio immunization program for Type I in October and Type II in November for a successful campaign to eradicate poliomyelitis in Baltimore.

Summary tables of home visits may be found at the end of this report.

Nursing Education

Miss Virginia Struve, Supervisor of Public Health Nursing—Venereal Diseases, attended a workshop for venereal disease nurs-

ing consultants at the Public Health Service Communicable Disease Center in Atlanta, Georgia, April 16 through 18, 1962. Five supervisors and 13 staff nurses attended meetings of the World Forum on Syphilis and other Treponematoses held in Washington on September 5, 6 and 7. Six nurses and one supervisor had classes in interviewing techniques; twelve nurses were trained as technicians for the venereal disease clinics and six for the prenatal clinics. One hundred and sixty-five nursing students attended classes in venereal disease nursing.

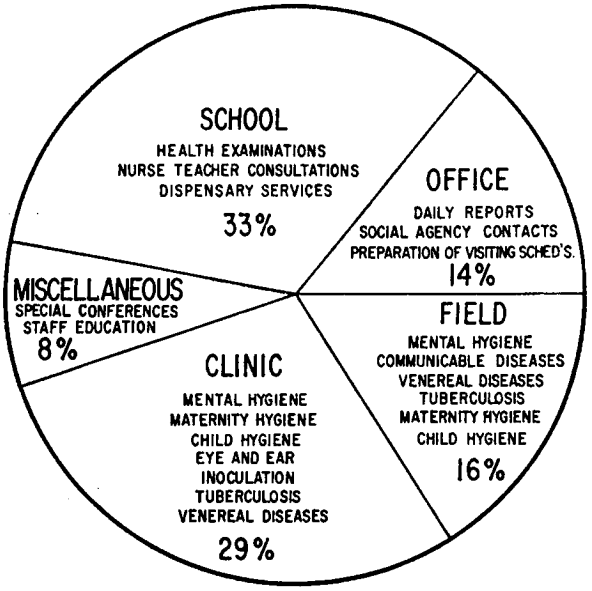
Five conferences on Tuberculosis Nursing—Prevention and Control, were arranged by Miss Frieda Laubach, Supervisor of Public Health Nursing—Tuberculosis, for forty-five staff nurses. Miss Laubach also participated on two programs at the National Tuberculosis Association Meeting in Miami in May.

Mrs. June Frisch, Supervisor of Public Health Nursing—Pediatrics, discussed the program of the Division of the Handicapped for 152 nursing students and 14 staff nurses. Tours of the special educational facilities for handicapped children at the William S. Baer School were held for 193 nursing students and 17 staff nurses. Three districts had case conferences or in-service education on the mentally retarded child and the care and use of braces and prostheses.

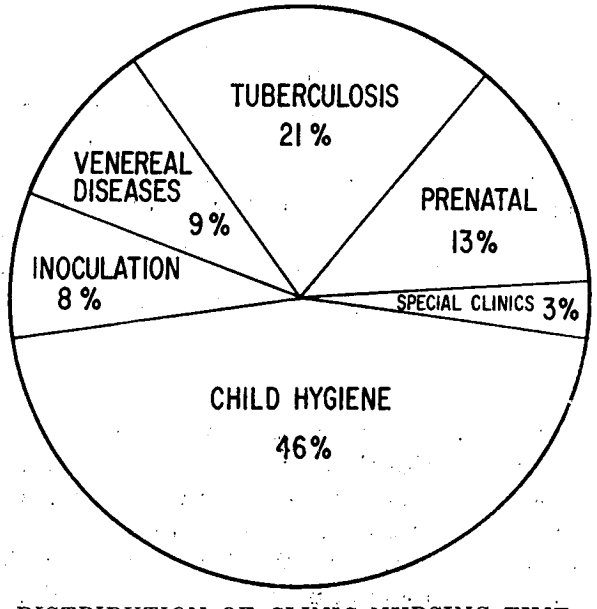
Four University of Maryland instructors assigned to the Health Department conducted the thirteen week public health experience for 58 baccalaureate students and the eight week public health experience for graduate nurses to meet the requirements for a Bachelor's or a Master's degree. Seventy-nine diploma students from the Johns Hopkins Hospital School of Nursing completed eight weeks of affiliation in public health nursing. Observations were provided for 196 student nurses as a part of their clinical instruction in various hospital schools of nursing.

Staff Changes

Miss Millicent V. Johnson was appointed September 6, 1962 as Supervisor of Public Health Nursing—Mental Health. She was assigned the responsibility for the orientation of nurses in mental health and the role of liaison person between the Health Department Mental Hygiene Clinics and the Psychiatric Day Center. Mrs. Lois Pollack was promoted to Supervisor of Public Health Nursing and assigned to the Psychiatric Day Center.



DISTRIBUTION OF NURSING TIME
BY MAJOR TYPE OF ACTIVITY—1962



DISTRIBUTION OF CLINIC NURSING TIME
BY TYPE OF SERVICE—1962

The Bureau of Public Health Nursing appointed forty-eight nurses and accepted forty-three resignations. The four nurses who retired were Miss Anna Persch, supervisor, with 44 years of service; Mrs. Ruth F. Eckman, with 36 years of service; Miss Edna B. Kenney with 37 years of service and Miss Edna V. Yates with 34 years of service. Four school nurses qualified for senior public health nurse positions and their promotions were effective September 1.

Personnel

Alice M. Sundberg, B.A., M.P.H., Director
M. Elizabeth Pickens, B.S., M.P.H., Assistant Director
Frieda Laubach, B.S., M.P.H., Sr. Supv. of Public Health Nursing (TB)
Virginia Struve, B.S., Senior Supervisor of Public Health Nursing (VD)
June E. Frisch, B.S., M.A., Sr. Supv. of Public Health Nursing (Pediatrics)
Millicent V. Johnson, B.S., M.A., Senior Supervisor of Public Health Nursing (Mental Health)
Ann Miller, B.S., M.N., Supervisor of Public Health Nursing (Volunteers)
Grace S. Volmar, B.S., Supv. of Public Health Nursing (Maternity Hygiene)
Lois Pollack, B.S., Supervisor of Public Health Nursing (Mental Hygiene)
Margaret C. Hisle, M.S., Supv. of Public Health Nursing (Secondary Schools)
Ada C. Veney, M.S., Supervisor of Public Health Nursing (Secondary Schools)

Public Health Nurses

Mary Bacon	Constance Jacobs	Betty Likins *
Esther Cammann	Margaret Kenealy	Olen Whetstone, B.S.
	Mary Lanahan	

Public Health Nurses Assigned to Secondary Schools

Gladys Artis	Corlene Hedeman *	Corrinne Sharfatz
Josephine Barnett, B.S.	Katherine Helm	Eloise Shaw
Hazel Bailey	Mildred Hester	Mildred Smith
Ruby Beacham	Miriam Jensen	Martha Snowden, B.S.
Janet Brashear	Madie Johnson	Anne Solley
K. Brezovec, B.S. **	Elizabeth Kemick	Hilda Spann
Catherine Climer	Virginia Knight	Almira Sprol, B.S.
Lelia Davage	Selma McNaughton	Anna Surasky
Gladys Dorsey	N. Nathanson, B.S. **	B. Tuttleman, B.S.
Edith Enten	Carrie Nichols	Mary Vierling
Esther Forsyth	Mary Peck	Rosa Wall
Fanida Friend	Helen Price	Ester Williams
Rose Golden	Mildred Rideout	Jane Wiley
Grace Hahn	Hermine Roberts	Anne Worthington
Doris Harris	Irene Sandler	Sylvia Yavitz
Bernadine Harrison	Miriam Sax	Anne Yerman

Saundra A. Brogden, Senior Clerk-Stenographer
Lillie M. McQuage, Senior Clerk-Stenographer

† The Bureau of Public Health Nursing has a total budgeted nursing staff of 229. Other names are listed among district personnel and other units.
* Part-time employee. ** On educational leave.

TABLE No. 1

HOME VISITS OF PUBLIC HEALTH NURSES—1962

SERVICE	TOTAL	WHITE	COLORED
ALL HOME VISITS	86,165	24,675	61,490
Maternity Hygiene	14,180	1,365	12,815
Infant health supervision	32,170	9,100	23,070
Preschool health supervision	8,130	2,595	5,535
School health supervision	8,480	4,240	4,240
Tuberculosis	9,990	3,495	6,495
Venereal disease	2,485	70	2,415
Other acute communicable diseases	3,595	1,105	2,490
Other morbidity	5,165	1,545	3,620
All others	1,970	1,160	810

TABLE No. 2

HOME VISITS FOR HANDICAPPED CHILDREN—1962*

SERVICE	TOTAL	WHITE	COLORED
TOTAL HOME VISITS	6,740	3,005	3,735
Infant	520	230	290
Preschool	2,395	880	1,515
School health	3,625	1,780	1,845
Other morbidity	200	115	85

*Included in the table above.

BUREAU OF MENTAL HYGIENE

Matthew Tayback, Sc.D.

Acting Director

The establishment of a Psychiatric Day Center, the first such facility in Maryland under public administration, was one among several notable advances made by the bureau. Completion of a detailed proposal to establish a clinic service for the treatment of alcoholism was reached late in the year and received widespread community support. The two clinics for children continued to serve as important centers for diagnosis, parent counseling and the training of personnel such as nurses, teachers and social workers.

Psychiatric Day Center

The Ordinance of Estimates for 1962 provided $36,000 for the purpose of starting a Psychiatric Day Center on July 1 and with the understanding that $72,000 would be allocated for the operation of the Center on an annual basis. Established in close cooperation with the State Department of Mental Hygiene, the Center was located at 2111 North Charles Street in a row type building ordinarily used for commercial office use, and excellently situated from the point of view of accessibility to city residents and potential patients. A contract relationship was evolved which obligated the State Department of Mental Hygiene to provide the necessary psychiatric and social worker services in return for an agreed upon sum. The City Health Department assumed the overall administrative responsibilities plus the obligation to provide the remainder of the staffing and suitable physical facilities and equipment.

Patients were admitted to the Center effective October 1, 1962 and at the end of the year the patient census was 26 consisting of eight males and eighteen females. The Center will be able to accommodate a maximum daily census of 30 patients, and with the expectation that some patients will require partial care it is anticipated that a maximum of 40 patients will be under treatment at any point in time. The first three months experience gave every indication that the Center would function as an important and successful addition to the treatment modalities available for the care of the mentally ill.

Treatment of Alcoholism Demonstration

Through the initiative of Dr. A. M. Schneidmuhl, Director of the Eastern Mental Hygiene Clinic, and as a result of widespread community interest and demand for adequate treatment facilities for persons disabled by chronic alcoholism, a proposal was carefully drafted with the cooperation of the staff of the Johns Hopkins School of Hygiene and of the Church Home and Hospital. Under the terms of this proposal, a demonstration project for the treatment of alcoholics would be established. It would consist of a coordinated program of inpatient and outpatient services with the Eastern Health District Building as the Center within which the services would be administered. Inpatient services, when necessary, would be carried out at the Church Home and Hospital and outpatient services rendered within the Eastern Health District Building. The project, in addition to providing therapy for eligible patients, would serve as a training resource for medical students, residents in medicine and psychiatry, and hospital and public health nursing staffs. Physicians rendering care to Baltimore City residents would be able to refer patients to the project team and would receive, when requested, consultation in the management of the alcoholic patient. The project was approved for financing by the State Department of Health and it is expected that it will be implemented sometime in the following year.

Mental Hygiene Services for Children

The Department's mental hygiene clinics for children were never intended to function in the traditional manner of child guidance clinics. The reason for this lay in the experience gained during the decades of 1930, 1940, 1950 from which it was apparent that child guidance clinics could care for only a fragment of the total number of children and families which required psychiatric assistance. Consequently, the Johns Hopkins School of Hygiene which provides professional direction to the clinic at the Eastern Health District Building and the University of Maryland Department of Psychiatry with the same responsibility at the Western Health District Building have been encouraged to adopt new approaches in respect to the need to serve substantial numbers of families. During the year, Dr. Frank Rafferty, Professor of Child Psychiatry at the University of Maryland and Dr. Adoracion Tañega, Director of the Western Health District Mental Hygiene Clinic for Children, undertook an

extensive revision of the clinic program which included intensive training of supervising nurses and of staff nurses in the management of the emotional problems of children. The general thesis was that it is necessary to increase the capabilities of a large number of workers in the handling of the emotional problems of children so that the number referred for the intensive and expensive clinic type examination could be kept at a minimum with the understanding that the clinic staff would be used primarily in a consultant capacity.

The mental hygiene work of this department was considerably improved by the establishment of a new position of Senior Supervisor of Public Health Nursing (Mental Health) which was filled by the appointment of Miss Millicent V. Johnson. Miss Johnson will function as a liaison between the Bureau of Mental Hygiene, the Bureau of Public Health Nursing and the various mental hygiene facilities in the city administered either by the City Health Department or by other agencies.

Personnel

Matthew Tayback, Sc.D., Acting Director
Gertrude M. Gross, M.D., Director, Psychiatric Day Center
A. M. Schneidmuhl, M.D., M.P.H., Director, Eastern Mental Hygiene Clinic
Adoracion Tañega, M.D., Director, Western Mental Hygiene Clinic
Pansy K. Schmidt, Chief Social Worker
Sabina Partello, B.S., M.S.S.W., Psychiatric Social Worker
Hugh M. Jones, B.A., M.A., Clinical Psychologist
V. Elaine Garber, B.S., Senior Rehabilitation Therapist
Eileen Vanderbosh, Medical Research Assistant
Rene M. Clay, Rehabilitation Therapy Aide
Essie M. Johnson, Senior Clerk Stenographer
Gloria I. Miller, Senior Clerk Stenographer

EASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

The year 1962 was an extremely active year for all district services and outstanding for the community cooperation in the oral poliomyelitis vaccine program. City Health Department personnel, many community agencies, their personnel and buildings and services, and hundreds of volunteers worked together so that 133,937 doses of Type I vaccine were given in October and 124,010 doses of Type II in November.

Substantial renovations were made to the district building which included reconstruction and moving of the supervisors' offices, the repair of the large doors to the parking lot, the painting of the exterior of all the windows and screens, the renovation of a room in the basement for recreational therapy, the installation of a public address system and minor changes in the venereal disease treatment room. Part of the district building was designated as a Civil Defense Shelter. The maintenance of the building was improved by the work of forty-seven city welfare workers who served as an adjunct to the custodial staff.

Service Activities

Communicable Diseases

The inoculation clinic was moved to the south wing in June and continued every Tuesday afternoon. For the second year there was no case of paralytic poliomyelitis. Other cases of communicable diseases were reported as follows: measles, 550; meningococcal infections, 3 with one death; chickenpox, 297; infectious hepatitis, 66; and whooping cough, 12. There were no cases of diphtheria or typhoid fever.

There was a slight increase in the number of new cases of tuberculosis and a slight decrease in the number of deaths. The X-ray screening clinic took 4,731 chest films and of these, 4,419 or 93.4 per cent were negative, 76 or 1.6 per cent were suspicious, 33 or 0.6 per cent had cardiovascular or other diseases, and 203 or 4.3 per cent were unsatisfactory films; 15 new cases were found from

the 76 suspicious films. In the BCG clinic, 1,388 tuberculin tests were given and BCG was administered to 757 persons.

The venereal disease clinics registered 3,148 patients of whom 236 had syphilis, 1,400 had gonorrhea and 1,049 had no venereal disease. Twenty-seven patients did not complete diagnosis. Prophylactic treatment for syphilis was given to 89 patients and to 347 patients for gonorrhea.

School Health

There were 12,862 children examined by physicians in the elementary and secondary schools and 7,587 defects were found. A total of 2,346 pupils from twenty public and three parochial schools received 9,078 preventive dental services during 882 dental clinic sessions. The extraction clinic in the building removed 639 permanent and 1,250 deciduous teeth from 603 children. The dental clinic for medical care patients continued on a daily basis. The eye and audiometric clinics received 540 new patients and 389 new patients, respectively.

Maternal and Child Hygiene

A group teaching program was begun in the maternity clinic in May. There were 1,670 patients in attendance in the maternity clinics and of these, 1,033 were registered for delivery at Baltimore City Hospitals and Provident Hospital, and 631 were registered for prenatal care only for delivery at various hospitals, and 6 were registered for delivery by midwives. Postpartum care was rendered to 777 patients. There was a total of 6,428 perinatal visits to the clinic.

The well baby clinics continued at the same locations and Sabin oral poliomyelitis vaccine was used in these clinics toward the end of the year. There was a total of 22,734 visits to these clinics.

Mental Hygiene

Mr. Hugh M. Jones was appointed psychologist in the mental hygiene clinic in June. As part of the therapeutic program a physical fitness room was set up on the ground level and various athletic equipment installed. Sixty-one patients were carried over from the previous year, 47 new cases were admitted and one case readmitted, thus making a caseload of 109 patients. There were 97

consultation conferences with the public health nurses and workers of social and educational agencies.

Generalized Sanitation Service

Inspectoral services increased and there were 3,843 first inspections and 2,213 reinspections, resulting in 5,698 corrections. Mr. Glen DeBeal was transferred to the Division of Community Sanitation and Mr. John Gaskins was assigned in his place.

Educational Activities

All major groups of public health workers attended courses in public health practice and these included Master of Public Health students of the Johns Hopkins School of Hygiene and Public Health, medical and nursing students of the Johns Hopkins Schools of Medicine and Nursing, sanitarians of the Baltimore City Health Department and nursing students of the University of Maryland, Union Memorial, Sinai and St. Joseph's hospitals. A total of 79 student nurses came from the Johns Hopkins Hospital bringing to 2,158 the number of students who have attended this course since its inception in 1932. Various courses in sanitary science were arranged by Mr. Milton P. Friedmann, Chief of the Division of Sanitarian Training, for City Health Department sanitarians, for inspectors of the Bureau of Building Inspection and employees of the Baltimore Urban Renewal and Housing Agency.

Research Activities

A research project submitted by Dr. A. M. Schneidmuhl, Director of the Eastern Mental Hygiene Clinic, to the National Institutes of Mental Health continued under revision and advisement and so far has not been started. Dr. Alfred A. Buck of the Department of Epidemiology of the Johns Hopkins School of Hygiene began a new research study on *Candida albicans* in the maternity clinic and worked on a research project in Ethiopia. The district staff worked with Dr. M. E. Langham of the Wilmer Institute of the Johns Hopkins Hospital on a study of the development of the eye. Dr. J. B. Saratsiotis, an M.P.H. student, did a short study in the well baby clinic. Dr. Ghislaine Godenne joined the staff of Dr. Paul Lemkau, Head of the Department of Mental Hygiene at Johns Hopkins, in September and continued work with adolescents. Mr. Guido Crocetti of Dr. Lemkau's staff, worked in Yugoslavia during the sum-

mer months. Dr. Zivko Kulcar joined Dr. Lemkau's staff in November on a visiting basis. Dr. Frank Lundin and his staff of the Department of Epidemiology completed their work and Mr. Robert Liberman and staff of the same division took over the office space. Mrs. Martha Oleinick and staff of the National Institute of Mental Health left in September to work in Wisconsin.

Demonstration Activities

As in the past, the facilities of the building and its work were demonstrated to community groups including social agencies, high school teachers, school counselors, elementary and high school students and others. The seminar and other rooms were extensively used for professional meetings of sanitarians, public health nurses, nutritionists, mental health groups and others. There were visitors from the United States and Canada and from Ceylon, Egypt, France, Greece, Mexico, New Zealand, Nicaragua, the Philippines, Turkey, Uganda and Yugoslavia.

Personnel

W. Sinclair Harper, M.D., C.M., D.P.H., District Health Officer
Sylvia Miller, B.S., M.A., Supervisor of Public Health Nursing, Administrative
Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing, Educational
Elizabeth N. Quinlin, B.S., Supervisor of Public Health Nursing
Lynett Benvegar, B.S., Supervisor of Public Health Nursing
Emily Hardy, B.S., Supervisor of Public Health Nursing ‡
Marian McGee, Acting Supervisor of Public Health Nursing ‡

Public Health Nurses

Stephanie Bernard
Virginia Bradford †
Virginia Brisebois
Kay Buck
India Caless †
Isabel L. W. Dols
Nadine Douglas
Marjorie Espenschade
Frances Fahey
Barbara Fesche
Marianne Fetsch †
Freda Fletcher, B.S.
Edwina Formhals †
Mildred H. Gambrill
Lillian Gosnell †
Elizabeth Hafele †
Marian B. Hagan
Aldone Hall †
Virginia F. Harris †
Eunice P. Holmes
Betty Knapp †
Rose F. Lewis
Elizabeth W. Lingo
Harriet Madison
Barbara Magee, B.S.
Dolores Magness, B.S.
Norma McDonnell
Grace P. Orr
Rita Porter †
Anne Prostka, B.A., B.S.
Flossie Randall
Anita Richardson, B.S.

Colleen Richardson
Kay Robinhold, B.S.
Helen Roff
Judith Ross
Lilyan Slater
Ruth Sponseller, B.A.
Mildred Taber
Mary Toole
Gloria Wilson ‡‡
Edith M. Woodson
Florence Zinz

Gloria Hawkins, Public Health Assistant †
Ernestine Pierce, Public Health Assistant †
Murdie Powell, Public Health Assistant †
Elaine Bailey, Laboratory Aide

Edna E. Herget, Principal Clerk Stenographer
Geraldine Lightner, Senior Clerk Stenographer
Elaine E. Williams, Senior Clerk Typist
Claudette Smith, Senior Clerk Typist
Flora Lee Everett, Clerk Typist
Mabel Thompson, Custodial Worker
Lillian Jones, Custodial Worker
James Collins, Custodial Worker
Howard Brent, Custodial Worker

† Part-time employee.
‡ Subsidized through the Johns Hopkins School of Nursing Educational Fund.
‡‡ On maternity leave.

WESTERN HEALTH DISTRICT

Wilson M. Wing, M.D., M.P.H.

Health Officer

The health services of the district continued to increase in scope during the year. With the steadily increasing shift of the population from the core of the city to the outer edge of the district, the well baby and prenatal clinics in the periphery noted expanding activity.

The Home Care Project for cardiac patients of the Department of Preventive and Rehabilitative Medicine of the University of Maryland Medical School continued to be accommodated in the Western Health District Building. The Cardiac Evaluation Clinic affiliated with the Heart Association of Maryland also held weekly sessions conducted by physicians from the University of Maryland Hospital. The clinic made use of the fluoroscopic and physical examination rooms.

The district engaged in the planning and conduct of the Sabin oral poliomyelitis program in the schools and public centers. Cooperation of the personnel and volunteers who assisted the district health officer were instrumental in making the program a success.

A study in social problems associated with childbearing was initiated by the district health officer in association with the Department of Maternal and Child Health of the Johns Hopkins School of Hygiene and Public Health. The object of this study was to determine what factors in the cultural background of the lower socio-economic segment of the population are associated with planning for successful parenthood and those which are antagonistic. With this information it will be possible to plan public health programs more effectively in order to bring medical knowledge and service to this portion of the population which has not sought it in the past.

The personnel of the Western Health District were hosts for a Conference on Dermatology attended by 200 visiting physicians from the United States and foreign countries and 38 patients from the Dermatology Clinic of the University of Maryland Hospital conducted by Dr. Harry M. Robinson, Jr., Professor of Dermatology.

A concentrated study on lead paint poisoning prevention in the district was made by Mr. Edward H. Vail, Principal Sanitarian in the Bureau of Environmental Hygiene.

Chest Clinic

During the year the Western Chest Clinic was placed under the direct administration of the district health officer. The full-time services of a social worker for tuberculosis was made available by monies from the U. S. Public Health Service which allowed closer communication between the social service of the tuberculosis hospitals and the district. The use of the facilities of the chest clinic continued to increase. Its primary function is the detection and treatment of tuberculosis; however, a considerable number of other conditions were identified and referred for appropriate medical or surgical treatment. Some of these diseases and their number are as follows: Albright's disease—1, bronchitis—27, carcinoma of lung—6, cardiac—29, cystic disease—1, emphysema—7, mitral stenosis—1, pleuritis—4, pneumonia—16, sarcoidosis—7, and silicosis—3.

A total of 6,940 visits was made to the chest clinic. These included 5,271 visits for diagnostic services and 1,510 for screening services. Chemotherapy was administered to 465 patients. PPD tuberculin tests were given to 785 patients of whom 716 returned for reading. BCG vaccination was given to 341 children.

Mental Hygiene

In-service training continued to be particularly stressed in the field of mental hygiene. Dr. Frank Rafferty, Director of Child Psychiatry at the University of Maryland, attended weekly conferences with the nursing supervisors and Dr. Gerald Klee, Assistant Professor of Psychiatry at the Psychiatric Institute, continued as Psychiatric Consultant to the district, meeting with nurses to discuss selected cases weekly.

Child Health

A total of 20,341 visits was made to the district's child hygiene clinics. Of these, 18,139 visits were made by nonwhite children. New clinic registrations totaled 3,016 as compared with 3,255 in 1961. The reported infant deaths were approximately the same as in the previous year, but a higher proportion, 57 per cent, were at-

tributed to prematurity. There was also an increase in the percentage due to pneumonitis.

School Health

School health services for the school year 1961-62 advanced greatly over the previous year. The percentage increase of examinations attended by parents was 52.3 per cent as compared with 46 per cent for the previous school year. However, toward the end of the year, fourteen schools out of forty-six were without nursing service due to the shortage of nursing personnel.

Increase was also noted in the special clinics held for testing vision and hearing. Two hundred and ninety-nine new patients were seen in the eye clinic as compared with 230 last year. The hearing clinic screened 431 new patients in comparison with 343 last year. Total attendance in these clinics was 332 and 745, respectively.

Maternal Health

The prenatal clinic recorded 4,140 visits in 1962 as compared with 3,411 during the preceding year. Eight hundred and seventy new patients were admitted and 471 postpartum examinations were carried out.

Nursing

The nursing staff, although considerably less in number than in the previous year, spent immeasurable nursing hours in the oral poliomyelitis program. Volunteer assistance was highly commendable in the poliomyelitis campaign. For example, a young man from West Virginia transported six or seven families to the center and a waitress in a nearby cafeteria guided the patrons to the district building for the required dose of oral poliomyelitis vaccine. However, there was less nursing time to invest in the required services for families. The public health nurses continued applying mental hygiene techniques to emotional problems of families encountered in the usual field practice. Cooperation was achieved between agencies in dealing with problems of neglected and deprived children. Dr. Elizabeth Stein, Psychologist in the Mental Health Services of the district presented a series of 15 conferences for new staff nurses on the emotional health of children.

Educational Activities

Training of University of Maryland fourth year medical students and pediatric residents in Well Baby Clinic No. 23 continued to be a major activity; and the entire senior class of the Dental School had at least eight sessions under supervision of their instructors in treatment of school children. This training involved teaching 100 dental students how best to use chair side assistants. It is the opinion of the staff that proper use of dental assistants allows 75 per cent more performance in a unit of practicing time.

Training of senior degree nursing students in the field under a supervisor provided by the School of Nursing continued and during the summer field experience was afforded graduate nurses and a number of visitors reported for orientation. Approximately one-half of the Johns Hopkins School of Hygiene and Public Health class was assigned for orientation in public health at the beginning of the school year.

Personnel

Wilson M. Wing, M.D., M.P.H., District Health Officer
Anna C. Scholl, M.N., M.S., Senior Supervisor of Public Health Nursing, Administrative
Dorothy S. Hutchins, B.S., Supervisor of Public Health Nursing
Vivian Pendleton, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Linda L. Atkins, B.S.
Irene T. Barnhill
Grace Berger
Annie C. Bland
Eloise Brown
Mary Francis Brown
Eleanor H. Bunting, B.S.
Raye D. H. Cohen
Ella Dubin
Mollie Fell
Margaret Field *
Irma Givens, B.S.
Ruth Guyton
Sharon Harvey, B.S.
Anna Holden
Pearl Holland, B.S.
Sandra Jones, B.S.
Sonja Kaminka
Eva K. Lowry
Doris McCurdy *
Sandra Miles
Barbara Miller, B.S.
Margaret Miller, B.S.
Joan Nicholason
M. Janice O'Donnell
Rose A. Pacunas
Ida Ruck *
Patricia Smith
Rubye M. Smith
Betty L. Wright **

Public Health Assistants

Ozell Cryor
Sammie Henry
Una Smothers *
Lena Swain *

Bessie K. Sothoron, Principal Clerk Stenographer
Daisy E. Flood, Senior Clerk
Yvette Johnson, Clerk Stenographer
Virginia E. Jackson, Clerk Typist
Arthur L. Wiley, Senior Buildings Custodian
Walter Akery, Custodial Worker—Male
Pearline Anderson, Custodial Worker—Female

* Part-time employee.
** On leave of absence.

DRUID HEALTH DISTRICT

H. Maceo Williams, M.D., M.P.H.

Health Officer

The end of 1962 marked the first calendar year of the Druid Health District in its new quarters at 1515 W. North Avenue. The same services were rendered the people of west and northwest Baltimore as formerly, but newer clinics were inaugurated during the year which increased considerably the health value to the populace. For instance, a much needed dental clinic for referred school children began in July on a daily schedule. This is an ultra-modern four-unit clinic consisting of the latest multiple chair and other appropriate dental equipment, and has made it possible to discontinue service in older and less efficient single chair facilities found in some older school buildings. A summer dental treatment program was also inaugurated to provide greatly needed care for underprivileged secondary as well as elementary grade children in the district.

The children's venereal disease clinic, which had long been served by the late Dr. Israel Meranski, met on the first, third and fifth Mondays at 1:30 P.M. The BCG clinic was held every Thursday morning while the tuberculin testing sessions were conducted every Tuesday.

In the oral poliomyelitis campaign conducted in October and November, the Druid Health District took an active part. Type I was given in October and 109,777 doses were administered. Type II was given in November to 97,731 individuals, making a total of 207,508 for the two rounds. There was no case of paralytic polio reported in the district in 1962. With the gratifying response to the oral poliomyelitis campaign, the future looks promising as far as paralytic polio is concerned.

Early in 1962, Miss Anna Persch, supervisor of public health nursing, left the employ of the Health Department by retirement after spending 45 years in the Department and serving the Druid District as administrative supervisor for eleven years. Another veteran, Dr. James B. Hawkins, Health Officer part-time, was retired after 40 years of service. Mrs. Wilda S. Berkemeier was assigned as administrative supervisor early in the year to fill the

vacancy made by the retirement of Miss Persch. Mrs. Eleanor Grimes was appointed a supervisor of nurses with the transfer of Miss Margaret Galbreath to the Southeastern Health District. One other public health nurse resigned and four were appointed in 1962.

For the second consecutive year, there was no death from lead paint poisoning recorded in the district. However there were 11 cases reported, an increase of one over the preceding year. By far most of them were from the eastern and southern areas of the district and none from owner occupied homes. Lead paint poisoning continues to prove itself a more serious menace than poliomyelitis.

As usual the facilities of the headquarters building were used as a meeting place by many different groups. Among these were the Volunteer Council of the Baltimore City Health Department, a work-shop of Baltimore teachers, students from the Coppin State Teachers College, pupils from School No. 130 and School No. 14, and the Health Committee of the Harlem Park Neighborhood Council. One of the features of the health information program was a seminar for three-hundred students from School No. 454, Carver Vocational-Technical High School, who assembled in groups of 150 to receive instruction in the control, prevention and treatment of venereal diseases; motion pictures, literature and lectures were offered in the seminar after which questions were asked by students and answered by a panel from the staff of the Druid Health District. Among other visitors was a group of five professional workers from the Ministry of Health of Senegal, Africa, who were participating in a six-week study program on maternal and child health programs in the United States arranged by the Agency for International Development through the Children's Bureau in Washington.

The Monumental City Medical Society conducted its monthly meetings in the district building. Ten students from the University of Maryland School of Nursing completed their Health Department affiliation. In addition, several students from the Maryland General Hospital received a varying amount of instruction in the district.

The social service of the chest clinic referred eleven patients to the Division of Vocational Rehabilitation of the Maryland State Department of Education. After completing their training, these persons were able to overcome their handicaps to become self-supporting citizens. Rehabilitation is an important factor in tuber-

culosis control, and although these eleven cases represent a small number, it is hoped that they will become a nucleus for greater effort in rehabilitation. Supplementing the activities of Mrs. Ann Reed, the social worker, the Maryland Tuberculosis Association appointed Mr. J. Allan Young, to intensify work in community housing projects in the Druid district. The program was designed to intensify all of the normal services of the Association, and to bring to bear other community forces and services for the general health improvement of the housing project community through cooperative planning, coordination and other community organization methods.

The Division of Community Sanitation handled 620 complaints and conducted 208 special investigations in the district during the year, including the correction of a source of odors coming from a milk plant. Rodent control activities were employed in 69 square blocks including gassing and destruction of rat burrows.

The Bureau of Laboratories collaborated with the district by sending 22,736 specimen containers and 3,276 sputum bottles for distribution to the physicians, hospitals and clinics. In return, the Druid district submitted 2,420 specimens for laboratory examination for tubercle bacilli, 1,313 specimens for gonococcal infections, and 5,698 specimens of blood and spinal fluid for syphilis.

Personnel

H. Maceo Williams, M.D., M.P.H., District Health Officer
Wilda S. Berkemeier, B.S., M.P.H., Sr. Supervisor of Public Health Nursing, Administrative
Anita K. Henson, B.S., Supervisor of Public Health Nursing
Eleanor Grimes, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Eva Bailey
Ruth Berman
Elizabeth Burtt, B.S.
Pearl Caplan *
Minnie Corbin
Marie Crook
Celia Cousins
Margaret Ellis
Romaine Eyler, M.S.
Barbara Feigenbaum
Katie Fernandis
Mary Fitchett, B.S.
Alberta Gottlieb *
Mamie Green, B.S.*
Katherine Hatchett
Ella Hughes
Rebecca Jackson
Carol Jones, B.S.
Erdie Jones
Mildred Jones
Clara J. Green
Edith Kidd
Irene Kyler
Margaret Lytle

Frances Martin
Lois Merritt
Dorothie Mills
Lillian Mills
Delcie Mollick, B.S.
Agnes Pilgrim
Peggy Poole
Joyce Robinson
Ethyl Roffman
Lillian Roseman
Shirley Stern *
Sylvia Sweren *
Elizabeth Terry
Evelyn Ward
Dorothy Wiggins
Eleanor Willis

Patricia Zerrlaut, B.S.

Katherine Clark, Public Health Assistant
Delores France, Public Health Assistant
Louise Pierce, Public Health Assistant
Margie M. Bradley, Senior Clerk Typist
Louvenia B. Swinson, Clerk Typist
Mary H. Stewart, Clerk Typist
Bernard A. Smith, Senior Custodian
Raymond Carter, Custodian
William P. Johnson, Custodian
Ethel Clark, Janitress

* Part-time employees.

SOUTHEASTERN HEALTH DISTRICT

W. Sinclair Harper, M.D.

Health Officer

The resources of the district building, the staff, many community agencies and facilities and hundreds of volunteers worked together in the oral poliomyelitis vaccine program. The preliminary work began in July; clinics were conducted in October and November, resulting in the administration of 67,603 doses of Type I vaccine in October and 64,375 doses of Type II in November.

The dental services continued on their expanded basis and there was an expansion of the well baby clinic service. Minor repairs were made to the building and the dental clinic was repainted.

Service Activities

The public health nursing staff had six resignations and seven new employees. On February 19, Mrs. Wilda Berkemeier was transferred to the Druid Health District and Miss Margaret Galbreath was appointed administrative supervisor. Mrs. L. Bedish was appointed audiometrist to the Southeastern Health District schools in August. The clerical staff was unchanged and increased custodial work was done by employable persons receiving welfare allotments.

The orthodontic service for children of indigent parents continued all day sessions on Tuesdays and Thursdays, and at the end of the year there were 61 children under treatment. The dental clinic for preventive and restorative dentistry continued on a daily basis five days a week. A total of 1,838 students received 7,152 dental services.

For the first time there was no reported case of poliomyelitis. One case of lead paint poisoning was recorded and 2,235 inoculations were given in the immunization clinic. Acute communicable diseases were reported as follows: chickenpox, 137; infectious hepatitis, 31; measles, 236; mumps, 164; and whooping cough, 12.

The East Baltimore Medical Society met in the district building for the twenty-first consecutive year on the first Tuesday of each month. As in the past, laboratory services were rendered to the district physicians.

Educational Activities

Students of the Johns Hopkins School of Hygiene and Public Health made field observations in the district. Nursing students of the University of Maryland continued their courses under the supervision of Miss Ann Dougherty, instructor on the faculty of the University of Maryland School of Nursing. A total of 18 students attended this thirteen-week, full-time affiliate course in public health nursing. Four students of public health nursing in the graduate program of the University of Maryland attended sessions in the district for an eight week period. A training institute was organized and conducted in the district building by the Hearing and Speech Center of the Johns Hopkins Hospital during the first week in May. This institute was attended by 18 students from various parts of the United States and Puerto Rico and 100 children were examined.

Personnel

W. Sinclair Harper, M.D., C.M., D.P.H., District Health Officer
Margaret Galbreath, B.S., Supervisor of Public Health Nursing, Administrative
Marie Dandridge, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Margaret Barrett
Mildred Dilworth *
Kay Donald
Alice Ford, B.S.
Lillian Ford
Sarah Gougeon, B.S.
Sarah Kilmon **
Elizabeth Koenig
Mildred Leach *
Natalie Leizear
Ida Petrilli
Effie Pounders
Elinor Shaffar
Janet Strivarius
Susan Thomas
Celia Trionfo
Dena Valaco
Jessie Wallace
Shirley Wantland, B.S. *

Angeline Agro, Clerk Stenographer
Sonia Glowacki, Clerk Typist
James B. Davis, Custodial Worker

* Part-time employee.
* Leave of absence (maternity leave)

SOUTHERN HEALTH DISTRICT

Wilson M. Wing, M.D., M.P.H.

Health Officer

During the year 1962 efforts were continued to cover all important health activities with emphasis placed on the completion of the experimental school health program begun in September 1961 and the mental hygiene in-service education program.

The school health program consisted of three centers, one in Cherry Hill, one in Brooklyn and one in the Southern Health District building for referral of physical examinations for children attending various schools in the Southern Health District. The second phase of the program consisted of physical examination, inoculations, eye testing and audiometer testing of kindergarten children.

The mental hygiene in-service education program consisted of weekly conferences with Dr. Adoracion Tañega, Director of the Western Mental Hygiene Clinic, and the staff to discuss the basic principles of mental hygiene and individual cases in the district. In addition, the supervisors attended weekly seminars in Western Health District with Dr. Frank Rafferty, Professor of Child Psychiatry at the University of Maryland, and Dr. Tañega.

The new staff nurses attended Health Department orientation meetings as well as nutrition, tuberculosis and venereal disease seminars. The staff education program during the year consisted of various speakers from the community as well as field trips.

In March a parent-education class sponsored by the Association for Retarded Children was started in Cherry Hill. All cooperation was given by the district staff to encourage parents to attend, and it appeared very successful. Unfortunately, the class was not reopened in the fall due to a lack of teachers.

Twelve University of Maryland senior student nurses completed their thirteen weeks orientation course. Six graduate University of Maryland students completed an eight weeks orientation. Various other students had field and clinic observations during the year. One of the staff nurses participated in the week's training program at the University of Maryland Psychiatric Institute.

Type I and II Sabin oral polio vaccine was given in twenty-one public and parochial schools and ten centers.

The district was represented at the scheduled meetings of the Southwest Community Council held in the Westport Homes where various health and welfare agency representatives discussed problems in the community.

The auditorium in the Southern Health District Building was extensively used by various community groups. The South Baltimore General Hospital held weekly staff medical conferences as well as their weekly Obesity Clinic in the district building as in the past year.

Personnel

Wilson M. Wing, M.D., M.P.H., District Health Officer
Ruth Collier, B.S., Senior Supervisor of Public Health Nursing (Administrative)
Henrietta Gintling, Supervisor of Public Health Nursing

Public Health Nurses

Evelyn Ambrose, B.S.
Sarah C. Batchelder
Beverley N. Butler, B.S.
Patricia Carter
Florence Coates
Ophelia Coleman
Juanita Conway
Marion Hense, B.S.
Janice Heying
Nancy Krouse
Louise E. Miller
Letha H. Montgomery
Laura Phillips
Elizabeth Reese *
Raella Rhoades
Ruth Schultz, B.S.
Patricia Smith †
Ida Sorensen †
Barbara White

Lola Suggs, Public Health Assistant
Mildred Herman, Senior Clerk Stenographer
Reba Kadis, Senior Clerk Stenographer
Jeannie Williams, Clerk Typist
Rudolph Lee, Custodial Worker

* Part-time employee.
† Leave of absence.

BUREAU OF COMMUNICABLE DISEASES

The most significant event in the control of communicable diseases was the mass vaccination program conducted in October and November with Types I and II Sabin oral poliomyelitis vaccine. Over half the residents of Baltimore received the two vaccines in 92 public centers, in schools, and at many places of employment. Table No. 1D shows the results of the program in broad age categories.

There were 11,206 cases of communicable diseases reported during 1962, a decrease from the 11,909 cases reported in the previous year. For the fourth consecutive year there was no case of diphtheria reported, and for the first time a single year was experienced without a case of paralytic poliomyelitis being reported. Table No. 1B shows the extent of inoculations, with diphtheria, pertussis and tetanus antigens in preschool children and Table No. 1C shows the extent of inoculations with Salk poliomyelitis vaccine in individuals of all ages.

There was only one case of typhoid fever reported, another record low. This case occurred in a thirty-two year old construction laborer who allegedly drank polluted water while at work. At the end of the year there were 36 typhoid carriers known to reside in Baltimore who were under Health Department supervision compared with 41 carriers at the end of the previous year; 3 moved out of the city, and 2 were not located even after diligent search.

A total of 182 cases and 5 deaths from infectious hepatitis were reported compared with 199 cases and 6 deaths in 1961. This was a continuation of a slightly downward trend of the disease from the peak of 292 cases reported in 1959.

The reported cases of both German measles and regular measles were 88 and 1,657, respectively, compared to 125 cases of German measles and 2,089 cases of measles reported in 1961. There were 4 cases and 1 death attributed to meningococcal infections compared to 11 cases and 4 deaths in 1961.

