CITY OF BALTIMORE

ONE HUNDRED AND TWENTY-NINTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1943

To the Mayor and City Council of Baltimore for the Year Ended December 31, 1943

Science contributed to the confusion by assuming that it could be indifferent to the use of its achievements....

From
The New York Times Book Review of
The Condition of Man by Lewis Mumford

DEPARTMENT OF HEALTH

Commissioner, HUNTINGTON WILLIAMS, M.D., Dr.P.H.
Assistant Commissioner, ROSS DAVIES, M.D., M.P.H.
Secretary, REED GAITHER

ADMINISTRATIVE SECTION

Administration	HUNTINGTON WILLIAMS, M.D., Dr.P.H.
Vital Statistics	W. THURBER FALES, Sc.D.
Health Information	ESTHER S. HORINE
	DOROTHY REGINA KALBEN
Laboratories	C. LEROY EWING
Eastern Health District	C. HOWE ELLER, M.D., Dr.P.H.
Western Health District	ALFRED C. MOORE, M.D.
Druid Health Center	H. MACEO WILLIAMS, M.D., M.P.H.
Southeastern Health District	JOHN A. SKLADOWSKY, M.D.

MEDICAL SECTION

Communicable Diseases	DAVID H. ANDREW, M.D., C.P.H.
Sydenham Hospital	MYRON G. TULL, M.D., M.P.H.
	MARGARET H. D. SMITH, M.D.
Tuberculosis	MIRIAM BRAILEY, M.D., Dr.P.H.
Venereal Diseases	RALPH F. SIKES, M.D., M.P.H.
	FERDINAND O. REINHARD, M.D., M.P.H.
Occupational Diseases	JOHN M. MCDONALD, M.D., D.P.H.
Child Hygiene	WILLIAM K. SKILLING, M.D.
Maternity Hygiene	M. ALEXANDER NOVEY, M.D.
School Hygiene	H. WARREN BUCKLER, M.D.
Public Health Nursing	JANE B. LAIB, R.N.

SANITARY SECTION

WILMER H. SCHULZE, Phar. D., Director

Milk Control	IVAN M. MARTY
Food Control	FERDINAND A. KORFF
Meat Inspection	WILLIAM BRENNER, D.V.S.
Environmental Hygiene	GEORGE W. SCHUCKER

Learn to Do Your Part in the Prevention of Disease

THE EVENING SUN

Published Every Week Day By
THE A. S. ABELL COMPANY
PAUL PATTERSON, President

BALTIMORE, WEDNESDAY, JULY 7, 1943

Welcome Decision

Yesterday the Maryland Court of Appeals handed down a very welcome decision, in which it approved the constitutionality of Baltimore's new health ordinance.

The ordinance in question, which was passed in 1941 in response to a strong public sense of outrage against slum conditions in Baltimore, was designed to strengthen the hand of the Health Department in enforcing minimum housing standards.

A case tried before Judge Ulman under this law was appealed, on the ground that the ordinance was unconstitutional and gave illegal power to the Health Commissioner. In its opinion, written by Judge Lindsay D. Sloan, the Court of Appeals declares that:

> The only purpose of the ordinance is to protect and preserve the health of the people of Baltimore . . .

and that

> . . . the city has the power under its charter "to preserve the health of the city" and "to prevent and remove nuisances." The exercise of charter powers by a city is not discretionary, but is a duty.

Thanks to this decision, the Health Commissioner finds yet another obstacle removed in his campaign to eliminate the worst of Baltimore's slum conditions.

STATE COURT OF APPEALS SUPPORTS
CITY ORDINANCE ON THE HYGIENE OF HOUSING

CONSULTANTS

DR. THOMAS S. CULLEN,
Member, Maryland State Board of Health.

DR. ARTHUR G. BARRETT,
President, Maryland Academy of Medicine and Surgery.

DR. ALLEN W. FREEMAN,
Professor of Public Health Administration,
Johns Hopkins School of Hygiene and Public Health.

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

DR. LOUIS HAMBURGER,
Associate in Medicine, Johns Hopkins Medical School.

DR. ARTHUR J. LOMAS,
Administrative Consultant, Catholic Hospitals of Maryland.

DR. ROBERT U. PATTERSON,
Dean, School of Medicine, University of Maryland.

DR. MAURICE C. PINCOFFS,
Professor of Medicine, School of Medicine, University of Maryland.

DR. ROBERT H. RILEY,
Director, Maryland State Department of Health.

DR. JAMES M. H. ROWLAND,
Dean Emeritus, School of Medicine, University of Maryland.

DR. ARTHUR M. SHIPLEY,
Professor of Surgery, School of Medicine, University of Maryland.

DR. SAMUEL WOLMAN,
President, Maryland Tuberculosis Association.

ADVISORY COMMITTEE ON SANITATION

DR. WILLIAM H. HOWELL, *Chairman,*
Director Emeritus, Johns Hopkins School of Hygiene and Public Health.