As part of the program of rabies surveillance 4,608 animal bites were reported including bites by 4,392 dogs, 149 cats, 14 squirrels, 7 monkeys, 18 hamsters, 22 rabbits, 1 fox, 2 opossums, 1 raccoon, 1 pony and 1 bat. A total of 87 animal brains was examined by the

Bureau of Laboratories. No instance of rabies was detected. The last rabid animal in Baltimore was reported in February 1947.

For the thirty-fourth consecutive year no case of smallpox was reported. Forty-one children attending school were temporarily excused from being vaccinated as required by State law because of eczematous skin conditions.

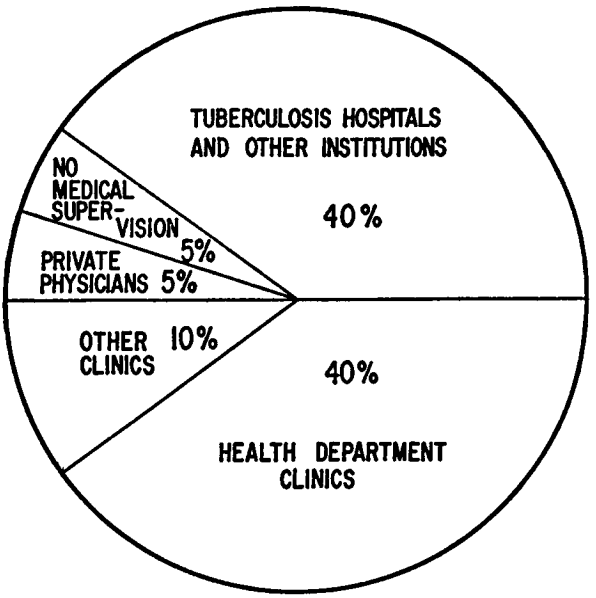
Tuberculosis

Through a special grant of the U. S. Public Health Service, services and diagnostic facilities for tuberculosis patients were improved. The grant enabled the Health Department to secure the services of a case worker in the Western Health District chest clinic. This was in addition to two other case workers in the Druid and Eastern Health District chest clinics whose salaries were paid by the Maryland Tuberculosis Association. The grant also helped in the tuberculosis laboratory work by making monies available for hiring a senior bacteriologist and laboratory assistant and purchasing a walk-in incubator to augment tuberculosis culturing of all sputum and gastric washing samples.

The number of resident deaths from tuberculosis declined from 148 in 1961 to 133 in 1962, a decrease of 10.1 per cent. The comparable death rates were 15.8 per 100,000 in 1961 and 14.3 in 1962. The white death rate was 11.8 per 100,000 whereas the nonwhite rate was 18.4.

The number of newly reported cases of all forms of tuberculosis increased from 749 cases in 1961 to 780 cases in 1962. This gave case rates of 79.9 per 100,000 in 1961 and 83.7 in 1962. Among white persons the case rate was 55.2 and for nonwhite persons 131.7 per 100,000. In addition, 109 cases which had been previously discharged as inactive or nonlocates were readmitted to the register as active disease.

As of the single date July 1, 1962, there were 2,953 cases of public health significance on the tuberculosis register. Of the total number of registered patients, 1,192, or 40.0 per cent, were white persons and 1,761, or 60.0 per cent, were nonwhite. A total of 1,817, or 61.5 per cent of the cases, were under medical supervision of the Health Department's chest clinics; 461, or 15.6 per cent, were under the medical supervision of private physicians or general hospitals; 536, or 18.2 per cent, were in tuberculosis hospitals; 64, or 2.2 per cent, were in other institutions, and the remaining



MEDICAL SUPERVISION OF 1,435 ACTIVE TUBERCULOSIS CASES IN CASE REGISTER—BALTIMORE—1962

75, or 2.5 per cent, were under no known medical supervision. Among the total registered cases, 1,435 were in the active stage and the remainder were sputum negative and probably inactive.

A total of 22,856 individuals made 42,064 visits to the four city chest clinics and received a total of 28,797 chest X-rays. The home chemotherapy was continued for patients who could not afford to pay for their medication. As of January 1, 1962 there were 1,969 patients on chemotherapy. During the year, 1,051 additional patients were admitted to the program and 669 patients discontinued therapy so that on December 31, 1962, there remained 2,351 individuals on the program.

Small screening chest X-rays were taken of 32,809 persons by the Maryland State Health Department's mobile X-ray units operating in areas of suspected high prevalence of tuberculosis. As a result of these surveys 41 new significant cases of tuberculosis were discovered or approximately 13 new cases per 10,000 X-rays. Chest X-ray screening films taken by other facilities were as follows: Health Department chest clinics, 12,926; Maryland Tuberculosis Association, 23,907.

Selective tuberculin skin testing was continued in six schools where active cases had been found. A positive reaction rate of 8.3 per cent was found in the eighth grade at the Hampstead Hill Junior High School; 14.4 per cent in the eighth grade at the Carver Vocational-Technical High School, and 6.6 per cent in the seventh grade of the William Lemmel Junior High School.

A new weekly BCG vaccination clinic was inaugurated in the chest clinic in the Druid Health District Building. This new clinic was in addition to the BCG vaccination clinics in the Eastern and Western Health District buildings. During the year 1,565 individuals who had negative tuberculin skin reactions were vaccinated with BCG vaccine.

As of January 1, 1962, there were 544 Baltimore City residents in various tuberculosis hospitals. During the year 813 residents were admitted, 71 died in hospitals, and 735 were discharged so that on December 31, 1962, there were 551 residents remaining in hospitals. Of the 735 live discharges 559, or 76.0 per cent, were with permission, 176, or 24.0 per cent, left the hospital against medical advice. Pursuant to the power conferred upon the Commissioner of Health by Section 217 of Article 12 of the Baltimore City Code of 1950, Regulation No. 3 governing the compulsory isolation of recalcitrant tuberculosis patients was invoked 5 times.

Venereal Diseases

In 1962 there were 384 cases of primary and secondary syphilis reported as compared to 381 such cases reported in 1961. This was a continuation of the alarming rise in infectious syphilis first noted here in 1960. The number of reported cases of all stages of syphilis also showed a rise from 1,509 in 1961 to 1,648 in 1962. There were 322 latent cases, 798 late cases, and 29 cases of congenital syphilis of which 3 were reported in infants under one year of age.

In contrast to the rise in syphilis the number of reported cases of gonorrhea decreased from 5,981 cases in 1961 to 4,972 cases in 1962.

There were 28 deaths due to syphilis recorded during 1962, giving a mortality rate of 3.0 per 100,000 population. For the fourteenth consecutive year for white infants and for the eleventh consecutive year for nonwhite infants, no death from syphilis was reported.

The serological survey of inmates in the Baltimore City Jail was continued. During the year 3,979 bloods were drawn on the new

inmates of which 308 were reactive, and 8 cases of infectious syphilis and 32 cases of other forms of syphilis were found. Other case-finding efforts were intensified including the inauguration of personal visits to private physicians to urge both their reporting of cases and permitting contact investigation of their patients; increased contact investigative efforts of both the public health nurses and the investigators assigned to the Health Department by U. S. Public Health Service, and the exploration of newer methods of conducting contact investigative interviews with patients.

A total of 8,997 individuals made 16,835 visits to the Department's venereal disease clinics. In addition to 838 patients with proven syphilis and 4,445 patients with proven gonorrhea, 264 were treated on the basis of epidemiological findings for syphilis and 858 contacts likewise for gonorrhea.

The death of Dr. Morris M. Cohen, Clinical Director for Venereal Diseases, who had been actively engaged in the program from 1948, was a serious loss to the Department.

Personnel

....., Director
Meyer W. Jacobson, M.D., Clinical Director for Tuberculosis
M. S. Shiling, M.D., Director of Tuberculosis Surveys
Mattie May Gwynn, Principal Clerk Stenographer
Alice V. Owings, Principal Clerk
Frances T. Morris, Senior Clerk Stenographer
Edith C. Walters, Senior Clerk Stenographer
Helen Rita Ewalt, Senior Clerk
Vanea H. Conklyn, Senior Clerk Typist
Mildred Reaves, Clerk Typist
Luella Wilburn, Clerk Typist
Edna L. James, Clerk Typist

Chest Clinics

Clinic Physicians

Katherine H. Borkovich, M.D., Medical Supervisor

Mutlu Atagun, M.D.
Daniel Bakal, M.D.
Louis V. Blum, M.D.
Frank A. Faraino, M.D.
Joseph R. Gladue, M.D.
C. Dudley Lee, M.D.
Harris Lovice, M.D.
William K. Morgan, M.D.
Mary C. Riley, M.D.
Cecil Rudner, M.D.
Herman H. Schaerf, M.D.
Patricia M. Smith, M.D.
Mary Betty Stevens, M.D.
Alexander S. Townes, M.D.
E. Hunter Wilson, M.D.

Ira C. Davis, Senior X-ray Photographer
Henry J. Hacker, Senior X-ray Technician
S. A. Thompson, Senior X-ray Technician
Myrtle Baker, Senior Clerk Typist
Hilda J. Moseley, Senior Clerk Typist
Lillian V. Parham, Senior Clerk Typist
Clarice M. Shell, Senior Clerk
Leona J. Knight, Clerk Typist
Christine Royster, Clerk Typist
Inez R. Thomas, Laboratory Aide
C. Pittman, Laboratory Aide
R. M. Williams, Laboratory Aide

Venereal Disease Clinics

Medical Supervisors

Albert L. Laforest, M.D.
E. Walter Shervington, M.D.

Senior Clinic Physicians

Harris Goldman, M.D.
Louis E. Harmon, M.D.
W. Atwell Jones, M.D.
J. Douglass Shepperd, M.D.

Clinic Physicians

Moses L. Barksdale, M.D.
William R. Birt, M.D.
Ernest S. Cross, Jr., M.D.
Richard H. Hunt, M.D.
Sylvan C. Goodman, M.D.
Howard C. Kramer, M.D.
Clarence W. Martin, M.D.
George H. Pendleton, M.D.
Talmadge H. Pinkney, M.D.
William G. Polk, M.D.
Daniel Roberts, M.D.
Robert E. Yim, M.D.

Sara L. Chapman, Senior Clerk Typist
Ruth E. Holmes, Senior Clerk Typist
Rolanda Gay, Senior Clerk Typist
Earline W. Chambers, Clerk Typist
Ethel Y. Christian, Clerk Typist
Marlene Cox, Clerk Typist
Vivian S. Knox, Clerk Typist
Jeanne D. Steps, Clerk Typist
Annie L. Gale, Custodial Worker

TABLE No. 1A

REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE DISEASES

	1962		1961		1960		1959	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Botulism	...	...	...	...	...	...	...	...
Chickenpox	842	...	655	...	765	...	762	...
Diphtheria	...	...	...	...	...	...	...	...
Dysentery								
Amebic	2	1	...	...	2	...	5	3
Bacillary	72	2	21	...	39	2	76	1
All other	3	...	2	...	...	...	2	1
Encephalitis, acute infectious	4	1	4	1	7	...	8	5
Erysipelas	...	...	1	...	...	...	...	...
German measles	88	...	125	...	75	...	132	...
Hepatitis								
Infectious	182	5	199	6	202	11	292	1
Serum	5	2	2	1	3	1	3	2
Measles	1,657	1	2,089	...	2,182	1	1,138	2
Meningococcal infections	4	1	11	4	12	6	10	5
Mononucleosis, infectious	2	...	...	...	1	...	...	...
Mumps	713	...	162	...	1,112	...	669	...
Paratyphoid fever	1	...	...	...	...	...	...	...
Poliomyelitis, paralytic cases	...	...	2	1	97	4	15	...
Psittacosis	...	...	...	...	...	...	...	...
Rocky Mountain spotted fever	4	...	1	...	1	...	1	...
Salmonella infection	20	2	19	1	19	1	18	1
Scarlet fever	143	...	210	...	171	...	212	...
Smallpox	...	...	...	...	...	...	...	...
Streptococcal sore throat	10	...	7	...	4	...	7	...
Tetanus	1	...	1	1	3	2	1	1
Trichinosis	2	...	1	...	2	...	1	...
Tuberculosis								
Respiratory	716	126	692	137	774	145	768	139
Other forms	64	7	57	11	49	4	65	6
Tularemia	...	...	1	...	...	...	4	...
Typhoid fever	1	...	2	...	2	...	3	...
Typhus fever	...	...	...	...	1	...	1	...
Undulant fever	...	...	...	...	1	...	...	...
Weil's disease	...	...	...	...	1	...	1	...
Whooping cough	44	2	75	...	74	...	110	...
Venereal diseases								
Chancroid	2	...	7	...	9	...	19	...
Gonococcal infections, total	4,972	...	5,981	...	6,179	1	6,743	1
Ophthalmia	1	...	1	...	2	...	...	...
Syphilis, total	1,648	28	1,509	31	1,545	28	1,670	36
Congenital	29	...	34	...	37	...	53	1
Other venereal diseases	4	...	18	...	14	...	29	...

TABLE No. 1B

EXTENT OF DPT INOCULATIONS IN CHILDREN 1-4 YEARS OF AGE, BALTIMORE CITY, 1962*

Health District	Number Queried	Number Inoculated	Per Cent Inoculated
All Districts	276	259	93.8
Eastern	88	86	97.7
Western	56	53	94.6
Druid	61	55	90.2
Southeastern	49	43	87.8
Southern	22	22	100.0

* Based on information obtained from the Baltimore Health Survey.

TABLE No. 1C

POLIOMYELITIS INOCULATION RATES BY AGE*—SALK VACCINE—BALTIMORE CITY, 1962

Age	Total Queried	Per Cent With		
		No Shots	Three Shots	Four or More
All Ages	3,291	42	21	23
Under 5	346	14	31	36
5–9	346	3	34	53
10–19	604	6	40	44
20 and over	1,975	65	11	9

* Based on information obtained from the Baltimore Health Survey.

TABLE No. 1D

SABIN ORAL VACCINE CAMPAIGN, TYPES I AND II
NUMBER AND PER CENT VACCINATED BY AGE, BALTIMORE CITY, 1962

Age Group	Type I		Type II	
	Number Vaccinated	Per Cent of Group	Number Vaccinated	Per Cent of Group
Preschool	56,826	59.4	50,325	52.6
5—19 years	219,819	90.2	217,967	89.4
20—39 years	141,039	57.7	111,256	45.5
40 and over	100,370	28.2	91,705	25.8
Total vaccinated	518,054	55.2	471,253	50.8

TABLE No. 2A

RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO AGE, 1962

Age Group	Grand Total	White			Colored		
		Total	Male	Female	Total	Male	Female
Number of Deaths							
All Ages	133	69	55	14	64	49	15
Under 15 years	2	1	1	..	1	..	1
15–24 years	3	1	1	..	2	1	1
25–34 years	6	..	..	..	6	5	1
35–44 years	18	7	4	3	11	5	6
45–54 years	30	14	10	4	16	14	2
55–64 years	28	15	14	1	13	11	2
65 years and over	46	31	25	6	15	13	2
Percentage Distribution							
All Ages	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	1.5	1.5	1.8	...	1.6	...	6.7
15–24 years	2.3	1.5	1.8	...	3.1	2.0	6.7
25–34 years	4.5	...	...	...	9.4	10.2	6.7
35–44 years	13.5	10.1	7.3	21.4	17.2	10.2	40.0
45–54 years	22.6	20.3	18.2	28.6	25.0	28.6	13.3
55–64 years	21.9	21.7	25.5	7.1	20.3	22.5	13.3
65 years and over	34.6	44.9	45.4	42.9	23.4	26.5	13.3

TABLE No. 2B

RESIDENT DEATHS FROM ALL FORMS OF TUBERCULOSIS ACCORDING TO RACE AND PLACE OF DEATH, 1962

Place of Death	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Deaths	133	100.0	69	100.0	64	100.0
Home	6	4.5	4	5.8	2	3.1
Tuberculosis Hospitals	78	58.7	40	58.0	38	59.4
Baltimore City	40	..	13	..	27	..
State	28	..	22	..	6	..
Federal	7	..	4	..	3	..
Other	3	..	1	..	2	..
General Hospitals	39	29.3	20	29.0	19	29.7
Mental Institutions	4	3.0	2	2.9	2	3.1
Other	6	4.5	3	4.3	3	4.7

TABLE No. 2C

REPORTED CASES OF TUBERCULOSIS (INCIDENCE) CLASSIFIED BY TYPE, EXTENT AND ACTIVITY OF LESION ACCORDING TO AGE, RACE AND BROAD AGE GROUPS—1962

Classification of Lesion	Grand Total	Age in Years																	
		Male									Female								
		Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Age Unsp.	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Age Unsp.
All Cases	780	512	25	15	38	70	93	193	78	..	268	21	20	37	48	64	46	32	..
White																			
Total	323	237	3	3	11	24	35	110	51	..	86	6	..	13	10	25	14	18	..
Minimal lesions—all types	71	46	..	1	4	5	7	18	11	..	25	1	..	3	5	9	5	2	..
Active	53	34	..	1	4	3	4	13	9	..	19	1	..	3	4	5	4	2	..
Inactive	11	7	..	..	..	1	2	3	1	..	4	..	..	..	1	2	1	..	..
Quiescent	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Pleural effusion	6	4	..	..	..	1	..	2	1	..	2	..	..	..	..	2	..	..	..
Moderately advanced	136	98	..	..	4	8	14	49	23	..	38	..	..	10	5	7	5	11	..
Active	128	92	..	..	4	7	13	46	22	..	36	..	..	10	5	7	5	9	..
Inactive	8	6	..	..	..	1	1	3	1	..	2	..	..	..	..	..	..	2	..
Far advanced (active)	94	80	..	1	2	9	12	40	16	..	14	..	..	..	..	8	2	4	..
Severe primary lesion	11	5	3	1	..	..	1	..	..	..	6	4	..	..	..	1	..	1	..
Miliary	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis	2	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Spinal	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Peritonitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other nonpulmonary	8	5	..	..	1	2	..	1	1	..	3	1	..	..	..	..	2	..	..
Nonwhite																			
Total	457	275	22	12	27	46	58	83	27	..	182	15	20	24	38	39	32	14	..
Minimal lesions—all types	81	47	3	5	10	7	9	11	2	..	34	..	2	6	10	7	5	4	..
Active	50	26	2	3	3	6	6	4	2	..	24	..	2	5	6	6	3	2	..
Inactive	6	5	..	..	2	..	2	1	..	..	1	..	..	..	..	..	1	..	..
Pleural effusion	25	16	1	2	5	1	1	6	..	..	9	..	..	1	4	1	1	2	..
Moderately advanced	136	86	..	..	7	16	19	32	12	..	50	..	6	8	10	13	9	4	..
Active	127	81	..	..	7	15	17	32	10	..	46	..	6	8	9	12	7	4	..
Inactive	9	5	..	..	..	1	2	..	2	..	4	..	..	..	1	1	2	..	..
Far advanced (active)	127	88	1	..	7	16	23	31	10	..	39	..	2	6	12	10	6	3	..
Severe primary lesion	46	24	17	7	..	..	..	..	..	..	22	13	7	1	..	..	..	1	..
Miliary	13	7	1	..	..	..	..	5	1	..	6	..	..	..	..	3	2	1	..
Meningitis	4	2	..	..	..	2	..	..	..	..	2	1	..	..	..	1	..	..	..
Spinal	10	3	..	..	..	..	3	..	..	..	7	..	..	1	1	2	3	..	..
Peritonitis	8	5	..	..	1	1	3	..	..	..	3	..	1	..	1	..	1	..	..
Other nonpulmonary	32	13	..	..	2	4	1	4	2	..	19	1	2	2	4	3	6	1	..

TABLE No. 2D

TUBERCULOSIS CASES IN CURRENT REGISTER (PREVALENCE) ACCORDING TO STAGE OF DISEASE, RACE, SEX AND BROAD AGE GROUPS—1962

Stage of Disease	Grand Total	Age in Years																	
		Male									Female								
		Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Age Unsp.	Total	Under 5	5-14	15-24	25-34	35-44	45-64	65 & over	Age Unsp.
All Cases	2,953	1,987	37	39	69	179	395	959	309	..	966	46	55	102	209	242	244	68	..
White																			
Total	1,192	887	7	11	27	51	143	467	181	..	305	10	8	30	54	76	85	42	..
Minimal	291	194	..	2	15	17	31	100	29	..	97	..	2	18	27	20	24	6	..
Moderately advanced	459	346	..	1	7	21	60	171	86	..	113	..	..	8	20	27	33	25	..
Far advanced	394	324	..	2	1	12	51	192	66	..	70	..	..	3	7	25	26	9	..
Pleural effusion	4	1	..	..	..	..	..	1	..	..	3	..	..	1	..	2	..	..	..
Primary	28	13	7	5	..	..	..	1	..	..	15	8	5	..	..	1	..	1	..
Miliary	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..
Meningitis	2	1	..	..	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..
Other nonpulmonary	13	8	..	1	4	1	1	1	..	..	5	1	..	..	..	1	2	1	..
Nonwhite																			
Total	1,761	1,100	30	28	42	128	252	492	128	..	661	36	47	72	155	166	159	26	..
Minimal	355	202	1	2	6	33	58	81	21	..	153	1	5	25	44	39	34	5	..
Moderately advanced	680	471	..	..	16	54	108	229	64	..	209	..	3	23	56	56	59	12	..
Far advanced	415	283	..	..	11	23	66	150	33	..	132	..	2	8	11	48	36	3	..
Pleural effusion	63	39	..	..	6	9	8	11	5	..	24	..	..	4	1	3	4	2	..
Primary	111	46	20	25	..	..	..	1	..	..	65	32	30	2	1	..	..	..	..
Miliary	23	15	2	..	1	2	2	6	2	..	8	..	1	..	..	1	3	2	..
Meningitis	4	..	..	..	..	..	..	..	..	..	4	1	1	..	..	1	1	..	..
Other nonpulmonary	110	44	7	1	2	7	10	14	3	..	66	2	5	10	7	18	22	2	..

TABLE No. 2E

ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR SOURCE OF REPORT—1962

Original Referral or Source of Report	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Cases	780	100.0	323	100.0	457	100.0
Private physicians	115	14.7	79	24.4	36	7.9
Baltimore City Hospitals	62	8.0	17	5.3	45	9.8
General and Tuberculosis Hospitals	333	42.7	114	35.3	219	47.9
Hospital survey	2	....	1	....	1	....
Other	331	....	113	....	218	....
Health Department	137	17.6	44	13.6	93	20.4
Chest clinics	123	....	39	....	84	....
Other	14	....	5	....	9	....
Mass survey	29	3.7	17	5.3	12	2.6
Transferred from out-of-state	4	0.5	3	0.9	1	0.2
Other agencies	49	6.3	28	8.7	21	4.6
Reported after death	51	6.5	21	6.5	30	6.6

TABLE No. 2F

ALL TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1962

Reporting Agency	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Cases	780	100.0	323	100.0	457	100.0
Private physicians	63	8.1	53	16.4	10	2.2
Tuberculosis hospitals	131	16.8	62	19.2	69	15.1
Baltimore City Hospitals	57	....	16	....	41	....
Other tuberculosis hospitals	74	....	46	....	28	....
General hospitals	243	31.2	67	20.8	176	38.5
Mental hospitals	5	0.6	4	1.2	1	0.2
Health Department chest clinics	278	35.6	114	35.3	164	35.9
Transferred from out-of-state	..	....	..	....	..	....
Death certificates	51	6.5	21	6.5	30	6.6
Other	9	1.2	2	0.6	7	1.5

TABLE No. 2G

SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES BY RACE AND SEX—1962

	Total		White				Colored			
			Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Clinic Registrants										
Total	22,856	100.0	3,853	100.0	4,561	100.0	5,162	100.0	9,280	100.0
Screening service	12,926	56.6	1,336	34.7	2,630	57.7	2,220	43.0	6,740	72.6
Diagnostic service (Total)	9,930	43.4	2,517	65.3	1,931	42.3	2,942	57.0	2,540	27.4
New in 1962	4,064	17.8	1,127	29.2	933	20.4	1,103	21.4	901	9.7
Registered prior to 1962	5,866	25.6	1,390	36.1	998	21.9	1,839	35.6	1,639	17.7
Suspects	*2,408*	*10.5*	*570*	*14.8*	*561*	*12.3*	*608*	*11.6*	*675*	*7.3*
Previously diagnosed cases	*3,458*	*15.1*	*820*	*21.3*	*437*	*9.6*	*1,237*	*24.0*	*964*	*10.4*
Age Distribution										
Total screening and new diagnostic registrants	16,990	100.0	2,463	100.0	3,563	100.0	3,323	100.0	7,641	100.0
Under 15 years	2,114	12.4	322	13.1	391	11.0	619	18.6	782	10.2
15–24 years	4,955	29.2	456	18.5	1,017	28.5	529	15.9	2,953	38.7
25–44 years	5,856	34.5	752	30.5	1,273	35.7	1,087	32.7	2,744	35.9
45–64 years	3,203	18.8	718	29.2	683	19.2	898	27.0	904	11.8
65 years and over	816	4.8	213	8.6	193	5.4	187	5.7	223	2.9
Age unspecified	46	0.3	2	0.1	6	0.2	3	0.1	35	0.5
Source of Referral										
Total screening and new diagnostic registrants	16,990	100.0	2,463	100.0	3,563	100.0	3,323	100.0	7,641	100.0
Private physicians	4,021	23.7	981	39.8	1,013	28.4	895	26.9	1,132	14.8
Contacts	3,507	20.6	523	21.3	769	21.6	821	24.7	1,394	18.3
Prenatals	3,894	22.9	...	....	734	20.6	....	....	3,160	41.4
Hospitals	526	3.1	97	3.9	63	1.8	212	6.4	154	2.0
Case-finding project	133	0.8	60	2.4	24	0.7	31	0.9	18	0.2
All other	4,909	28.9	802	32.6	960	26.9	1,364	41.1	1,783	23.3
Clinic Visits (Total)	42,064	100.0	8,214	100.0	7,052	100.0	12,468	100.0	14,330	100.0
Screening service	12,926	30.7	1,336	16.3	2,630	37.3	2,220	17.8	6,740	47.0
Diagnostic service	28,455	67.7	6,683	81.3	4,357	61.8	9,964	79.9	7,451	52.0
New in 1962	*4,064*	*9.7*	*1,127*	*13.7*	*933*	*13.2*	*1,103*	*8.8*	*901*	*6.3*
Repeat visits	*24,391*	*58.0*	*5,556*	*67.6*	*3,424*	*48.6*	*8,861*	*71.1*	*6,550*	*45.7*
*Other services	683	1.6	195	2.4	65	0.9	284	2.3	139	1.0
X-ray Examinations (Total)	28,797	100.0	5,581	100.0	5,538	100.0	7,061	100.0	10,617	100.0
Screening service	12,926	44.9	1,336	23.9	2,630	47.5	2,220	31.5	6,740	63.5
Diagnostic service	15,871	55.1	4,245	76.1	2,908	52.5	4,841	68.5	3,877	36.5
Suspects	*8,400*	*29.2*	*2,260*	*40.5*	*1,916*	*34.6*	*2,255*	*31.9*	*1,969*	*18.5*
Previously diagnosed cases	*7,471*	*25.9*	*1,985*	*35.6*	*992*	*17.9*	*2,586*	*36.6*	*1,908*	*18.0*
Pneumotherapy Service										
Total patients	7	100.0	...	....	1	100.0	3	100.0	3	100.0
New in 1962	4	57.1	...	....	...	....	2	66.7	2	66.7
Registered prior to 1962	3	42.9	...	....	1	100.0	1	33.3	1	33.3
Total Visits	240	....	...	....	43	....	72	....	125	....
Total X-rays	24	....	...	....	4	....	9	....	11	....
X-ray Survey of Apparently Healthy Persons	45,735		21,690				24,045			
Druid Chest Clinic	4,528		307				4,221			
Eastern Chest Clinic	4,731		1,814				2,917			
Southern Chest Clinic	2,157		1,015				1,142			
Western Chest Clinic	1,510		830				680			
Mobile and Portable X-ray Units	32,809		17,724				15,085			

* Visits to clinic only for chemotherapy-medical supervision elsewhere.

TABLE No. 2H

CHEST X-RAY SURVEYS: BALTIMORE, MARYLAND—1962

Group Surveyed	Number Examined		Group Surveyed	Number Examined	
	White	Colored		White	Colored
Total	17,724	15,085			
Commercial and Industrial (Total)	10,220	2,629	Community (Total)	4,362	5,906
American Can Co.	610	5	Broadway Shopping Center	23	51
B. & O. Railroad	674	10	Cross St. Market	1,045	167
Baltimore Business Forms	402	7	Diabetic Clinic	432	186
Baltimore Goodwill Industry	165	65	Greenmount Ave. (Barclay St. Area)	124	565
Children's Hospital	80	59	Little Italy Survey	441	320
Container Corporation of America	103	31	O'Donnell Heights	1,023	15
W. T. Cowan, Inc.	123	9	Pennsylvania Ave. Area (2)	52	3,131
Dietrich Bros.	254	8	Sharp St. Area	440	689
L. Grief & Bros.	399	25	Washington Blvd. Area	373	293
Hairdressers' Annual Meeting	31	4	Waverly Tower Shopping Center	260	50
Humble Oil Co.	356	3	Westport Homes	149	439
Koontz Creamery	159	15			
Koppers Co.	1,351	163			
Liberty Mutual	114	2	Schools (Total)	17	1,710
Little Sisters of the Poor	111	2			
Londontown Manufacturing Co.	168	393	Coppin State College	5	262
Lord Baltimore Press	541	103	Morgan State College	12	1,448
Monumental Life Insurance Co.	265	4			
National Brewing Co.	487	6			
Proctor & Gamble	391	12	Other (Total)	3,125	4,840
Rice's Bakery	283	86			
S. Schapiro & Sons	37	183	City Jail	2,495	3,872
Seton Institute	281	133	Maryland State Penitentiary	630	968
Social Security	645	196			
Sun Papers	577	27			
Texaco, Inc.	362	23			
U. S. Post Office (2)	1,040	964			
Women's Hospital	211	91			

TABLE No. 3A

REPORTED INFECTIONS OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT—1958-1962

Source of Report	Syphilis					Gonorrhea					Chancroid				
	1962	1961	1960	1959	1958	1962	1961	1960	1959	1958	1962	1961	1960	1959	1958
Total	1,648	1,509	1,545	1,670	1,199	4,972	5,981	6,179	6,743	6,884	2	7	9	19	14
Private Physicians	451	319	278	337	87	410	456	411	502	393	..	2	1	2	1
Health Department Clinics	716	748	723	645	754	4,408	5,338	5,639	6,130	6,365	..	2	5	9	11
Other Medical Agencies	481	442	544	688	358	154	187	129	111	126	2	3	3	8	2

TABLE No. 3B

RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR
1956–1962

Cause of Death	1962			1961			1960			1959			1958			1957			1956		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Total	28	11	17	31	9	22	28	5	23	36	8	28	46	10	36	55	12	43	59	20	39
Syphilis in infants under 1 year of age	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
General paralysis of the insane	1	1	..	1	..	1	2	2	..	1	1	..	..	..	..	5	4	1	1	..	1
Tabes dorsalis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..
Aneurysm of the aorta	7	2	5	4	..	4	3	1	2	4	2	2	14	5	9	20	5	15	21	9	12
Other forms of syphilis	19	8	11	26	9	17	23	2	21	31	5	26	32	5	27	30	3	27	36	10	26

TABLE No. 3C

ADMISSIONS TO CITY VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR AND SEX—1962

Admissions		Visits	
Disease	City Clinics	Race and Sex	City Clinics
Total	8,997	Total	16,835
Total syphilis (excluding epidemiologic)	838	White	1,457
Primary or secondary	253	Male	1,016
Latent	528	Female	441
Late	30		
Congenital	27	Colored	15,378
Stage not stated	...	Male	9,316
		Female	6,062
Epidemiologic syphilis[1]	264		
Gonorrhea (excluding epidemiologic)	4,445		
Epidemiologic gonorrhea[2]	858		
Chancroid	...		
Lymphogranuloma venereum	...		
Granuloma inguinale	2		
Not infected with venereal diseases	2,432		
Diagnosis not completed	158		

[1] Contacts of patients with infectious syphilis, treated for syphilis, but demonstrated no clinical manifestations of syphilis, and were serologically negative.

[2] Contacts of patients with gonorrhea, but diagnosis not confirmed bacteriologically. These contacts also serologically negative.

TABLE No. 3D

RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY COLOR AND SEX OF CONTACT AND DISEASE—1962

Color and Sex of Contact and Disease in Patient	Total Contacts Named[1]	Previously Known	Investigated But Not Found	Found But Not Examined	Total Examined	Contacts Examined				Infections Discovered[2]			
						Infected With Homologous Disease	Not Infected With Homologous Disease	Treated Epidemiologically	Examination Not Completed	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
Total	4,149	252	1,270	515	2112	495	567	1,033	17	539	71	101	367
Total Syphilis	1,464	233	253	92	886	149	509	219	9	170	62	87	21
White	76	7	6	14	49	10	31	6	2	10	3	7	..
Male	38	6	4	9	19	2	13	3	1	2	..	2	..
Female	38	1	2	5	30	8	18	3	1	8	3	5	..
Colored	1,388	226	247	78	837	139	478	213	7	160	59	80	21
Male	720	128	123	49	420	68	242	106	4	75	29	39	7
Female	668	98	124	29	417	71	236	107	3	85	30	41	14
Total Gonorrhea	2,685	19	1,017	423	1,226	346	58	814	8	369	9	14	346
White	70	1	16	7	46	18	2	26	..	18	..	..	18
Male	1	..	..	..	1	1	..	..	..	1	..	..	1
Female	69	1	16	7	45	17	2	26	..	17	..	..	17
Colored	2,615	18	1,001	416	1,180	328	56	788	8	351	9	14	328
Male	35	2	7	8	18	6	6	6	..	6	..	..	6
Female	2,580	16	994	408	1,162	322	50	782	8	345	9	14	322

[1]Excludes contacts regarding whom insufficient information was obtained to justify investigation.
[2]Some contacts had multiple infections, so that number of infections discovered is greater than number of contacts infected.

TABLE No. 3E

RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES, INCLUDING THE ARMED FORCES BY COLOR AND SEX OF CONTACT AND DISEASE—1962

Color and Sex of Contact and Disease in Patient	Total Contacts Named[1]	Previously Known	Investigated But Not Found	Found But Not Examined	Total Examined	Contacts Examined				Infections Discovered[2]			
						Infected With Homologous Disease	Not Infected With Homologous Disease	Treated Epidemiologically	Examination Not Completed	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
Total	516	41	191	50	234	43	111	77	3	53	8	20	25
Total Syphilis	377	36	144	17	180	27	106	44	3	37	8	19	10
White	25	3	10	2	10	3	5	2	..	3	..	3	..
Male	16	3	6	1	6	2	4	..	..	2	..	2	..
Female	9	..	4	1	4	1	1	2	..	1	..	1	..
Colored	352	33	134	15	170	24	101	42	3	34	8	16	10
Male	120	12	45	4	59	14	23	20	2	15	5	9	1
Female	232	21	89	11	111	10	78	22	1	19	3	7	9
Total Gonorrhea	139	5	47	33	54	16	5	33	..	16	..	1	15
White	21	1	5	6	9	3	1	5	..	3	..	..	3
Male	..	..	..	..	..	..	..	..	..	..	..	..	..
Female	21	1	5	6	9	3	1	5	..	3	..	..	3
Colored	118	4	42	27	45	13	4	28	..	13	..	1	12
Male	3	..	..	2	1	..	..	1	..	..	..	..	..
Female	115	4	42	25	44	13	4	27	..	13	..	1	12

[1]Excludes contacts regarding whom insufficient information was obtained to justify investigation.
[2]Some contacts had multiple infections, so that number of infections discovered is greater than number of contacts infected.

BUREAU OF CHILD HYGIENE

George H. Davis, M.D.

Associate Director

Adapting and modifying its program to the changing city and the changing complex of modern living, the Bureau of Child Hygiene achieved measurable success in some programs and recognized the need for additional effort in others. In particular it should be mentioned that progress was made in the provision of services for the handicapped and in the day care of children. A disquieting feature was the slight rise in the total infant mortality rate in the city, 32.9 per 1,000 live births in 1962 compared to 32.0 in 1961; there were, however, fewer deaths in the first year of life—732 in 1962 compared to 741 the prior year. An important factor in the rise in infant deaths is the increasing number of persons in lower economic circumstances in the city. These people include many who are less highly motivated to seek health guidance or available medical care or hospital facilities, and it is to this group that increased educational efforts are being directed.

Infant and Maternal Mortality

The resident infant mortality rates for the years 1960 through 1962 are seen in the following table.

RESIDENT INFANT DEATHS UNDER 1 YEAR PER 1,000 LIVE BIRTHS

	1960		1961		1962	
	Rate	Number	Rate	Number	Rate	Number
Total	32.5	757	32.0	741	32.9	732
White	24.3	292	24.9	297	25.3	286
Colored	41.3	465	39.3	444	40.8	446

These changes were associated with a continued decline in the number of resident babies born as shown below.

RESIDENT LIVE BIRTHS PER 1,000 POPULATION

	1960		1961		1962	
	Rate	Number	Rate	Number	Rate	Number
Total	24.8	23,262	24.7	23,153	23.9	22,252
White	19.7	11,998	19.9	11,942	19.3	11,309
Colored	34.2	11,264	33.2	11,211	31.5	10,943

The percentage distribution of births according to place of delivery, attendance and race for the same years was as follows:

PERCENTAGE DISTRIBUTION OF BIRTHS ACCORDING TO PLACE OF DELIVERY ATTENDANCE AND RACE

	TOTAL			WHITE			NONWHITE		
	1960	1961	1962	1960	1961	1962	1960	1961	1962
Number	23,262	23,153	22,252	11,998	11,942	11,309	11,264	11,211	10,943
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospital	98.0	98.2	98.3	99.1	99.4	99.4	96.8	96.8	97.1
Home	2.0	1.8	1.7	0.9	0.6	0.6	3.2	3.2	2.9
Physician	*1.5*	*1.5*	*1.0*	*0.7*	*0.5*	*0.4*	*2.2*	*2.5*	*1.6*
Midwife	*0.3*	*0.2*	*0.2*	*0.1*	*0.08*	*0.1*	*0.6*	*0.5*	*0.4*
Unattended	*0.2*	*0.1*	*0.5*	*0.1*	*0.02*	*0.1*	*0.4*	*0.2*	*0.9*

The resident maternal mortality rate was 5.4 per 10,000 live births and the number of deaths 12, the same number as for both 1960 and 1961. The causes of death were:

Postpartum infection, 1; ruptured ectopic pregnancy, 1; hypertensive cardiovascular disease with superimposed pre-eclampsia, 1; amniotic fluid embolism, 1; therapeutic misadventures in anaesthesia, 2; abruptio placenta, 1; air-embolism, 1; abortions with sepsis, 2; and sickle-cell anaemia, 1.

Prematurity, immaturity and congenital anomalies with their associated complications remained the predominant causes of the infant deaths.

Prenatal Interviewing Service

A total of 8,065 patients was processed by the Maternity Interviewing Service as compared to 7,769 in 1961, this despite the falling birth rate; of these, 6,594 were registered for prenatal care and delivery arrangements made, 3,604 patients were referred to voluntary hospitals, 2,834 to Baltimore City Hospitals and 16 for midwife delivery at home following prenatal care in Health Department clinics. The remaining interviews were return visits for change of plans or new appointments for hospital interviews. Forty-four emergency hospital admissions were arranged at the time of the initial interview for acute obstetrical complications. This service has been influential in getting many pregnant women good prenatal care and helping them to plan in advance for their deliveries. Its influence is greater than the figures indicate for many referred previously from the center in one pregnancy, report directly to the previous hospital in subsequent pregnancies.

Maternity Hygiene Clinics

At the close of 1962, the Department's maternity hygiene clinics were in operation at 6 locations with 32 clinician sessions weekly. A total of 4,936 patients made 19,563 clinic visits in 1962 as compared to 19,846 visits by 5,142 patients in 1961. This reduction reflects the fall in the resident birth rate and the increased ability of the Interviewing Service to place patients in voluntary hospitals. There were 4,202 resident live births at Baltimore City Hospitals compared with 4,195 in 1961 and 4,715 in 1960.

Preschool Hygiene

As mentioned previously the infant mortality rate rose slightly from 32.0 per 1,000 live births in 1961 to 32.9 in 1962; the white rate from 24.9 to 25.3, and the colored from 39.3 to 40.8. There was an increase in the rate of prematurity of nonwhite live births from 15.7 per cent to 16.3 per cent. The four large premature centers at Baltimore City Hospitals, Sinai, Johns Hopkins and the University of Maryland hospitals continued to care for the majority of these infants, to follow them in outpatient clinics after discharge and to cooperate with public health nurses in their rearing. Special carriers were furnished the City Fire Department for the transportation of these infants.

During 1962 a total of 21,476 two-month greeting cards was mailed to newborn residents.

Attendance was heavy in the child hygiene clinics and a comparison with recent years is as follows:

	1960	1961	1962
Total visits	93,936	89,862	91,089
Total sessions	4,163	4,320	4,890
Patients per session	22.9	20.8	18.6
Total patients	28,464	31,176	36,918
Visits per patient	3.3	2.9	2.5

Plans for greater "nurse-centered" emphasis in child health conferences, having physician consultation available, were being formulated at the close of 1962.

Services for the Handicapped

The Division for the Handicapped cares for those children less than 21 years of age who suffer from chronic or crippling diseases. During the year there were 2,911 newly registered children in the program. This is the largest number of new patients to be registered in one year since the division was started in 1956. Since 1956, a total of 16,017 children have been registered. The growth of this program is constant and as these patients are followed for the most part until they become 21 years of age, it seems unlikely to expect any change in this growth for at least ten to fifteen years. At the present time the discharge rate is less than 1 per cent.

During the year, 238 children were seen at the diagnostic and evaluation centers at the Johns Hopkins Hospital and the University of Maryland Hospital. Referrals to these clinics came chiefly from the public schools. However as more emphasis is placed on the detection of handicapped conditions as early as possible, an increase in referral from other sources, including well baby clinics, has been noted.

The pediatric nursing supervisor and the senior public health nurse in the Division for the Handicapped continued to represent the Division in various clinics throughout the city, and a public health nurse was assigned to the William S. Baer School for Handicapped Children for full-time work for the purpose of coordinating the various medical services rendered to pupils there.

Day Care Services

Perhaps one of the most important developments in Maryland in 1962 in the field of day care was the establishment of a Governor's

Commission to Study Day Care Services for Children. The Baltimore City Health Department is represented on this Commission.

A total of 82 day nurseries for preschool children was licensed during 1962. Of these, 37 offered full-time care to 1,363 children. An education committee was formed which planned and presented six Saturday morning workshops on the "Creative Use of Materials". The money to run these workshops was secured in large part through charging an enrollment fee. This committee also sponsored a program of intervisitation and apprenticeship for prospective operators.

The procedure for approval of day nurseries in residential areas was clarified with the Board of Municipal Zoning and Appeals. The formation of an Association of Day Nursery Operators was encouraged. It is hoped that this organization will be instrumental in raising standards of day care for children in Baltimore.

An active community group in the Westport area began planning for day care facilities in Westport Homes. A survey made by the Health Department at Westport Homes showed that presently 20 per cent of the mothers with children under 12 are working full time. Of these, 47 per cent report no provision for day care of the children.

At the end of the year plans were being formulated to establish a Division of Child Day Care within the City Health Department. This was considered of great importance, and it is hoped that the efforts of the U. S. Department of Health, Education and Welfare can be coordinated in Baltimore through this new division.

DAY NURSERIES—1962

	Number	*Capacity*
Full-time	37	1,363
Part-time	45	1,842
Total	82	3,205

Three day nurseries were closed during the year, and six new day nurseries were licensed. The total number of day nurseries at the end of the year was 82 with a capacity of 3,205 children.

Personnel

George H. Davis, M.D., Associate Director
Grace S. Volmar, R.N., B.S., Supervisor of Public Health Nursing
Dolores A. Hoffeld, Maternity Hygiene Interviewer
Ruth A. Colston, Senior Clerk
Dorothy P. Kaufman, Senior Clerk
Elenora C. Townsend, Senior Clerk Stenographer

Prenatal Clinic Physicians

Carlos E. Arrabal, M.D.
Joseph P. C. Boggio, M.D.
W. Allen Deckert, M.D.
Erwin Hecker, M.D.
George H. Miller, M.D.
Herbert H. Nasdor, M.D.
Stanley B. Rosendorf, M.D.
Zsigmund J. Toth, M.D.
Jose G. Valderas, M.D.
George E. Wells, Jr., M.D.
Warren W. Wurzbacher, M.D.

Child Hygiene Clinic Physicians

Ray Hepner, Jr., M.D., Medical Supervisor
William A. Andersen, M.D.
McDonald M. Bando, M.D.
Annie Bestebreurtje, M.D.
Walter P. Block, M.D.
Harold S. Farfel, M.D.
Jerome Fineman, M.D.
Mary L. Hayleck, M.D.
Irving Kramer, M.D.
Arnold F. Lavenstein, M.D.
Louis Lavy, M.D.
Lucille Liberles, M.D.
Renold B. Lighston, M.D.
Jerry C. Luck, M.D.
Charles F. Maloney, M.D.
Gilbert W. Rosenthal, M.D.

Child Hygiene Clinic Clerks

Annie Gray, Clerk Typist
Beatrice Royster, Clerk Typist
Barbara Russell, Clerk Typist
Mary M. Horton, Clerk Typist
Virginia Jackson, Clerk Typist
Ernestine Pierce, Clinic Assistant

Division for the Handicapped

John L. Pitts, M.D., M.P.H., Chief
Barbara K. Clark, M.D.
Thomas E. Hunt, Jr., M.D.
Anthony Perlman, M.D.
Winthrop M. Phelps, M.D.
Lorana Smart, Senior Clerk Stenographer
Elaine White, Clerk Stenographer
Lelia Kefauver, Clerk Stenographer
Jacqueline Holt, Senior Clerk Stenographer

TABLE No. 1A

REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR DELIVERY AT HOSPITAL—1962

Cases and Visits	Grand Total	All Clinics		Druid Health District		Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Western Health District		Eastern Health District	
		Wh.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total caseload	2,859	212	2,647	17	745	....	32	151	184	97	104	29	467	37	996
Cases carried over to 1963	390	108	282	17	16	....	10	37	13	24	16	24	24	33	176
Discharged cases															
Total	2,469	104	2,365	..	729	....	22	114	171	73	88	5	443	4	820
Not pregnant	22	..	22	..	10	....	..	4	1	..	1	..	2	..	4
Delivered in hospital	2,389	96	2,293	..	703	....	21	108	167	67	86	5	427	3	802
Delivered by midwife	2	1	1	..	..	....	..	..	..	1	..	..	..	..	1
Delivered at home by physician	1	..	1	..	..	....	..	..	..	..	..	..	..	..	1
Delivered unattended	2	..	2	..	1	....	..	..	..	..	..	..	..	..	1
Other	53	7	46	..	15	....	1	2	3	5	1	..	14	1	11
Cases carried over from 1961	693	102	591	7	126	....	10	61	21	48	20	18	84	19	279
New cases admitted	2,166	110	2,056	10	619	....	22	90	163	49	84	11	383	18	717
Transferred from other clinics	111	9	107	..	14	....	4	19	5	4	8	..	17	1	44
Transferred to other clinics															
Clinic visits															
Total	12,094	496	11,598	13	3,388	....	96	475	871	297	433	43	2,330	47	4,101
Antepartum															
First visit	2,166	110	2,056	10	619	....	22	90	163	49	84	11	383	18	717
Revisits	8,438	332	8,106	3	2,340	....	60	326	618	213	297	28	1,660	28	2,865
Postpartum															
Postpartum	1,490	54	1,436	..	429	....	14	59	90	35	52	4	287	1	519
Analysis of new cases															
Duration of pregnancy															
Total	2,166	110	2,056	10	619	....	22	90	163	49	84	11	383	18	717
Not pregnant	12	..	12	..	4	....	..	2	1	..	1	..	1	..	3
Under 12 weeks	30	3	27	..	4	....	1	2	2	1	2	1	1	..	16
12–23 weeks	485	16	469	1	122	....	1	20	49	9	24	..	76	5	178
24–27 weeks	405	12	393	1	125	....	3	13	42	8	13	..	74	..	126
28–31 weeks	426	17	409	2	107	....	4	24	29	5	16	3	87	3	146
32–35 weeks	501	28	473	3	162	....	3	11	29	14	21	3	84	5	166
36 weeks and over	293	34	259	3	92	....	10	17	10	12	6	4	58	5	76
Not determined	14	..	14	..	3	....	..	1	1	..	1	..	2	..	6

TABLE No. 1B

REPORT OF PRENATAL CLINICS—PATIENTS REGISTERED FOR PRENATAL CARE ONLY—1962

Cases and Visits	Grand Total	All Clinics		Druid Health District		Gilmor Housing Project	Southern Health District		Cherry Hill Homes	Southeastern Health District		Western Health District		Eastern Health District	
		Wh.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Wh.	Col.	Wh.	Col.
Total caseload	1,785	28	1,757	1	565	....	19	58	92	3	42	1	373	4	627
Cases carried over to 1963	710	3	707	..	247	....	..	25	36	1	7	1	128	1	264
Discharged cases															
Total	1,075	25	1,050	1	318	....	19	33	56	2	35	..	245	3	363
Not pregnant	14	..	14	..	6	....	..	1	..	..	1	..	1	..	5
Delivered in hospital	1,006	24	981	1	290	....	19	30	55	2	30	..	233	3	343
Delivered by midwife	..	..	..	..	..	....	..	..	..	..	..	..	..	..	..
Delivered at home by physician	1	..	1	..	..	....	..	1	..	..	..	..	..	..	..
Delivered unattended	6	..	6	..	1	....	..	..	..	..	..	..	..	..	5
Other	48	..	48	..	21	....	..	2	1	..	3	..	11	..	10
Cases carried over from 1961	588	24	564	1	165	....	19	23	26	1	9	..	110	3	231
New cases admitted	1,197	4	1,193	..	400	....	..	35	66	2	33	1	263	1	396
Transferred from other clinics	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
Transferred to other clinics	79	1	78	..	15	....	..	2	3	1	3	..	13	..	42
Clinic visits															
Total	7,122	22	7,100	..	2,257	....	..	193	407	13	205	1	1,766	8	2,272
Antepartum															
First visits	1,197	4	1,193	..	400	....	..	35	66	2	33	1	263	1	396
Revisits	5,240	17	5,223	..	1,681	....	..	136	309	10	145	..	1,333	7	1,619
Postpartum															
Postpartum	685	1	684	..	176	....	..	22	32	1	27	..	170	..	257
Analysis of new cases															
Duration of pregnancy															
Total	1,197	4	1,193	..	400	....	..	35	66	2	33	1	263	1	396
Not pregnant	7	..	7	..	4	....	..	..	..	..	..	..	1	..	2
Under 12 weeks	32	..	32	..	11	....	..	..	3	..	2	..	4	..	12
12–23 weeks	403	1	402	..	130	....	..	14	20	..	17	..	92	1	129
24–27 weeks	272	2	270	..	95	....	..	12	16	2	4	..	49	..	94
28–31 weeks	192	..	192	..	55	....	..	5	18	..	4	..	52	..	58
32–35 weeks	204	1	203	..	71	....	..	2	6	..	4	1	43	..	77
36 weeks and over	81	..	81	..	32	....	..	2	3	..	1	..	20	..	23
Not determined	6	..	6	..	2	....	..	..	..	..	1	..	2	..	1

TABLE No. 2

REPORT OF CHILD HYGIENE CLINICS—1962

Clinics	New Children Registered During 1962		Total Children Seen During 1962		Clinic Visits Returns 1962		Clinic Visits Special 1962		Total Clinic Visits 1962		Total
	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	Under 1 yr.	1 yr. and over	
Total City.....	10,455	633	20,451	16,467	28,077	18,624	507	6,963	49,035	42,054	91,089
Total White.....	2,478	237	4,827	3,576	6,372	4,053	225	2,958	11,424	10,587	22,011
Total Nonwhite.....	7,977	396	15,624	12,891	21,705	14,571	282	4,005	37,611	31,467	69,078

BUREAU OF SCHOOL HYGIENE

J. L. Rhyne, M.D., M.P.H.

Director

On June 29 Dr. Dale E. Harro resigned as Director of the Bureau of School Hygiene and on July 2 Dr. J. L. Rhyne was appointed to this position.

The Bureau of School Hygiene continued its administrative responsibility to protect, maintain and improve the health of school-age children in all of the Baltimore Public Schools and the elementary parochial schools of the Archdiocese of Baltimore located within the city. Physicians and nurses were assigned to these schools according to health needs of the pupils and the adjacent community. The progress of the program was hampered in some schools by the turnover and shortage of public health nurses. Emphasis throughout the year was placed on increased communication and cooperation between families, the Board of Education, the Health Department, hospitals, private practicing physicians, the Welfare Department and other agencies involved in the general health and adjustment of school children.

In the elementary schools at least one teacher-nurse conference was held on each child in order to appraise his health status. After desired medical reports or other information were obtained, the child was referred to his family physician or clinic if further medical evaluation seemed indicated. If the family was unable to obtain a medical appraisal, then such a child was evaluated by the school physician who is assigned to the school periodically for two hour sessions. Children requiring special educational adjustments and students new to the school also received a medical evaluation in the manner outlined for referrals from teacher-nurse conferences. There were 10,676 children examined in 2,168 physician sessions in the elementary schools, with 5,025 children found to have abnormalities other than dental caries and 4,298 required further medical attention.

Routine physical examinations were performed on 34,864 pupils in the secondary schools with 17,105 defects found of which 11,180 were dental and 4,646 were visual. The faculty of the secondary schools referred 5,267 pupils for a medical evaluation by the

physician and 3,069 of these needed further attention. A total of 2,957 physican sessions was held in the secondary schools.

Physicians and nurses in both the elementary and secondary schools were encouraged to participate in conferences with the pupils, families, teachers, principals and other personnel in order that a coordinated program for health services could be established. Group conferences consisting of the director of the bureau, nursing supervisor, principal, school nurse and school physician were held in many schools and found very productive. As a result of these conferences the health program was frequently altered to meet the needs of the school and the combined interest of the principal, nurse and physician. Such programs have consisted of demonstrations and discussions with groups of students concerning personal hygiene, dental hygiene, skin conditions especially acne, effects of smoking on health, normal growth and development with particular reference to the adolescent.

A health appraisal of the kindergarten children enrolled in the public schools of the Southern Health District was obtained during the year. The evaluation consisted of a history, physical examination, visual and audiometric screening. Inoculations for poliomyelitis, diphtheria and tetanus were given if indicated. A total of 951 children received physical examinations with no abnormalities being found in 719. Of the 237 abnormalities 151, or 15.9 per cent of the 951 examined, needed further correction. Of the 1,401 examined for vision defects 192, or 13.7 per cent, failed the vision test and 53 of 1,412 examined, or 3.75 per cent, failed the audiometric test. Poliomyelitis inoculations were given to 385 children and combined diphtheria-tetanus to 359 children. An elaboration of these findings and definite recommendations will be made after a more detailed study of the statistical information.

A school health manual was completed and distributed to the health suites as well as to the principals of the 259 schools serviced by the Health Department. This manual was well received and has been invaluable in promoting an increased understanding of school health between members of the Department of Education and the Health Department.

Pregnancy in school-age girls continued to be one of the most important physical causes of school dropouts. About 800 pregnancies occurred among school-age girls with a marked increase in neonatal and infant mortality according to a recent report by Dr.

Oscar C. Stine of the Johns Hopkins School of Hygiene and Public Health.

Routine audiometric screening was obtained on children in the first and fourth grades of the public and parochial schools by four full-time audiometrists employed by the Health Department. In addition to the routine testing any student referred by the teacher or nurse in the elementary, secondary or parochial schools may receive an audiometric screening examination. There were 46,126 audiometric examinations performed with 3,028 failures.

The vision screening program continued under the supervision of the public health nurse and the utilization of volunteer parents trained by the Maryland Society for the Prevention of Blindness. Students were routinely examined in the 1st, 3rd, 5th, 7th and 10th grades in addition to specific referrals from all grades. Students who failed the vision test were rechecked by the school nurse and referred to an eye physician of their choice. Families unable to afford private care were seen at Health Department eye clinics held at the Eastern and Western Health District Buildings. A total of 834 new patients were seen at these clinics during the year with 917 visits.

Of special interest during the year was the enthusiastic participation of the schools in the oral poliomyelitis campaign. About 90 per cent of the school population received both Type I and Type II Sabin oral vaccine.

Plans were being formulated at the end of the year for the establishment of a demonstration school health clinic in cooperation with the Maternal and Child Health Department of the Johns Hopkins School of Hygiene. The principal objective of the clinic will be to train physicians in the problems of school health. This clinic will obtain referrals from schools in the proximity of the Johns Hopkins School of Hygiene and the trainee physicians will function as school physicians in these schools as well as working in the clinic. A request for a grant for this clinic will be submitted to the Children's Bureau of the United States Department of Health, Education and Welfare in 1963.

Personnel

J. L. Rhyne, M.D., M.P.H., Director
Lorell Shaw, Senior Clerk Stenographer
Dorothy Todd, Clerk Stenographer

Audiometrists

Pauline Brandt Kathryn Gairoard Katherine Houston

School Health Physicians

Maurice L. Adams, M.D.
Raymond Atkins, M.D.
McDonald M. Bando, M.D.
Gilbert L. Banfield, M.D.
Ronald Berger, M.D.
William L. Berry, M.D.
Donald B. Bond, M.D.
Lester Caplan, M.D.
James D. Carr, M.D.
Leon Donner, M.D.
Jerome Fineman, M.D.
Thomas Fraher, M.D.
Alfred Gakenheimer, M.D.
Gary S. Goshorn, M.D.
Louis Hamburger, M.D.
Bernard Harris, Jr., M.D.
Bernard Harris, Sr., M.D.
Emil Henning, Jr., M.D.
Turgot Jeudy, M.D.
Irvin Kemick, M.D.
Irving Kramer, M.D.
Norman Miller, M.D.
Herbert Moseley, Jr., M.D.
Joseph Myers, M.D.
Joseph F. Palmisano, M.D.
Samuel R. Pines, M.D.
James Priest, M.D.
Uthman Ray, M.D.
Irvin Sauber, M.D.
Jerome Sherman, M.D.
E. Walter Shervington, M.D.
Thaddeus C. Siwinski, M.D.
Percival Smith, M.D.
Alvin A. Stambler, M.D.
David Wood, M.D.
Warren W. Wurzbacher, M.D.
N. Louise Young, M.D.
Gino Zarbin, M.D.
H. Zassenhaus, M.D.

Andre Von Fesus, M.D., Eye Clinic Physician

TABLE No. 1

SCHOOL HEALTH SERVICES, PUBLIC AND PAROCHIAL ELEMENTARY SCHOOLS
SCHOOL YEAR 1961–62

	Pupils Examined By Physicians			Number With Abnormalities (Excluding Dental Defects)					
				Correction Needed			Correction Not Needed		
	Public	Parochial	Total	Public	Parochial	Total	Public	Parochial	Total
Teacher-nurse referrals	8,563	486	9,049	3,503	197	3,700	566	38	604
Routines	1,301	...	1,301	446	...	446	96	...	96
Rechecks	308	18	326	149	3	152	24	3	27

TABLE No. 2

RESULTS OF REFERRAL OF ELEMENTARY SCHOOL CHILDREN WITH SELECTED CONDITIONS

	Cases	No Correction Needed	Corrected	Lost	Therapy Not Completed
Ringworm of scalp	79	1	75	..	3
Allergy of skin	8	1	1	1	5
Infection of skin	35	3	27	2	3
Acne	17	4	4	3	6
Eye muscle imbalance	72	2	37	9	24
Simple myopia	331	14	307	2	8
Malignant myopia	5	..	5	..	..
Simple hyperopia	122	11	103	2	6
Hyperopic astigmatism	270	3	245	..	22
Simple astigmatism	61	3	56	1	1
Other eye disease	174	10	123	4	37
Otitis media	44	2	26	6	10
Conductive hearing loss	52	10	18	2	22
Nerve type hearing loss	6	1	1	..	4
Malocclusion	8	..	1	..	7
Hypertrophied tonsils and adenoids	154	22	41	14	77
Chronic disease of tonsils and adenoids	91	7	28	11	45
Functional murmur	67	44	4	4	15
Rheumatic heart, active	1	..	1	..	..
Rheumatic heart, inactive	12	2	4	1	5
Congenital heart disease	10	..	2	1	7
Active tuberculosis	..	..	..	..	..
Undescended testis	24	8	2	3	11
Lordosis	..	2	..	..	..
Scoliosis	3	..	..	1	2
Epilepsy	20	..	5	..	15
Conduct disturbance	50	1	8	10	31
Psychosis	2	..	1	..	1
Obesity	96	8	10	9	69
Malnutrition	49	1	7	6	35

TABLE No. 3

SCHOOL HEALTH SERVICES, PUBLIC SECONDARY SCHOOLS, SCHOOL YEAR 1961-62

School Report of Physical Examinations of Students		46,632
Routine examinations by private physicians	1,481	
Routine examinations by school physicians	34,864	
Special examinations by school physicians	7,479	
Athletic examinations done in school	2,808	
Review of Physical Education Exemptions		3,785

	Defects Found	Defects Under Treatment	Per Cent Under Treatment
Dental	11,180	6,483	58.0
Vision	4,646	2,632	56.6
Hearing	307	115	37.5
Hernia	174	89	51.1
Heart			
Organic	135	78	57.8
Functional	362	152	41.3
Nervous system	86	39	45.4
Speech defects	215	54	25.1
Total	17,105	9,642	56.4

Total of First Aid		84,806

PPD Tuberculin Tests Administered to Students

School	Number Tested	Number With Positive Reaction	Per Cent Positive Reaction
No. 70	584	73	12.5
No. 298	404	60	14.9
No. 43	511	45	8.8
No. 43A	23	3	13.0
No. 454	383	60	15.7
No. 79	869	65	7.5
Total	2,774	306	11.0

Total of All Conferences by School Nurses		150,846
Conferences with students	93,694	
Conferences with parents	26,548	
Conferences with principals	7,559	
Conferences with health agencies	3,159	
Conferences with counselors	7,155	
Conferences with home visitors and social workers	1,566	
Conferences with teachers	11,165	
Student Referral to Division of Special Services		1,058
Total Dental Referrals for Summer Program		443
Total Ambulance calls		38
Suicidal attempts (aspirin, etc.)		9

TABLE No. 4

REPORT OF EYE CLINIC EXAMINATIONS—1962

New patients	834
Return visits	83
Total visits	917
Cycloplegics	803
Refractions	917
Other	9
Glasses prescribed	553
Glasses delivered	430
Glasses not needed	196
Sight conservation class recommended	1
Other treatment	57
Discharged	796
Wilmer referrals	90

DIAGNOSES

Hyperopia	291
Anisometropia	34
Myopia	218
Astigmatism	103
Emmetropia	15
Amblyopia	65
Muscle imbalance	26
Nystagmus	10
Retrolental Fibroplasia	...
Ptosis	5
Other	...
Total Physician Sessions	153

TABLE No. 5

REPORT OF HEARING CLINIC EXAMINATIONS—1962

New patients	849
Return of old and new patients	699
Total visits	1,548

SOURCE

Department of Education	9
Public Health Nurse	862

DISPOSITION

Audiometric retesting	1,435
Hearing loss	713
Type	
Nerve	146
Conductive	537
Mixed	30
Causes	
Undetermined	48
Congenital	1
Childhood diseases	3
Erythroblastosis	1
Head injury	4
Acoustic injury	2
Impacted cerumen	243
Foreign body	22
Otitis Externa	18

TREATMENT RECOMMENDED

Administered	139
Radium	55
First treatment this year	17
Current treatment	38
Other	29
Recommended	
Psychological examination	24
Speech Correction	36
Tonsillectomy and adenoidectomy	274
Hearing aid	7

DISCHARGED

Failed to return to clinic	58
Care no longer needed	186
Condition to normal	116
Referred to other clinic	8

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

Programs of dental care for needy school children and recipients of public assistance continued to be conducted in 1962. A new dental clinic was opened on July 2, a modern four-unit facility in the recently completed Druid Health District Building on North Avenue. The new clinic permitted considerable consolidation of the school dental service in the Druid Health District and the closing of older and less efficient facilities in Public School No. 112 at Laurens and Calhoun Streets and No. 132 on Mount Street north of Riggs Avenue.

A similar consolidation was effected in the Western Health District with the removal of clinical equipment from Public School No. 34 on Washington Boulevard at Carey Street and No. 162 at Barre and Warner Streets, now in the Camden Industrial Park, an urban renewal project. Beginning with the fall school term, dental services previously given in those two facilities were provided in Public School No. 22 at Scott and Hamburg Streets, a location central to both.

Continuing a joint project of the Baltimore College of Dental Surgery and the Health Department, the dental clinic of the Western Health District Building was utilized, as it has been since the building was opened in 1960, to maintain a dual program of dental care for school children of the area and of training in children's dentistry for senior dental students.

The orthodontic service begun in 1958 for the care of youngsters eligible for medical care benefits or aid to the handicapped maintained all-day clinics in the Southeastern Health District Building at 3411 Bank Street each Tuesday and Thursday throughout the year. At year's end 61 cases were under treatment and seven had been completed.

Dental Care for School Children

The school dental program emphasized dental health protection by timely instruction and maintenance care. In 1962 it benefited

56,977 children, chiefly from 94 public and 26 parochial elementary schools in the neediest areas of the city.

For the most part, only children who entered school as kindergarten or first grade pupils were admitted as new subjects, a procedure basic to maximum preventive effort. The teeth of these children were inspected for defects early in the school year. If defects were found, parents were notified and motivated to seek dental care for their children. Treatment in a Health Department clinic was arranged when it was determined that otherwise the child would not receive the necessary attention. No charges were made for any services rendered in Health Department dental clinics.

Youngsters in grades above the first who were subjects of the program in 1961 received its benefits in 1962 through follow-up inspection and referral for private care or recall to a Health Department clinic. An increased number of children in upper elementary and secondary grades were included in the program, 781 high school students being treated as compared with 597 in 1961.

Services

Altogether, the teeth of 35,563 school children were inspected for defects and 13,003 were treated in Health Department dental clinics, as indicated in Table No. 1. In these clinics, 6,308 children had their teeth cleaned, 26,988 fillings were inserted and 8,090 miscellaneous treatment services were provided. It was found necessary to remove 5,326 teeth of which all but 1,127 were deciduous. Treatment in 10,233 cases was carried to completion. Nitrous oxide and trichlorethylene were utilized as anesthetics in the extraction of most of these teeth in a special clinic conducted on Tuesday and Friday mornings in the Eastern Health District Building.

Dental Health Education

Health information for children and parents was an integral part of the school dental program. Post-inspection notices of dental defects to parents and follow-up procedures afforded opportunity for the exchange of information and motivation to care for the teeth. Public health nurses assisted in the educational effort in the course of routine home visits, interviews and maternal and child health clinic activities. Considerable instruction was given to children while under treatment and in the classroom by dental staff and teachers. Visual aids, leaflets, posters, demonstrations, exhibits, the

press, radio and television were employed at every opportunity. The Bureau of Dental Care and the Bureau of Health Information assisted the Baltimore City Dental Society in an energetic observance of the 14th National Children's Dental Health Week in February.

Dental Care for Public Assistance Recipients

Persons eligible for benefits under the Baltimore City Medical Care Program received dental treatment for the relief of pain and acute infections, tooth extractions and oral surgery in the dental clinics of eight participating hospitals: University, Johns Hopkins, South Baltimore General, Sinai, Provident, Mercy, City and Keswick. The restoration of teeth by fillings, therapy for maintenance of the dental supporting tissues and similar preventive services were provided, for the most part, in a special clinic for medical care beneficiaries in the Eastern Health District Building. In this clinic 4,737 persons were treated in 1962. Altogether 31,649 dental treatment services, including 8,831 teeth removed and 6,426 filled, were rendered under the medical care program in 1962. Prosthetic services, including new, repaired, reconstructed and rebased dentures, and occasional jacket crowns for badly damaged maxillary anterior teeth in young people, were furnished to 260 individuals by private dentists and the dental clinics of the Sinai and Baltimore City Hospitals. The category of beneficiaries designated as Medical Aid to the Aged (MAA) had available to them every dental service supplied to Medical Care Indigents (MCI) with the exception of initial dentures.

Fluoridation

Throughout 1962 the Bureau of Water Supply maintained the fluoride content of the entire public water supply at one part fluoride to one million parts of water, the optimum concentration for dental health. Current reductions in tooth decay among children with histories of continuous residence in the city from birth were estimated at 65 per cent through age eight, 50 per cent at age ten, and 30 per cent at age twelve. The net effect was 266,000 fewer cavities in children through age twelve in Baltimore City and environs served by the city water supply.

It is believed that the dentists of this area supply approximately 500,000 fillings annually and that even with the decay reductions

accounted for by fluoridation at this time, there remained in the 1.5 million population of the area served by the water supply a receding backlog of unattended cavities in excess of 3.5 million.

Personnel

H. Berton McCauley, D.D.S., Director
Regina M. Spencer, Senior Clerk Stenographer

Clinic Dentists

Sidney O. Burnett, Jr., D.D.S.
Arthur M. Bushey, D.D.S.
Charles A. Darby, D.D.S.
Walter T. Davidson, D.D.S.
Billy D. Davis, D.D.S.
Nelson A. Fain, D.D.S.
Irwood Fox, D.D.S.
Raymond L. Gray, D.D.S.
Richard M. Hemphill, D.D.S.
Nicolas Lasijczuk, D.D.S.
Charles H. Johnson, D.D.S.
Benjamin J. Kimbers, Jr., D.D.S.
Lewis M. Maus, D.D.S.
Edward McDaniels, Jr., D.D.S.
J. Laws Nickens, D.D.S.
Lawrence W. Paden, D.D.S.
James E. Palmer, D.D.S.
Burton A. Raphael, D.D.S.
Lawrence D. Rogers, D.D.S.
Louis Sober, D.D.S.
Dennis H. Tribble, D.D.S.
Thomas W. Willetts, D.D.S.
Eugene T. Wisniewski, D.D.S.
George F. Woodland, D.D.S.

Anesthetist

Alvin D. Rudo, M.D.

Dental Hygienists and Assistants

Faye V. Burnett
M. Eleanor Dively
Fannie Ellen
Vera M. Gill
Mildred M. Grey
Dorothy I. Jackson
Annette B. Jarrell
Louise B. Jones
Margarita J. Piraro
M. Elaine Russell, R.D.H.
Marion F. Shortt
Elaine V. Smith
Doris E. Smoot
Anna E. Thomas
Ida R. Wees

Medical Care Dental Services

James S. Davidson, D.D.S.
William F. Dombrowski, D.D.S.
William J. Hargon, D.D.S.
Frederick Magaziner, D.D.S.
Jose A. Palancar, D.D.S.
George L. Plassnig, D.D.S.
J. Philip Restivo, D.D.S.
Helen J. Buffington, R.N.
Edwina O. Formhals, R.N.
Lorraine C. Shafer, R.N.

Dental Advisory Committee

Dr. George M. Anderson
Baltimore City Dental Society

Dr. Edward D. Stone, Jr.
Baltimore City Dental Society

TABLE No. 1

FACILITIES USED, CLINIC TIME EXPENDED AND SERVICES RENDERED IN THE PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—1960, 1961, 1962

	1962	1961	1960
Dental clinics	29	30	30
Clinic dentist-hours utilized	13,965	14,811	14,343
For dental inspections	849	849	915
For dental treatment	13,116	13,962	13,428
Children in program	56,977	57,846	56,831
Children inspected	35,563	32,826	33,866
Children treated	13,003	14,255	12,453
Under preventive program	12,400	13,720	11,895
Referred for emergency care	603	535	558
Patient visits	24,468	26,619	24,505
Dental treatment services provided, total	46,712	49,879	51,600
Average number per child treated	3.6	3.5	4.1
Dental cleaning operations	6,308	6,515	5,574
Fillings, permanent teeth	8,405	9,855	11,281
Fillings, deciduous teeth	18,583	20,452	23,870
Extractions, permanent teeth	1,127	868	853
Extractions, deciduous teeth	4,199	4,827	4,519
Other	8,090	7,362	5,503
Cases completed	10,233	11,160	9,894

TABLE No. 2

DENTAL SERVICES RENDERED TO RECIPIENTS OF PUBLIC ASSISTANCE UNDER THE BALTIMORE CITY MEDICAL CARE PROGRAM—1961 AND 1962

		Total	Dental Clinics							
			University	Johns Hopkins	South Baltimore General	Sinai	Provident	Mercy	Baltimore City Hospitals	Eastern Health District
Patients	1962	15,436	1,696	2,386	480	753	1,287	403	3,694	4,737
	1961	10,325	1,561	2,057	439	683	897	466	2,035	2,187
Treatment Services—1962										
Dental cleaning operations		2,009	1	0	0	44	71	0	1,443	450
Radiographs		10,796	2,962	3,830	110	1,109	122	7	2,187	469
Treatment acute gingivitis		1,012	2	0	0	26	6	8	65	905
Teeth extracted		8,831	2,436	1,673	914	413	1,266	649	1,461	19
Post extraction treatment		1,884	446	957	82	74	164	55	106	0
Teeth filled		6,426	0	0	0	1	1	0	693	5,731
Other services		691	162	107	1	50	68	14	223	66
Services Rendered	1962	31,649	6,009	6,567	1,107	1,717	1,698	733	6,178	7,640
	1961	27,222	4,497	7,086	916	1,446	1,151	918	3,973	7,235
Prosthetic Cases	1962	260	Prosthetic dental services provided chiefly in private dental offices							
	1961	183								

NUTRITION

Eleanor McKnight Snyder, B.S., M.S.

Division Chief

The objectives of the nutrition service are to establish and develop educational programs which would improve the nutritional status of Baltimore citizens, promote optimal health, and help prevent and control disease. The Division of Nutrition in 1962 continued to devote its efforts toward this goal which was usually accomplished most effectively by consultation with, and assistance to, the professional staff of the City Health Department and the staffs of allied agencies. A most important aspect of this work is to aid these groups in making a practical application of nutrition as a science in their existing health programs. This integration of nutrition education with the planned health programs of the city was carried out as follows:

1. In-service training within the Health Department: this included group discussions with staff and student nurses and other Health Department personnel, orientation of new staff nurses, and individual conferences with Health Department associates.

2. Instruction of allied professional personnel such as medical students, graduate public health students, student nurses in hospital training programs, college workshops for teachers, and personnel of other agencies. The nutritionist presented two conferences each month for the staff of the Instructive Visiting Nurse Association as part of their staff education. She was the instructor in nutrition for the pre-clinical student nurses at the Johns Hopkins Hospital.

3. Promotion of nutrition education in elementary and secondary schools: this included faculty conferences, talks to parents and students, weight control classes, and the provision of materials for the school nurses.

4. Promotion of nutrition activities in Health Department clinics: this involved aiding other personnel in their teaching activities, preparation of posters and other teaching materials, and consultation with patients referred by nurses and physicians.

5. Participation on radio and television programs in the community.

6. Program planning with other professional organizations and groups and personnel of agencies including participation as a member of the steering committee of such activities as Meals on Wheels, Home Care Project at the University of Maryland School of Medicine, the Study of Nutritional Patterns of

Older People at the Aging Center at Sinai Hospital, and the Youthpower Program for teen-agers in Maryland.

7. Consultation on food service and the problems involved to institutions within the city which are providing group foster care to children and which are licensed by the Maryland State Department of Welfare.

The division chief continued as one of the instructors for the Housing Clinic conducted under the auspices of the Housing Court and the Baltimore Urban Renewal and Housing Agency. She worked closely with the Food and Drug Administration in attempts to combat food quackery in the city.

During the year the nutritionist resigned as the Editor of the *Newsletter* of the Food and Nutrition Section of the American Public Health Association. She continued as the A.P.H.A. representative to the Food and Nutrition Board of the National Research Council. She was invited by the Executive Board of the American Dietetic Association to be one of their two representatives working with the Arthritis and Rheumatism Foundation and the U. S. Public Health Service to develop a booklet concerned with diet and arthritis. As a member of the Executive Board of the Maryland Public Health Association she was chairman of the Ways and Means Committee. Locally, she represented the Health Department and her profession on a variety of city and state committees.

MEDICAL CARE SECTION

J. Wilfrid Davis, M.D., M.P.H.

Assistant Commissioner of Health

The average number of persons on the rolls of the Baltimore City Medical Care Program during the year 1962 was 57,430. This was an increase of 11,817 persons, or 25.9 per cent, over the average number for 1961. At the first of 1962 the total number of enrolled persons was 49,720 while at the close of the year this number was 64,155.

Medical Care for the Indigent

The greatest increase in the enrolled population during 1962 occurred in that segment entitled "Medical Care for the Indigent" (MCI), composed of individuals admitted to the program because they were receiving financial assistance from the Department of Public Welfare for the purchase of food, shelter and clothing. At the first of the year the number of individuals in this group was 47,098 while at the end of the year it was 58,649, an increase of 24.5 per cent.

Medical Assistance for the Aged

The year 1962 was the first full calendar year of operation of Medical Assistance for the Aged (MAA), a program which started in Baltimore on June 1, 1961. The number of persons enrolled in this program increased steadily throughout the year. The number of enrollees at the end of the year was 5,506 as compared with 2,622 at the end of 1961.

The Medical Assistance for the Aged Program would have more adequately served the purpose for which it was designed had not the financial requirements for admission been so extremely stringent. Efforts were made to liberalize these admission requirements but without effect. Also, some types of services were limited to an extreme degree. A survey of persons at the time of their enrollment revealed a great need for eyeglasses, dentures and hearing aids. However, the provision of eyeglasses was limited to those individuals who had had an operation for the removal of cataract; den-

tures were available only to persons who had worn them previously; and hearing aids were not supplied to anyone. Notwithstanding these limitations the program supplied many medical services which were greatly needed.

Physician Services

There were, on an average, 285 private physicians chosen by persons in the category entitled Medical Care for the Indigent to provide required services in the home of the patient or in the doctor's office. This number remained fairly constant throughout the year. The physician chosen by the largest number of indigent persons was responsible during the year for an average of 3,243 individuals. There were only 11 other physicians who were responsible for more than 1,000 persons.

Some MCI persons had difficulty in securing the services of a physician. At one time during the year there were nearly 3,000 registered MCI persons who were unable to secure a personal physician willing to accept them for regular care whenever needed. This difficulty was not entirely due to the increased number of persons being enrolled; partly it was because of the low scale of fees, $7.00 per person per year, paid to physicians for their services. During the year plans were made to increase these fees. Other plans were made to change the system of payment to physicians from a capitation basis to a fee for service, so as to make it easier for the patient to go from one doctor to another when necessary and to make the program more attractive, perhaps, to those physicians who were willing to provide occasional visits although unwilling to accept these persons on a regular family physician basis. These plans were detailed and they definitely set January 1, 1963 as the time for the changes to occur.

Physician services for MAA patients continued to be paid for according to the fee schedule established when that program was inaugurated, June 1, 1961. This schedule was $2.00 per office visit, $3.00 per home visit during the day and $4.00 per home visit at night. Definite plans were made to increase these fees after the end of 1962.

Medical Care Clinics

The marked increase in the number of persons enrolling in the Baltimore City Medical Care Program at the first of the year ex-

ceeded the capacity of the seven medical care clinics at that time. Repeatedly, efforts were made to get additional hospitals to establish medical care clinics but without success. Eventually each of the seven medical care clinics already in operation was expanded to meet the emergency.

About half of the MCI population were children fifteen years of age or under. This constituted a marked change since the Baltimore City Medical Care Program started, in 1947, when the Welfare population consisted largely of the aged. Although many children on admission to the program were found to be in urgent need of medical care, the initial examination provided under the program showed that children usually have far less disease, especially disease of a chronic nature, than aged persons. Largely as a reflection of this change in age distribution there was, during 1962, an increased use of multiple screening tests as a method of sorting out those patients who were in need of an intensive medical examination. Studies which were conducted showed that the employment of these screening methods conserved the time of physicians, nurses and other clinic personnel without sacrificing high standards of service.

The names of the seven hospitals which conducted medical care clinics and the names of the directors of the clinics at the close of the year are as follows:

HOSPITAL	DIRECTOR OF MEDICAL CARE CLINIC
University of Maryland Hospital	Dr. Aubrey D. Richardson
Johns Hopkins Hospital	Dr. Julian W. Reed
South Baltimore General Hospital	Dr. Harry T. Wilson, Jr.
Sinai Hospital	Dr. Frank F. Furstenberg
Provident Hospital	Dr. C. Dudley Lee
Mercy Hospital	Dr. S. Edwin Muller
Baltimore City Hospitals	Mr. Harry O. Kayler

According to monthly service reports received from medical care clinics, a total of 9,978 general examinations was made during the year. Also, at the clinics there were 25,553 other examinations. The number of diagnostic and special treatment services provided in other departments of the hospital at the request of the medical care clinic was 112,554. There were also laboratory services provided by the hospitals. Nursing services played an important part in the program both in the medical care clinics and in the homes of patients.

Medical care clinics were paid at the rate of $11.00 per capita per annum for patients in both categories, Medical Care for the Indigent (MCI) and Medical Assistance for the Aged (MAA) with the exception that, in the latter category, a maximum of $6.00 per capita per annum additional may be claimed at the end of the fiscal year by hospitals conducting medical care clinics if they present acceptable data showing that their actual patient year cost is in excess of $11.00.

Drugs and Medical Supplies

Payment was made during 1962 for 256,884 drug prescriptions for persons under the Baltimore City Medical Care Program, Medical Care for the Indigent (MCI), in the total amount of $552,974.55. The average cost per MCI prescription was $2.15 as compared with $2.09 for 1961, and the average cost per MCI person-year of registered coverage under the program was $11.03 as compared with $11.43 in the previous year.

During 1962 payment was made for 59,436 drug prescriptions for persons under the Baltimore City Medical Care Program, Medical Assistance for the Aged (MAA), at a total cost of $153,544.06. The average cost per MAA prescription was $2.58, the same figure as for 1961, and the cost per enrollee was $36.44 as compared to the seven month period cost of $19.60 in the previous year.

The following fee schedule for pharmacist's services continued in effect during the year:

WHOLESALE COST OF INGREDIENTS	PHARMACIST'S FEE
$ .01–$ .74	$ .50
.75– 1.74	.70
1.75– 3.99	1.00
4.00 and over	2.00

The formulary continued to be a valuable aid in procedures to provide needed and effective medication at a reasonably low cost.

Provision of Eyeglasses and Dental Services

The number of persons receiving eyeglass services during the year under the program Medical Care for the Indigent, (MCI) was 2,713 at a total cost of $30,914.58 and an average cost of $11.39 per person served.

The number of persons receiving eyeglass services during the year under the program Medical Assistance for the Aged (MAA) was 88, at a total cost of $1,335.16 and an average cost of $15.17 per person served.

All hospitals conducting medical care clinics continued to provide dental services under the program but, as in previous years, their services were largely limited to the extraction of teeth. An average of $.60 per assigned person was earned by the hospitals during the year. An amount of $.55 per person, or $29,251.18, was expended to provide dentures and conduct the dental clinic in the Eastern Health District Building. Under the program Medical Assistance for the Aged an average of $.23 per enrolled person was earned by the hospitals during the year and an amount of $.27 per enrolled person or $1,107.75 was expended to provide dentures. The amount expended for all dental services was $63,078.43.

Financial Statement

The total amount spent for conducting the Medical Care for the Indigent Program in 1962 was $1,676,109.56 and of this sum $1,607,702.56 was contributed by the State of Maryland. The contribution of the City of Baltimore was $68,407.00, approximately two-thirds of the central administration costs. Tables 5, 6, and 7 give detailed information regarding expenditures. The average cost of care for one MCI person for the entire year was $31.57 as compared with $32.46 for the preceding year.