DR. ANNA M. BAETJER,
Associate in Physiology, Johns Hopkins School of Hygiene and Public Health.

DR. HARRY J. WARNER,
Medical Director, United States Public Health Service
in charge of the Baltimore Quarantine Station.

MR. GEORGE COBB,
Chief Engineer of Baltimore.

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

MEDICAL STAFF

LYMAN ABBOTT, M.D. c
GEORGE G. ADAMS, M.D. t
MAURICE L. ADAMS, M.D. v
M. L. BARKSDALE, M.D. v
WALTER P. BLOCK, M.D. v
LOUIS V. BLUM, M.D. t
M. L. BREITSTEIN, M.D. ea
HARRY BROWN, M.D. c
G. RAYNOR BROWNE, M.D. v
WILLIAM BERKLEY BUTLER, M.D. v
CHARLES R. CAMPBELL, M.D. v
JAMES D. CARR, M.D. v
J. W. V. CLIFT, M.D. c
HENRY T. COLLENBERG, M.D. v
JOHN COLLINSON, M.D. v
JOHN CONSTANTINI, M.D. h o
THEODORE COOPER, M.D. t
ROSCOE Z. G. CROSS, M.D. h o
W. ALLEN DECKERT, M.D. m
SOLON A. DODDS, M.D. c
HANIA WISLICKA EHLERS, M.D. c
ANTHONY S. FELSOVANYI, M.D. v
HARRIS GOLDMAN, M.D. v
HARRY C. GRANT, M.D. h o
WALTER E. GREMPLER, M.D. c
RICHARD DAVID HAHN, M.D. v
HAROLD V. HARBOLD, M.D. h o
LOUIS E. HARMON, M.D. v
JAMES B. HAWKINS, M.D. h o
JOHN M. HAWS, M.D. m
MARY L. HAYLECK, M.D. c
BOWMAN J. HOOD, M.D. v
LEON S. HORKA, M.D. h o
HUGH P. HUGHES, M.D. h o
MEYER W. JACOBSON, M.D. t
LOUIS L. JACOBS, M.D. h o
ALBERT JAFFE, M.D. c
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D. F. KALTREIDER, M.D. m
HENRY B. KOLB, M.D. h o
ALBERT L. LAFOREST, M.D. v
ELLA LANGER, M.D. h o
CHARLES D. LEE, M.D. t
LUCILLE LIBERLES, M.D. h o
HARRY LINDEN, M.D. v
AMELIA LINK, M.D. h o
FRANCIS J-B. LUKE, M.D. v
CHARLES F. MALONEY, M.D. h o
FRANK V. MANIERI, M.D. h o
MEYER MILLER, M.D. c
GEORGE C. PAGE, M.D. v
GEORGE H. PENDLETON, M.D. v
MARY E. PERRY, M.D. s
A. L. RETTALIATA, M.D. h o
ALMA S. ROTHHOLZ, M.D. c
LEWIS J. ROSENTHAL, M.D. h o
ALBERT SCAGNETTI, M.D. c
J. DOUGLASS SHEPPERD, M.D. v
ERNEST W. SHERVINGTON, M.D. v
ISADORE A. SIEGEL, M.D. m
HARRY B. SMITH, M.D. v
GEORGE A. STRAUSS, M.D. v
HOWARD H. WARNER, M.D. h o
SAMUEL WEINBERG, M.D. h o
ALEXANDER A. WEINSTOCK, M.D. t
MARY COOK WILLIS, M.D. c
PAUL ELI WILSON, M.D. s
GUSTAV H. WOLTERECK, M.D. c
CHARLES T. WOODLAND, M.D. v
RALPH J. YOUNG, M.D. v

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c = child hygiene, ea = ear clinic, ey = eye clinic, h o = health officer for communicable disease control and school hygiene, m = maternity hygiene, s = Sydenham Hospital, t = tuberculosis clinic, v = venereal disease clinic, **bold type = full time.**

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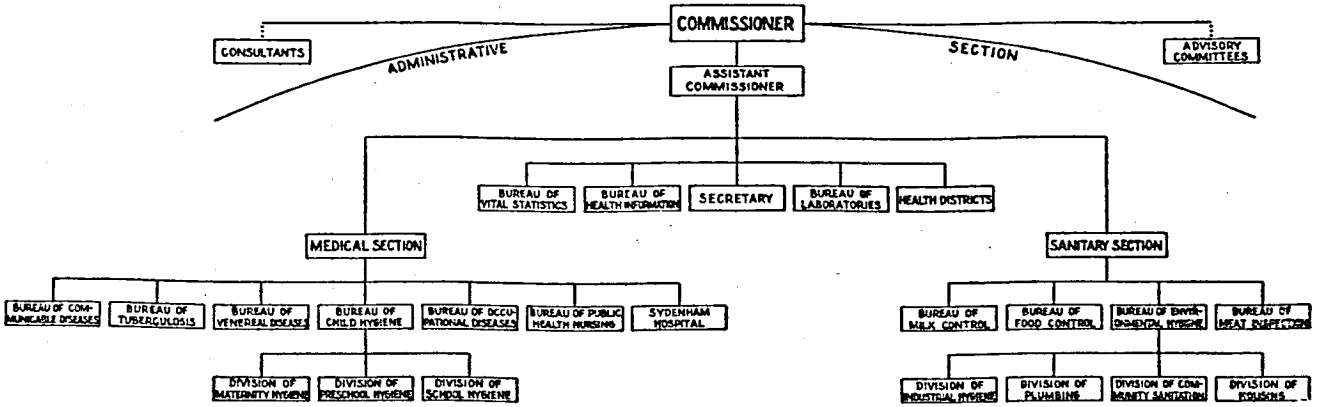
ORGANIZATION CHART