The total amount spent for conducting the Medical Assistance for the Aged, (MAA) Program was $293,451.23 all of which was contributed by the State of Maryland. Tables 12, 13, and 14 give detailed information regarding expenditures. The average cost of care for one MAA person for the entire year was $67.69 as compared with $33.62, the average cost of care for one person for the seven-month period during which the program was in operation in 1961.

Baltimore City Advisory Committee on Medical Care

Dr. William S. Stone, Chairman
Dean of the University of Maryland School of Medicine
Mrs. Henry E. Corner
Dr. Francis A. Ellis
President of the Maryland Academy of Medicine and Surgery
Dr. Bernard Harris, Jr.
President of the Monumental City Medical Society

Dr. John C. Krantz, Jr.
Professor of Pharmacology, University of Maryland School of Medicine

Miss Esther Lazarus
Director of Welfare of Baltimore City

Dr. Joseph R. Liberto
President of the East Baltimore Medical Society

Mr. Victor H. Morgenroth, Jr.

Dr. Perry F. Prather
Commissioner, Maryland State Department of Health

Dr. Carl H. Schultheis

Dr. Ernest L. Stebbins
Director of the Johns Hopkins School of Hygiene and Public Health

Dr. R. Carmichael Tilghman
President of the Baltimore City Medical Society

Mr. Harvey H. Weiss

Dr. Samuel Wolman
Assistant Professor Emeritus of Medicine, Johns Hopkins School of Medicine

Dr. George H. Yeager
Chairman of the Medical Care Committee of the Maryland State Planning Commission

Dr. Robert E. Farber
Commissioner of Health of Baltimore City, ex officio

Personnel

J. Wilfrid Davis, M.D., M.P.H., Assistant Commissioner of Health
Henry W. D. Holljes, M.D., Senior Medical Supervisor Medical Care
Gordon A. Mouat, Pharmacist, part time
Lawrence J. Kane, Senior Administrative Assistant
Lillian J. Dudderar, Principal Clerk Stenographer
Louise D. Rosenberger, Principal Clerk
Marian Kramer, Principal Clerk
Florence Pritchett, Principal Clerk
Mary M. Reif, Senior Clerk Stenographer
Doris Harrison, Senior Clerk
Georgia Conlon, Senior Keypunch Operator
Rose Kalivoda, Senior Keypunch Operator
Levada Howard, Clerk-typist
Carolyn McIntyre, Senior Clerk-typist
Ruth B. Miller, Senior Clerk-typist
Evelyn Ford, Senior Clerk-typist
Ronald R. Rogers, Principal Tabulating Equipment Operator
Richard Sniadach, Statistician
Ida Schuster, Senior Clerk
Oscar Minnitt, Senior Tabulating Equipment Operator
Wilma Webbert, Keypunch Operator
Violet Davidson, Senior Clerk
Eugene E. Parker, Tabulating Equipment Operator
Barbara Washington, Senior Keypunch Operator
Doris Taylor, Clerk-typist

TABLE No. 1

MEDICAL CARE FOR THE INDIGENT
WELFARE AND MEDICAL CARE ROLLS BY MONTH—1962

Month	Number of Persons on Public Assistance Rolls	Average Assigned Medical Care Population
January	49,287	48,272
February	49,105	50,071
March	49,966	51,722
April	49,985	50,311
May	50,177	53,066
June	50,452	55,734
July	51,203	51,958
August	52,002	53,636
September	51,712	55,360
October	53,160	52,616
November	53,596	55,021
December	54,854	57,212
Monthly Average	51,292	52,915

TABLE No. 2

MEDICAL CARE FOR THE INDIGENT
AVERAGE MONTHLY ASSIGNED POPULATION BY HOSPITAL—1962

Month	Total	University	Johns Hopkins	South Balto. General	Sinai	Provident	Mercy	Balto. City
January	48,272	8,634	15,296	4,080	2,736	7,184	4,242	6,100
February	50,071	8,936	15,576	4,290	2,844	7,474	4,404	6,546
March	51,722	9,204	15,626	4,508	2,986	7,802	4,594	7,002
April	50,311	8,996	15,034	4,516	2,954	7,466	4,412	6,934
May	53,066	9,174	15,841	4,993	3,179	7,592	4,629	7,658
June	55,734	9,368	16,828	5,484	3,314	7,685	4,895	8,159
July	51,958	8,676	15,936	5,056	2,943	7,030	4,661	7,656
August	53,636	8,958	16,428	5,256	2,985	7,229	4,788	7,993
September	55,360	9,282	16,957	5,479	3,156	7,421	4,784	8,281
October	52,616	9,062	16,536	5,058	3,008	6,888	4,528	7,536
November	55,021	9,418	17,356	5,359	3,223	7,104	4,713	7,848
December	57,212	9,682	18,102	5,627	3,426	7,323	4,911	8,140
Total Person-years	52,915	9,116	16,293	4,976	3,063	7,350	4,630	7,488

TABLE No. 3

MEDICAL CARE FOR THE INDIGENT
AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1962

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
January	45,203	7,978	14,680	3,755	2,608	6,711	3,920	5,550
February	46,917	8,262	15,006	3,925	2,728	7,012	4,050	5,934
March	48,636	8,488	15,216	4,118	2,850	7,318	4,193	6,452
April	46,854	8,204	14,471	4,046	2,748	7,010	4,000	6,374
May	50,102	8,642	15,357	4,556	2,862	7,282	4,244	7,161
June	52,617	8,904	16,198	4,964	2,992	7,392	4,442	7,725
July	49,496	8,292	15,474	4,688	2,720	6,794	4,228	7,301
August	51,426	8,596	16,116	4,932	2,758	6,990	4,378	7,656
September	53,254	8,878	16,678	5,164	2,917	7,168	4,494	7,955
October	49,934	8,474	15,924	4,661	2,802	6,691	4,161	7,221
November	52,069	8,832	16,588	4,930	2,957	6,884	4,330	7,548
December	54,263	9,149	17,289	5,194	3,136	7,079	4,520	7,895
Total Person-years	50,064	8,558	15,750	4,578	2,840	7,028	4,247	7,064
Per cent registration	94.6	93.9	96.7	92.0	92.7	95.6	91.7	94.3

TABLE No. 4

MEDICAL CARE FOR THE INDIGENT
AVERAGE MONTHLY POPULATION OF LEVINDALE AND KESWICK—1962

MONTH	TOTAL	LEVINDALE	KESWICK
January	...	...	...
February	...	...	...
March	...	...	...
April	...	...	...
May	...	...	...
June	...	...	...
July	93	62	31
August	191	124	67
September	198	128	70
October	199	130	69
November	199	130	69
December	199	130	69
Total Person-years	180	117	63

TABLE No. 5

MEDICAL CARE FOR THE INDIGENT
DRUG EXPENDITURES BY MONTH—1962

Month	Avg. Monthly Registered Population	No. of Prescriptions	Amount Paid for Drugs	Cost per Prescription	Cost per Registrant	No. of Prescriptions per Registrant	No. of Pharmacies Paid
January	45,203	21,413	$45,065.82	$2.10	$1.00	0.47	261
February	46,917	20,433	42,389.71	2.07	0.90	0.44	237
March	48,635	22,716	47,664.93	2.10	0.98	0.47	235
April	46,854	21,273	45,130.09	2.12	0.96	0.45	231
May	50,102	21,959	46,863.94	2.13	0.94	0.44	232
June	52,617	34,038	74,381.70	2.18	1.41	0.65	459
July	49,496	8,732	19,294.82	2.21	0.39	0.18	162
August	51,426	18,377	39,931.38	2.17	0.78	0.36	226
September	53,254	19,775	43,223.15	2.18	0.81	0.37	238
October	49,934	22,580	49,583.75	2.20	0.99	0.45	251
November	52,069	24,529	53,191.85	2.17	1.02	0.47	253
December	54,263	21,059	46,253.41	2.20	0.85	0.39	274
Entire year	50,064	256,884	$552,974.55	$2.15	$11.03	5.14	...

TABLE No. 6

MEDICAL CARE FOR THE INDIGENT
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1962

Quarter	Hospital Medical Care Clinics	Physicians	Pharmacies	Dental Care	Opticians	Appliances	Administration	
							State	City
First	$137,406.02	$ 79,123.62	$135,466.87	$15,158.38	$ 5,888.32	.....	$10,325.25	$17,101.75
Second	146,299.06	81,917.95	166,619.88	14,859.40	7,324.59	.....	10,325.25	17,101.75
Third	147,189.42	86,496.64	102,593.36	14,413.23	6,354.07	$278.27	10,325.25	17,101.75
Fourth	151,069.44	90,248.24	149,289.58	16,548.42	11,347.60	509.20	10,325.25	17,101.75
Total	$581,963.94	$337,786.45	$553,969.69	$60,979.43	$30,914.58	$787.47	$41,301.00	$68,407.00

TABLE No. 7

MEDICAL CARE FOR THE INDIGENT
DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL BY TYPE OF SERVICE—1962

ITEM	EXPENDITURE	PER CENT OF TOTAL
Hospitals for Medical Care	$ 581,963.94	34.7
Physicians for Home and Office Services	337,786.45	20.2
Pharmacies	553,969.69	33.1
Dental Care	60,979.43	3.6
Opticians	30,914.58	1.8
Appliances	787.47	.1
Administration	109,708.00	6.5
Total	$1,676,109.56	100.0

TABLE No. 8

COMBINED PROGRAMS
DISTRIBUTION OF SERVICES BY CLINIC—1962

CLINIC	GENERAL EXAMINATIONS	OTHER EXAMINATIONS	OUTPATIENT SERVICES	LABORATORY SERVICES
Total	9,978	25,553	112,554	17,853
University of Maryland	1,654	5,485	18,244	5,930
Johns Hopkins	3,153	8,642	47,862	....
South Baltimore General	1,176	731	5,509	2,198
Sinai	304	9,847	2,407	3,004
Provident	1,551	....	6,151	1,605
Mercy	693	848	12,195	5,116
Baltimore City Hospitals	1,447	....	20,186	....

TABLE No. 9

MEDICAL ASSISTANCE FOR THE AGED
AVERAGE MONTHLY ENROLLED POPULATION BY HOSPITAL—1962

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
January	2,631	374	910	174	572	101	283	216
February	2,967	436	999	190	628	119	344	251
March	3,320	510	1,092	206	678	137	409	289
April	3,721	578	1,194	222	724	154	521	327
May	4,071	628	1,298	240	760	168	608	368
June	4,420	691	1,407	265	812	181	650	414
July	4,736	752	1,516	284	852	194	684	455
August	4,658	732	1,526	281	782	192	693	450
September	4,832	764	1,601	291	786	198	728	464
October	5,022	800	1,676	302	806	207	758	474
November	5,192	830	1,722	310	846	207	783	496
December	5,316	852	1,742	318	884	210	795	514
Total Person-years	4,240	662	1,390	257	761	172	605	393

TABLE No. 10

MEDICAL ASSISTANCE FOR THE AGED
AVERAGE MONTHLY REGISTERED POPULATION BY HOSPITAL—1962

MONTH	TOTAL	UNIVERSITY	JOHNS HOPKINS	SOUTH BALTO. GENERAL	SINAI	PROVIDENT	MERCY	BALTO. CITY
January	1,298	310	528	75	167	38	76	104
February	1,504	356	617	80	194	41	94	121
March	1,738	408	722	86	218	45	116	144
April	1,969	466	807	95	246	50	138	167
May	2,184	519	866	102	274	57	156	210
June	2,586	570	957	108	351	64	235	300
July	2,956	614	1,050	114	433	72	304	370
August	2,858	623	979	120	410	73	297	356
September	2,999	660	1,030	124	433	75	310	366
October	3,154	694	1,104	130	446	79	327	375
November	3,370	732	1,239	134	456	85	342	382
December	3,562	762	1,356	138	462	92	355	398
Total Person-years	2,515	560	938	109	341	64	229	274
Per cent registration	59.3	84.6	67.5	42.4	44.8	37.2	37.8	69.7

TABLE No. 11

MEDICAL ASSISTANCE FOR THE AGED
AVERAGE MONTHLY POPULATION OF LEVINDALE AND KESWICK—1962

Month	Total	Levindale	Keswick
January	...	...	...
February	...	...	...
March	...	...	...
April	...	...	...
May	...	...	...
June	...	...	...
July	49	41	8
August	103	85	18
September	105	86	19
October	104	84	20
November	104	82	22
December	105	82	23
Total Person-years	95	77	18

TABLE No. 12

MEDICAL ASSISTANCE FOR THE AGED
DRUG EXPENDITURE BY MONTH—1962

Month	Avg. Monthly Enrolled Population	No. of Prescriptions	Amount Paid for Drugs	Cost per Prescription	Cost per Enrollee	No. of Prescriptions per Enrollee	No. of Pharmacies Paid
January	2,631	3,593	$ 9,272.47	$2.58	$3.52	1.37	223
February	2,967	3,339	8,456.15	2.53	2.85	1.13	221
March	3,320	3,688	9,799.48	2.66	2.95	1.11	223
April	3,721	4,225	11,063.33	2.62	2.97	1.14	224
May	4,071	4,842	12,166.87	2.51	2.99	1.19	231
June	4,420	8,846	23,091.36	2.61	5.22	2.00	457
July	4,736	2,166	5,611.47	2.59	1.18	0.46	152
August	4,658	4,789	12,584.02	2.63	2.70	1.03	235
September	4,832	5,164	13,125.91	2.54	2.72	1.07	239
October	5,022	6,058	15,593.34	2.57	3.10	1.21	258
November	5,192	6,533	16,920.39	2.59	3.26	1.26	253
December	5,316	6,193	15,859.27	2.56	2.98	1.16	274
Entire year	4,240	59,436	$153,544.06	$2.58	$36.44	14.13	...

TABLE No. 13

MEDICAL ASSISTANCE FOR THE AGED
TOTAL EXPENDITURES BY QUARTER AND TYPE OF SERVICE—1962

Quarter	Hospital Medical Care Clinics	Physicians	Pharmacies	Dental Care	Opticians	Administration
First	$ 4,209.95	$10,007.95	$23,553.92	$ 458.25	$ 163.08	$ 9,811.50
Second	13,602.98	18,662.00	55,475.15	441.00	631.21	9,811.50
Third	8,087.94	12,239.50	31,389.77	678.75	62.15	9,811.50
Fourth	9,299.93	15,819.43	48,422.55	521.00	478.72	9,811.50
Total	$35,200.80	$56,728.88	$158,841.39	$2,099.00	$1,335.16	$39,246.00

TABLE No. 14

MEDICAL ASSISTANCE FOR THE AGED
DISTRIBUTION OF EXPENDITURES AND PER CENT OF TOTAL BY TYPE OF SERVICE—1962

Item	Expenditures	Per Cent of Total
Hospitals for Medical Care	$ 35,200.80	12.0
Physicians for Home and Office Services	56,728.88	19.3
Pharmacies	158,841.39	54.1
Dental Care	2,099.00	.7
Opticians	1,335.16	.5
Administration	39,246.00	13.4
Total	$293,451.23	100.0

SANITARY SECTION

George W. Schucker, B.E.

Assistant Commissioner of Health

Legal Aspects

In line with bills passed by the State Legislature and signed by the Governor reducing the minimum butterfat content of ice cream to 10 per cent and permitting the sale of ice milk having a butterfat content of 4 per cent to 7 per cent, the Commissioner of Health amended **Regulation 80. Ice Cream** and adopted **Regulation 80 B. Ice Milk** of the City Milk Code permitting the sale of these products in Baltimore City. In order to permit the sale, under careful control, of certain dietetic or weight control milk products, the Commissioner of Health on September 14 also amended Regulation 57 A of the City Milk Code.

In the housing field, the Assistant Commissioner of Health for the Sanitary Section served as one member of a writing committee comprised of representatives of the Baltimore City Health Department, Bureau of Building Inspection, Fire Department and the Baltimore Urban Renewal and Housing Agency, to prepare a consolidated Housing Code. A draft of the code was completed and submitted to the Mayor's Committee on the Revision of the Housing Code and was being reviewed by official and interested non-official agencies at the end of the year.

Generalized Inspection and Training

The failure again to provide supervisory personnel in the 1962 budget prevented the expansion of the generalized inspection program to the Western and Druid Health Districts. The continued high vacancy rate in the Sanitary Section prevented again the conducting of the twelve-week in-service training courses. However, short topical courses or sessions were conducted on public health entomology, water pollution, food preparation, the Sabin oral vaccine, and on a review of meetings of the National Association of Sanitarians and the Interstate Sanitation Seminar. Other training conducted by the Division of Sanitarian Training consisted of courses for new inspection personnel of the Bureau of Building

Inspection, for students of the Johns Hopkins School of Hygiene and Public Health and for nursing students of the Johns Hopkins Hospital and the University of Maryland School of Nursing.

In the field of ionizing radiation, Mr. David T. Lewis, Chief of the Division of Industrial Hygiene Investigations, completed a ten-week health physics course sponsored by the U. S. Atomic Energy Commission and given at the Oak Ridge National Laboratory. Other personnel of the Bureau of Industrial Hygiene completed short courses on ionizing radiation given by the U. S. Public Health Service at Rockville, Maryland and the U. S. Office of Civil Defense at Brooklyn, New York. Personnel of the Sanitary Section assisted the City Civil Defense Organization in a number of training courses.

Mr. Milton P. Friedmann, Chief of the Division of Sanitarian Training, and Mr. Harold J. Lieber, Principal Sanitarian, along with representatives of the Bureau of Building Inspection, the Fire Department and the Baltimore Urban Renewal and Housing Agency, as the result of a training course conducted by Mr. Olonzo P. Fike, Housing Training Consultant of the Maryland State Department of Health, were qualified to conduct housing evaluation surveys employing the American Public Health Association Housing Appraisal Technique. Mr. Friedmann also served on an expert committee of the American Public Health Association which re-evaluated and redesigned the APHA "pre" and "post" environmental sanitation examinations furnished by APHA Examination Service.

The Assistant Commissioner of Health-Sanitary Section continued to serve on the U. S. Public Health Service Technical Committee on Plumbing Standards which held its final meeting on the proposed standards prior to their submission to the American Standards Association.

Special and Continuing Activities

A new educational approach to the problem of lead paint poisoning in children was inaugurated in a pilot area of three census tracts in the Western Health District having a past history of high lead paint poisoning morbidity rates. Further details are noted in the report of the Bureau of Environmental Hygiene.

The enforcement phase of the coordinated approach to neighborhood conservation and rehabilitation started in 1960 in the 137

acre Experimental Conservation District under the supervision of a six-man Operating Committee was completed during the year. A final evaluation of the program employing the American Public Health Association Housing Appraisal Technique was started under the supervision of Mr. Olonzo P. Fike, Housing Training Consultant of the Maryland State Department of Health.

The continued testing in the atmosphere of thermonuclear weapons by the Soviet Union and the resumption of such testing by the United States and the resulting fallout from these tests was a matter of concern to the City Health Department. The Health Department, therefore, increased its programs for radiological surveillance of air, food, milk, and water.

The five bureaus of the Sanitary Section devoted 100 per cent of their time to polio during Rounds 1 and 2 of the Sabin oral vaccine program in which they assumed responsibility for supply, resupply and collection of money contribution containers.

Personnel

George W. Schucker, B.E., Assistant Commissioner of Health
Milton P. Friedmann, B.S., Chief, Division of Sanitarian Training
Margaret M. McDonough, Principal Clerk-Stenographer
Doris M. VanCleaf, Principal Clerk
Carolyn S. Crosby, Senior Clerk Typist
Loretto Minitor, Senior Clerk Typist
....., Messenger Clerk

BUREAU OF MILK CONTROL

Gulius D. D'Ambrogi, B.S., M.S.

Director

During the year, in cooperation with the Maryland State Health Department and the United States Public Health Service, the members of the bureau's inspection staff obtained samples of milk from the local milk plants twice a week. These samples were ultimately submitted to the Public Health Service laboratories for the determination of the amount of strontium-90 and iodine-131 present in milk. The results of the laboratory tests indicated fluctuations in the amounts of strontium-90 and iodine-131 present. However, at no time did the levels reach the point which required the taking of action to protect the health of the public.

Dairy Farm Inspection

The monthly program of obtaining and testing samples of milk from each producer's milk shipment begun in 1960 was continued. These samples of milk were tested by approved commercial laboratories and the City Health Department's Bureau of Laboratories for the presence of added water or antibiotics. More than 37,000 individual tests were made during the course of the year with only 15 tests bringing about the prompt suspension of 12 milk producers for the presence of added water and 3 producers for the presence of antibiotics. When one considers the 117 suspensions made in 1960, the first year of this program, it is gratifying to note the far-reaching results this program has had in maintaining milk purity in 1962.

During World War II a rationing measure restricted the use of grain as animal feed. As a war-time measure the Health Department suspended the enforcement of Article 16, Section 72 of the Baltimore City Code of 1927 and allowed the use of swill, wet distillery waste, and canning refuse as dairy cow feed. In January, 1962, each milk producer was requested to adjust his feeding program so as to completely eliminate the use of these substances and to be in compliance with Section 72 by July 1, 1962.

During the year the tank truck milk receiving stations and the milk tank hauler transfer stations situated in the country were required to install in-place cleaning equipment similar to the equip-

ment used in the city milk plants for cleaning tank trucks automatically.

During the course of the year the bureau began to utilize the electronic data computer system for recording on a monthly basis the results of all laboratory tests and the sanitary inspections of each dairy farm in a pilot group of milk producers. This method successfully enabled the bureau for the first time to establish a complete record for each of these dairy farm permittees. Beginning in January, 1963, every Baltimore City Health Department milk producer permittee will be included in the electronic data computer system.

Milk Plant Inspection

During 1962 the approved industry laboratories phosphatase-tested more than 29,000 samples of pasteurized milk and cream. In addition, a total of 2,267 samples of pasteurized milk and milk products was obtained by bureau sanitarians and phosphatase-tested by the Department's Bureau of Laboratories. Not one single instance of improper pasteurization of milk or cream was reported for the seventh consecutive year. When one considers that these samples represent tests made on more than 50,000,000 gallons of milk processed during the course of the year in the city milk plants, this is a real feat of efficiency and vigilance on the part of the dairy industry and the bureau in their efforts to insure safe milk. In an attempt to continue this record and to maintain safety, the Department in 1962 required that all viscous milk products such as eggnog mix produced by the milk plants during the holiday seasons be pasteurized at the higher temperature of 175° F. for at least 25 seconds, as recommended by the Public Health Service. In order to accomplish this, each milk plant in the city installed special automatic pasteurization equipment and controls at the request of the bureau.

On September 14, 1962, the Commissioner of Health amended Regulation 57A, 900 Calorie Diet Milk Product, to Regulation 57A, Dietary Product, so as to include the processing and bottling of other dietetic or weight control milk products.

During the course of the year numerous out-of-town ice cream plants requested permits in order to sell ice cream in Baltimore City. However, upon inspection of these plants to determine compliance with the rules and regulations of the Baltimore City Milk Code, only three permits were issued to these applicants. The issu-

ance of these permits brought the total number of permits issued to out-of-town ice cream plants to thirteen.

Other Activities

Members of the staff participated in numerous educational activities. Talks were given to civic and school groups. The director participated actively in the 3-day sessions of the Interstate Certification Milk Rating Officers Meeting held in the Public Health Service Region III offices at Charlottesville, Virginia, and presented a paper at the day-long milk and ice cream seminars held at the University of Maryland at College Park. He also participated in two television programs, presenting the bureau's public health activities in maintaining a safe milk and ice cream supply.

Staff Changes

On April 30 Mr. Robert F. Gaddis, Chief of the Division of Dairy Farm Inspection, retired after 37 years of faithful service. During these many years Mr. Gaddis was very active in dairy farm inspection work and pioneered many practices which have become standards in this field.

On May 28 Mr. Joseph N. Pohlhaus, after nearly 18 years with the Bureau of Milk Control, was appointed to the position of Chief, Division of Dairy Farm Inspection.

On June 28 Mr. Louis Hillebrand, Sr., was appointed to the position of Chief, Division of Milk Plant Inspection. He had been with the Department since August, 1952, and was assigned as a Senior Sanitarian with the Division of Milk Plant Inspection.

Mr. William L. Tarbert was appointed to the position of Sanitarian on a provisional basis in September, 1962, and was assigned to the Division of Dairy Farm Inspection.

Personnel

Gulius D. D'Ambrogi, B.S., M.S., Director
Joseph N. Pohlhaus, B.S., Chief, Division of Dairy Farm Inspection
Louis G. Hillebrand, Sr., Chief, Division of Milk Plant Inspection

Principal Sanitarians

Lemuel S. Cookman, B.S.
William F. Hormes
Miles R. Patterson, B.A.
Viron Van Williams, B.S.

Sanitarians

Harvey Baylin, B.S.
Vernon L. Corey
John W. Schrufer, B.S.
William L. Tarbert, B.S.

Charlotte K. Uhler, Senior Clerk-Stenographer
Rosanne G. Hunt, Clerk-Stenographer

TABLE No. 1

SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION—1962 AND 1961

Area of Baltimore milkshed.....2,600 square miles (approximate)

Activities	1962	1961
Active shippers as of December 31	2,084	2,214
Inspections		
Total	5,564	4,150
Routine dairy farms	3,913	2,038
Special dairy farms	1,152	1,428
Reinspections	140	232
Applications	327	389
Receiving and by-product plants	21	51
Cream plants	11	12
Other Activities		
Violation notices issued	3,863	2,222
Hearings	4	5
Gallons of milk examined	229,870	100,611
Gallons of milk condemned	1,290	5,264
Permits issued	229	224
Permits cancelled	359	322
Producers cans examined	1,331	3,562
Suspensions of Permits		
Total	157	198
Department	49	48
Field	108	150

TABLE No. 2

SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1962 AND 1961

Type of Plant	Number	Inspections	Average Number of Inspections Per Month Per Plant	Correction Notices Issued
Milk plants				
1962	8	2,319	24.2	471
1961	8	2,667	26.1	390
Ice cream plants pasteurising on premises				
1962	30	900	2.5	430
1961	27	863	3.5	498
Ice cream plants buying pasteurized ingredients				
1962	1	25	2.1	25
1961	1	26	2.16	26

TABLE No. 3

SUMMARY OF MILK AND MILK PRODUCTS SAMPLES COLLECTED—1962 AND 1961

Type of Sample	1962	1961
All Samples	11,470	9,337
Milk	10,353	8,077
Cream	248	197
Ice cream	343	314
Ice cream mix, evaporated and condensed milk	146	109
Empty bottles	195	224
Miscellaneous samples	185	416

BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

The 10,000 food establishments in the city grouped in four categories, retailing, wholesaling, manufacturing and food departments of institutions, were maintained under supervision by 10 sanitarians of the bureau. The findings during the 12,290 inspection visits revealed that 63.41 per cent were operating under satisfactory sanitary conditions. The rating method has been continued from past years and the percentage continues to show an increase since the 34.1 per cent in 1953. Tables Nos. 1, 2 and 3, give in detail the activities in each of the four categories of food establishments. The emphasis during inspections as well as in cooperation, educational and regulatory procedures was directed to the purity and safety of the food, guarding the consumer against illnesses attributed to food or gastroenteric episodes, a term superseding food poisoning or food infection.

Auxiliary inspection was continually urged and 5,769 reports were received by the bureau during the year from 433 establishments by 130 cooperating sanitarians.

Regulatory action was necessary in 128 instances wherein hearings were held to show cause why court action should not be taken. These hearings resulted in 10 instances of prosecutions wherein $1,050 in fines were assessed in Municipal Court. Condemnations of impure food totaled 148,458 pounds in 237 instances.

Retail Food Establishments

Retail food establishments in all of the census tracts in the city were routinely patrolled, the frequency depending upon conditions found during past surveys and inspections of the areas and the volume of food purveyed. Food utensil disinfection in restaurants was emphasized and during the year 80.1 per cent of the swabbings obtained showed compliance with an administrative standard of less than 100 bacteria per utensil, as compared with 76.3 per cent in 1961. Handwashing facilities in kitchens, including liquid germicidal soap dispensers, was insisted upon. Food handling instruction was given individually during each inspection in addition to several

groups that requested instruction. In retail food stores emphasis was placed on insect and rodent preventive procedures, the protection of food and the overall sanitation. Operations and the general sanitation of confectionery and drug stores were inspected for all items as in both the restaurant and retail stores. It was necessary to condemn and destroy 4,822 pounds of impure food in 180 retail establishments during the year.

Institutional and Miscellaneous Establishments

Food departments of hospitals, schools, nursing and convalescent homes, industrial plants and similar food serving operations were maintained under supervision, the statistics of which are shown in the tables. Reports of inspections of the food departments of institutions were reported to the licensing agencies—the Maryland State Department of Health or the Bureau of Child Hygiene of the City Health Department. City owned and privately operated markets, as well as non-food purveying businesses in which vending machines were installed to dispense food and beverages, were also maintained under inspection.

Gastroenteric Episodes (Food Poisonings)

There were 27 instances of alleged gastroenteric episodes reported only two of which were proven to be caused by food. The two outbreaks involved 60 and 4 persons respectively. In both of the outbreaks the food originated from a commissary of a caterer. *Flexner 2 Shigella* was isolated from the victims and a child of one of the food handlers. The record of illnesses attributed to food during the past 30 years is given in Table 5. There were two cases of trichinosis investigated and one case of amoebic dysentery. One case of tularemia was reported but was found to be of out-of-state origin.

In addition to routine activities, incidental investigations were engaged in as follows:

1. An attempt, with existing facilities, to determine the amount of radioactive isotopes—particularly strontium-90, cesium-137 and iodine-131 in bran, was followed by a search for suitable instruments for this activity now becoming a mandatory activity of a food control bureau.

2. The denaturing of hundreds of pounds of frozen eggs, because of partial decomposition. The eggs originated from a questionable source and culminated in a mandatory change of operations of an egg breaking and freezing company.

3. The finding of salmonella infested egg powder in cake mixes, resulting in the removal from sale of the particularly dated brand by the manufacturer.

4. The discontinuance of the sale of ground meat with excessive fat among certain market operators.

5. The visiting of night-operated taverns with representatives of the Grand Jury in collaboration with representatives of the Board of Liquor License Commissioners for Baltimore City. A change in liaison methods with the latter agency was begun.

6. A survey of the feeding operations at the City Jail. This revealed the need for marked improvements which were in process of being carried out at the end of the year.

7. Dual inspections with representatives of the U. S. Army of certain bakeries in the city which deliver their products to Army posts. This dual operation facilitated the correction of minor sanitation infractions.

8. A search for a potato bleach that allegedly contained quantities of a fluoride. However, none was found in the city.

9. The disposing of a number of strings of jequirity beans imported by individuals from the West Indies.

10. A study of a prefabricated chlorine tablet for use in sanitizing food utensils wherein one-shot powdered doses of the chemical could be substituted for the measuring of a liquid bleach.

11. All instances of poisonings that were treated in accident departments of hospitals were tabulated. This study indicated that household chemicals occur more frequently as hazards to children than drugs or other chemicals.

12. Reported single incidents of salmonella and dysentery infections were tabulated and sample investigations revealed that unhygienic conditions in the house were prevalent in every instance. There were reported 277 individual cases of salmonella infection and 563 cases of dysentery from physicians and through laboratory examinations.

13. Every fire or other property destruction incident was investigated as a part of a continuous civil defense activity.

Three of the sanitarians of the bureau were elevated to senior sanitarian status. The director was given a certificate for serving 20 years on the Advisory Committee on Nutrition of the Baltimore Chapter of the American Red Cross and also served on a study group of the U. S. Public Health Service to devise methods for the better reporting of gastroenteric episodes. The chief of the Division of Food Plant Inspection was elected Vice-President of the Central Atlantic States Association.

The "Ubiquitous Salmonella" was the subject of a paper read by the Director at the meeting of the Central Atlantic States Associa-

tion of Food and Drug Officials and published in the quarterly bulletin of the Association of Food and Drug Officials of the United States. A paper titled "Automation and Cybernetics in the Food Industry" was read before the Annual Meeting of the Maryland Association of Carbonated Beverages.

Food Plant Inspection

The direct supervision of the 454 manufacturing and the 244 wholesale food establishments in the city begins with the reviewing of plans of new and remodeling of such establishments. Compliance with recommendations was verified by on the site inspections and routine visits were made to each establishment. Samples of raw materials and finished food products during these inspections totaled 1,147 of which 510 were baked products. Where impurities, filth or excessive microbial content were found, corrective measures were directed and consummated. Auxiliary inspection is supervised by the chief of this division; the increase in the number of participants is given in Table 6. The cost in labor contributed by the food industry in auxiliary inspection activities was over $100,000. It is of interest to note that this amount, plus money received through the legally required inspection fees, totals in excess of $150,000 an amount greater than the operating costs and salaries of personnel of the bureau.

Wholesale Establishments

The 337 wholesale establishments in the city were given multiple inspections as shown in Table 3. The large amount of food and the relative length of time of storage necessitated this supervision. During this supervision it was necessary to condemn 104,898 pounds of impure food in 10 instances, the largest amount because of fire damage. This surveillance of wholesale outlets of food minimized the possibility of contaminated, infected or impure food reaching the consumer.

Manufacturing Food Establishments

Food manufacturing establishments totaling 435 were also given multiple inspections and the reports of findings during the visits of those establishments licensed by the Maryland State Health Department were forwarded to that agency with recommendations as to renewal of the licenses. The necessity for urging improved sani-

tary conditions in salad and pickling plants, commissaries of caterers, bakeries and seafood processing, is shown in Table 2. Over 36,000 pounds of food were condemned in 25 instances in this group of food establishments.

Personnel

Ferdinand A. Korff, B.S., Director
Jacque G. Ayd, A.B., LL.B., Chief, Division of Food Plant Inspection

Principal Sanitarians

Charles F. Courtney
James H. Edwards
Benjamin Ginsberg, Ph.G.
John J. Neunan
Elmer L. Rickerds
Robert M. Williar

Sanitarians

Melvin Johnson, B.S.
Bernard J. Lingeman
Abraham Shecter

Etta Levin, Senior Clerk Stenographer
Marie R. Huppman, Senior Clerk Stenographer
Ida Levine, Senior Clerk

TABLE No. 1

INSPECTIONS OF FOOD ESTABLISHMENTS, 1962 AND 1961

Inspections and Activities	1962	1961
Total inspections—All Establishments	12,290	13,988
Retail Establishments		
Inspections	8,532	9,922
Initial inspections	4,982	5,795
Special inspections	2,502	3,509
Reinspections	1,048	1,618
Activities		
Violation notices issued	476	732
Number of condemnations of food	180	292
Hearings within bureau	92	185
Samples of food obtained for examination	757	1,353
Manufacturing Establishments		
Inspections	1,039	1,065
Activities		
Violation notices issued	117	61
Number of condemnations of food	25	12
Hearings within bureau	25	24
Samples of food obtained for examinations	756	453
Wholesale Establishments		
Inspections	774	998
Activities		
Violation notices issued	16	35
Number of condemnations of food	10	31
Hearings within bureau	8	10
Samples of food obtained for examination	52	43
Market Stalls, Institutions and Miscellaneous Establishments		
Inspections	1,945	2,003
Market stalls	302	274
Industrial cafeterias	204	149
Institutions	388	422
Miscellaneous—including vending machines	1,051	1,158
Activities		
Violation notices issued	21	38
Number of condemnations of food	22	8
Hearings within bureau	3	11
Samples of food obtained for examination	170	150
All Types of Food Establishments		
Field tests by inspectors	1,777	1,799
Complaints received and investigated	715	760
Prosecutions	10	19
Corrections	5,415	7,269

TABLE No. 2

PERCENTAGE OF FOOD ESTABLISHMENTS ENTIRELY SATISFACTORY DURING INITIAL INSPECTIONS

	1959	1960	1961	1962
RETAIL ESTABLISHMENTS				
Stores	55.58	53.1	56.0	61.2
Confectioneries	73.38	63.2	67.9	75.7
Restaurants	48.99	46.3	51.0	57.5
TOTAL RETAIL ESTABLISHMENTS	56.93	51.5	56.2	62.3
MANUFACTURING FOOD ESTABLISHMENTS				
Bakeries	38.82	49.3	60.5	44.4
Seafood processing	....	....	44.4	40.0
Canning plants	50.00	36.3	25.0	52.6
Packaging plants	71.43	64.3	60.0	57.6
Bottling plants	58.33	64.7	60.4	73.7
Candy plants	41.46	59.3	70.0	64.1
Salad and pickling plants	53.33	60.6	79.0	38.5
Poultry plants	17.14	45.6	59.7	61.3
Extract plants	56.41	44.1	81.6	52.9
Commissaries (caterers)	66.67	67.4	65.9	36.8
Noodle and potato chip plants	66.67	50.0	37.5	50.0
Cold storage and ice plants	72.73	84.6	70.0	66.7
Frozen foods	82.14	84.2	75.0	63.1
Egg breaking plants	33.33	33.3	100.0	83.3
TOTAL MANUFACTURING FOOD ESTABLISHMENTS	46.31	53.1	64.18	53.4
WHOLESALE AND DISTRIBUTING ESTABLISHMENTS				
Produce (Commission merchants)	42.86	62.1	64.9	48.6
Terminals	69.77	50.0	66.2	73.0
Auctioneers	91.67	80.0	90.0	85.7
Trucks (wagons)	33.33	27.3	71.4	73.7
Wholesale seafood plants	30.77	26.3	48.1	49.1
Warehouses (jobbers)	55.80	45.0	53.9	60.0
Butter and egg plants	63.64	55.0	66.7	77.8
Vending machine companies	56.25	68.4	86.5	66.7
TOTAL WHOLESALE AND DISTRIBUTING ESTABLISHMENTS	52.24	50.9	61.5	59.3
INSTITUTIONS AND MISCELLANEOUS				
Industrial cafeterias	32.63	42.0	46.2	46.5
Institutions	52.55	82.0	61.5	67.7
Markets	81.10	52.3	69.1	82.4
Vending machines	....	90.5	92.7	90.7
Miscellaneous	100.00	75.6	64.3	92.4
TOTAL INSTITUTIONS AND MISCELLANEOUS	59.59	69.1	75.3	75.7
GRAND TOTALS	56.15	53.9	59.5	63.4

TABLE No. 3

DISTRIBUTION OF INSPECTIONS OF FOOD ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENTS, 1962

Type of Establishment	Number of Establishments in City	Number of Inspections
Total	12,740	12,290
Retail Food Establishments	8,970	8,501
Food Stores	3,151	2,634
Confectioneries	2,149	1,349
Restaurants	3,670	4,518
Manufacturing Food Establishments	435	1,038
Bakeries	168	402
Seafood Processing	6	9
Canneries	15	42
Packaging	29	46
Bottling	19	45
Candy and Confections	37	72
Salads and Pickling	17	28
Poultry Slaughter	44	150
Extract and Refining	24	30
Commissaries	35	92
Noodle and Potato Chip	3	6
Cold Storage	9	44
Freezing	25	53
Egg breaking	4	19
Wholesale and Distributing Establishments	1,265	773
Trucks	928*	48
Produce (Commission)	76	246
Terminals	47	70
Auctioneers	7	11
Seafood	36	97
Warehouses	148	266
Butter and Egg	8	12
Vending Machine Companies	15	23
Market Stalls	800*	302
Institutions, Industrial Cafeterias and Others	1,270	1,676

* Approximate figure.

TABLE No. 4

NUMBER OF GROUPS AND PERSONS GIVEN INSTRUCTIONS 1948-1962

YEAR	NUMBER OF GROUPS	NUMBER OF PERSONS
1958–1962	111	5,091
1962	19	828
1961	24	797
1960	20	1,443
1959	29	1,243
1958	19	780
1953–1957	172	6,982
1948–1952	345	10,089

TABLE No. 5

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1933–1962

YEAR	INVESTIGATIONS		OUTBREAKS ESTABLISHED		
	Number	Persons	Number	Persons Ill	Public Food Establishments Involved
1958–1962	125	3,100	15	1,221	10
1962	27	164	2	64	1
1961	21	327	3	280	3
1960	18	169	5	150	3
1959	21	1,261	2	56	1
1958	38	1,179	3	671	2
1953–1957	158	2,623	16	1,399	7
1948–1952	119	1,060	33	755	5
1943–1947	114	937	20	586	8
1938–1942	145	1,093	24	631	8
1933–1937	126	686	13	306	8

TABLE No. 6

MISCELLANEOUS DATA

	1961	1962
Applications—new and remodeling	733	723
Plans examined	113	92
Bureau of Liquor License Commissioners	423	441
Bureau of Buildings	226	202
Carnivals	84	74
Utensil Swabbing	908	563
Percentage less than 100 bacteria, per utensil	76.3	80.1
Cost per inspection	$6.34	$7.12
Legal action necessitated		
No. Instances.....Total	19	10
Retail	15	8
Others	4	2
Amount of fines.....Total	$3,095	$1,050
Pounds of food condemned.....Total	203,999	148,458
Retail	21,741	4,822
Others	182,258	143,636
Auxiliary inspection		
Establishments in program	382	433
Sanitarians	118	130
Reports submitted	5,043	5,769

BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

Director

The provisions of the meat ordinance require that all meat sold in the City of Baltimore must be from plants maintained either under Federal or Municipal inspection. In 1962, as in previous years, ante and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in twenty-two slaughtering plants, four of which were located in adjacent counties. The examination of animals before and after slaughter which included the condemnation of diseased animals and parts was carried on by veterinarians; inspection activities were also concerned with the sanitation of the plants. Daily supervision was carried out in sixty-three meat food products and processing plants by bureau meat inspectors.

During the year, 31,700 visits were made; 220,215 animals were inspected as compared with 219,284 animals in 1961, and 659 whole carcasses were condemned in 1962 as compared with 487 carcasses in 1961. The slaughtering of cattle reacting to tuberculosis and Bang's disease was continued by the bureau upon authorization of various state and federal agencies. Eighty cattle reacting to Bang's disease were inspected and permitted to be sold for food. During the year also 48,106 pounds of diseased or contaminated meat were condemned on reinspection as compared with 38,890 pounds in 1961. Other noteworthy events including the following:

1. An investigation was made at a wholesale plant regarding improper labeling of ingredients on meat food products. This matter was corrected.

2. The director had a conference with Dr. A. L. Stigers of the U. S. Department of Agriculture Marketing Service with reference to meat grading in municipal plants.

3. An investigation was made at a cold storage company where approximately 9,000 pounds of pork shoulders were held for re-inspection.

4. A three-day survey was made of municipal plants with a staff member of the federal meat inspection division.

5. The Bureau of Meat Inspection cooperated in the Health Department's program of city-wide administration of Sabin oral polio vaccine.

6. In October, the cold storage department of a meat food products manufacturing plant was reinspected resulting in the condemnation of 14,385

pounds of meat including beef, pork, veal and lamb which had been in cold storage for two years and was no doubt put in storage in a poor condition. The same month 30,400 pounds of meat were condemned as the result of a fire in a meat plant in the downtown area.

7. The Bureau of Meat Inspection assisted the Bureau of Communicable Diseases in the examination of 1,010 dogs for rabies. None of the animals proved rabid.

Dr. Jacob Goldbrown, D.V.M., retired on August 31 and no replacement had been found by the end of the year.

The following is a brief summary of the routine activities of the bureau during the year:

	NUMBER	INSPECTIONS
Slaughterers, under permit, in city	18	2,600
Slaughterers, under permit, in county	4	670
Manufacturers, under permit, in city	63	23,075
Manufacturers, under permit, in county	5	620
Wholesalers, under permit, in city	176	3,800
Wholesalers, under permit, in county	4	45
Retailers—route truck	46	560
Collectors of Animal offals	28	28
Renderers of Animal Substances	2	50
Cold Storage Warehouses	5	52
Cookers' Licenses	64	200
	415	31,700

Personnel

William J. Gallagher, D.V.M., Director
David R. Berzon, D.V.M., Veterinarian
Kostas Kanauka, D.V.M., Veterinarian
Stasys T.-Kelpsa, D.V.M., Veterinarian
Robert M. Putnam, D.V.M., Veterinarian
Andreas Rastawiecki, D.V.M., Veterinarian

Sanitarians

Elmer Frederick
Alois Leiterman
Henry A. Miller
Charles A. Ray
Louis P. M. Rider
Adolph Staub
Chester E. Warminski

Meat Inspectors

Roy J. Dougherty
William C. Long
John L. Schneider
Karl O. Zinnert

Marie E. Cerney, Senior Clerk Stenographer

TABLE No. 1

POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED, PROCESSED AND MANUFACTURED UNDER LOCAL INSPECTION

TYPE OF MEAT PRODUCT	CITY	COUNTY
Meat products (fresh)	4,437,114	313,720
Meat products (smoked)	8,162,905	942,122
Meat food products (fresh)	1,493,460	1,079,571
Meat food products (smoked)	4,296,395	446,685
Meat food products (cooked)	960,401	340,715
Meat food products (boiled)	41,525	40,477
Lard	661,575	694,567
Lard Compound	.....	.....
	20,053,375	3,857,857

TABLE No. 2

POUNDS OF MEAT CONDEMNED ON REINSPECTION

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1962	17,706	1,592	126	100	...	870	15,018
1961	38,890	2,299	3,043	212	367	1,538	31,431
1960	33,318	11,348	12,590	263	3,186	4,549	1,382
1959	172,480	3,542	7,327	640	208	1,235	159,528
1958	69,225	51,003	4,523	112	279	8,908	4,400
1957	14,780	3,557	2,511	1,070	1,047	4,205	2,390
1956	13,011	3,724	3,653	143	150	3,240	2,101
1955	31,510	11,442	5,794	679	355	8,417	4,823
1954	29,769	10,897	8,804	1,128	2,429	1,003	5,508
1953	23,646	9,921	3,745	110	60	3,318	6,492
1952	27,790	12,142	406	65	60	11,944	3,173

BUREAU OF ENVIRONMENTAL HYGIENE

George O. Motry, B.E., LL.B.

Director

An intensive educational program directed toward increasing parents awareness of their role in the prevention of lead paint poisoning was started in May in a fifty-block area which had a high past history of child lead paint poisoning. By the end of the year, 765 families with children under four years of age had been visited. Visits at six-month intervals will be continued and information on the prevention of lead paint poisoning will be mailed between visits. This program will be completed by 1964.

Community Sanitation

Complaint Investigation

The Division of Community Sanitation devoted much of its time to the investigation of 2,730 complaints of environmental sanitation deficiencies. The types of complaints received and their disposition are shown in Tables 1A, 1B and 1C.

Water Supplies

The sanitary quality of the city water was evaluated through the analyses of 1,478 samples collected from consumer's taps. The percentage of 10 ml. portions giving completed tests for coliform organisms was 0.18 as compared to 0.91 for 1960. Bottled waters and public springs were also periodically sampled. The water treatment plant at Fort Smallwood Park was inspected and several recommendations for improving plant operation were made.

An interagency committee was formed under the chairmanship of the Assistant Commissioner of Health for Sanitation for the purpose of evaluating the city water system and obtaining correction of any deficiencies observed.

Sewage Disposal and Stream Pollution

The program of posting warning signs along known polluted streams was continued, and 111 signs are posted along such

streams. In one instance of stream pollution which gave rise to many complaints, the source of the pollution was found to be a milk plant which had inadvertently connected a portion of its milk wastes to the storm drain instead of the sanitary sewer.

Activities in connection with sewage disposal included assisting the Bureau of Building Inspection in making percolation tests, investigation of complaints of odors from the Patapsco Sewage Disposal Plant, approval of tentative plans for a proposed private sewage pumping station and discussions with the Bureau of Sewers relative to extensions of sanitary sewers to relieve local nuisances.

Housing

As of January 1, 1962, the Building Inspection Engineer was empowered to act for the Commissioner of Health in administering the Ordinance and Regulations on the Hygiene of Housing on a city-wide basis. The bureau assisted in training building inspectors to assume this responsibility.

One of the members of the division completed a training course on the American Public Health Association Appraisal Method for Measuring the Quality of Housing. His services are being used in the evaluation of accomplishments in the Experimental Conservation District.

Civil Defense

In May, three experimental types of water containers were filled and placed in three emergency shelters. The division participated in a sampling program for these containers established by the U. S. Public Health Service. The program will be continued in 1963.

In the complete stocking of the shelters with water, the Health Department has been providing the necessary instruction and general supervision to see that the containers are being filled in a sanitary manner.

Members of the bureau presented several lectures on emergency sanitation at the request of the Civil Defense Organization.

Other Activities

The following activities are also worthy of note:

1. Periodic inspections were made and samples for bacteriologic analysis collected from 20 indoor and 23 outdoor public swimming pools. Plans were reviewed for 10 new outdoor pools.

2. Reports were furnished to the Bureau of Building Inspection in connection with 105 applications covering changes in use of properties.

3. At the request of the State Board of Barber Examiners, 23 barber shops were inspected for lack of running hot water and poor sanitation.

4. Inspection and licensing of dealers in psittacine birds and of the one remaining tattoo parlor were continued.

5. Inspections were made of the railway car watering points in the city, and reports on the conditions found were prepared for the U. S. Public Health Service.

Rodent Control

Environmental Control

The use of traps, poisons and predators have a place in the control of rodents, but the changing of the physical environment of rats and mice by removing their food, water and harborage still remains the best method of controlling rats. The application of this procedure on a house-to-house basis was continued in 3 rat-infested blocks. Investigations were made to determine the location, cause and extent of the infestation. Notices were sent to owners and occupants to eliminate the rats, to correct sanitary violations and to accomplish the proper rodent proofing measures.

The Division of Rodent Control inspected 91 premises containing 100 dwelling units in these areas. By the end of the year, 66 premises containing 75 dwelling units in 2 blocks were improved, leaving 1 block pending. Since the inauguration of this type of environmental control program, 4,622 premises and 6,718 units have been improved.

The division employed environmental control procedures in the handling of 3,414 complaints which resulted in the inspection of 4,141 premises during the year. A total of 6,298 deficiencies was corrected: 110 in program areas and 6,188 through complaint investigations.

Among other noteworthy activities of the division was a survey of rodent conditions at the first five civil defense emergency shelters selected. This survey led to recommendations to the Civil Defense Organization concerning use of and storage methods within shelters, based on consideration of rodent problems.

Rat-Bites and Rat-Borne Disease

The division received reports of 82 rat bites, a decrease of 17 from the 99 rat bites reported in 1961. The ten mouse bites reported

were found to be due to pet or laboratory mice. The ages of the persons bitten varied from an infant of 2 months to a woman of 73 years of age. Forty-two bites occurred in infants of one year or less.

Every reported rat bite was investigated promptly and steps were taken to eliminate the rat infestation before other persons might be bitten. Without good reporting, this procedure could not be followed, and it was disappointing to discover in the course of a routine investigation that a hospital, which generally makes such reports, had neglected to report two rat bites occurring in the same dwelling. During 1963, it is planned to again acquaint the hospitals with the service they may render by reporting rat bites to the division.

Baltimore Urban Renewal and Housing Agency and the Experimental Conservation District

Accelerated operations of the Baltimore Urban Renewal and Housing Agency resulted in an increase in requests for advice and help in eliminating rodents in areas being redeveloped by that agency.

Surveys were conducted, rodent baits placed and burrows gassed in the following renewal and conservation areas:

Harlem Park Area	18 square blocks
Madison Park South Area	19 square blocks
Camden Industrial Park Area	11 square blocks
Charles Center Area	6 square blocks
Shot Tower Industrial Park Area	4 square blocks
University of Maryland Project	10 square blocks
The Experimental Conservation District	32 square blocks
Total	100 square blocks

Education

Approximately 5,100 "Fight the Rat" pamphlets were distributed to the public. These pamphlets continued to be of great help in assisting property owners and tenants to eliminate rats and to rat-proof their properties.

A number of films were shown and lectures given to various civic, church and school groups. In addition to giving information on rat habits and control methods, an effort was made to stimulate the individual citizen to accept responsibility for his own part in the community rodent control program.

The division chief participated in a television program, one of the "Your Family Doctor" series, that dealt with the history and control of rats. Members of the division also cooperated with the Bureau of Health Information in the preparation of an exhibit for use in the Harlem Park Health Fair; and a number of educational articles concerning the division's rodent control work appeared in the local press.

Personnel

George O. Motry, B.E., LL.B., Director
Elbert H. Cohen, B.A., LL.B., Chief, Division of Community Sanitation
John A. Childs, Chief, Division of Rodent Control

Principal Sanitarians

John F. Block, Ph.G.
Glen L. DeBeal
William H. Hunter, LL.B.
Harold J. Lieber, B.A., M.A.
Albert Paul Manner
Edward H. Vail, B.S., M.A.

Senior Sanitarians

Sidney L. Berlin
Philip A. Berman
Glenn M. Bosley, B.S.
Charles A. Carroll
T. Evans Fernandis, Jr., A.B.
Robert J. Hicks, B.S.
Frank A. Hornig
Frank L. Logan
John O. Long

Sanitarians I

Joseph Bernard, B.S.
John T. Gaskins, Jr., B.S.
Robert A. Lewis, B.S.
Herman Roskes, B.S. (Provisional)

Dorothy C. Parks, Principal Clerk
Joanne C. Mirra, Senior Clerk Stenographer
June Smith, Senior Clerk Stenographer
Jay D. Davis, Senior Clerk
Elizabeth A. Lewis, Clerk Stenographer
Barbara Cimaglia, Clerk Typist
John W. Biden, Laborer-Chauffeur
Wilburt Meachem, Laborer-Chauffeur

TABLE No. 1A

DIVISION OF COMMUNITY SANITATION: COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

Type of Condition	Complaints Received		Patrol and Special Investigations Made	
	1962	1961	1962	1961
Total	2,730	2,990	3,956	2,984
Complaints				
Ashes and garbage	....	1	....	....
Building defects	413	516	....	....
Choked sewers	11	12	....	....
Defective drainage	109	122	....	....
Defective heating equipment	74	58	....	....
Defective plumbing	187	223	....	....
Defective toilet facilities	82	115	....	....
Fowl and other animals	1	1	....	....
Grass and weeds	327	404	....	....
Insanitary conditions	654	570	....	....
Insects	154	152	....	....
Lead paint	51	42	....	....
Miscellaneous	179	202	....	1
Privies and cesspools	8	4	1	1
Rats	12	2	....	....
Water in cellar	468	566	....	....
Special Investigations				
Barber shops	....	....	23	17
Building applications	....	....	105	114
Child care institutions	....	....	119	110
City dumps and sanitary fills	....	....	....	1
Color tests	....	....	374	189
Foster homes	....	....	439	436
Hospitals and convalescent homes	....	....	68	66
Psittacine bird investigations	....	....	45	54
Schools	....	....	6	28
Stream pollution	....	....	111	114
Supervisory inspections	....	....	796	571
Swimming pools	....	....	304	300
Watering points—carriers	....	....	2	1
Water supply sampling	....	....	1,563	981

TABLE No. 1B

DIVISION OF COMMUNITY SANITATION: SUMMARY OF INVESTIGATIONS

TYPE OF INVESTIGATION	1962	1961
TOTAL	8,691	8,429
Complaint	1,760	2,282
Patrol and special	3,089	2,984
Reinspection	3,842	3,163

TABLE No. 1C

DIVISION OF COMMUNITY SANITATION: COMPLAINT HANDLING

ACTION TAKEN	1962	1961
Handled by sanitarians	2,730	2,990
Referred direct to other bureaus or departments	237	368
Investigated and referred to other bureaus or departments	174	108
Investigated and referred to police for follow up	....	4
Notices to abate nuisances	1,290	1,263
Hearings for failure to comply with notices	2	4
Summonses for failure to comply with notices	13	14
DISPOSITION		
TOTAL	2,926	2,947
Abatement by sanitarian	1,507	1,550
Cancelled (withdrawn or corrected before inspection)	541	777
Closed without action	182	....
Conditions of no health significance	522	508
Investigated and referred to other bureaus or departments	174	112

TABLE No. 2

RODENT CONTROL ACTIVITIES

RESIDENTIAL BLOCK PROGRAM	1962	1961
Number of blocks inspected	1	3
Number of blocks completed	2	4
Number of blocks pending	1	2
Total properties inspected	32	104
Dwelling units inspected	39	129
Properties improved	5	78
Dwelling units improved	33	105
Properties requiring no corrections	2	16
Dwelling units requiring no corrections	6	24
Properties pending corrections	25	10
TYPE OF INVESTIGATION		
TOTAL	9,439	8,702
Initial: Complaints	2,785	2,754
Patrol	727	455
Program areas	25	104
Reinspection: Complaint and Patrol	5,886	5,092
Program areas	16	297
COMPLAINT HANDLING		
Complaints received	2,785	2,754
Complaints abated by sanitarians	2,806	2,697
Complaints pending	21	57
Premises inspected on complaint	4,141	3,224
Disposition: Abated by sanitarian	2,806	2,697
Referred to other divisions or bureaus	48	45
Cancelled (corrected prior to investigation)	98	80
No nuisance	398	310
Premises pending correction	104	92
DEFICIENCIES CORRECTED BY RODENT CONTROL ACTIVITIES	6,298	6,318
Program areas	110	225
Complaints	6,188	6,093
ENFORCEMENT PROCEDURES		
Notices to abate nuisance	1,248	1,025
Hand notices issued in field	121	46
Verbal recommendations	470	534
Final notices for failure to comply	95	130
Summonses for failure to comply	13	15
Disposition of cases: Guilty	9	11
Dismissed	...	...
Continued	4	4
Warrant issued	...	...
Sub curia	...	...
Total cases tried in Housing Court	13	15

BUREAU OF INDUSTRIAL HYGIENE

Elkins W. Dahle, Jr., B.S.

Director

Air cleanliness was the theme carried out during the year with the dual purpose of protecting employees from occupational exposures and the general public from atmospheric exposures. The following summarizes the more outstanding events of the Division of Industrial Hygiene Investigations and the Division of Air Pollution and Smoke Control.

Industrial Hygiene Investigations

During the year there was an 18.7 per cent decline in the number of reported occupational disease cases. Forty-five industrial studies were made of 13 different potentially harmful conditions which included exposures to toxic materials, radiation and inadequate ventilation and lighting.

The following investigations of industrial exposures were of particular interest:

1. A workman cleaning a tank trailer was overcome by carbon tetrachloride vapors and four workers attempting to rescue him suffered ill effects. As a result of the accident, the company issued a set of safety procedures and made a substitution in the solvent used by the employees.

2. An investigation was made at a chemical plant as the result of a worker's illness from parathion exposure. The employee complained of stomach trouble and had vomited after working out of doors in the liquid parathion area. Blood tests for cholinesterase determination indicated a low per cent normal for plasma and for red blood cells. The patient was treated at a local hospital by the plant physician. It was indicated that poor personal hygiene and a contaminated glove contributed to the exposure.

3. A mercury vapor study was conducted in the anesthesiology research laboratory of a large hospital. There was evidence of mercury spillage on several areas. Atmospheric samples ranged from 0.12 to 0.40 milligrams of mercury per cubic meter of air. An employee working in the immediate area was requested to submit a 24 hour urine sample for the determination of mercury. Recommendations were given to control exposure of mercury.

4. A small fire occurred in the radium treatment room of an eye, ear, nose and throat clinic. Through the efforts of hospital staff personnel, a 300 milligram radium source was removed safely. A radiation survey of the area indicated no contamination.

5. Two persons working in an office were affected from carbon monoxide gas as the result of a leak caused by a clogged flue. Repairs were promptly made by the company to eliminate the hazard.

6. Investigations were made of 29 radioisotope users who were authorized by the Atomic Energy Commission to use 143 isotopes. There were 47 different isotopes in use. The isotopes were for use in the medical field for diagnosis and therapy; in the industrial field for radiography, density measurement, process control and instrument calibration; and for research. Joint field inspections were also made with representatives of the U. S. Atomic Energy Commission.

A total of 44 cases and 1 death of lead paint poisoning in children was reported. Altogether 950 visits were made to the homes of parents whose children had lead paint poisoning or whose children had the habit of pica but had not absorbed sufficient lead to cause poisoning. It was stressed to the parents that they should assume the responsibility for their children through adequate supervision.

Air Pollution and Smoke Control

In accordance with the requirements of the Air Pollution Control Ordinance, three applications for an Air Pollution Control Survey were filed by industry during the year.[1] The actions taken were as follows:

1. A plastics extrusion company's application was disapproved in that control equipment for odors was not provided.

2. An aluminum fabrication company submitted detailed drawings of equipment planned to handle aluminum turnings and scrap. A provision was made for the installation of equipment to control fumes, odors and dust which could be emitted as part of the processing. After several consultations with company officials and control equipment fabricators, the application was approved.

3. A gypsum company filed and received approval for the construction of a new plant in Baltimore. Detailed drawings and specifications of dust control equipment at various locations within the proposed plant were submitted during conferences with the company engineer.

A scrap corporation was summoned into court on two separate occasions in violation of the Smoke Control Ordinance. The defendant was found guilty on the first occasion and fined. However, a verdict of not guilty was rendered at the conclusion of the second trial.

In an effort to improve the smoke emission problem of the public schools, members of the staff participated in conferences attended by administrative officials of the school system and the City Purchasing Agent to write the specifications for coal supplies which would provide a minimum of smoke.

Old boiler equipment at two municipal installations have been responsible for a large percentage of smoke emission complaints. However, the outlook for the future is good in that work was underway to replace the old power units of the Baltimore City Jail. The other, Baltimore Polytechnic High School, will be converted to oil burners upon the completion of the new Polytechnic High School at another location.

Instrumentation was obtained in order to initiate a program of sampling for air pollution contaminants similar to the intensified short air pollution studies conducted by the U. S. Public Health Service. The first phase of this program was put into operation in December to determine present levels of "Total Oxidants" in downtown Baltimore.

Continuous 24 hour sulfur dioxide monitoring was conducted at three locations, two in heavy industrial areas and the third in a residential area. The curves of Figures 1, 2 and 3 were computed on the same basis as the curves for previous years. The maximum instantaneous values in Figure 2 were 1.0 ppm for Station A, 2.5 ppm for Station B, and 0.3 ppm for Station C.

In response to a complaint, a titrilog was placed in operation at a warehouse adjacent to a chemical company's acid plant in order to determine the sulfur dioxide concentrations present. As a result of data obtained, the chemical company was advised that operational procedures must be improved in order to discontinue the nuisance and hazards of sulfur dioxide fumes in the neighborhood.

Daily sampling, using the high volume air samplers, was continued at the industrial, commercial and residential sites. The results of this program are tabulated as follows:

Radiation Levels, Dust Loading and pH Readings

Number of samples: 689

Areas sampled:

Industrial 231
Residential 222
Commercial 236
(Fire Dept. Headquarters Roof)

Results:

		Industrial	*Residential*	*Commercial*
Beta (picocuries/m^3)	maximum	53.0	43.6	26.0
	minimum	0.5	0.5	0.5
	average	7.04	6.98	6.5
Dust Loading (micrograms/m^3)	maximum	600	275	520
	minimum	36	20	50
	average	206	84	165
pH	maximum	7.3	7.0	6.9
	minimum	4.6	4.2	2.1
	average	5.5	5.0	5.4

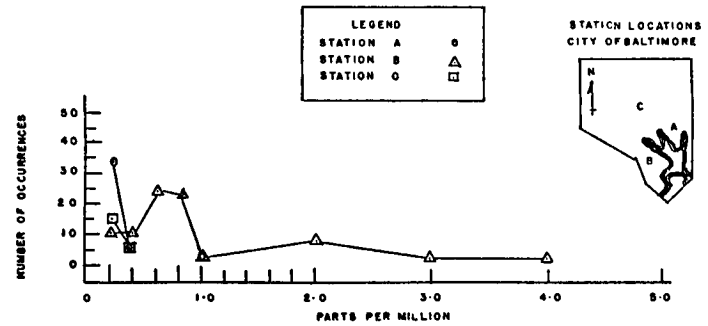


FIGURE 1. FREQUENCY OF OCCURRENCE OF RECORDED CONCENTRATIONS OF SULFUR DIOXIDE

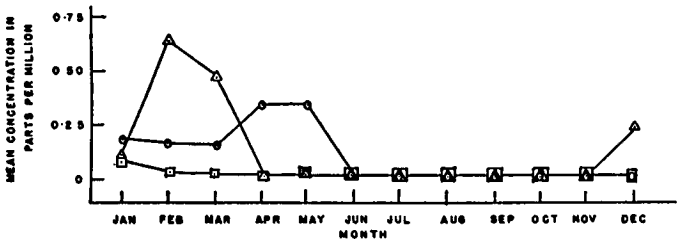


FIGURE 2. MONTHLY MEAN RECORDED CONCENTRATIONS OF SULFUR DIOXIDE

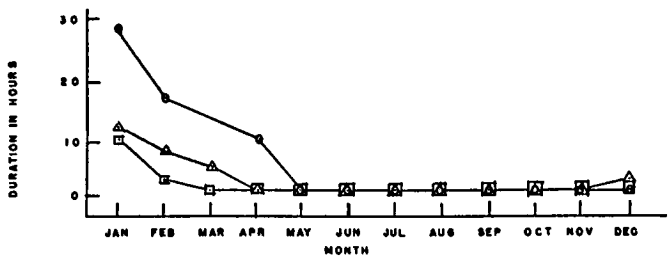


FIGURE 3. MONTHLY RECORDED DURATION IN HOURS OF MEASURABLE SULFUR DIOXIDE CONCENTRATIONS

Figures 1, 2, and 3. Sulfur dioxide monitoring by titrilogs during 1962.

The bureau continued participation in the National Air Sampling Network of the U. S. Public Health Service. A total of 26 samples was taken with the results obtained tabulated below.

NATIONAL AIR SAMPLING NETWORK RESULTS—1962

1962 26 Samples	Suspended Particulates	Organic	Beta Radioactivity	SO_2	NOx
	Micrograms per cubic meter	Micrograms per cubic meter	Picocuries per cubic meter	ppm	ppm
Minimum	80	1.2	0.6	0.00	0.01
Maximum	329	33.1	16.7	0.17	0.11
Average	137	11.54	5.7	0.036	0.062

The ban on open-fire disposal of demolition materials was continued, along with the close observation of trash-dumps and junked automobiles at which open-fire burning is restricted.

During the year 321 complaints were received and investigated and are summarized in Table No. 9. In addition to the investigations of complaints, the staff members observed 7,569 smoke stacks and 364 open-fire operations involving 444 violations.

SMOKE VIOLATIONS OBSERVED

Apartments	26	Residential	6
Commercial	72	Schools	108
Industrial	131	Open burning	71
Institutions—		Miscellaneous—	
Hospitals	22	(cranes, etc.)	8
		Total	444

The City Bureau of Tests analyzed 45 coal samples to determine the percentage of volatile matter, ash content and sulfur content.

As a means of preventing industrial exposures or air pollution emissions, 833 building plans were examined for proper control equipment.

In 1962 there were 846 applications filed for new combustion equipment installations; this resulted in a fee collection of $6,877.50.

One member of the staff attended a ten week course in Health Physics at the Oak Ridge Institute of Nuclear Studies sponsored by the Atomic Energy Commission. Various staff members participated in other short courses and in-service training. Personnel presented talks to various groups and took part in television programs. The bureau staff participated in and presented an exhibit at the American Conference of Industrial Hygiene. An exhibit was

also on display at the annual meeting of the American Public Health Association and the National Conference on Air Pollution.

The wise counsel and assistance of Dr. R. R. Sayers,[2] Senior Medical Supervisor of Occupational Diseases, was again most gratefully received in expediting many of the activities important in the fields of air pollution control and industrial hygiene.

References

1. Mayor D'Alesandro Signs City Air Pollution Ordinance, *Baltimore Health News*, Vol. 33, No. 5, May 1956, pp. 33-37.
2. R. R. Sayers, M.D., A Profile in Occupational Health, *Baltimore Health News*, Vol. 37, No. 4, April 1960, pp. 29-35.

Personnel

Elkins W. Dahle, Jr., B.S., Director
David T. Lewis, B.S., Chief, Division of Industrial Hygiene Investigations
C. Edward Sachs, Senior Public Health Engineer, Division of Air Pollution and Smoke Control
William M. Stump, Public Health Engineer
Winston J. Miller, B.S., Principal Sanitarian
William M. Duvall, B.S., Senior Sanitarian
Richard W. Kulis, Senior Sanitarian
James R. Maxwell, Senior Sanitarian
Louis B. Pieper, B.A., Senior Sanitarian
Albert J. Grossman, Sanitarian
Joseph W. Nagle, Senior Smoke Control Inspector
Mary Lanahan, R.N., Public Health Nurse
Bessie E. Nelson, Principal Clerk-Stenographer
Mary A. Crafton, Senior Clerk-Stenographer
Carol D. Blake, Clerk-Stenographer

TABLE No. 1

STATISTICAL SUMMARY OF INDUSTRIAL HYGIENE ACTIVITIES—1962

PLANT ACTIVITIES	
Total number of different plants serviced	901
Total number of workers in plant serviced	45,057
Total number of plant visits made	1,138

SOURCE OF SERVICES	
Self-initiated	576
Requests from management, labor, public, etc.	357
TOTAL	933

GENERAL TYPE OF SERVICE GIVEN	NUMBER OF SERVICES
Plant surveys	27
Technical studies of hazards	45
Reinspections and routine	452
Consultations	44
Atmospheric pollution investigations	481
Other nuisance complaints investigated	77
Follow-up on building applications	461
Special activities	22
TOTAL	1,609

RECOMMENDATIONS CARRIED OUT	
Number of recommendations	51
Number of plants involved	22
Number of workers affected	1,084

VOLUNTARY IMPROVEMENTS MADE IN PLANTS	
Number of improvements	359
Number of plants	107
Number of workers affected	4,780

SPECIFIC SERVICES	
Number of laboratory analyses and examinations	1,380
Field determinations of atmospheric contaminants	298
Field determinations of physical conditions	280
Examination of plans for control equipment	833
Occupational disease cases reported	126
Occupational disease investigated	10

TABLE No. 2

DETAILED STUDIES MADE—1962

Industry	Number of Studies	Dusts			Gases				Vapors			Others			
		Chrome	Lead	Parathion	Carbon Monoxide	Hydrogen Sulfide	Methane	Sulfur Dioxide	Benzol & Analogs	Chlorinated Hydrocarbons	Mercury	Lighting	Noise	Radiation	Ventilation
All Industries Studied.	45	1	2	1	7	1	2	1	4	3	2	2	1	15	3
Automotive	3	..	..	..	3	..	..	..	..	..	..	..	..	..	..
Chemical	4	..	1	1	..	1	..	..	..	..	..	..	..	1	..
Furniture	4	..	..	..	..	..	..	..	4	..	..	..	..	..	..
Hospitals and clinics	9	..	..	..	..	..	..	..	..	..	1	..	..	8	..
Metal goods	8	1	..	..	2	..	..	..	..	1	..	..	1	2	1
Printing	4	..	1	..	1	..	..	..	..	1	..	..	..	1	..
Public utility	3	..	..	..	..	..	..	1	..	..	..	..	..	1	1
Storage	3	..	..	..	..	..	2	..	..	..	..	..	..	1	..
Others	7	..	..	..	1	..	..	..	..	1	1	2	..	1	1

TABLE No. 3

INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED—1962

Proposed Use of Building	Applications and Plans					Special Recommendations						Consultations
			Approved			Ventilation			Sanitation		Other	
						Mechanical						
	Number Reviewed	Disapproved	Without Recommendations	With Recommendations	Abandoned	Local	General	Natural	Industrial Waste Disposal	Personal Service Conveniences	Recommendations	
All Types	833	4	11	816	2	24	22	..	22	2	20	833
Automotive repair	19	2	..	17	..	8	11	..	1	1	1	19
Automotive service	11	1	..	10	..	1	4	..	2	..	..	11
Chemical	14	..	..	13	1	..	..	..	..	..	..	14
Combustion equipment	631	..	..	631	..	..	..	..	..	..	..	631
Dry Cleaning and laundry	20	..	..	20	..	10	6	..	9	..	1	20
Electrical service	8	..	..	8	..	1	..	..	..	..	1	8
Hospitals and clinics	8	..	..	8	..	..	..	..	..	..	7	8
Metal goods	17	..	..	17	..	2	1	..	4	1	2	17
Office and storage	20	..	..	20	..	..	..	..	..	..	2	20
Paint	3	..	..	3	..	..	..	..	1	..	..	3
Paper	3	..	1	2	..	..	..	..	..	..	..	3
Plastics	3	..	..	3	..	..	..	..	..	..	..	3
Printing	5	..	..	5	..	..	..	..	..	..	..	5
Warehouse and storage	52	..	10	41	1	..	..	..	2	..	5	52
Woodworking	5	..	..	5	..	2	..	..	1	..	..	5
Others—less than 3 of 1 type	14	1	..	13	..	..	..	..	2	..	1	14

TABLE No. 4

OCCUPATIONAL DISEASES REPORTED—1962

Disease	Cases
Total	126
Asbestosis	3
Brucellosis	4
Bursitis	1
Chrome carcinoma	1
Chrome ulceration	5
Ethylene dichloride	1
Ganglion	4
Infected abrasion	6
Inflamed respiratory tract	6
Lead poisoning	3
Leptospirosis	1
Noise—impaired hearing	1
Parathion	1
Paronychia	1
Silicosis	3
Swelling and pain	10
Tenosynovitis	16
Dermatitis	59

TABLE No. 5

NON-FATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN FROM INGESTION*—1957-1962

Year	Cases			Deaths		
	Total	White	Colored	Total	White	Colored
Total	945	183	762	130	45	85
1962	44	3	41	1	0	1
1961	48	4	44	1	0	1
1960	53	9	44	4	1	3
1959	66	2	64	2	1	1
1958	133	17	116	10	3	7
1957-31	601	148	453	112	40	72

* In addition to these cases caused by eating lead paint there were others from burning storage battery casings as follows:
1932—40 non-fatal cases, chiefly among children
1957— 2 non-fatal cases in children

TABLE No. 6

ILLUMINATING GAS POISONING CASES—1957-1962

Year	Total Cases	Suicides and Attempted Suicides	Accidents from Incomplete Combustion of Gases		Defective Appliances Causing Accidents
			Non-fatal	Fatal	
1962	26	4	20	2	7
1961	9	4	4	1	2
1960	35	6	26	3	7
1959	24	12	12	..	3
1958	21	8	13	..	5
1957	29	5	24	..	5

TABLE No. 7

RADIOISOTOPE INVESTIGATIONS—1957-1962

Year	Number of Users	Number of Different Isotopes	Shipments of Isotopes (Millicuries)			
			Less Than 1 mc	1-30 mc	More Than 30 mc	Total
1962	29	47	22	89	32	143
1961	38	24	2	67	33	102
1960	70	44	27	191	58	276
1959	56	51	15	191	43	249
1958	45	30	9	91	40	140
1957	48	41	12	90	59	161

TABLE No. 8

AIR POLLUTION INVESTIGATIONS—1962

Nature of Complaints	Number of Complaints	Number of Conditions	Disposition of Conditions		
			Corrected	Cancelled	Pending
Total	481	407	357	20	30
Dusts					
Inorganic	62	32	26	5	1
Organic	8	4	3	1	..
Fumes					
Metallic	7	6	3	2	1
Gases					
Acid	12	9	6	2	1
Ammonia	10	3	2	..	1
Smoke and Fly Ash	321	321	298	..	23
Vapors					
Chemical	12	9	4	5	..
Gasoline	2	2	2	..	..
Paint, varnish, lacquer	37	15	10	3	2
Rendering	5	1	..	..	1
Solvent	3	3	3	..	..
Others	2	2	..	2	..

TABLE No. 9

SMOKE CONTROL INVESTIGATIONS—1962

TOTAL	321
Apartments	34
Canneries	1
Chemical companies	3
Churches	2
Cleaners and Dyers	24
Colleges	2
Cooperages	7
Dairies	1
Dwellings	25
Dumps	3
Factories	46
Foundries	4
Garages	4
Hospitals	16
Hotels	2
Incinerators—Municipal	1
Institutions	4
Junk yards	22
Laundries	11
Office buildings	6
Open lots	6
Power houses	3
Railroads	1
Restaurants	9
Schools	37
Steamboats	8
Stores	20
Tar pots	1
Undetermined source	18

TABLE No. 10

SUMMARY OF COMPLAINTS—1962

NATURE OF COMPLAINT	NUMBER	PER CENT
TOTAL	558	100.0
Atmospheric pollution	481	86.2
Carbon monoxide	8	1.4
Industrial waste	17	3.0
Lighting	2	.4
Noise	9	1.6
Sanitary facilities	19	3.4
Sanitation	17	3.0
Ventilation	5	1.0

RESEARCH AND PLANNING SECTION

Matthew Tayback, Sc.D.

Assistant Commissioner of Health

When placed in summary form, the principal research and planning accomplishments during 1962 were: (1) implementation of plans for the establishment of a Psychiatric Day Center; (2) completion of a study of effectiveness of Instructive Visiting Nurse Association nursing services in instances of city resident admissions to the Springfield State Hospital; (3) further development of the Baltimore Health Survey as a prime instrument for the collection of morbidity intelligence; (4) drafting of a proposal to create a demonstration service for alcoholics; (5) preparation of a research proposal to evaluate the type of treatment provided at the Psychiatric Day Center; (6) initiation of exploratory discussions with the State Department of Health with a view towards the establishment of a central health computer center; (7) participation as Vice-Chairman in the work of the State and City Commissions on Problems of Aging; (8) cooperation with Dr. Mason Lord, Coordinator for Chronic Diseases at Baltimore City Hospitals, in the establishment of a central steering office for chronic disease care of indigent and medically indigent patients.

Details of the Psychiatric Day Center are found in the report of the Bureau of Mental Hygiene as is a description of the proposal to create a demonstration service for alcoholics. In the report of the Bureau of Biostatistics further details will be found of the operation of the Baltimore Health Survey.

Health Computer Center

As a result of the development of computer equipment suitable for small operations it is now apparent that such equipment could be used, with substantial savings in manpower, to accomplish the necessary tabulations and other similar operations in respect to vital statistics, medical care payments, audits, and other procedures. Many of the activities of the Baltimore City Department of Health are related to those of the State Health Department and negotiations were started with the objective of standardizing these

procedures with a view towards establishing a central operation, to be jointly managed and which would permit more efficient work by the City Health Department. The concept of establishing a jointly managed computer center with the State Health Department represents a completely novel relationship and consequently will require extended negotiation.

Problems of the Aging

The principal subject area for planning in connection with problems of the aged was concerned with the desirability and feasibility of a multi-purpose nursing home facility. Due to inadequate facilities for many of the aged residents of the city, serious consideration was requested by the City Council to determine whether a municipal facility or facilities should be created for the nursing care of aged individuals who require such service. A careful study of the matter by the Assistant Commissioner for Research and Planning in his capacity as Vice-Chairman of the City Commission on Aging indicated that the best municipal policy would be to avoid involvement in the day to day administration of community located nursing home facilities. There was, however, a substantial need for the training of individuals in nursing home management and nursing home care and also there existed a need for the development of new procedures to deal with the day care of many aged individuals who were unable to make a satisfactory adjustment to their immediate environment. Out of these considerations the concept was advanced that the city should assume a positive role of leadership in respect to the demonstration of new and improved methods for the management of nursing home type facilities and for the provision of day care services. This concept has now been incorporated into a proposal to create a multi-purpose center for the aged.

Chronic Disease Supervision Service

In order to establish a central office where admissions to chronic disease hospitals could be processed and which could coordinate the post hospital care of chronically ill individuals who were either indigent or medically indigent, a grant was secured from the U. S. Public Health Service. The grant was made under the Community Facilities Act and will be administered jointly by the Baltimore City Hospitals and this Department. Dr. Mason Lord, Medical Coordinator for Chronic Diseases and Assistant Chief of Medicine at Balti-

more City Hospitals, will be responsible for the administration of this office which it is hoped will become a permanent part of the community facilities for the care of the chronically ill.

Personnel

Matthew Tayback, Sc.D., Assistant Commissioner of Health
Margaret H. Lea, M.A., Senior Statistician
Edmund E. Jenkins, B.S., Statistician
Letruce M. Boyle, Principal Clerk Stenographer
Gertrude Cordish, Senior Statistical Clerk
Betty Durham, Senior Clerk Typist
Barbara Brown, Senior Clerk Typist
Sophia Roch, Senior Clerk Typist
Lynda Yingling, Clerk-typist

BUREAU OF BIOSTATISTICS

Todd M. Frazier, Sc.M.

Director

Public Health Statistics

During the period from 1950 to 1960, Baltimore's population decreased by about 11,000 persons, a drop of 1.1 per cent. However, the changing characteristics of the city's population and the impact of these changes on public health programs are not apparent from these figures. In order to anticipate the direction of publicly financed health programs during the current decade it is necessary to form a judgment on the probable population trends for Baltimore. For this reason the staff of the Bureau of Biostatistics made extensive studies of the city's current population and projections to the year 1970. These were presented in the publication "Special Statistical Report—Population Projections for 1965 and 1970."

For the third consecutive year the Baltimore Health Survey provided meaningful indices of the health of the city. The role of this survey as an integral part of Health Department activities is described in an article published in the September issue of *Public Health Reports*. During 1962, arrangements were made with the University of Maryland School of Medicine and with the Johns Hopkins School of Hygiene and Public Health to study, by means of the Baltimore Health Survey, the city-wide prevalence of diabetes among families and their close relatives. In addition, the Baltimore Health Survey was used as the framework for a special study of persons who had participated in the Medical Assistance to the Aged (Kerr-Mills Act) program for medical care. This study is concerned with problems of obtaining medical care from private physicians through the Medical Assistance to the Aged Program. The results were published in the Quarterly Statistical Report, October 10, 1962.

Program Evaluation

An item concerning trimester of the first prenatal visit was added to the birth certificate to assist the Bureau of Public Health Nursing in identifying areas of the city in which prenatal care, although

available, was not obtained by expectant mothers. Analysis of the birth certificate information pointed out areas in the city in which at least 30 per cent of the pregnant women did not obtain prenatal care. By following this procedure for several years it will be possible to describe the extent to which the maternal and child health programs have been successful in convincing expectant mothers of the need for this type of medical care.

Members of the bureau's staff worked with the Bureau of Milk Control in the design of data processing procedures that will provide a monthly record and annual summary of the results of farm inspections and laboratory findings.

In cooperation with the Medical Care Section a study was made of utilization practices of a representative sample of the medical care population under a capitation system of payment to private physicians and clinics. This will serve as a basis for comparison with the fee-for-service utilization experience that will develop in 1963 following a change in method of payment to private physicians. The bureau also assisted in the design of the fee-for-service payment system for medical care physician services.

The fourth in a series of annual reports showing the perinatal mortality experience in each of Baltimore's 17 obstetrical hospitals was made for the period July 1, 1961 to June 30, 1962. The purpose of these reports is twofold: They provide (1) information needed by the Bureau of Child Hygiene in the annual review of obstetrical experience, and (2) a summary of each hospital's experience for the current year compared to previous years.

Special Activities

The bureau continued to assist local medical investigators in studies related to public health problems. During the year these studies included a nationwide survey of obstetric anesthetic care, obstetric and pediatric problems found among juvenile pregnancies (girls under 15 years of age), and a report of the utilization of the city's obstetrical facilities according to the mother's usual place of residence.

The contribution of biostatistics during the "Knock Out Polio" campaign consisted of the design of record forms, estimation of probable response at each of the public feeding stations and the summarization of the results.

Personnel

Todd M. Frazier, Sc.M., Director
Anne C. Rodman, M.S., Public Health Statistician
Elizabeth B. Kelley, B.S., Statistician
Ida S. Blum, Principal Clerk
Margaret E. Amspacher, Senior Statistical Clerk
Ruth Gees, Senior Statistical Clerk
Edward P. Cochran, Senior Statistical Clerk
Geraldine M. Holt, Senior Clerk Stenographer
Kenyon Burdick, Principal Tabulating Equipment Operator
Charlotte Allen, Senior Tabulating Equipment Operator
Ida M. Padgett, Senior Key Punch Operator
Helen M. Boesche, Senior Key Punch Operator
Ruby L. Rollins, Senior Key Punch Operator
Carrie Mills, Senior Key Punch Operator
Anna Greengold, Key Punch Operator
Blanche Stafford, Statistical Clerk

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

During the year the Bureau of Vital Records issued 24,106 official transcripts of birth certificates and 59,519 official transcripts of death certificates. Of this latter total, 88 per cent or 52,367 were Verifax photocopies; this is an important and impressive vital records activity because it provides optimal expeditious service at minimal operating cost. The majority of requests for transcripts of birth certificates were from persons planning foreign travel where proof of the essential facts of birth and citizenship were required. By far the greatest percentage of death transcripts was needed for settlement of claims with Federal agencies and private insurance companies. For births and deaths not found on file, a combined total of 3,192 Certificates of Record Search was issued. The bureau processed 15,648 verifications of births and 1,043 verifications of deaths for government and accredited private agencies. A total of 1,306 Statement of Age cards was issued to minors eighteen years of age and under applying to the Maryland State Department of Labor and Industry for work permits.

The Commissioner of Health approved for filing 4 birth certificates for foundling children who were wards of the City Department of Public Welfare, and 267 delayed birth certificates for persons seven years of age and over for whom no birth certificates were found to be registered. The Commissioner also approved new birth certificates to be made for 1,215 persons following legal adoption and 352 new birth certificates for children legitimated by the intermarriage of their natural parents.

The interviewing staffs held a total of 9,278 interviews and processed 4,093 mail requests involving amendments on birth and death certificates and delayed registration of birth records. They made 9,374 amendments on original birth certificates and 272 amendments on original death records, and added a total of 2,100 given names on birth certificates from which this item of information was missing.

The Birth Record Correction Advisory Service sponsored by the City Health Department and the Legal Aid Bureau of Baltimore

completed 13 years of successful service and handled a total of 132 cases during the year. For the most part, these involved birth certificate problems of out of wedlock children whose parentage had to be resolved either by legitimation or by legal adoption.

The bureau director collaborated with the Johns Hopkins School of Hygiene and Public Health and the Chief Medical Examiner of Maryland in the following research projects:

1. A Study of Sudden Deaths Associated With Cardiovascular Disease in Baltimore, Maryland, 1940, 1950, and 1960.
2. A Study of Suicides in Baltimore, Maryland, 1950-1961.
3. A Study of Homicides in Baltimore, Maryland, 1950-1961.

The table which follows indicates the extent of major vital records activities for the period 1953 to 1962, inclusive, and furnishes a comparison of the number of persons helped during each of the years covered therein.

SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1953-1962

Year	Certificates Issued			Verifications Issued			Delayed Birth Records Filed		Certificates Replaced†	
	Birth Transcripts	Death Transcripts	Search Certificates**	Birth	Death	Statement of Age Cards	1-6 Yrs. Unreported Births	7 Yrs. and Over	Adoption	Legitimation
1962	24,106*	59,519	3,192	15,648	1,043	1,306	4	267	1,215	352
1961	23,780	57,414	3,141	15,104	1,047	1,119	0	274	943	316
1960	22,914	57,802	3,213	13,478	847	1,823	3	314	847	271
1959	20,044	52,634	2,807	12,109	858	2,307	6	293	848	242
1958	19,710	53,139	3,034	11,319	941	2,392	13	310	808	228
1957	21,128	53,002	3,585	9,492	921	2,335	18	318	732	271
1956	23,152	50,995	3,783	8,121	906	2,429	9	378	631	226
1955	20,758	46,420	3,565	8,106	1,000	2,086	3	398	705	170
1954	20,951	42,055	3,638	7,933	982	1,632	10	407	632	203
1953	19,936	42,339	3,394	7,412	1,028	2,061	13	429	639	235

* Includes 5,407 Certifications of Birth—Short Form.
** Statement of births and deaths not found on file.
† 1 case of adjudication of paternity without court action.

Personnel

Sidney M. Norton, B.S., Director
John Boyle, Principal Clerk
Mary A. Hohrein, Principal Clerk
Evelyn Schwartz, Principal Clerk
Linda D. Whitney, Principal Clerk
Dolores Barrett, Senior Clerk Stenographer
Gregory Hawkins, Senior Clerk
Earl Miles, Senior Clerk
Joyce Lowry, Senior Clerk
Dorothy Johns, Senior Clerk Typist
Donald Johnson, Senior Clerk Typist
Edith Poole, Addressograph Operator
Josephine A. Roemer, Senior Addressograph Operator
Warren Williams, Equipment Operator
Elizabeth G. Clark, Clerk Typist
Frances Margulies, Clerk Typist
Lawrence Parker, Clerk Typist
Earthy Major Shaw, Clerk Typist
Robert L. Thornton, Clerk

VITAL STATISTICS TABLES

1962

TABLE No. 1. ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR BALTIMORE, MARYLAND—1950-1962.

TABLE No. 2. RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, 1950-1962.

TABLE No. 3. RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1962.

TABLE No. 4. MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1950-1962.

TABLE No. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1962.

TALBE No. 6. RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1962.

TABLE No. 7. RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962.

TABLE No. 8. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1962.

TABLE No. 9. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE: BALTIMORE—1962.

TABLE No. 10. RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1950-1962.

TABLE No. 11. CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1962.

TABLE No. 12. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1955-1962.

TABLE No. 1

ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1950-1962

Year	Estimated* Population July 1			Resident Births						Resident Deaths					
				Number			Rates			Number			Rates		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1962	932,000	585,000	347,000	22,252	11,309	10,943	23.9	19.3	31.5	11,338	7,775	3,563	12.2	13.3	10.3
1961	937,000	599,000	338,000	23,153	11,942	11,211	24.7	19.9	33.2	11,162	7,709	3,453	11.9	12.9	10.2
1960	939,000	610,000	329,000	23,262	11,998	11,264	24.8	19.7	34.2	11,483	8,020	3,463	12.2	13.1	10.5
1959	940,000	621,000	319,000	23,893	12,577	11,316	25.4	20.3	35.5	11,225	7,928	3,297	11.9	12.8	10.3
1958	941,000	633,000	308,000	24,464	13,380	11,084	26.0	21.1	36.0	11,446	8,069	3,377	12.2	12.7	10.7
1957	942,000	644,000	298,000	25,067	14,305	10,762	26.6	22.2	36.1	11,464	8,259	3,205	12.2	12.8	10.8
1956	943,000	655,000	288,000	23,782	14,032	9,750	25.2	21.4	33.9	11,131	8,121	3,010	11.8	12.4	10.5
1955	944,000	667,000	277,000	23,291	14,366	8,925	24.7	21.2	32.2	10,781	7,967	2,814	11.4	11.8	10.2
1954	946,000	678,000	268,000	23,523	14,949	8,574	24.9	22.0	32.0	10,242	7,506	2,736	10.8	11.1	10.2
1953	947,000	689,000	258,000	22,748	14,628	8,120	24.0	21.2	31.5	10,762	8,044	2,718	11.4	11.7	10.5
1952	948,000	700,000	248,000	22,775	14,989	7,786	24.0	21.4	31.4	11,237	8,280	2,957	11.9	11.8	11.9
1951	949,000	712,000	237,000	22,630	14,938	7,692	23.8	21.0	32.5	10,885	7,996	2,889	11.5	11.2	12.2
1950	950,000	723,000	227,000	21,382	14,168	7,214	22.5	19.6	31.8	10,624	7,835	2,789	11.2	10.8	12.3

* 1951-59 population adjusted to 1960 U.S. Census.

TABLE No. 2

RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR BALTIMORE—1950-1962

Year	Number			Rate		
	Total	White	Colored	Total	White	Colored
1962	9,291	5,914	3,377	10.0	10.1	9.7
1961	9,261	5,881	3,380	9.9	9.8	10.0
1960	9,390	5,906	3,484	10.0	9.7	10.3
1959	9,595	6,047	3,548	10.2	9.7	11.1
1958	9,333	6,047	3,286	9.9	9.6	10.7
1957	10,635	7,075	3,560	11.3	11.0	11.9
1956	11,285	7,590	3,695	12.0	11.6	12.8
1955	10,833	7,504	3,329	11.5	11.3	12.0
1954	10,707	7,553	3,154	11.3	11.1	11.8
1953	11,824	8,259	3,565	12.5	12.0	13.8
1952	12,206	8,636	3,570	12.9	12.3	14.4
1951	12,851	9,108	3,743	13.5	12.8	15.8
1950	13,075	9,618	3,457	13.8	13.3	15.2

TABLE No. 3

RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED—1962

Place of Birth and Attendance	Recorded						Resident					
	Live Births			Fetal Deaths (Stillbirths)			Live Births			Fetal Deaths (Stillbirths)		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Grand Total	36,340	24,552	11,788	562	313	249	22,252	11,309	10,943	372	145	227
Hospital	35,947	24,469	11,478	543	303	240	21,868	11,237	10,631	354	135	219
Baltimore City Hospitals	4,202	475	3,727	75	11	64	4,062	391	3,671	71	7	64
Bon Secours Hospital	2,271	2,262	9	35	35	..	1,027	1,020	7	18	18	..
Church Home and Hospital	921	900	21	8	6	2	344	326	18	3	1	2
Franklin Square Hospital	1,422	482	940	21	5	16	1,250	335	915	20	4	16
Hospital for Women of Maryland	2,812	2,807	5	37	37	..	1,321	1,319	2	17	17	..
Johns Hopkins Hospital	2,808	1,445	1,363	52	19	33	1,729	657	1,072	33	7	26
Lutheran Hospital of Maryland	1,998	1,405	593	35	19	16	1,017	480	537	19	3	16
Maryland General Hospital	2,216	2,206	10	26	26	..	940	932	8	11	11	..
Mercy Hospital	2,103	2,091	12	18	18	..	1,082	1,073	9	8	8	..
North Charles General Hospital	563	557	6	5	5	..	343	337	6	2	2	..
Provident Hospital	1,851	2	1,849	37	..	37	1,633	2	1,631	34	..	34
St. Agnes Hospital	2,105	2,097	8	31	31	..	527	525	2	9	9	..
St. Joseph's Hospital	1,211	1,194	17	20	16	4	621	604	17	13	9	4
Sinai Hospital	4,154	3,261	893	51	31	20	2,310	1,488	822	31	13	18
South Baltimore General	620	608	12	10	10	..	355	347	8	9	9	..
Union Memorial Hospital	1,847	1,827	20	15	15	..	876	861	15	10	10	..
University Hospital	2,843	850	1,993	67	19	48	2,199	406	1,793	45	7	38
Out of city hospitals	..	..	..	..	..	..	232	134	98	1	..	1
Home	393	83	310	19	10	9	384	72	312	18	10	8
Physician	217	49	168	12	5	7	219	49	170	11	5	6
Midwife	54	12	42	..	..	..	54	12	42	..	..	..
Other	122	22	100	7	5	2	111	11	100	7	5	2

TABLE No. 4

MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1950-1962

Year	Maternal Deaths			Fetal Deaths*			Infant Deaths					
							Under One Year			Under 28 Days		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Number of Deaths												
1962	12	4	8	372	145	227	732	286	446	556	233	323
1961	12	3	9	433	176	257	741	297	444	560	224	336
1960	12	1	11	428	187	241	757	292	465	555	227	328
1959	8	2	6	441	192	249	847	315	532	607	231	376
1958	15	3	12	444	179	265	861	366	495	656	275	381
1957	15	11	4	408	179	229	888	355	513	661	275	386
1956	10	4	6	406	215	191	714	334	380	516	251	265
1955	12	3	9	354	195	159	723	340	383	525	246	279
1954	13	2	11	408	214	194	751	387	364	548	302	246
1953	7	1	6	391	222	161†	687	385	302	513	306	207
1952	12	2	10	435	240	193†	635	314	321	446	239	207
1951	10	5	5	456	249	207	674	373	301	497	291	206
1950	18	8	10	460	270	190	581	307	274	425	240	185
Death Rates**												
1962	5.4	3.5	7.3	16.7	12.8	20.7	32.9	25.3	40.8	25.0	20.6	29.5
1961	5.2	2.5	8.0	18.7	14.7	22.9	32.0	24.9	39.6	24.2	18.8	30.0
1960	5.2	0.8	9.8	18.4	15.6	21.4	32.5	24.3	41.3	23.9	18.9	29.1
1959	3.3	1.6	5.3	18.5	15.3	22.0	35.4	25.0	47.0	25.4	18.4	33.2
1958	6.1	2.2	10.8	18.1	13.4	23.9	35.2	27.4	44.7	26.8	20.6	34.4
1957	6.0	7.7	3.7	16.3	12.5	21.3	34.6	24.8	47.7	26.4	19.2	35.9
1956	4.2	2.9	6.2	17.1	15.3	19.6	30.0	23.8	39.0	21.7	17.9	27.2
1955	5.2	2.1	10.1	15.2	13.6	17.8	31.0	23.7	42.9	22.5	17.1	31.3
1954	5.5	1.3	12.8	17.3	14.3	22.6	31.9	25.9	42.5	23.3	20.2	28.7
1953	3.1	0.7	7.4	17.2	15.2	19.8	30.2	26.3	37.2	22.5	20.9	25.5
1952	5.3	1.3	12.8	19.1	16.0	24.8	27.9	20.9	41.2	19.6	15.9	26.6
1951	4.4	3.3	6.5	20.1	16.7	26.9	29.8	25.0	39.1	22.0	19.5	26.8
1950	8.4	5.6	13.9	21.5	19.0	26.3	27.2	21.7	38.0	19.9	16.9	25.6

* Includes deaths among fetuses of 20 or more weeks gestation.

† Totals include deaths where color is unknown which accounts for apparent discrepancy.

** Maternal mortality rates are per 10,000 live births, fetal and infant death rates are per 1,000 live births. See 1957 Annual Report page 310 for years 1936-1949.

TABLE No. 5

RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1962

Age	Grand Total	Entire Year						Jan.		Feb.		Mar.		Apr.		May		June		July		Aug.		Sept.		Oct.		Nov.		Dec.	
		White			Colored																										
		Total	Male	Female	Total	Male	Female	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Total all ages	11,338	7,775	4,217	3,558	3,563	2,018	1,545	679	310	595	294	736	332	639	301	650	263	621	291	597	298	585	265	601	286	632	300	683	283	757	340
Under 28 days	556	233	134	99	323	177	146	11	17	16	23	20	19	26	32	20	29	13	33	25	40	24	25	23	35	22	21	19	23	14	26
28 days to 2 months	82	21	10	11	61	33	28	2	9	3	2	2	5	3	7	1	1	1	1	1	1	4	6	..	10	1	9	2	6	1	4
3 to 11 months	94	32	15	17	62	30	32	2	5	3	3	5	4	2	4	4	6	1	7	2	4	2	3	2	6	3	4	4	3	2	8
Total under 1 year	732	286	159	127	446	240	206	15	31	22	33	27	28	31	43	25	36	15	41	28	45	30	34	25	51	26	34	25	32	17	38
1 year	37	14	7	7	23	14	9	1	..	2	2	..	1	3	1	..	1	1	2	1	2	..	2	1	1	2	3	1	6	2	2
Total under 2 years	769	300	166	134	469	254	215	16	31	24	35	27	29	34	44	25	37	16	43	29	47	30	36	26	52	28	37	26	38	19	40
2 to 4 years	47	19	10	9	28	14	14	2	1	1	..	2	4	2	..	1	1	3	..	..	3	1	5	1	3	3	4	3	5	..	2
Total under 5 years	816	319	176	143	497	268	229	18	32	25	35	29	33	36	44	26	38	19	43	29	50	31	41	27	55	31	41	29	43	19	42
5 to 9 years	58	22	14	8	36	15	21	2	4	..	1	2	5	1	6	..	2	2	6	2	4	2	1	3	1	4	1	2	3	2	2
10 to 14 years	47	24	16	8	23	17	6	..	4	1	..	2	2	1	3	4	3	3	..	1	2	3	3	5	..	1	3	2	2	1	1
15 to 19 years	52	31	22	9	21	16	5	1	1	3	2	2	2	3	1	1	2	1	2	4	2	3	1	5	..	4	1	3	4	2	..
20 to 24 years	68	21	15	6	47	20	18	1	1	2	4	2	7	..	1	2	5	..	4	4	1	2	7	5	4	..	2	2	4	1	7
25 to 29 years	110	38	19	19	72	47	25	1	5	5	7	6	6	2	9	3	6	2	5	5	6	4	5	3	4	5	2	2	7	..	10
30 to 34 years	172	55	33	22	117	68	49	5	11	2	9	7	12	6	11	4	3	7	9	7	10	3	11	4	9	6	18	..	5	4	9
35 to 39 years	272	104	63	41	168	92	76	12	10	1	19	8	20	8	13	13	12	6	15	8	20	8	12	11	9	10	15	7	11	9	12
40 to 44 years	376	185	111	74	191	107	84	22	14	14	19	16	12	14	17	15	16	13	16	19	18	11	20	17	14	12	17	13	15	19	13
45 to 49 years	501	277	177	100	224	131	93	26	20	22	20	25	22	20	22	21	15	24	17	23	22	26	13	15	18	22	18	27	9	26	28
50 to 54 years	798	481	316	165	317	192	125	34	25	34	22	96	61	43	19	36	27	32	23	28	23	34	23	30	24	47	21	36	22	31	24
55 to 59 years	910	588	396	192	322	189	133	57	35	39	36	40	34	45	23	49	23	53	20	59	19	52	18	43	25	44	28	50	29	63	32
60 to 64 years	1,084	704	458	246	380	218	162	72	39	54	34	13	7	57	34	68	27	65	35	60	29	58	29	62	28	46	32	73	39	78	46
65 to 69 years	1,406	1,005	622	383	401	237	164	81	38	82	26	96	40	82	35	93	21	81	30	73	31	77	22	78	40	74	39	78	38	119	41
70 to 74 years	1,445	1,133	633	500	312	178	134	97	26	86	24	114	27	91	25	94	29	96	22	76	22	85	33	84	19	90	22	111	25	103	38
75 to 79 years	1,309	1,036	523	573	204	109	95	102	21	78	16	107	21	101	23	83	12	79	20	100	14	69	12	88	13	90	20	101	11	98	21
80 to 84 years	984	862	338	524	122	52	70	71	10	67	12	85	11	69	8	70	13	74	11	55	19	61	6	54	14	79	11	83	9	91	7
85 to 89 years	637	560	194	366	77	40	37	48	10	50	4	57	8	44	7	42	5	47	9	36	6	40	4	43	7	49	8	44	5	60	4
90 to 94 years	227	205	69	136	22	9	13	20	3	21	4	24	2	12	..	24	2	12	1	10	4	15	1	16	1	12	1	17	2	25	1
95 to 99 years	63	56	21	35	7	3	4	4	1	6	..	6	..	4	..	2	1	4	1	7	2	3	..	8	..	6	..	2	..	4	2
100 years and over	12	9	1	8	3	1	2	2	..	..	..	2	..	..	..	..	1	1	1	..	..	..	..	..	1	..	..	2	..	2	..
Unknown	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE No. 6

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1962

INT. LIST No.	CAUSE OF DEATH	COLOR	TOTAL UNDER ONE YEAR	AGE GROUP					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Months	6-11 Months
	ALL CAUSES	T	732	313	182	61	82	64	30
		W	286	137	79	17	21	20	12
		C	446	176	103	44	61	44	18
042.0	Other salmonella infections without mention of food as vehicle of infection	C	1	..	..	..	1	..	..
053.4	Septicemia and pyemia, organism unspecified	C	4	..	..	..	1	1	2
	Whooping cough								
056.0	Without mention of pneumonia	W	1	..	..	..	1	..	..
056.1	With pneumonia	C	1	..	..	..	..	1	..
155.0	Malignant neoplasm of biliary passages and liver	W	1	..	..	..	1	..	..
204.3	Leukemia and aleukemia, acute	W	1	..	..	..	..	..	1
230	Neoplasm of unspecified nature of digestive organs	C	1	..	..	..	1	..	..
289.2	Other Metabolic disease, other than lipidosis and amyloidosis	W	1	..	..	1	..	..	..
325.4	Mongolism	W	1	..	..	..	..	1	..
	Meningitis (except meningococcal and tuberculosis)								
340.0	H. influenza	C	1	..	..	..	1	..	..
340.1	Pneumococcus	C	2	..	1	..	..	1	..
340.3	With no organism specified as cause	W	1	..	..	1	..	..	..
		C	2	..	..	..	1	1	..
351	Cerebral spastic infantile paralysis	W	1	..	..	..	1	..	..
391.2	Otitis media without mention of mastoiditis, unspecified	W	1	..	..	..	..	1	..
		C	6	..	..	1	3	1	1
475	Acute upper respiratory infection of multiple or unspecified sites	C	2	..	..	..	..	2	..
	Pneumonia (except of newborn, Code 763)								
490	Lobar	W	1	..	..	..	..	..	1
491	Broncho	W	2	..	..	..	..	2	..
		C	12	..	..	..	3	8	1
492	Primary atypical	C	1	..	..	..	..	1	..
493	Other and unspecified	W	4	..	..	..	3	1	..
		C	5	..	..	..	2	2	1
500	Acute bronchitis	W	1	..	..	..	..	1	..
		C	2	..	..	1	1	..	..
502.1	Chronic bronchitis, other	W	1	..	..	..	..	..	1
525	Other chronic interstitial pneumonia	W	10	..	..	..	6	4	..
		C	37	..	..	..	22	12	3
527.1	Other diseases of lung and pleural cavity Emphysema without mention of bronchitis	W	1	1	..	..	..	..	..
	Hernia of abdominal cavity without mention of obstruction								
560.2	Umbilical	W	1	1	..	..	..	..	..
560.4	Of other specified site	W	2	2	..	..	..	..	..

TABLE No. 6—Continued

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1962

Int. List No.	Cause of Death	Color	Total Under One Year	Age Group					
				Under 1 Day	1-6 Days	7-27 Days	28 Days–2 Months	3-5 Months	6-11 Months
561.0	Hernia of abdominal cavity with obstruction								
	inguinal	W	1	..	..	1	..	..	..
		C	1	..	..	..	..	1	..
561.2	Umbilical	W	1	..	..	1	..	..	..
561.4	Of other specified site	C	1	1	..	..	..	..	..
561.5	Of unspecified site	C	1	..	..	..	1	..	..
	Gastro-enteritis and colitis, except ulcerative, age 4 weeks and over								
571.0	Ages between 4 weeks and 2 years	W	3	..	..	..	1	..	2
		C	13	..	..	..	6	5	2
578	Other diseases of intestines and peritoneum	W	1	..	..	..	..	..	1
	Infections of kidney								
600.0	Pyelitis, pyelocystitis, and pyelonephritis	W	1	..	..	..	1	..	..
		C	1	..	..	..	1	..	..
744.1	Inborn defect of muscle	W	2	..	..	..	..	..	2
750	Monstrosity	W	5	2	3	..	..	..	..
		C	1	..	..	1	..	..	..
	Spina bifida and meningocele								
751.1	Without mention of hydrocephalus	W	3	..	1	1	1	..	..
751.2	With hydrocephalus	W	5	2	1	..	1	1	..
		C	3	..	..	1	1	1	..
752	Congenital hydrocephalus	W	4	2	..	..	..	1	1
		C	2	..	..	1	..	1	..
	Other congenital malformations of nervous system and sense organs								
753.1	Other than congenital cataract	W	2	..	..	..	..	2	..
		C	1	..	..	..	1	..	..
	Congenital malformations of circulatory system								
754.0	Tetralogy of Fallot	C	1	..	..	..	..	1	..
754.1	Patent ductus ateriosus	W	1	..	1	..	..	..	..
		C	3	1	1	..	1	..	..
754.3	Interauricular septal defect	C	1	..	1	..	..	..	..
754.4	Fibroelastosis cordis	W	1	..	..	..	..	1	..
		C	1	..	..	..	..	1	..
754.5	Other and unspecified malformations of heart	W	8	..	2	1	4	1	..
		C	12	1	2	1	4	..	4
754.7	Other circulatory malformations	W	1	..	1	..	..	..	..
		C	1	..	..	..	..	1	..
	Congenital malformations of digestive system								
756.2	Other than congenital hypertrophic pyloric stenosis and imperforate anus	W	5	..	1	3	..	1	..
		C	5	..	1	3	..	1	..
757.1	Polycystic disease of kidney	C	1	..	..	1	..	..	..
	Other and unspecified congenital malformations not elsewhere classified								
759.0	Of respiratory system	C	1	..	..	..	1	..	..
759.1	Of skin	W	1	..	..	..	..	1	..
759.2	Of muscle	W	1	1	..	..	..	..	..
759.3	Other and unspecified	W	9	6	..	1	1	1	..
		C	6	1	1	3	1	..	..

TABLE No. 6—Continued

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1962

Int. List No.	Cause of Death	Color	Total Under One Year	Age Group					
				Under 1 Day	1-6 Days	7-27 Days	28 Days-2 Months	3-5 Months	6-11 Months
760	Intracranial and spinal injury at birth	W	17	7	9	1	..	..	..
		C	14	3	9	1	1	..	..
761	Other birth injury	W	12	7	5	..	..	..	..
		C	24	18	5	1	..	..	..
762	Postnatal asphyxia and atelectasis	W	36	25	11	..	..	..	..
		C	34	21	12	1	..	..	..
763	Pneumonia of newborn	W	8	5	1	2	..	..	..
		C	17	3	4	10	..	..	..
764	Diarrhea of newborn	C	3	..	..	3	..	..	..
767	Umbilical sepsis	C	1	..	1	..	..	..	..
768	Other sepsis or newborn	W	6	1	4	1	..	..	..
		C	12	3	5	4	..	..	..
770	Hemolytic disease of newborn	W	10	9	..	1	..	..	..
		C	6	2	3	1	..	..	..
771	Hemorrhagic disease of newborn	W	2	1	..	1	..	..	..
		C	1	..	1	..	..	..	..
772	Nutritional maladjustment	W	1	..	1	..	..	..	..
		C	4	..	..	..	3	..	1
773	Ill-defined diseases peculiar to early infancy	W	31	11	20	..	..	..	..
		C	61	28	29	3	1	..	..
776	Immaturity, unqualified	W	72	53	18	1	..	..	..
		C	127	93	27	7	..	..	..
	Ill-defined and unknown causes of morbidity and mortality								
795.3	Found dead cause unknown	W	1	1	..	..	..	..	..
		C	1	..	..	..	..	1	..
795.4	Died without sign of disease	C	1	..	..	..	1	..	..
795.5	Other unknown and unspecified causes	C	1	1	..	..	..	..	..
816.4	Other motor vehicle traffic accident involving two or more motor vehicles	C	1	..	..	..	..	..	1
919.0	Accident caused by firearm	C	1	..	..	..	..	1	..
921.0	Inhalation and ingestion of food causing obstruction or suffocation	W	1	..	..	..	..	..	1
		C	1	..	..	..	..	..	1
924.0	Accidental mechanical suffocation in bed and cradle	W	2	..	..	..	..	1	1
		C	1	..	..	..	..	..	1
983	Assault by other means	W	1	..	..	..	..	..	1
		C	2	..	..	..	2	..	..

TABLE No. 7

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	All Causes	11,338	W	7,775	M	4,217	159	7	4	3	3	14	16	22	15	19	33	63	111	177	316	396	458	622	633	523	338	285	..
					F	3,558	127	7	4	3	2	8	8	9	6	19	22	41	74	100	165	192	246	383	500	573	524	545	..
			C	3,563	M	2,018	240	14	7	4	3	15	17	16	29	47	68	92	107	131	192	189	218	237	178	109	52	53	..
					F	1,545	206	9	2	5	7	21	6	5	18	25	49	76	84	93	125	133	162	164	134	95	70	56	..
	I—Infective and Parasitic Diseases																											
001–019	Tuberculosis, all forms	133	W	60	M	55	..	..	..	..	..	1	..	1	..	..	..	1	3	5	5	3	11	9	10	3	1	2	..
					F	14	..	..	..	..	..	..	..	..	..	..	..	2	1	4	..	..	1	2	1	3	..	..	..
			C	64	M	49	..	..	..	..	..	..	..	..	1	..	5	1	4	2	12	8	3	4	5	3	..	1	..
					F	15	..	..	..	..	1	..	..	..	1	1	..	5	1	1	1	..	2	..	1	..	..	1	..
001–008	Tuberculosis of the respiratory system	126	W	66	M	52	..	..	..	..	..	..	..	..	..	..	..	1	3	5	5	3	10	9	10	3	1	2	..
					F	14	..	..	..	..	..	..	..	..	..	..	..	2	1	4	..	..	1	2	1	3	..	..	..
			C	60	M	48	..	..	..	..	..	..	..	..	1	..	4	1	4	2	12	8	3	4	5	3	..	1	..
					F	12	..	..	..	..	..	..	..	..	1	1	..	4	1	1	1	..	1	..	1	..	..	1	..
010–019	Tuberculosis, all other forms	7	W	3	M	3	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	4	M	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..
020–029	Syphilis, all forms	28	W	11	M	6	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	3	1	..	..	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	1	..	1	..	..	..	..	..
			C	17	M	9	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	..	2	1	..	1	..	..
					F	8	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	2	2	1	..	..	..	..	..
041–042	Paratyphoid fever	2	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

| | | |

TABLE No. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals					Age Groups																					
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	II—Neoplasms																											
140–205	Malignant neoplasms	1,782	W	1,290	M	670	..	..	..	..	..	2	1	1	1	3	5	7	18	24	60	82	99	102	113	77	46	29	..
					F	620	2	..	..	2	1	2	2	..	1	3	5	10	22	40	62	65	68	82	81	75	65	32	..
			C	492	M	276	..	..	1	..	1	..	2	1	..	..	5	8	13	20	39	34	42	50	30	15	9	6	..
					F	216	..	..	..	..	1	1	..	..	1	1	9	9	17	21	29	35	26	33	13	9	8	3	..
140–148	Malignant neoplasm of buccal cavity and pharynx	40	W	26	M	21	..	..	..	..	..	..	1	..	..	..	..	..	..	..	3	3	4	3	1	6	..	..	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	..	1	..	..	..
			C	14	M	7	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	..	1	3	..	..	..	..	..
					F	7	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	3	1	..	..	..	..	..	..	..
150	Malignant neoplasm of esophagus	57	W	27	M	25	..	..	..	..	..	..	..	..	..	..	..	..	1	2	4	4	6	3	3	1	1	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..
			C	30	M	25	..	..	..	..	..	..	..	..	..	..	..	2	1	2	7	3	2	5	1	1	..	1	..
					F	5	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	1	1	..	..	..	..	..
151	Malignant neoplasm of stomach	109	W	72	M	48	..	..	..	..	..	..	..	..	..	..	..	1	1	..	3	3	7	9	11	7	3	3	..
					F	24	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	2	3	2	7	5	2	..
			C	37	M	26	..	..	..	..	..	..	..	..	..	..	1	..	2	1	5	3	3	4	3	3	1	..	..
					F	11	..	..	..	..	..	..	..	..	..	..	..	1	..	2	1	1	2	3	1	..	..	..	..
152–153	Malignant neoplasm of intestine, except rectum	214	W	176	M	73	..	..	..	..	..	..	..	..	..	..	1	..	2	4	4	5	8	13	15	7	10	4	..
					F	103	..	..	..	..	..	..	..	..	..	..	1	..	1	8	5	8	11	13	21	17	10	8	..
			C	38	M	18	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	4	3	5	3	..	..	..
					F	20	..	..	..	..	..	..	..	..	..	..	1	..	1	1	5	1	..	8	1	2	..	..	..
154	Malignant neoplasm of rectum	59	W	40	M	17	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	2	3	2	4	1	3	..
					F	23	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	2	3	3	3	2	7	..	..
			C	19	M	10	..	..	..	..	..	..	..	..	..	..	..	..	..	2	1	3	..	2	..	..	2	..	..
					F	9	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	3	2	1	1	..	..	..	..

| | | |

TABLE No. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals					Age Groups																								
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
204	Leukemia and aleukemia	59	W	46	M	24	..	..	..	..	..	1	..	1	..	1	..	..	2	..	..	4	1	2	5	4	1	2	..
					F	22	1	..	..	1	..	1	1	..	..	..	..	..	..	1	5	2	1	1	3	1	4	..	..
			C	13	M	6	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	2	..	..	1	1	..	..	..
					F	7	..	..	..	..	..	1	..	..	..	..	1	..	..	1	2	1	..	..	..	..	1	..	..
200–203, 205	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	72	W	64	M	30	..	..	..	..	..	..	..	..	..	..	2	2	2	2	6	6	1	2	3	2	2	..	..
					F	34	..	..	..	..	..	..	..	..	..	..	1	3	2	1	..	4	6	5	4	6	2	..	..
			C	8	M	6	..	..	..	..	..	..	1	..	..	..	..	..	1	2	2	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..
210–239	Benign neoplasms and neoplasms of unspecified nature	37	W	23	M	13	..	1	..	..	..	..	1	1	..	..	..	..	..	2	..	2	..	2	2	..	1	1	..
					F	10	..	..	..	..	..	1	..	..	1	1	..	..	1	1	1	2	..	..	1	..	1	..	..
			C	14	M	5	1	..	..	..	..	1	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	..
					F	9	..	..	..	..	..	..	..	..	..	..	..	1	..	2	2	1	3	..	..	..	..	..	..	..
III and IV—Allergic Disorders: All Other Endocrine, Metabolic and Blood Diseases																															
250–251	Non-toxic goiter	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..
252	Thyrotoxicosis with or without goiter	5	W	3	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..	..
			C	2	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
260	Diabetes mellitus	275	W	189	M	62	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	5	9	4	6	16	14	3	..	..
					F	127	..	..	..	..	..	..	..	..	..	1	..	..	..	..	2	9	6	12	26	27	21	12	8	..
			C	86	M	27	..	..	..	..	..	..	..	..	..	..	1	1	2	2	2	1	5	6	2	3	2	..	..	..
					F	59	..	..	..	..	..	..	..	..	..	1	..	..	3	4	6	6	10	7	12	5	1	3	1	..

| | | |

TABLE No. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals					Age Groups																								
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
340	Nonmeningococcal meningitis	25	W	7	M	4	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..
					F	3	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
			C	18	M	9	2	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	2	2	..	1	..	..	..
					F	9	3	..	..	1	..	1	..	..	1	..	1	1	..	..	..	..	1	..	..	..	..	..	..
345	Multiple sclerosis	5	W	4	M	2	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
353	Epilepsy	23	W	6	M	6	..	..	..	..	..	1	1	1	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	17	M	9	..	..	..	..	..	..	1	..	..	1	2	1	2	1	1	2	..	..	..	..	..	..	..
					F	8	..	..	..	..	..	..	..	..	1	1	3	..	1	..	1	..	..	..	..	..	..	..	..
391–393	Otitis media and mastoiditis	10	W	4	M	2	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	6	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
341–344, 350–352, 354–369, 380–384, 386 388–390, 394–398	All other diseases of the nervous system and sense organs	55	W	38	M	17	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2	3	1	1	4	3	1	..	..
					F	21	1	..	..	..	..	..	2	1	1	..	..	..	..	1	..	4	3	..	2	3	3	..	..
			C	17	M	9	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	3	3	1	..	..	..	..
					F	8	..	..	..	1	..	1	..	..	1	1	..	1	..	1	..	1	..	..	1	..	..	..	..

| | | |

TABLE No. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
460–468	Other diseases of the circulatory system	68	W	44	M	23	..	..	..	..	..	..	..	..	..	..	..	..	1	3	1	3	1	3	4	2	3	2	..
					F	21	..	..	..	..	..	..	..	..	..	..	..	..	2	..	3	3	1	3	2	4	1	2	..
			C	24	M	12	..	1	..	..	..	..	..	..	..	1	..	2	1	2	..	1	2	1	2	..	..	..	..
					F	12	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	3	2	1	1	..	..	..	..
	VIII—Diseases of the Respiratory System																											
470–475	Acute upper respiratory infections	3	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
480–483	Influenza	6	W	3	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	..
			C	3	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..
490–493	Pneumonia, all forms	350	W	219	M	133	2	..	2	..	..	..	1	..	..	2	1	1	3	2	6	10	14	20	21	18	12	18	..
					F	86	5	..	1	..	..	..	2	..	..	..	..	2	1	1	2	2	4	10	15	13	12	16	..
			C	131	M	89	10	5	2	..	..	1	1	..	1	2	5	6	8	4	9	11	5	8	7	1	2	1	..
					F	42	8	3	..	..	..	..	..	2	..	..	2	3	2	2	1	3	4	2	4	4	1	1	..
490	Lobar pneumonia	75	W	43	M	30	..	..	1	..	..	..	..	..	..	1	..	..	..	2	2	5	4	8	3	2	2	..	..
					F	13	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	1	..	..	1	1	3	4	..
			C	32	M	20	..	..	..	..	..	..	1	..	..	..	2	2	6	1	3	3	..	1	..	1	..	..	..
					F	12	..	..	..	..	..	..	..	..	..	..	1	3	2	1	..	2	..	1	..	1	..	..	1	..
491	Bronchopneumonia	162	W	95	M	53	..	..	1	..	..	..	1	..	..	1	1	..	2	..	1	2	5	9	9	9	3	9	..
					F	42	2	..	1	..	..	..	1	..	..	..	..	2	1	..	1	1	2	6	8	6	7	4	..
			C	67	M	47	6	4	2	..	..	1	..	..	1	2	2	1	2	3	5	8	2	5	2	..	1	..	..
					F	20	6	1	..	..	..	..	..	..	..	..	1	..	..	1	..	1	2	1	4	1	1	..	..

| | | |

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
550–553	Appendicitis	14	W	9	M	7	..	..	..	..	..	1	..	2	..	..	..	..	..	1	..	..	..	..	1	2	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..
			C	5	M	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
					F	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
560, 561	Intestinal obstruction and hernia	88	W	66	M	38	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	3	7	8	3	4	..	..	..
					F	28	2	..	..	..	..	..	..	..	..	1	..	..	..	1	1	..	3	..	5	5	7	2	..
570			C	22	M	13	2	..	..	..	..	..	..	..	..	..	1	..	1	..	2	2	2	1	1	1	..	..	..
					F	9	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	1	1	1	1	1	1	..	..	..
571, 572	Gastro-enteritis and colitis, except diarrhea of the newborn	40	W	20	M	10	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	3	1	1	..	..
					F	10	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	2	1	3	..
			C	20	M	8	5	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	1	..
					F	12	8	..	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..
581	Cirrhosis of the liver	195	W	129	M	86	..	..	..	..	..	..	..	..	..	..	1	3	9	10	14	15	9	17	7	..	1	..	..
					F	43	..	..	..	..	..	..	..	..	..	..	2	..	12	8	7	6	5	1	1	..	1	..	..
			C	66	M	39	..	..	..	..	..	..	..	..	..	4	4	8	8	5	2	..	5	2	1	..	..	..	..
					F	27	..	..	..	..	..	..	..	..	..	4	6	6	4	3	3	1	..	..	..	..	..	..	..	..
584, 585	Cholelithiasis and cholecystitis	27	W	22	M	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	4	1	2	..	..
					F	13	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	1	5	2	2	..	..
			C	5	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..	..
					F	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..
536–539, 542, 544, 545 573–580, 582, 583, 586, 587	Other diseases of the digestive system	100	W	65	M	41	1	..	..	..	..	1	..	..	..	..	2	..	2	..	5	5	5	6	6	6	2	..	..
					F	24	..	..	..	..	..	..	..	..	..	..	..	..	2	2	..	3	2	2	3	7	2	1	..
			C	35	M	19	..	..	..	..	..	..	..	..	1	..	2	..	1	4	1	1	2	4	..	2	..	1	..
					F	16	..	..	..	..	..	..	..	..	..	1	2	1	2	1	1	1	3	..	1	2	1	..	..
	X—Diseases of the Genito-Urinary System																											
590–594	Nephritis, total	85	W	54	M	34	..	..	..	..	..	..	..	..	1	1	1	1	1	3	1	5	3	4	4	5	3	1	..
					F	20	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	3	3	1	4	1	3	3	..	..
			C	31	M	17	..	..	..	..	..	..	1	1	..	..	1	..	1	1	..	2	2	1	..	..	..	1	..	..
					F	14	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
590, 591	Acute nephritis	12	W	7	M	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	4	M	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

| | | |

TABLE No. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals: Grand Total	Totals: By Color		Totals: By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
XII and XIII—Diseases of the Skin and Musculoskeletal System																													
690–698	Infections of skin and subcutaneous tissue	4	W	4	M	1																			1				
					F	3																			2		1		
			C		M																								
				..	F	..																							
720–725	Arthritis and spondylitis	9	W	7	M	3															1			1	1				
					F	4																		1	2			1	
			C	2	M	1																				1			
					F	1													1										
730	Osteomyelitis and periostitis	3	W	3	M	1														1									
					F	2												1			1								
			C	..	M																								
					F	..																							
737, 745–749	Ankylosis and acquired musculoskeletal deformities	1	W	1	M	..																							
					F	1																			1				
			C	..	M																								
					F	..																							
700–716, 731–736, 738–744	All other diseases of skin and musculo-skeletal system	29	W	19	M	10	1								1	1				1	2	1	1			2			
					F	9	1													1			1	1		3	2		
			C	10	M	2								1	1			2		1	1	1			1				
					F	8															1			1					
XIV—Congential Malformations																													
751	Spina bifida and meningocele	11	W	8	M	1	1																						
					F	7	7																						
			C	3	M	3	3																						
					F	..																							

| | | |

TABLE No. 7—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Causes of Death	Totals					Age Groups																								
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age Not Specified
780-793, 795	Ill-defined and unknown causes of mortality	30	W	21	M	13	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	2	2	2	1	2	..	..
					F	8	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3	2	1	..
			C	9	M	5	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1	1	..	..	..	..
					F	4	2	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
XVII—Accidents, Poisonings and Violence																															
	All accidents	478	W	276	M	181	2	1	1	1	1	4	8	12	8	7	4	11	12	12	15	11	21	12	14	12	5	7	..
					F	95	1	2	1	..	..	2	..	5	..	3	2	1	6	1	4	3	4	15	10	10	12	13	..
			C	202	M	134	2	4	1	2	1	9	10	8	4	11	9	14	7	8	12	9	6	10	4	3	..	..	..
					F	68	2	2	2	1	4	15	2	1	2	..	3	6	6	4	4	1	4	3	3	3	..	..	..
E810-E835	Motor vehicle accidents	153	W	84	M	58	..	..	..	1	1	1	4	9	3	4	1	6	5	2	1	1	7	5	5	2	..	..	..
					F	26	..	..	..	..	..	1	..	4	..	..	1	1	2	..	..	..	3	8	2	3	1	..	..
			C	69	M	45	..	1	..	1	..	6	3	1	3	5	2	3	4	1	1	3	3	4	2	2	..	..	..
					F	24	1	..	..	..	2	4	2	1	1	..	..	4	2	1	1	1	..	1	1	2	..	..	..
E800-E802, E840-E866	Other transport accidents	8	W	6	M	5	..	..	..	..	..	..	..	..	1	..	..	1	..	2	1	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	2	M	2	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
E870-E895	Accidental poisoning	33	W	18	M	10	..	..	..	..	..	..	..	..	..	2	1	..	3	1	1	2	..	..	..	..	..	..	..
					F	8	..	1	1	..	..	..	..	..	..	1	1	..	1	..	2	..	..	..	..	..	1	..	..
			C	15	M	7	..	..	..	..	..	..	..	2	..	..	2	2	..	1	..	..	..	..	..	..	..	..	..
					F	8	..	1	1	..	..	..	..	..	1	..	1	1	2	..	1	..	..	..	..	..	..	..	..

| | | |

TABLE No. 7—Continued

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1962

International List No.	Cause of Death	Totals					Age Groups																								
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
E964, E980–E985	Homicide and injury purposely inflicted by other persons (not in war)	105	W	22	M	16	1	1	..	..	..	..	..	..	..	1	2	1	2	2	1	..	2	1	1	1	..	..	..
					F	6	..	..	1	..	..	..	..	1	1	..	..	..	..	..	..	..	1	1	..	..	..	1	..
			C	83	M	69	1	..	..	..	..	1	1	3	16	9	11	9	7	6	1	2	1	1	..	..	..	..	..
					F	14	1	..	..	..	..	..	..	..	1	4	2	3	2	1	..	..	..	..	..	..	..	..	..

NOTE: Deaths by color include the following non-Negro races:
Pulmonary tuberculosis—one male, Chinese, 87 years of age.
Aneurysm of aorta (syphilitic)—one female, Chinese, 42 years of age.
Malignant neoplasm of stomach—one male, other, 81 years of age.
Malignant neoplasm of other and unspecified sites—one male, other, 66 years of age.
Diabetes mellitus—one male, other, 64 years of age.
Alcoholism—one male, other, 24 years of age.
Arteriosclerotic heart disease, including coronary disease—one male, Chinese, 73 years of age.
Myocardial degeneration—one male, Chinese, 62 years of age—one male, other, 79 years of age.
Ill-defined and unknown cause—one male, Filipino, 3 years of age.
Accidental poisoning—one female, Japanese, 30 years of age.
Assault of firearm and explosive—one male, other, 30 years of age.
Assault by other means—one male, Filipino, 30 years of age.

TABLE No. 8

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1962

CAUSE OF DEATH	RECORDED						RESIDENT					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
All Causes	12,946	9,440	3,506	13.9	16.1	10.1	11,338	7,775	3,563	12.2	13.3	10.3
Tuberculosis, all forms (001-019)	112	55	57	12.0	9.4	16.4	133	69	64	14.3	11.8	18.4
Respiratory tuberculosis (001-008)	*107*	*52*	*55*	*11.5*	*8.9*	*15.9*	*126*	*66*	*60*	*13.5*	*11.3*	*17.3*
Syphilis (020-029)	28	11	17	3.0	1.9	4.9	28	11	17	3.0	1.9	4.9
Typhoid fever (040)	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045-048)	2	2	..	0.2	0.3	..	3	2	1	0.3	0.3	0.3
Other infective diseases of the intestinal tract (041-044, 049)	2	..	2	0.2	..	0.6	2	..	2	0.2	..	0.6
Scarlet fever and streptococcal sore throat (050-051)	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (055)	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough (056)	3	2	1	0.3	0.3	0.3	2	1	1	0.2	0.2	0.3
Meningococcal infections (057)	4	4	..	0.4	0.7	..	1	1	..	0.1	0.2	..
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	30	17	13	3.2	2.9	3.7	24	13	11	2.6	2.2	3.2
Poliomyelitis, acute (080-081)	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis (082-083)	1	1	..	0.1	0.2	..	1	1	..	0.1	0.2	..
Smallpox (084)	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085)	1	..	1	0.1	..	0.3	1	..	1	0.1	..	0.3
Other virus diseases (086-096)	10	8	2	1.1	1.4	0.6	11	10	1	1.2	1.7	0.3
Typhus and rickettsial diseases (100-108)	1	1	..	0.1	0.2	..	..	..	..	..	..	..
Other infective and parasitic diseases (110-138)	1	1	..	0.1	0.2	..	3	2	1	0.3	0.3	0.3
Malignant neoplasms (140-205)	2,184	1,691	493	234.3	289.1	142.1	1,782	1,290	492	191.2	220.5	141.8
Lymphatic and hematopoietic (200-205)	*198*	*167*	*31*	*21.2*	*28.5*	*8.9*	*131*	*110*	*21*	*14.1*	*18.8*	*6.1*
Benign and unspecified neoplasms (210-239)	63	46	17	6.8	7.9	4.9	37	23	14	4.0	3.9	4.0
Diabetes (260)	315	232	83	33.8	39.7	23.9	275	189	86	29.5	32.3	24.8
Anemias (290-293)	22	14	8	2.4	2.4	2.3	18	10	8	1.9	1.7	2.3
Other diseases of the blood and blood-forming organs (294-299)	11	8	3	1.2	1.4	0.9	5	3	2	0.5	0.5	0.6
Vascular lesions of the central nervous system (330-334)	908	652	256	97.4	111.5	73.8	816	547	269	87.6	93.5	77.5
Rheumatic fever (400-402)	..	..	..	..	..	..	1	1	..	0.1	0.2	..
Diseases of the heart (410-443)	5,305	4,111	1,194	569.2	702.7	344.1	4,895	3,677	1,218	525.2	628.5	351.0
Chronic rheumatic heart disease (410-416)	*145*	*120*	*25*	*15.6*	*20.5*	*7.2*	*105*	*80*	*25*	*11.3*	*13.7*	*7.2*
Arteriosclerotic and degenerative heart disease (420-422)	*4,073*	*3,352*	*721*	*437.0*	*573.0*	*207.8*	*3,775*	*3,036*	*739*	*405.0*	*519.0*	*213.0*
Other diseases of the heart (430-434)	*162*	*111*	*51*	*17.4*	*19.0*	*14.7*	*158*	*89*	*49*	*14.8*	*15.2*	*14.1*
Hypertensive heart disease (440-443)	*925*	*528*	*397*	*99.2*	*90.3*	*114.4*	*877*	*472*	*405*	*94.1*	*80.7*	*116.7*

* Death rates for all causes are per 1,000 population and for puerperal causes are per 10,000 live births.

TABLE No. 8—Concluded

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1962

Cause of Death	Recorded						Resident					
	Number			Rate per 100,000 Population*			Number			Rate per 100,000 Population*		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Other hypertensive diseases (444–447)	55	19	36	5.9	3.2	10.4	51	18	33	5.5	3.1	9.5
Arteriosclerosis (450)	157	131	26	16.8	22.4	7.5	164	136	28	17.6	23.2	8.1
Other diseases of the circulatory system (451–468)	201	147	54	21.6	25.1	15.6	156	103	53	16.7	17.6	15.3
Nephritis and nephrosis (590–594)	107	72	35	11.5	12.3	10.1	85	54	31	9.1	9.2	8.9
Acute nephritis and nephritis with edema, including nephrosis (590–591)	*13*	*10*	*3*	*1.4*	*1.7*	*0.9*	*10*	*7*	*3*	*1.1*	*1.2*	*0.9*
Influenza and pneumonia (480–483, 490–493)	331	218	113	35.5	37.3	32.6	356	222	134	38.2	37.9	38.6
Pneumonia (490–493)	*325*	*215*	*110*	*34.9*	*36.8*	*31.7*	*350*	*219*	*131*	*37.6*	*37.4*	*37.8*
Bronchitis (500–502)	39	30	9	4.2	5.1	2.6	40	30	10	4.3	5.1	2.9
Ulcer of the stomach and duodenum (540–541)	94	75	19	10.1	12.8	5.5	77	57	20	8.3	9.7	5.8
Appendicitis (550–553)	16	11	5	1.7	1.9	1.4	14	9	5	1.5	1.5	1.4
Intestinal obstruction and hernia (560–570)	118	94	24	12.7	16.1	6.9	88	66	22	9.4	11.3	6.3
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	63	43	20	6.8	7.4	5.8	44	23	21	4.7	3.9	6.1
Cirrhosis of the liver (581)	220	154	66	23.6	26.3	19.0	195	129	66	20.9	22.1	19.0
Hyperplasia of prostate (610)	22	14	8	2.4	2.4	2.3	20	12	8	2.1	2.1	2.3
Puerperal causes (640–689)	14	6	8	3.9	2.4	6.8	12	4	8	5.4	3.5	7.3
Congenital malformations (750–759)	214	163	51	23.0	27.9	14.7	118	69	49	12.7	11.8	14.1
Certain diseases of early infancy (760–776)	716	395	321	76.8	67.5	92.5	499	195	304	53.5	33.3	87.6
Pneumonia of newborn (765)	*35*	*18*	*17*	*3.8*	*3.1*	*4.9*	*25*	*8*	*17*	*2.7*	*1.4*	*4.9*
Diarrhea of newborn (764)	*3*	..	*3*	*0.3*	..	*0.9*	*3*	..	*3*	*0.3*	..	*0.3*
Senility, ill-defined and unknown conditions (780–795)	28	23	5	3.0	3.9	1.4	32	23	9	3.4	3.9	2.6
All other diseases	793	526	267	85.1	89.9	76.9	672	400	272	72.1	68.4	78.4
Accidents, total (800–962)	532	344	188	57.1	58.8	54.2	478	276	202	51.3	47.2	58.2
Motor vehicle accidents (810–835)	*178*	*118*	*60*	*19.1*	*20.2*	*17.3*	*147*	*81*	*66*	*15.8*	*13.8*	*19.0*
Home accidents	*200*	*128*	*72*	*21.5*	*21.9*	*20.7*	*175*	*105*	*70*	*18.8*	*17.9*	*20.2*
Occupational accidents	*40*	*26*	*14*	*4.3*	*4.4*	*4.0*	*38*	*17*	*21*	*4.1*	*2.9*	*6.1*
All other accidents	*114*	*72*	*42*	*12.2*	*12.3*	*12.1*	*118*	*73*	*45*	*12.7*	*12.5*	*13.0*
Suicides (963, 970–979)	109	89	20	11.7	15.2	5.8	94	77	17	10.1	13.2	4.9
Homicides (964, 980–985)	114	30	84	12.2	8.6	24.2	105	22	83	11.3	3.8	23.9

*Death rates for all causes are per 1,000 population and for puerperal causes are per 10,000 live births.

TABLE No. 9

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1962

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
	All Causes	9,440	3,506	6,809	3,246	2,381	229	250	31	840	279	126	38	7,775	3,563
A 1	Tuberculosis of the respiratory system	52	55	40	50	4	2	8	3	25	10	1	..	66	60
A 2	Tuberculosis of the meninges and central nervous system	3	..	3	..	..	..	..	..	..	1	..	..	3	1
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 4	Tuberculosis of the bones and joints	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 5	Tuberculosis, all other forms	..	1	..	1	..	..	..	..	..	1	..	..	..	2
A 6	Congenital syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 7	Early syphilis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 8	Tabes dorsalis	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 9	General paralysis of insane	..	..	..	..	..	..	..	..	1	..	..	..	1	..
A 10	All other syphilis	11	16	7	15	3	1	1	..	2	1	1	..	10	16
A 11	Gonococcal infection	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 12	Typhoid fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 13	Paratyphoid fever and other Salmonella infections	..	2	..	2	..	..	..	..	..	..	..	..	..	2
A 14	Cholera	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 15	Brucellosis (undulant fever)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 16	Dysentery, all forms	2	..	1	..	1	..	..	..	..	1	1	..	2	1
A 17	Scarlet fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 18	Streptococcal sore throat	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 19	Erysipelas	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 20	Septicemia and pyemia	17	12	12	10	4	1	1	1	1	..	..	..	13	10
A 21	Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 22	Whooping cough	2	1	1	1	1	..	..	..	..	..	..	..	1	1
A 23	Meningococcal infections	4	..	1	..	3	..	..	..	..	..	..	..	1	..
A 24	Plague	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 25	Leprosy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 26	Tetanus	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 27	Anthrax	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 28	Acute poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 29	Acute infectious encephalitis	1	..	1	..	..	..	..	..	..	..	..	..	1	..
A 30	Late effects of acute polio	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 31	Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 32	Measles	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 33	Yellow fever	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 34	Infectious hepatitis	4	2	4	1	..	1	..	..	..	..	..	..	4	1

TABLE No. 9—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1962

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 35	Rabies	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 36	Rocky Mountain spotted fever	1	..	..	..	1	..	..	..	..	..	..	..	..	..
A 37	Malaria	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 38	Schistosomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 39	Hydatid disease	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 40	Filariasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 41	Ankylostomiasis	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 42	Other diseases due to helminths	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 43	All other diseases classified as infective and parasitic	5	1	5	1	..	..	..	..	2	1	1	..	8	2
	Malignant neoplasm of:														
A 44	Buccal cavity and pharynx	32	15	22	14	7	..	3	1	4	..	..	..	26	14
A 45	Esophagus	36	27	25	26	10	1	1	..	2	4	..	..	27	30
A 46	Stomach	87	31	64	30	22	1	1	..	6	7	2	..	72	37
A 47	Intestine, except rectum	199	35	155	35	42	..	2	..	17	2	4	1	176	38
A 48	Rectum	57	19	35	18	21	1	1	..	5	1	..	..	40	19
A 49	Larynx	15	5	8	5	7	..	..	..	1	..	..	..	9	5
A 50	Trachea and of bronchus and lung not specified as secondary	294	79	197	72	86	4	11	3	16	7	1	1	214	80
A 51	Breast	143	41	102	38	39	3	2	..	15	..	1	..	118	38
A 52	Cervix uteri	46	39	35	36	11	3	..	..	..	1	..	..	35	37
A 53	Other and unspecified parts of uterus	34	10	26	10	8	..	..	..	3	1	..	..	29	11
A 54	Prostate	69	34	52	32	12	2	5	..	4	3	..	..	56	35
A 55	Skin	24	3	18	2	5	..	1	1	..	..	..	..	18	2
A 56	Bone and connective tissue	27	4	15	3	10	1	2	..	3	..	..	..	18	3
A 57	All other and unspecified sites	461	120	300	111	141	8	20	1	39	9	3	2	342	122
A 58	Leukemia and aleukemia	78	15	44	11	27	4	7	..	1	2	1	..	46	13
A 59	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	89	16	53	7	28	8	8	1	11	1	..	..	64	8
A 60	Benign neoplasms and neoplasms of unspecified nature	46	17	22	13	20	3	4	1	..	1	1	..	23	14
A 61	Nontoxic goiter	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 62	Thyrotoxicosis with or without goiter	3	2	3	2	..	..	..	..	..	..	..	..	3	2
A 63	Diabetes mellitus	232	83	175	78	56	4	1	1	14	8	..	..	189	86
A 64	Avitaminosis and other deficiency states	1	1	1	1	..	..	..	..	..	..	..	..	1	1
A 65	Anemias	14	8	10	8	4	..	..	..	..	..	..	..	10	8
A 66	Allergic disorders, all other endocrine, metabolic and blood diseases	46	30	32	26	14	3	..	1	3	3	..	..	35	29
A 67	Psychoses	3	2	1	1	1	1	1	..	1	4	..	..	2	5
A 68	Psychoneuroses and disorders of personality	9	16	7	16	2	..	..	..	2	2	1	1	10	19
A 69	Mental deficiency	1	..	1	..	..	..	..	..	1	..	..	..	2	..

A 70	Vascular lesions affecting central nervous sytem	652	256	479	243	162	13	11	..	62	23	6	3	547	269
A 71	Nonmeningococcal meningitis	12	17	5	16	6	1	1	..	1	2	1	..	7	18
A 72	Multiple sclerosis	4	1	4	1	..	..	..	..	..	..	..	..	4	1
A 73	Epilepsy	7	15	5	14	2	1	..	..	1	3	..	..	6	17
A 74	Inflammatory diseases of eye	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 75	Cataract	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 76	Glaucoma	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 77	Otitis media and mastoiditis	5	7	3	6	2	..	..	1	1	..	..	..	4	6
A 78	All other diseases of the nervous system and sense organs	58	18	34	13	22	5	2	..	2	4	2	..	38	17
A 79	Rheumatic fever	..	..	..	..	..	..	..	..	1	..	..	..	1	..
A 80	Chronic rheumatic heart disease	120	25	68	21	41	3	11	1	9	4	3	..	80	25
A 81	Arteriosclerotic and degenerative heart disease	3,352	721	2,631	680	652	38	69	3	350	56	55	3	3,036	739
A 82	Other diseases of the heart	111	51	79	48	31	3	1	..	9	1	1	..	89	49
A 83	Hypertension with heart disease	528	397	435	378	84	16	9	3	35	27	2	..	472	405
A 84	Hypertension without mention of heart	19	36	10	33	7	3	2	..	8	..	..	..	18	33
A 85	Other diseases of the arteries	213	54	158	49	51	3	4	2	29	7	8	1	195	57
A 86	Other diseases of the circulatory system	65	26	42	22	22	4	1	..	2	2	..	..	44	24
A 87	Acute upper respiratory infections	2	2	1	2	1	..	..	..	..	..	..	..	1	2
A 88	Influenza	3	3	1	3	2	..	..	..	2	..	..	..	3	3
A 89	Lobar pneumonia	39	27	28	26	9	1	2	..	14	6	1	..	43	32
A 90	Bronchopneumonia	92	52	67	48	23	4	2	..	26	18	2	1	95	67
A 91	Primary atypical, other and unspecified pneumonia	84	31	70	28	13	3	1	..	11	4	..	..	81	32
A 92	Acute bronchitis	7	7	5	6	2	1	..	..	5	2	1	..	11	8
A 93	Bronchitis, chronic and unqualified	23	2	19	2	4	..	..	..	..	..	..	..	19	2
A 94	Hypertrophy of tonsils and adenoids	1	..	..	..	1	..	..	..	..	..	..	..	..	..
A 95	Empyema and abscess of lung	6	5	4	5	2	..	..	..	3	1	..	..	7	6
A 96	Pleurisy	1	..	1	..	..	..	..	..	1	..	..	..	2	..
A 97	All other respiratory diseases	148	62	101	58	43	4	4	..	8	4	2	2	111	64
A 98	Diseases of teeth and supporting structures	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 99	Ulcer of stomach	43	11	32	11	9	..	2	..	2	1	..	..	34	12
A 100	Ulcer of duodenum	32	8	23	8	9	..	..	..	..	..	..	..	23	8
A 101	Gastritis and duodenitis	4	1	3	1	1	..	..	..	..	..	..	..	3	1
A 102	Appendicitis	11	5	7	4	3	1	1	..	1	1	1	..	9	5
A 103	Intestinal obstruction and hernia	94	24	59	19	31	5	4	..	6	3	1	..	66	22
A 104	Gastro-enteritis and colitis, except diarrhea of the newborn	39	19	17	19	21	..	1	..	1	..	2	1	20	20
A 105	Cirrhosis of liver	154	66	120	62	33	4	1	..	8	4	1	..	129	66
A 106	Cholelithiasis and cholecystitis	29	6	20	5	9	1	..	..	2	..	..	..	22	5
A 107	Other diseases of digestive system	91	37	60	33	28	4	3	..	5	2	..	..	65	35
A 108	Acute nephritis	10	3	7	2	3	1	..	..	..	1	..	..	7	3
A 109	Chronic, other, and unspecified nephritis	62	32	44	25	15	7	3	..	3	3	..	..	47	28
A 110	Infections of kidney	39	23	30	21	9	2	..	..	..	2	..	..	30	23
A 111	Calculi of urinary system	7	2	4	1	3	1	..	..	..	..	..	..	4	1
A 112	Hyperplasia of prostate	14	8	12	7	2	1	..	..	..	1	..	..	12	8
A 113	Diseases of breast	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 114	Other diseases of genitourinary system	23	12	13	10	10	2	..	..	2	..	..	..	15	10
A 115	Sepsis of pregnancy, childbirth, and the puerperium	1	..	..	..	..	..	1	..	..	..	..	..	..	..
A 116	Toxemias of pregnancy and the puerperium	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 117	Hemorrhage of pregnancy and childbirth	2	1	1	1	1	..	..	..	..	..	..	..	1	1
A 118	Abortion without mention of sepsis or toxemia	2	..	2	..	..	..	..	..	..	..	..	..	2	..

TABLE No. 9—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1962

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 119	Abortion with sepsis	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 120	Other complications of pregnancy, childbirth, and the puerperium	1	6	1	5	..	1	..	..	..	1	..	..	1	6
A 121	Infections of skin and subcutaneous tissue	4	..	3	..	1	..	..	..	1	..	..	..	4	..
A 122	Arthritis and spondylitis	9	2	6	2	3	..	..	..	1	..	..	..	7	2
A 123	Muscular rheumatism and rheumatism, unspecified	..	..	..	..	..	..	..	..	..	..	..	..	..	..
A 124	Osteomyelitis and periostitis	4	..	3	..	1	..	..	..	..	..	..	..	3	..
A 125	Ankylosis and acquired musculoskeletal deformities	1	..	1	..	..	..	..	..	..	..	..	..	1	..
A 126	All other diseases of skin and musculoskeletal system	20	9	14	7	6	1	..	1	5	3	..	..	19	10
A 127	Spina bifida and meningocele	15	3	8	3	7	..	..	..	..	..	..	..	8	3
A 128	Congenital malformations of circulatory system	71	29	18	26	38	3	15	..	..	..	..	1	18	27
A 129	All other congenital malformations	77	19	41	16	34	3	2	..	2	2	..	1	43	19
A 130	Birth injuries	73	40	29	38	43	2	1	..	..	..	..	..	29	38
A 131	Postnatal asphyxia and atelectasis	69	37	35	34	32	3	2	..	1	..	..	..	36	34
A 132	Infections of the new born	27	34	14	33	13	1	..	..	..	..	..	..	14	33
A 133	Hemolytic disease of the new born	19	6	10	6	9	..	..	..	..	..	..	..	10	6
A 134	All other defined diseases of early infancy	6	6	3	5	3	1	..	..	..	..	..	..	3	5
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	201	198	103	188	96	10	2	..	..	..	..	..	103	188
A 136	Senility without mention of psychosis	1	..	1	..	..	..	..	..	1	..	..	..	2	..
A 137	Ill-defined and unknown causes of mortality	22	5	17	5	5	..	..	..	3	1	1	3	21	9
A 138	Motor vehicle accidents	124	60	65	53	55	6	4	1	9	7	10	9	84	69
A 139	Other transport accidents	4	2	3	1	..	1	1	..	3	1	..	..	6	2
A 140	Accidental poisoning	17	15	15	14	2	1	..	..	2	..	1	1	18	15
A 141	Accidental falls	118	36	99	34	19	2	..	..	9	..	1	..	109	34
A 142	Accident caused by machinery	1	2	1	2	..	..	..	..	..	3	..	..	1	5
A 143	Accident caused by fire and explosion of combustible material	21	34	13	32	8	2	..	..	..	..	1	1	14	33
A 144	Accident caused by hot substance corrosive, liquid, steam, and radiation	3	2	2	2	1	..	..	..	..	..	..	..	2	2
A 145	Accident caused by firearm	5	3	2	2	2	..	1	1	..	..	..	..	2	2
A 146	Accidental drowning and submersion	16	8	13	6	2	1	1	1	3	2	..	2	16	10
A 147	All other accidental causes	35	26	20	24	14	2	1	..	3	5	1	1	24	30
A 148	Suicide and self-inflicted injury	89	20	67	17	19	2	3	1	6	..	4	..	77	17
A 149	Homicide and injury purposely inflicted by other persons (not in war)	30	84	20	79	9	3	1	2	2	1	..	3	22	83
A 150	Injury resulting from operations of war	..	..	..	..	..	..	..	..	..	..	..	..	..	..

TABLE No. 10

RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1950-1962

Year	Typhoid Fever						Measles						Whooping Cough					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1962	..	..	..	..	..	..	1	..	1	0.1	..	0.3	2	1	1	0.2	0.2	0.3
1961	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1960	..	..	..	..	..	..	1	..	1	0.1	..	0.3	..	..	..	..	..	..
1959	..	..	..	..	..	..	2	2	..	0.2	0.3	..	..	..	..	..	..	..
1958	..	..	..	..	..	..	5	3	2	0.5	0.5	0.6	..	..	..	..	..	..
1957	..	..	..	..	..	..	1	..	1	0.1	..	0.3	1	1	..	0.1	0.2	..
1956	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.3
1955	1	..	1	0.1	..	0.4	..	..	..	..	..	..	1	..	1	0.1	..	0.4
1954	..	..	..	..	..	..	3	2	1	0.3	0.3	0.4	..	..	..	..	..	..
1953	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.4
1952	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
1951	..	..	..	..	..	..	1	..	1	0.1	..	0.4	..	..	..	..	..	..
1950	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.4

Year	Diphtheria						Influenza						Tuberculosis, All Forms					
1962	..	..	..	..	..	..	6	3	3	0.6	0.5	0.9	133	69	64	14.3	11.8	18.4
1961	..	..	..	..	..	..	3	2	1	0.3	0.3	0.3	148	74	74	15.8	12.4	21.9
1960	..	..	..	..	..	..	14	11	3	1.5	1.8	0.9	149	85	64	15.9	13.9	19.4
1959	..	..	..	..	..	..	..	..	..	..	..	..	145	75	70	15.4	12.1	21.9
1958	1	1	..	0.1	0.2	..	11	9	2	1.2	1.4	0.6	186	90	96	19.8	14.2	31.2
1957	..	..	..	..	..	..	25	17	8	2.7	2.7	2.6	207	112	95	22.0	17.4	31.9
1956	1	..	1	0.1	..	0.3	6	5	1	0.6	0.8	0.3	190	92	98	20.1	14.0	34.0
1955	..	..	..	..	..	..	6	3	3	0.6	0.4	1.1	178	91	87	18.9	13.6	31.4
1954	..	..	..	..	..	..	3	2	1	0.3	0.3	0.4	199	92	107	21.0	13.6	39.9
1953	..	..	..	..	..	..	33	24	9	3.5	3.5	3.5	268	139	129	28.3	20.2	50.0
1952	1	..	1	0.1	..	0.4	20	11	9	2.1	1.6	3.6	416	174	242	43.9	24.9	97.6
1951	1	..	1	0.1	..	0.4	13	9	4	1.4	1.3	1.7	497	212	285	52.4	29.8	120.3
1950	3	3	..	0.3	0.4	..	27	21	6	2.8	2.9	2.6	536	235	301	56.4	32.5	132.6

TABLE No. 10—Continued

RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATION—1950-1962

Year	Respiratory Tuberculosis						Cancer, All Forms						Diseases of the Heart					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1962	126	66	60	13.5	11.3	17.3	1,782	1,290	492	191.2	220.5	141.8	4,895	3,677	1,218	525.2	628.5	351.0
1961	137	73	64	14.6	12.2	18.9	1,838	1,355	483	196.2	226.2	142.9	4,830	3,639	1,191	515.5	607.5	352.4
1960	145	85	60	15.4	13.9	18.2	1,871	1,374	497	199.2	225.2	151.1	4,786	3,725	1,061	509.7	610.7	322.5
1959	139	71	68	14.8	11.4	21.3	1,838	1,378	460	195.5	221.9	144.2	4,735	3,732	1,003	503.7	601.0	314.4
1958	177	89	88	18.8	14.1	28.6	1,806	1,359	447	191.9	214.7	145.1	4,822	3,708	1,114	512.4	585.8	361.7
1957	189	105	84	20.1	16.3	28.2	1,836	1,393	443	194.9	216.3	148.7	4,818	3,798	1,020	511.5	589.8	342.3
1956	179	91	88	19.0	13.9	30.6	1,836	1,437	399	194.7	219.4	138.5	4,736	3,728	1,008	502.2	569.2	350.0
1955	168	88	80	17.8	13.2	28.9	1,749	1,382	367	185.3	207.2	132.5	4,563	3,645	918	483.4	546.5	331.4
1954	187	90	97	19.8	13.3	36.2	1,708	1,336	372	180.5	197.1	138.8	4,262	3,361	901	450.5	495.7	336.2
1953	245	127	118	25.9	18.4	45.7	1,662	1,341	321	175.5	194.6	124.4	4,636	3,703	933	489.5	537.4	361.6
1952	393	167	226	41.5	23.9	91.1	1,725	1,392	333	182.0	198.9	134.3	4,830	3,823	1,007	509.5	546.1	406.0
1951	465	202	263	49.0	28.4	111.0	1,642	1,328	314	173.0	186.5	132.5	4,579	3,624	955	482.5	509.0	403.0
1950	497	220	277	52.3	30.4	122.0	1,623	1,311	312	170.8	181.3	137.4	4,583	3,676	907	482.4	580.4	399.6

Year	Major Cardiovascular-Renal Disease						Pneumonia, All Forms						Diabetes					
1962	6,011	4,432	1,579	645.0	757.6	455.0	350	219	131	37.6	37.4	37.8	275	189	86	29.5	32.3	24.8
1961	5,878	4,355	1,523	627.3	727.0	450.6	342	211	131	36.5	35.2	38.8	239	181	58	25.5	30.2	17.2
1960	6,011	4,551	1,460	640.1	746.1	443.8	452	252	200	48.1	41.3	60.8	245	182	63	26.1	29.8	19.1
1959	5,880	4,480	1,400	625.5	721.4	438.9	414	250	164	44.0	40.3	51.4	230	176	54	24.5	28.3	16.9
1958	6,033	4,522	1,511	641.1	714.4	490.6	415	270	145	44.1	42.7	47.0	220	167	53	23.4	26.4	17.2
1957	5,963	4,632	1,331	633.0	719.3	446.6	360	231	129	38.2	35.9	43.3	262	194	68	27.8	30.1	22.8
1956	5,986	4,596	1,390	634.8	701.7	482.6	308	194	114	32.7	29.6	39.6	244	199	45	25.9	30.4	15.6
1955	5,817	4,562	1,255	616.2	684.0	453.0	304	192	112	32.2	28.8	40.4	219	190	29	23.2	28.5	10.5
1954	5,464	4,247	1,217	577.6	626.4	454.1	273	150	123	28.9	22.1	45.9	180	145	35	19.0	21.4	13.1
1953	5,845	4,590	1,255	617.2	666.2	486.4	339	190	149	35.8	27.8	57.8	188	148	40	19.9	21.5	15.5
1952	6,108	4,757	1,351	644.3	679.6	544.8	276	173	103	29.1	24.7	41.5	218	173	45	23.0	24.7	18.1
1951	5,804	4,521	1,283	611.6	635.0	541.4	305	170	135	32.1	23.9	57.0	216	179	37	22.8	25.1	15.6
1950	5,848	4,566	1,282	615.6	631.5	564.8	232	119	113	24.4	16.5	49.8	180	150	30	18.9	20.7	13.2

TABLE No. 11

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1962

International List No.	Disease	Totals					Age Groups																							
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
001–019	Tuberculosis, all forms	780	W	323	M	237	1	..	2	..	..	..	3	3	8	4	16	17	22	27	25	28	30	16	19	9	2	5	..
					F	86	1	4	1	..	..	..	..	4	9	4	4	17	10	1	9	2	2	5	5	4	2	2	..
			C	457	M	275	1	8	6	3	4	7	5	8	19	15	21	32	36	23	17	25	18	7	8	8	3	1	..
					F	182	1	10	3	..	1	9	11	9	15	16	20	26	15	10	7	8	7	5	4	2	..	3	..
001–008	Tuberculosis of the respiratory system	716	W	313	M	230	1	..	2	..	..	..	3	3	7	3	15	17	22	26	25	28	28	15	19	9	2	5	..
					F	83	1	4	..	..	..	..	..	4	9	4	4	17	10	1	8	1	2	5	5	4	2	2	..
			C	403	M	252	1	8	6	3	4	7	5	8	16	11	19	26	34	23	16	23	17	7	6	8	3	1	..
					F	151	1	9	3	..	..	8	9	9	12	13	17	24	11	7	3	5	7	5	3	2	..	3	..
010–019	Tuberculosis, all other forms	64	W	10	M	7	..	..	..	..	..	..	..	..	1	1	1	..	..	1	..	..	2	1	..	..	..	..	..	..
					F	3	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..
			C	54	M	23	..	..	..	..	..	..	..	..	3	4	2	6	2	..	1	2	1	..	2	..	..	..	..
					F	31	..	1	..	..	1	1	2	..	3	3	3	2	4	3	4	3	..	..	1	..	..	..	..	..
020–029	Syphilis	1,648	W	250	M	150	..	..	..	..	..	..	..	4	9	4	12	11	8	13	22	16	9	6	7	4	..	1	24
					F	100	1	..	..	..	..	..	..	2	10	3	3	10	7	9	11	9	2	5	1	5	..	..	22
			C	1,398	M	803	1	1	..	..	..	1	4	58	110	70	78	81	72	75	72	61	27	19	8	3	3	..	59
					F	595	1	..	..	..	..	1	5	76	69	57	72	75	63	38	37	28	17	5	6	1	..	..	44
020	Congenital syphilis	29	W	6	M	3	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
					F	3	1	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	23	M	10	1	1	..	..	..	..	..	..	4	1	2	..	1	..	..	..	..	..	..	..	..	..	..	..
					F	13	1	..	..	..	..	..	1	7	1	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..
021, 022	Primary and secondary syphilis	384	W	36	M	29	..	..	..	..	..	..	..	2	6	2	6	5	2	..	2	1	..	..	1	..	..	..	2
					F	7	..	..	..	..	..	..	..	1	1	1	1	1	1	..	..	1	..	..	..	..	..	..	..	..
			C	348	M	212	..	..	..	..	..	1	3	32	61	37	30	20	10	6	3	1	..	2	..	..	..	..	6
					F	136	..	..	..	..	..	..	4	41	35	25	14	7	5	1	..	1	..	..	..	..	..	..	..	3

TABLE No. 11—Continued

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1962

International List No.	Disease	Totals					Age Groups																					
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
024, 025	Latent syphilis	1,015	W	150	M	84	..	..	..	..	..	..	..	1	3	2	5	5	4	8	17	12	3	2	3	1	..	1	17
					F	66	..	..	..	..	..	..	..	..	8	..	2	6	3	8	7	6	2	3	1	3	..	..	17
			C	865	M	472	..	..	..	..	..	..	1	23	40	31	40	55	51	54	57	47	15	7	5	2	1	..	43
					F	393	..	..	..	..	..	1	..	27	32	30	51	65	53	34	32	17	11	4	3	..	..	..	33
026, 029	Other acquired syphilis	220	W	58	M	34	..	..	..	..	..	..	..	..	..	..	..	1	2	5	3	3	6	4	3	3	..	..	4
					F	24	..	..	..	..	..	..	..	1	1	1	..	2	3	1	4	2	..	2	..	2	..	..	5
			C	162	M	109	..	..	..	..	..	..	..	3	5	1	6	6	10	15	12	13	12	10	3	1	2	..	10
					F	53	..	..	..	..	..	..	..	1	1	2	4	3	5	3	5	10	6	1	3	1	..	..	8
030–034	Gonococcal infections (except ophthalmia)	4,971	W	447	M	336	..	..	..	..	..	1	2	28	95	64	60	30	14	9	4	5	..	..	..	..	..	..	24
					F	111	..	..	..	..	2	..	3	34	33	12	9	6	4	2	1	..	..	..	..	..	..	..	..	5
			C	4,524	M	3,922	..	..	..	1	..	5	19	469	1,330	905	551	331	139	58	27	8	3	2	1	..	..	..	73
					F	602	..	..	2	4	4	8	20	166	223	95	48	21	3	4	..	..	..	..	..	..	..	..	..	4
033	Gonococcal ophthalmia	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
036	Chancroid	2	W	1	M	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
037	Lymphogranuloma venereum	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

| | | |

TABLE No. 11—Continued

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1962

International List No.	Disease	Totals					Age Groups																					
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age Not Specified
057	Meningococcal infections	4	W	3	M	2	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
061	Tetanus	1	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	1	M	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
082	Acute infectious encephalitis	4	W	4	M	2	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	2	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
085	Measles	1,657	W	674	M	375	17	38	38	40	48	182	11	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
					F	299	18	32	38	35	29	130	12	4	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	983	M	491	38	116	109	82	30	108	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	492	51	97	91	71	55	116	8	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
086	German measles (Rubella)	88	W	46	M	20	1	1	..	2	1	11	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	26	4	3	2	3	3	5	1	..	2	..	1	2	..	..	..	..	..	..	..	..	..	..	..
			C	42	M	21	2	4	3	1	3	5	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	21	4	3	1	3	..	8	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
087	Chickenpox	842	W	492	M	252	21	16	17	26	31	124	12	2	2	..	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	240	15	17	18	23	26	120	17	2	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	350	M	169	21	12	17	18	19	69	8	2	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..
					F	181	13	19	21	16	22	85	3	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..

| | | |

TABLE No. 11—Continued

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE—1962

International List No.	Disease	Totals					Age Groups																													
		Grand Total	By Color		By Sex		Under 1 Year	1 Year	2 Years	3 Years	4 Years	5-9 Years	10-14 Years	15-19 Years	20-24 Years	25-29 Years	30-34 Years	35-39 Years	40-44 Years	45-49 Years	50-54 Years	55-59 Years	60-64 Years	65-69 Years	70-74 Years	75-79 Years	80-84 Years	85 Years and Over	Age Not Specified								
764	Diarrhea of newborn	3	W	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
			C	3	M	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
					F	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
885	Accidental poisoning by lead and its compounds	44	W	3	M	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
					F	2	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
			C	41	M	17	..	9	5	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
					F	24	..	11	12	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
951	Serum hepatitis	5	W	5	M	2	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..								
					F	3	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..								
			C	..	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								
					F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..								

TABLE No. 12

REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1955–1962

Disease	Year	Reported Cases			Rate per 100,000 Population		
		Total	White	Colored	Total	White	Colored
Typhoid Fever (not including paratyphoid fever)	1962	1	..	1	0.1	..	0.3
	1961	2	1	1	0.2	0.2	0.3
	1960	2	1	1	0.2	0.2	0.3
	1959	3	2	1	0.3	0.3	0.3
	1958	2	1	1	0.2	0.2	0.3
	1957	3	..	3	0.3	..	1.0
	1956	5	2	3	0.5	0.3	1.0
	1955	7	1	6	0.7	0.1	2.2
Measles	1962	1,657	674	983	177.8	115.2	283.3
	1961	2,089	1,216	873	222.9	203.0	258.3
	1960	2,182	845	1,337	232.4	138.5	406.4
	1959	1,138	767	371	121.1	123.5	116.3
	1958	3,723	2,063	1,660	395.6	325.9	539.0
	1957	1,759	409	1,350	186.7	63.5	453.0
	1956	4,943	3,132	1,811	524.2	478.2	628.8
	1955	925	500	425	98.0	75.0	153.4
Scarlet Fever	1962	143	100	43	15.3	17.1	12.4
	1961	210	170	40	22.4	28.4	11.8
	1960	171	130	41	18.2	21.3	12.5
	1959	212	164	48	22.0	26.4	15.0
	1958	199	127	72	21.1	20.1	23.4
	1957	206	149	57	21.9	23.1	19.1
	1956	318	236	82	33.7	36.0	28.5
	1955	310	263	47	32.8	39.4	17.0
Whooping Cough	1962	44	19	25	4.7	3.2	7.2
	1961	75	31	44	8.0	5.2	13.0
	1960	74	26	48	7.9	4.3	14.6
	1959	110	68	42	11.7	11.0	13.2
	1958	35	22	13	2.6	3.5	4.2
	1957	243	110	133	25.8	17.1	44.6
	1956	90	24	66	9.5	3.7	22.9
	1955	140	57	83	14.8	8.5	30.0
Diphtheria	1962	..	..	..	..	..	..
	1961	..	..	..	..	..	..
	1960	..	..	..	..	..	..
	1959	..	..	..	..	..	..
	1958	1	1	..	0.1	0.1	..
	1957	..	..	..	..	..	..
	1956	1	1	..	0.1	0.1	..
	1955	2	1	1	0.2	0.1	0.3
Tuberculosis of the Respiratory System	1962	716	313	403	76.8	53.5	116.1
	1961	692	324	368	73.9	54.1	108.9
	1960	774	317	457	82.4	52.0	138.9
	1959	768	363	405	81.7	58.5	127.0
	1958	832	385	447	88.4	60.8	145.1
	1957	991	493	498	105.2	76.6	167.1
	1956	1,082	545	537	114.7	83.2	186.5
	1955	1,115	586	529	118.1	87.9	191.0

APPENDIX

HEALTH DEPARTMENT PUBLICATIONS

(New or revised in 1962)

ANNUAL REPORT OF THE DEPARTMENT OF HEALTH—1961
GUARDING THE HEALTH OF BALTIMORE—1961
BALTIMORE HEALTH NEWS, Monthly, 1962
QUARTERLY STATISTICAL REPORT

AN OPERATIONAL MEDICAL PLAN FOR NATURAL DISASTERS OCCURRING IN BALTIMORE CITY, (Revised)
ANNUAL REPORT OF THE BUREAU OF INDUSTRIAL HYGIENE, 1961
BOOKS SUITABLE FOR CHILDREN UNDER THE AGE OF SIX
CHEST CLINIC SCHEDULE (Revised)
DIPHTHERIA, CASES AND DEATHS, BALTIMORE 1812-1961
FLUORIDATION: QUESTIONS AND ANSWERS (Revised)
GENERAL HOSPITALS IN BALTIMORE (Revised)
ILLNESSES ATTRIBUTED TO FOODS (Revised)
INOCULATION CLINICS (Revised)
LABORATORY SERVICES (Revised)
LEAD PAINT POISONING IN CHILDREN (Revised)
LICENSED DAY NURSERIES IN BALTIMORE CITY
LIST OF EMERGENCY TREATMENT STATIONS, BY DISTRICT
MEDICAL ASSISTANCE TO THE AGED
MILK REGULATION 57A. DIETARY PRODUCT
OPERATIONAL PLAN OF THE BALTIMORE CITY HEALTH DEPARTMENT FOR THE PERIOD JULY 1, 1962—JUNE 30, 1963
PRENATAL CLINIC SCHEDULE (Revised)
PUBLIC HEALTH PRACTICE IN THE EASTERN HEALTH DISTRICT
SCARLET FEVER (Revised)
SPECIAL HOSPITALS IN BALTIMORE (Revised)
TAKE POLIO VACCINE ON SUGAR BY MOUTH
TEACHER'S GUIDE TO CHILD HEALTH
THE BALTIMORE CITY VITAL RECORDS LAW
THE BLACK WIDOW SPIDER
THE VENEREAL DISEASES
VENEREAL DISEASE CLINIC SCHEDULE (Revised)

BIBLIOGRAPHY FOR THE YEAR 1962

Childs, John.....Rats and Plastic Pipe. A letter to the Editor. *American Journal of Public Health*, May, 1962, Vol. 52, No. 5, pp. 850-852.

DeKornfeld, T. J.; Lasagna, Louis; and Frazier, Todd M.....A Comparative Study of five Proprietary Analgesic Compounds. *Journal of the American Medical Association*, December 29, 1962, Vol. 182, No. 13, pp. 1315-1318.

Ewing, Clinton L.; Thiell, Warren; and Bees, John F.....Microbiological Aerosol Studies. A paper presented at a meeting of the Maryland Branch of the American Society for Microbiology at Fort Detrick, Maryland, April 28, 1962.

Farber, Robert E.....A Personal Message. *Maryland State Medical Journal*, August, 1962, Vol. 11, No. 8, p. 477. Also in *Baltimore Health News*, August, 1962, Vol. 39, No. 8, pp. 62-63.

Farber, Robert E.; and Gordon, Joseph.....Health. A chapter in *A Guide for Youth and Their Parents*. The Baltimore Youth Commission, Baltimore, 1962, pp. 44-47.

French, Jean G.; and Farber, Robert E.....Unnecessary Delay in the Diagnosis of Tuberculosis. *The American Review of Respiratory Diseases*, November, 1962, Vol. 86, No. 5, pp. 632-635.

Frazier, Todd M.....Baltimore Health Survey, Summary of Survey Results, 1961. *Special Statistical Report*, Research and Planning Section, Baltimore City Health Department, May 20, 1962, 18 pages.

Frazier, Todd M.....Medical Assistance to the Aged Population Survey. *Quarterly Statistical Report*, Research and Planning Section, Baltimore City Health Department, October 10, 1962, Vol. 14, Nos. 1 and 2, pp. 14-18.

Frazier, Todd M.; and Kelley, Elizabeth B.....Population Projections for 1965 and 1970, Baltimore City. *Special Statistical Report*, Research and Planning Section, Baltimore City Health Department, December 21, 1962, 13 pages.

Gilbert, Anita;
Klee, Gerald D.;
and Scholl, Anna.....Public Health Nurses in the Home Care of Psychiatric Outpatients and Their Families. *American Journal of Orthopsychiatry*, March 19, 1962, pp. 257-258.

Gordon, Joseph.....Seven Health Department Exhibits: 1952-1961. *Baltimore Health News*, March, 1962, Vol. 39, No. 3, pp. 17-19.

Gordon, Joseph.....Major Accomplishments 1931-1962—Baltimore City Health Department. Program of banquet in honor of Dr. Huntington Williams on his retirement. June 5, 1962.

Gordon, Joseph.....Tribute to a Health Officer: Huntington Williams, M.D., M.P.H. *Baltimore Health News*, August, 1962, Vol. 39, No. 8, pp. 64-65.

Gordon Joseph;
and Redfern, Jack.....Huntington Williams, M.D.: Thirty Years a Health Commissioner. *Maryland State Medical Journal*, August, 1962, Vol. 11, No. 8, pp. 464-468.

Gordon, Joseph;
et al.....KO Polio Fact Sheet for Metropolitan Oral Polio Vaccine. *Baltimore Health News*, September, 1962, Vol. 39, No. 9, pp. 70-73.

Gresham, Glen E.;
Joseph, J. Mehsen;
Farber, Robert E.;
and Silverman, Charlotte .....Epidemic of Type 3 Paralytic Poliomyelitis in Baltimore, Maryland, 1960. *Public Health Reports*, April, 1962, Vol. 77, No. 4, pp. 349-355.

Kaplan, Emanuel.....Detection of Added Water in Milk with the Fiske Cryosocope. A paper presented at the 124th Quarterly Meeting of the Baltimore Conference of Municipal, County, State and Federal, Dairy, Food, Drug and Sanitary Officials of Virginia, West Virginia, District of Columbia and Maryland, September 11, 1962.

Kaplan, Emanuel;
and Frazier, Todd M.....Calibration of Thermister Cryoscope. A paper presented at a meeting of the Potomac Dairy Analysts, University of Maryland, College Park, March 27, 1962.

Koeppel, Barbara.....Crime Against Children. A series of articles on group day care of children in Baltimore reprinted from the *News-Post-Baltimore American*, December 17-22, 1961.

Korff, Ferdinand A.....Automation and Cybernetics in the Food Industry. A paper read before the 41st Annual Meeting of the Maryland Bottlers of Carbonated Beverages, April 7, 1962.

Korff, Ferdinand A.....Salmonellae Infections: An Ubiquitous Hazard. *Quarterly Bulletin of the Association of Food and Drug Officials of the U. S.*, July, 1962, Vol. 26, No. 3, pp. 130-135.

McCauley, H. Berton; Frazier, Todd M.; and Rivas, L. Paul.....After Seven Years of Fluoridation. *Journal of the Maryland State Dental Association*, September, 1962, Vol. 5, No. 2, pp. 92-95.

Phillips, O. C.; and Frazier, Todd M. .....Obstetric Anesthetic Care in the United States. *Obstetrics and Gynecology*, June, 1962, Vol. 19, No. 6, pp. 796-802.

Shaull, Robert S.....Tribute to Dr. Huntington Williams. A poem. *The Medical Officer*, London, August 3, 1962, Vol. 108, No. 5, p. 87.

Tayback, Matthew.....The Biostatistician and Health Administration. A paper presented at a Joint Meeting of the American Association for Vital Records and Public Health Statistics and the Statistics Section of the APHA, Miami Beach, Florida, October 18, 1962.

Tayback, Matthew.....The Household Health Survey—Uses and Limitations in Community Research. A paper presented at the Conference on Research Methodology and Potential in Community Health and Preventive Medicine, New York Academy of Sciences, New York City, December 5, 1962.

Tayback, Matthew; and Frazier, Todd M.....Continuous Health Surveys a Necessity for Health Administration. *Public Health Reports*, September, 1962, Vol. 77, No. 9, pp. 763-771.

Tayback, Matthew; and Wallace, Helen.....Maternal and Child Health Services and Urban Economics. *Public Health Reports*. October, 1962, Vol. 77, No. 10, pp. 827-833.

Tayback, Matthew;
and Scally, Lillian.....An Evaluation of Community Nursing Services in the Care of the Mentally Ill. A paper presented at the American Public Health Association meeting, Miami Beach, Florida, October 17, 1962.

Tayback, Matthew;
and Scally, Lillian.....An Evaluation of Community Nursing Service in the Care of Mentally Ill-II Administrative Problems and Experience. A paper presented to the Public Health Nursing Section of the American Public Health Association, Miami Beach, Florida, October 17, 1962.

Williams, Huntington;
et al.....What Questions to Ask! Television press conference over WMAR-TV. *Baltimore Health News*, February, 1962, Vol. 39, No. 2, pp. 9-16.

Williams, Huntington.....Health Education by Television. *The Royal Society of Health Journal*, London, November-December, 1962. Vol. 82, No. 6, pp. 315-318.

ORDINANCE ON HEALTH DEPARTMENT CLINICS

City Ordinance No. 1397

An ordinance to add a new Section 253 to Article 12 of the Baltimore City Code (1950 Edition), title "Health," to follow immediately after Section 252 thereof, and to be under the new subtitle "Clinics," authorizing the Commissioner of Health to adopt rules and regulations for the administration of the clinics and other centers established by the Department of Health, such regulations to govern among other matters eligibility for admission thereto and the fees which may be required for services rendered therein; and relating generally to such rules and regulations and their enforcement and administration.

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That a new Section 253 be and it is hereby added to Article 12 of the Baltimore City Code (1950 Edition), title "Health," to follow immediately after Section 252 thereof, to be under the new subtitle "Clinics," and to read as follows:

Clinics

The Commissioner of Health may adopt such rules and regulations as may be deemed necessary for the administration of the clinics and other centers established by the Department of Health.

Such rules and regulations shall goven among other matters eligibility for admission and the fees which may be required for services rendered provided that the fees shall not exceed the actual cost of such services, and provided that all fee schedules shall be approved by the Board of Estimates.

The Commissioner of Health shall account monthly to the City Comptroller for all fees collected in its several clinics and centers.

SEC. 2. *And be it further ordained*, That this ordinance shall take effect from the date of its passage. Approved November 19, 1962.

J. HAROLD GRADY, *Mayor.*

NOTES CONCERNING CERTAIN MILK REGULATIONS

Milk Regulation 80. Ice Cream.

Milk Regulation 80 was amended on July 9, to change the butterfat requirement. The regulation is as follows:

"For the purpose of these regulations the term "Ice Cream" means a pure, clean, frozen product made from a combination of two or more of the following ingredients: milk, milk products, eggs, sugar and other ingredients approved by the Commissioner of Health, and with harmless flavoring and with or without harmless coloring, and with or without added stabilizer or emulsifier composed of wholesome edible material. It shall not contain more than one-half of one per cent by weight of stabilizer and not more than one-fifth of one per cent by weight of emulsifier, not less than 20 per cent by weight of total milk solids and not less than 10 per cent by weight of butterfat for the basic mix of all flavors except when fruit, nuts, cocoa, chocolate and other confections are used for the purpose of flavoring, and then the butterfat content by such addition shall not be reduced to less than 8 per cent by weight of milk fat and 16 per cent by weight of total milk solids. In no case shall any ice cream weigh less than four and one-half pounds per gallon."

Milk Regulation 80B. Ice Milk.

Milk Regulation 80B was adopted July 9, permitting the sale of ice milk in Baltimore City. The Regulation is as follows:

For the purpose of these regulations the term "Ice Milk" means the pure, clean, frozen products made from a combination of "milk products," sugar, dextrose, corn syrup in dry or liquid form, water, with or without egg or egg products, with harmless flavoring and with or without harmless coloring, and with or without added "stabilizer" and emulsifier composed of wholesome edible material. It shall contain not more than one-half of one per cent by weight of "stabilizer," not more than one-fifth of one per cent by weight of emulsifier, not less than four per cent, not more than seven per cent by weight of milk fat, and not less than eleven per cent by weight of total milk solids. In no case shall any ice milk weigh less than four and one-half pounds per gallon and contain less than one and three-tenths (1.3) pounds of total food solids per gallon. Ice milk as herein defined may be manufactured for sale or stored in any size packages or containers not to exceed half-gallon packages or containers, and said packages or containers shall be plainly labeled "Ice Milk" in a clearly visible manner in letters as large as the largest letters on said package or container. In a location where ice milk is sold to the public directly from a freezer, a sign with letters of at least 3 inches in height reading "ICE MILK SOLD HERE" must be posted on each freezer

or directly above it in a manner conspicuous to the public. Ice milk shall not be dispensed or sold from packages or containers for any use whatsoever. "Dispensed" shall mean dipping, scooping, or breaking of packages or containers."

Regulation 57A. Dietary Product.

Milk Regulation 57A was amended on September 14 so as to include the processing and bottling of dietary or weight control milk products other than the 900 calorie diet milk product.

REGULATION GOVERNING THE CERTIFICATION OF BIRTH AND DEATH TRANSCRIPTS

Pursuant to the power conferred upon the Commissioner of Health by Section 231 (A) of Ordinance No. 886, approved June 29, 1961, the following regulation governing the certification of official transcripts of birth and death is hereby adopted:

Regulation 1. Official Health Department Seal. In order to protect the authenticity and integrity of all official transcripts of records maintained by the Bureau of Vital Records of the Baltimore City Health Department, and any other official document which is certified or may need certification and which is issued by any other bureau or official of said Health Department, there shall be attached to, or impressed upon, each such transcript or document a seal in the following form:

(Imprint of Seal)

Robert E. Farber, M.D.

Commissioner of Health.

Date Adopted: September 17, 1962
Date Effective: September 17, 1962

STATE LAW ON CLASSIFICATION OF HANDICAPPED CHILDREN AND DUTIES OF LOCAL HEALTH AND EDUCATION DEPARTMENTS REGARDING SUCH CHILDREN

Chapter 51

AN ACT to repeal Sections 239 and 240 of Article 77 of the Annotated Code of Maryland (1957 Edition), title "Public Education", sub-title "Chapter 23. School Attendance", and to enact a new Section 239 in lieu thereof, to stand in the place of the sections so repealed, providing for classification of handicapped children and relating generally to the duties of the local departments of health and education regarding handicapped children.

SECTION 1. *Be it enacted by the General Assembly of Maryland,* That Sections 239 and 240 of Article 77 of the Annotated Code of Maryland (1957 Edition), title "Public Education", sub-title "Chapter 23. School Attendance", be and they are hereby repealed; and that new Section 239 be and it is hereby added in lieu thereof, to stand in the place of the sections so repealed, to read as follows:

239.

It shall be the duty of the local boards of education of the several counties and Baltimore City to furnish to their respective health departments any information they may receive as to handicapped children living within the boundaries of their school district. The local health departments shall recommend which such children need additional diagnostic or treatment services and shall refer such children to local boards of education for evaluation. The local boards of education shall be responsible for the identification of such handicapped children in need of special education services, and shall provide or arrange for appropriate educational facilities and services.

SEC. 2. *And be it further enacted,* That this Act shall take effect June 1, 1962.

Approved March 23, 1962.

HEALTH EDUCATION BY TELEVISION*

Huntington Williams, M.D., DR.P.H., HON.F.R.S.H.

Formerly Commissioner of Health, Baltimore City

It is my firm conviction that, next to the personal teaching of health by the members of the medical profession and the widespread influence of the Press, there is no single medium of mass health education in the United States of America so important and valuable as the extensively used radio and television broadcasting stations.

What will be said here in relation to American methods of health education in the home and elsewhere by television is equally applicable to and has actually been derived from earlier sound radio health broadcasting experience. These former efforts go back without a break to late 1921. During the succeeding six months the radio was used to disseminate health information first by the American Cancer Society, then by the United States Public Health Service, and shortly after by the New York State Department of Health. It was the latter official agency that first used television, in a somewhat experimental manner on 30 March 1931, over the De Forest Radio Company television station W2XCD in Passaic, New Jersey. This community is a close neighbour of New York City.

However, it was not until 15 December 1948, that a continuing public health and medical television programme was begun. On that date *Your Family Doctor*, a weekly television drama series established by the Baltimore City Health Department, was inaugurated. From the very start, as with the Baltimore radio health programmes beginning in 1932, the Health Department in Baltimore has been privileged to have all its television work under joint sponsorship with the Medical and Chirurgical Faculty of Maryland, the State Medical Society.

1. REGULAR PARTICIPATION OF LEADING PHYSICIANS

Throughout the United States it has been the rule for the leaders in the medical profession to give their active personal support to and participation in the extensive health educational programmes of official and non-official agencies, through the Press and by sound radio and television. So far as is known there has been no adverse criticism of this. Indeed, our people expect it and much of the success of American public health efforts has resulted from this professional activity.

Because of good fortune and a degree of careful planning, it has been possible in Baltimore, over the past 30 years, for many leading physicians, in the local medical schools and in the Johns Hopkins School of Hygiene and Public Health to take an active part in the continuing broadcasting programmes. Both the sound radio and television stations requested this live presence of medical men in order to give added authenticity to the many medical matters under discussion. Of course, some of the public health topics covered were non-medical in nature: the full time Health Department physicians, engineers and nurses were often on the programmes.

It was in my opinion, because of the superior Osler-like professional leadership in Baltimore, given actively when we began in 1932 by Dr. William H. Welch, of Johns Hopkins, and Dr. J. M. H. Rowland, Dean of the Medical School at the University of Maryland, and by the then Mayor of Baltimore, Mr. Howard W. Jackson, that we have never heard of any real unhappiness on the part of the medical profession since members of their own group followed, with all due discretion in the footsteps of Dr. Welch and Dr. Rowland. Indeed, at the time the radio series began, Dr. Rowland was President of the Medical and Chirurgical Faculty, and he was always very kindly disposed toward the City Health Department.

* Chadwick Lecture delivered, under the auspices of the Chadwick Trust, at a meeting held in London on 20 July 1962 as reprinted from The Royal Society of Health Journal, November-December 1962, Vol. 82, No. 6, pp. 315-318.

At the start the Baltimore radio series consisted of weekly five-minute "Keeping Well" health talks, by physicians or non-medical experts. At times it was the President of the City Medical Society, or the Executive Director of the Maryland Tuberculosis Association, or a representative of some medical, or official or non-official health agency. After a number of years the health talks were changed to a series of weekly 15-minute "Keeping Well" health dramas. Here a "family doctor" was the continuing spokesman who discussed over the radio with one or another fictitious family in his practice the health or medical problem under consideration. It might be the dangers of unpasteurized milk during summer vacations, or the need for preventive diphtheria inoculations or one of a hundred other family health matters. The mother of the children asked for guidance and the physician gave it over the air to all listeners, but in the atmosphere of his own private office or of the home of one of his families. At first the radio doctor was a full-time Health Department physician with a flair for this work. Later his place was taken by a non-medical health educator whose hobby was amateur dramatics.

For the television doctor in 1948 the name "Dr. John Worthington" was chosen, as there was no Dr. Worthington in the city. The name was a carry-back to that of a real Dr. John Worthington, who had been the first Medical Officer of Health of Baltimore in 1792, appointed in the face of a yellow fever outbreak. Throughout the United States the story has been much the same as in Baltimore: health education by radio and by television, with the active support and personal participation of the leaders in State and local medical societies and in university medical faculties.

2. AMERICAN MEDICAL ASSOCIATION

The American Medical Association is the national professional medical organization, with headquarters in Chicago. The Association, through its Department of Health Education, and more recently through its Communications Division, began its first radio health broadcasting in 1923. The local Chicago radio station was connected with a Western network station of the Columbia Broadcasting System, with two programmes a day, Monday through Friday. Three days a week these went out over the Western network.

Beginning in 1933, the American Medical Association gave weekly sound radio health talks on the National Broadcasting Corporation network. Beginning in 1934 and ending in 1949, the Association gave weekly dramatized broadcasts on the N.B.C. network, with up to 140 stations for as much as 20 weeks a year. In 1950 the work went into documentary productions over the N.B.C. network, with special broadcasts for the World Medical Association.

In 1952 the first American Medical Association telecast was arranged as a special hookup for the N.B.C. television network. Each year the annual meetings and semi-annual sessions of the American Medical Association have been broadcast by sound radio, and more recently by television, with the co-operation of all three networks, and independent radio stations locally.

The year 1947 was the centenary of the founding of the American Medical Association. In that year they produced 52 weeks of dramatized radio programmes, which were given without cost by about 300 stations on the Mutual network.

In all instances arranged by the Department of Health Education of the American Medical Association, the radio and television time was given without cost by the broadcasting stations, which even shared in the cost of production. In 17 years of N.B.C. network broadcasting, the Association paid for the scripts, actors and sound; and the N.B.C. network furnished the time, production, orchestra and promotion without cost. The general feeling is that the radio and television industry has been highly co-operative to the extent of financial participation and the furnishing of tremendous amounts of free time, thus furthering the education programme of the Association. Electrically transcribed programmes have been made available by the Association to county medical societies for use for free public service time, and this has reached as many as 20,000 local broadcasts in a calendar year. From the beginning this

great work of the American Medical Association has been the labour of Dr. W. W. Bauer, its long-time Director of Health Education, and his co-workers.

It may be of interest to know how much the American Medical Association spent during a recent year on health education by radio and television combined and what proportion this figure is of the total annual Association budget. For the education of the general public, excluding what was spent on keeping physicians up-to-date, the Association actually spent $20,000 in preparing, writing and distributing 12 one-minute spot television medical releases, which were used over some 200 television stations throughout the country. A single station might have used these materials up to 60 times a month. This was only a part of the total spending for these purposes. For a recent year the Association spent $75,000 in preparing and distributing television and radio materials. However, these figures represent only a small part of the total money valuation of this work.

The broadcasting stations give free time for these American Medical Association releases as a part of their Public Service Programme to a value of $605,000 a month, it has been determined. For a year the total annual American Medical Association budget is $14,500,000. The cost of free time for American Medical Association releases, that is television and radio combined, is approximately $20 million a year, the charge that would be made if commercial sponsors purchased this time. The same story is repeated and duplicated over many local radio and television health education programmes on free station time in the United States. This Public Service Programme is not a legal requirement but a self-imposed activity embodied in the broadcasting industry's Code of Ethics, and is expected of the radio and television broadcasting industry.

3. CITY AND STATE HEALTH TELEVISION

On the local level throughout the country, the medical profession and health departments have joined forces for many years in teaching the public how to keep well and about many medical matters, by sound broadcasting. During the past 14 years these habits have been carried over into television. For instance in Connecticut a Television Committee for Health Education was organized by the State Health Department and State Medical Society and other groups, and it began its *Stay Well* series in 1954. In Cleveland, Ohio, the Health Museum and the Academy of Medicine originated a weekly television health education programme, with a different guest physician speaker each week. This was over a Cleveland television station, but the series was also televised by stations in other Ohio cities: Columbus, Dayton, Toledo, Cincinnati and Youngstown. In Rochester, New York, the City Health Department sponsored and conducted the County Medical Society's weekly radio health programme, entitled *Speaking on Health.*

In connection with these efforts in the State of Connecticut, and in Cleveland, Ohio, and in Rochester, New York, the personal participation by medical practitioners in the television programmes for health education is amply attested. In Connecticut a clinical professor of medicine at Yale University discussed with a patient the matter of rheumatoid arthritis; on another television programme a practising physician discussed the use of the new poliomyelitis vaccine. In the Connecticut summary for the year, there were 73 physicians who participated in these television health education programmes, along with hospital representatives and others from official and non-official state and local health agencies.

In a printed announcement from the Cleveland, Ohio, City Health Department entitled *Health Education Via Television* the schedule of topics and guest physicians is listed for a three months' series entitled *Prescription for Living,* conducted under joint sponsorship by the Academy of Medicine of Cleveland and the Cleveland Health Museum. This programme concerned an average family, the Hamptons, who had health problems and fears common to everyone. A guest physician discussed the problem of the week disturbing this family and supplied the correct information. The programme was so popular that during the season in question, 3,500 digests of the material were requested each week and in addition, source material for the scripts was provided to

those who requested it. The subjects covered were: diabetes, hearing, children's diseases, nutrition, control of pain, rheumatic fever, conquering worry, what is known about alcohol, sinusitis, tonsils and adenoids, anaemia, gall bladder, Virus X, and the stomach. In each of the 14 programmes the name of a different guest physician participating in the television discussion was listed.

In Rochester, New York, the story is the same. Here the city Health Department actually sponsored and conducted the County Medical Society's radio health programme each week. For more than four years, and this was several years ago, the Rochester Health Department conducted a series of weekly health education television programmes. In this series practising physicians and dentists participated actively side by side with Health Department personnel. Similar reports come from California, Indiana, Michigan, Nebraska, West Virginia and Wisconsin.

During February 1962, I received a reply from the Surgeon General's Office of the U.S. Public Health Service in regard to health education by radio and television. The Public Health Service has been in this educational work for many years and more recently arranged television programmes about the Asian influenza pandemic and air pollution control. In the communication, the Assistant to the Surgeon General for Information wrote of the value of the hundreds of hours given annually to health education by the regular networks and local stations. He said: "I do not know of any way in which its impact can be measured; however, we are persuaded here that it is of very great weight in developing the health awareness in the American public."

Television is used for health education in Saudi Arabia; Baltimore City Health Department scripts have been sent on request to Australia, Hawaii, Nigeria and elsewhere. In Britain I have learned of the interesting programme on mental health put over on the Granada T.V. Network on 28 January 1959, and was interested to read the article on "Medical Talks on Television" by James McCloy, of the B.B.C. in *Medical World*, (February 1962).

4. CONTROL AND FINANCING

On 30 June 1961, according to the World Almanac, there were 4,849 commercial radio stations in the United States and 55 million homes with radio receiving sets. On 1 March 1961, *Television Factbook*, the authoritative reference volume, recorded 582 television stations and an estimated 56,300,000 television receiving sets in the United States. Some homes have two or even three radios and television sets in them, and in addition there are many radios in motor-cars, business places and institutions.

All sound radio and television broadcasting in the United States is controlled by the Federal Communications Commission, a national government agency in Washington. This Commission alone can allocate wave lengths and grant approval for transmitter stations.

However, the transmitting station, be it sound radio or television, is responsible for the quality of its programmes. The National Association of Broadcasters, a non-governmental organization, established a Radio Code years ago and in 1952 set up the Television Code. These are voluntary compliance Codes of Good Practice. As in the case of the newspapers, the stations under the Codes police themselves and there is very rarely cause for complaint.

Both radio and television broadcasting in America, like the newspapers and magazines, have been financed by commercial advertising. The listener or viewer pays only for the purchase, installation and upkeep of his receiving sets. Some commercial advertising coming over sound radio and television in the United States might appear unseemly to a Briton. However the Federal Trade Commission, another government agency in Washington, has the power to prohibit false or misleading advertising, unfair methods of competition and unfair or deceptive acts or practices in commerce. These powers are exercised where necessary in due legal manner. American broadcasting has grown up in this way; there are only occasionally grounds for serious complaint, and in general the people seem quite satisfied.

5. SEVERAL MEDICAL PROGRAMMES IN ONE CITY

In Baltimore, in addition to the City Health Department-Medical Society regular unbroken television series, there were also two other long-standing television programmes on the air, one by the University of Maryland Medical School entitled *Live and Help Live* and one by the Johns Hopkins University known as the *Science Review*. For a number of years the Baltimore City Medical Society has had its own television programme. Thus, on 1 March 1962, I received a letter from Dr. Carlton L. Sexton, Chairman of the Television Committee of the City Medical Society, which read: "Dear Doctor Williams: Enclosed is a copy of Baltimore City Medical Society's Television Programme scheduled for the months of April and May." The schedule indicated that Sunpaper Station WMAR-TV, on 7 April 1962, would televise a hearing seminar sponsored by the City Medical Society. The speakers were listed as John E. Bordley, M.D., Professor of Laryngology and Otology, and Francis I. Catlin, M.D., Assistant Professor of Laryngology and Otology, both at the Johns Hopkins School of Medicine, and William G. Hardy, Ph.D., Director of the Hearing and Speech Centre at the Johns Hopkins Hospital. Another City Medical Society television programme was scheduled for 21 April 1962 to deal with the work of the Children's Hospital, for cripples; and finally one on 5 May 1962 entitled *Your Hospital—Uniting Science and Personal Care* under the joint auspices of the City Medical Society and the Hospital Council of Maryland.

While this may appear as a possible surfeit of television health programmes for one community, it is not truly so. The programmes were televised on different days of the week and at different hours, so that there was no clash and anyone really interested could listen to them all if he wished to do so. The focus of attention was different for each programme. One was chiefly preventive, another strictly scientific, and another curative or hospital in emphasis.

6. CONCLUSION

It is considered beneficial in the United States for health departments to stress the prevention of disease with physician participation, and for medical experts to discuss the diagnosis and treatment of specific diseases over the air. The vast audience welcomes this variety of broadcasts and the physicians believe they are rendering a public service when they provide such medical information. A valuable by-product of this teamwork is that it draws the health department and the medical profession close together. This is a delicate and intangible matter of relationships, and the public is the beneficiary. It learns about health and medicine and at the same time appreciates that the health department and the medical profession are speaking the same language.

Just how vast is this television audience? Audience surveys are made periodically by the American Research Bureau, an independent non-governmental agency, whose function is to measure television and radio audiences. For the Baltimore City Health Department *Family Doctor* series in January 1962, the Bureau reported by their random sample survey methods, for the Baltimore Metropolitan Area that the television audience was approximately 75,000 persons each week.

The City Health Department spent just a little over $5,000 on this television programme during the past year. In addition, Sunpaper Station WMAR-TV gave the weekly 15-minute time-period without cost as a public service. This would have brought the Station $17,000 for the year if these 15-minute periods had been sold as commercial time.

Television in the United States is considered an indispensable tool in the public health educational process at all levels of government, national, State and local. It is widely used, with due professional decorum, and in this many universities participate with their own programmes. Individual physicians are expected and encouraged to take part and to give what they can so well give; all co-operatively in the best interests of the basic philosophy of Sir Edwin Chadwick whom we honour today; that is, the protection of the health of the people.

INDEX

Accident prevention, 23
Accidents, 13, 18, see vital statistics
Administration, 14, 19
Aging, problems of, 106, 159, 160
Air pollution control, 30, 148, 149
Alcoholism, 46
American Dietetic Association, 106
American Medical Association, 21, 22
American Public Health Association, 25, 106, 121, 122, 141, 153
American Standards Association, 121
Anesthetics, 101, 163
Animal bites, 29, 66, 138
Appropriations, 14
Archdiocese of Baltimore, 92
Arthritis and Rheumatism Foundation, 17, 106
Association of Day Nursery Operators, 87
Association of Food and Drug Officials of the U. S., 130
Audiometric testing, 49, 64, 93, 94

Baetjer, Anna M., 5
Baltimore City
  Baltimore City Hospitals, 49, 85, 102, 159, 160, 161
  Board of Estimates, 10
  Board of Liquor License Commissioners, 129
  Board of Municipal and Zoning Appeals, 87
  Bureau of Building Inspection, 50, 120, 121, 141, 142
  Bureau of Sewers, 141
  Bureau of Water Supply, 102
  City Council, 160
  Civil Defense Organization, 21
  Commission on Aging, 160
  Department of Education, 41, 69, 86, 92, 93, 100
  Department of Public Welfare, 107, 109, 165
  Department of Transit and Traffic, 21, 22
  Fire Department, 21, 85, 120, 121
  Jail, 69, 129, 149
  Municipal Court, 127
  Municipal Duplicating Bureau, 25
  Police Department, 21, 22
  Urban Renewal and Housing Agency, 50, 100, 106, 120, 121, 143
Baltimore City Dental Society, 102
Baltimore City Medical Society, 20, 21
Baltimore College of Dental Surgery, 100
Baltimore Health News, 24
Baltimore Health Survey, 40, 162
Baltimore Regional Chapter, American Red Cross, 11, 20, 21, 129
Bibliography for 1962, 209-212
Biostatistics, 32, 159, 162-164
Birth certificates, 162, 163, 165, 166, 214
Birth Record Correction Advisory Service, 165
Births, 83, 84, 85, 169, 170
Blair, John E., 31
Bordley, John E., 5
Bradley, J. Edmund, 5

Cancer, 13, 93, see vital statistics tables
Chickenpox, 48, 62, 72, 204
Chief Medical Examiner of Maryland, 166
Child hygiene, 10, 23, 54, 83-91, 101, 128, 163
Church Home and Hospital, 46
Civil defense, 11, 20, 21, 22, 121, 129, 141, 142
Clean-Up Week, 23
Clinics, 46, 49, 50, 54, 55, 58, 62, 64, 65, 68, 69, 85, 86, 100, 101, 102, 105, 108, 213
Cohen, Morris M., 18, 70
Commissioner of Health, 10, 20, 24, 25, 69, 120, 124, 141, 165
Communicable diseases, 12, 18, 20, 41, 48, 62, 66-82, 201-207
Community health programs, 23
Community sanitation, 50, 60, 140
Consultants, 5, 11

Dahle, Elkins W., Jr., 148
D'Ambrogi, G. D., 123
Davies, E. Ross, 20
Davis, George H., 83
Davis, J. Wilfrid, 107
Day nurseries, 10, 83, 86, 87
  Governor's commission, 86, 87
Deaths, leading causes, 13, see unit reports and vital statistics tables
Dental care, 49, 56, 58, 62, 93, 100-104
Dental Health Week, 23, 102
Diabetes, 13, see vital statistics tables
  Detection Week, 23
Diphtheria, 12, 48, 66, 72, 93, 207

Dougherty, Anne, 63
Druid Health District, 17, 40, 58-61, 62, 67, 69, 100, 120
Druid Hill Park Zoo, 29

East Baltimore Medical Society, 62
Eastern Health District, 17, 46, 48-52, 67, 69, 94, 101, 102, 111
Eckman, Ruth F., 17, 43
Edwards, C. Reid, 5
Environmental hygiene, 23, 54, 121, 140-147
Ewing, Clinton L., 28
Exhibits, 25
Expenditures, 14-17
  Non-health department, 16
Experimental Conservation District, 122, 141, 143

Farber, Robert E., 10, 18, 20
Fike, Olonzo, 121
Films, 25
Financial statement, 14
Fire Prevention Week, 23
Food control, 29, 120, 127-136
Fort George G. Meade, 21
Fort Smallwood Park, 140
Foster care of children, 106, 145
Frazier, Todd M., 32, 162
Friedmann, Milton P., 50, 121
Frisch, June, 41
Froelicher, Hans, Jr., 5

Gaddis, Robert F., 17, 125
Galbreath, Margaret, 62
Gallagher, William J., 137
German measles, 66, 88, 204
Gillis, Andrew C., 5
Goldbrown, Jacob, 17, 138
Gonorrhea, 13, 60, 69, 72, 79-82, 202
Gordon, Joseph, 23
Grady, J. Harold, 10, 120
Grand Jury, 129
Gross, Gertrude M., 17

Handicapped, 17, 40, 41, 83, 86, 100, 214
Harlem Park Health Fair, 23, 144
Harper, W. Sinclair, 48, 62
Harro, Dale E., 17, 92
Hawkins, James B., 17, 58
Health information, 23-27, 102, 144
  community health programs, 23
  exhibits, 25
  film services, 25
  publications, 24, 208
  radio and television, 24
Heart disease, 13
  deaths, see vital statistics tables
Hillebrand, Louis G.. Sr., 17, 125
Hiscock, Ira V., 10
Hobbs, Clark S., 5

Homicides, 166, see vital statistics tables
Housing, 106, 120, 141
Hughes, Hugh P., 17

Ice cream, 120, 125, 213
Industrial hygiene, 25, 30, 121, 148-158
Infant mortality, 12, 83, 84, see vital statistics tables
Infectious hepatitis, 48, 66, 72, 205
Influenza, 13, 184
Instructive Visiting Nurse Association, 10, 105, 159

Johns Hopkins Medical Institutions, 21, 41, 46, 50, 53, 56, 63, 85, 86, 94, 102, 105, 121, 162, 166
Johnson, Millicent V., 41, 47
Jones, Hugh M., 49

"Keeping Well" radio spots, 26
Kenney, Edna B., 17, 43
Keswick, 102
Klee, Gerald, 54
Korff, Ferdinand A.., 127

Laboratories, 28, 35-39, 60, 67, 123, 124
Lead paint poisoning, 30, 54, 62, 121
Legal Aid Bureau of Baltimore, 165
Lemkau, Paul, 50
Lewis, David T., 121
Lieber, Harold J., 121
Lord, Mason, 159, 160

Maryland Society for the Prevention of Blindness, 94
Maryland State
  Board of Barber Examiners, 142
  Department of Health and Mental Hygiene, 21, 23, 28, 45, 46, 68, 121, 122, 123, 128, 130, 159, 160
  Department of Labor and Industry, 165
  Department of Welfare, 100
  Legislature, 120
Maryland State Medical Journal, 24
Maryland Tuberculosis Association, 60, 67, 68
Maternity hygiene, 12, 55, 83, 84, 85, 89, 90, 170, 171
Mayor J. Harold Grady, 10, 120
McCauley, H. Berton, 100
Meals on Wheels, 105
Measles, 48, 72, 207
Meat inspection, 137-139
Medical and Chirurgical Faculty of Maryland, 25, 26
Medical Care Programs for aged and indigent, 49, 100, 102, 107-119, 162, 163

Medical staff, 6
Meningococcal infections, 48, 66, 72, see vital statistics tables
Mental hygiene, 11, 17, 41, 45-47, 49, 50, 51, 54, 55, 64, 159
Meranski, Israel, 58
Mercy Hospital, 102
Milk control, 17, 20, 29, 123-126, 163, 213
Motry, George O., 140

National Association of Sanitarians, 120
National Conference on Air Pollution, 153
National Research Council, 106
Norton, Sidney M., 165, 167
Nutrition, 23, 51, 64, 105-106

Oak Ridge National Laboratory, 121
Ordinance No. 1397, clinics, 213
Organization chart, 8
Osler, Sir William, 2

Patapsco Sewage Disposal Plant, 141
Persch, Anna, 18, 43, 58
Personnel, 19
Pitts, John L., 17
Pneumonia, 13, see vital statistics tables
Pohlhaus, Joseph, 17, 125
Poliomyelitis, 4, 9, 10, 12, 18, 23, 24, 32, 40, 48, 49, 55, 62, 66, 72, 73, 93, 94, 120, 137, 163
Pollack, Lois, 41
Population, 12, 162, 169
Prather, Perry F., 5
Prenatal care, 18, 49, 55, 85, 162
Prenatal Interviewing Service, 85
Provident Hospital, 49, 102
Psychiatric Day Center, 11, 17, 41, 45, 159
Public health nursing, 17, 18, 40-44, 55, 62, 63, 70, 94, 101, 162
Public Health Reports, 162
Publications, 24, 208

Quarterly Statistical Report, 162

Rabies, 29, 66, 67, 138
Radiation, 148, 149, 150, 157
Radio, 24, 25, 26, 215
Rafferty, Frank, 46, 54, 64
Rats, see rodent control
Redfern, Jack, 27
Reed, Ann, 60
Regulation 57A. Dietary Product, 120, 214
Regulation 80. Ice Cream, 120, 213
Regulation 80B. Ice Milk, 120, 213
Regulation, governing certification of birth and death transcripts, 214
Research and planning, 159-161
Retarded children, 17, 64
Rhyne, Jimmie L., 17, 92
Robinson, Harry M., Jr., 53
Rodent control, 60, 142, 143
Rosenstock, Jessie S., 18

St. Joseph's Hospital, 50
Sanitary Section, 32, 120-122
Saturday Letter to the Mayor, 24
Sayers, R. R., 153
Scarlet fever, 72, 203, 207
Schneidmuhl, A. M., 46, 50
School hygiene, 9, 17, 49, 55, 64, 92-99, 100
Schucker, George W., 120
Sewage disposal, 140
Sinai Hospital, 50, 85, 102, 106
Smallpox, 12, 67
Smoke control, 149, 152, 157
Smoking and health, 93
Snyder, Eleanor McK., 105
South Baltimore General Hospital, 65, 102
Southeastern Health District, 17, 62-63, 100
Southern Health District, 64, 65, 93
Southwest Community Council, 65
Sparling, J. Frederick, 21
Springfield State Hospital, 159
Staff changes, 17, 125
Stebbins, Ernest L., 5
Stein, Elizabeth, 55
Stine, Oscar C., 94
Stitley, Anna S., 18
Struve, Virginia, 40
Suicides, 166, see vital statistics tables
Syphilis, 13, 28, 41, 69, 70, 72, 80-82, see vital statistics tables

Tanega, Adoracion, 46, 64
Tarbert, William L., 125
Tayback, Matthew, 45, 159
Television, 24, 25, 27, 215-219
Terry, Luther E., 2, 10
Tetanus, 12, 72, 93
Topfer, Kimmett, 22
Trichinosis, 128, 205
Tuberculosis, 12, 13, 18, 23, 28, 41, 48, 49, 54, 60, 64, 67, 68, 69, 72, 74-79, 176, 193, 195, 200, 201, 207
Tuerk, Isadore, 5, 11
Tularemia, 72, 128
Turner, Thomas B., 5
Typhoid fever, 48, 66, 72, 193, 199, 203, 207

Union Memorial Hospital, 50
United States
  Army, 129
  Atomic Energy Commission, 121, 149
  Department of Agriculture, 137

Department of Health, Education and Welfare, 87, 94
Food and Drug Administration, 32, 106
National Institute of Mental Health, 50, 51
Office of Civil Defense, 121
Public Health Service, 10, 11, 12, 21, 28, 32, 54, 70, 106, 121, 123, 124, 125, 129, 141, 142, 150, 160
University of Maryland institutions, 31, 41, 46, 50, 53, 56, 63, 64, 85, 86, 102, 105, 121, 125, 162
Urban renewal, 50, 100, 106, 120, 121, 143

Venereal diseases, 13, 18, 23, 28, 41, 58, 64, 69, 70, see communicable diseases and vital statistics tables
Vital records, 165-167, tables, 168-207
Vital statistics, 159, 168-207
Volunteers, 40, 55
Voluntary health agencies, expenditures, 17
Voshell, Allen F., 5

Wainwright, Charles W., 5
Water pollution, 120, 140
Water supplies, 140
Webb, 24, 25, 26
Werner, Bernard L., 5
Western Health District, 46, 53-57, 64, 67, 69, 94, 100, 120, 121
WFBR, 25, 26
Whooping cough, 12, 48, 72, 177, 193, 195, 199, 203, 207
William S. Baer School for Handicapped children, 41, 86
Williams, H. Maceo, 58
Williams, Huntington, 5, 10, 11, 212, 215
Wise, Walter D., 5
WJZ-TV, 24
WMAR-TV, 25, 27
Wolman, Abel, 5
Wolman, Samuel, 5

Yale University, 10
Yates, Edna V., 18
Young, J. Allan, 60
"Your Family Doctor" television series, 24, 25, 27, 144, 215
Youthpower Program, 106