BALTIMORE CITY HEALTH DEPARTMENT



A SUMMARY OF THE ONE HUNDRED AND TWENTY-NINTH ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT

1943

REPORT OF THE COMMISSIONER OF HEALTH

The Honorable,

THE MAYOR AND CITY COUNCIL OF BALTIMORE

GENTLEMEN:

Pursuant to the provisions of Section 91 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 a summary of the one hundred and twenty-ninth 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, 1943.

Introduction

Another war year saw meningococcus meningitis reported more frequently than in any prior year of record in Baltimore and there was an increase in the prevalence of diphtheria over recent years. Late in 1943 there was also a brief period when deaths from pneumonia and influenza were more numerous than usual for the season. On the other hand a new low city record of only 20 cases of typhoid fever was established for 1943 and the maternal mortality rate for the city reached a new low figure of 1.6 per 1,000 live births.

The civic campaign for improved housing conditions and slum eradication for health was pressed forward materially with the decision of the State Court of Appeals on June 24 which sustained the new Ordinance on the Hygiene of Housing that had been enacted by the Mayor and City Council in 1941. The Health Department with its Division of Housing established on a firm footing in 1943 expanded the scope of its work in this important field.

Several other health services were particularly active during the year because of the war. These included venereal disease control and industrial hygiene. Active assistance was received from the new Baltimore Venereal Disease Council and there was a reorganization of the Health Department venereal disease bureau and clinic program.

Special emphasis was likewise devoted to expanding the work of tuberculosis control with the X-raying of expectant mothers that revealed a number

of early and unsuspected cases of the disease, to the clean-city campaign associated with trash and garbage disposal and rat control, to a breast-feeding campaign for new-born infants, to the prevention of deafness, and to the use and teaching of affiliate student nurses at Sydenham Hospital for the acute communicable diseases.

Rheumatic fever became a reportable disease by State Board of Health action in September, an event which raises interesting administrative questions. Late in the year the Health Department budget provisions for 1944 received unusual attention and an active advance over previous years, and plans were completed for Health Department cooperation in the development of the administration of the city's medical care program which is a function in Baltimore of the City Welfare Department. In December a special issue of *Baltimore Health News* was devoted to the commemoration of the 150th anniversary of the founding of the public health service of Baltimore.

THE BBC TRANSOCEAN CONFERENCE OF SEPTEMBER, 1943

Left to right: *Colonel Raymond Scott*, Commander of evacuation hospitals in Sicily and North Africa; *Major General Norman T. Kirk*, Surgeon General of the U. S. Army; *Alistair Cooke*, Master of Ceremonies; *Colonel Crawford Sams*, Chief Army Surgeon in the Middle East; and *Dr. Huntington Williams*.

The Commissioner of Health on September 26 participated, at the invitation of the British Broadcasting Corporation in New York, in a half-hour Trans-Atlantic radio conference on wartime medicine with representatives of the U. S. Army medical services and corresponding military and public health officials in London. The British group on this occasion were Surgeon General Alexander Hood for the British Army; Dr. R. H. Parry, Medical Officer of Health of the City of Bristol; Major General C. Max Page,

Consulting Surgeon to the British Army, and Brigadier E. W. Wade, Inspector of the Medical Services throughout the African Campaign.

During the year the total city health effort won for Baltimore a place on The 1943 National Health Honor Roll of cities selected in the annual Health Conservation Contest which is conducted by the Chamber of Commerce of the United States and the American Public Health Association.

The Health of the City

From year to year the population of Baltimore is in large degree subject to the same causes of ill health and mortality as other American cities. Despite the operation of certain adverse health conditions in 1943 such as the presence in Baltimore of many war workers and resulting overcrowding, new low records were established in the number of reported cases of typhoid fever and deaths of mothers from causes connected with pregnancy and childbirth. On the other side of the ledger there was a further increase in the number of cases and deaths of meningococcus meningitis and the 106 cases of diphtheria reported was the largest number to occur since 1938. Both increases may be explained in part by conditions brought about by the war. The general death rate corrected for residence of 13.5 per 1,000 population was also considerably higher than the rate of 12.1 for 1942. The corresponding death rates for the white population were 11.1 in 1942 and 12.5 in 1943 and for the colored population 16.2 in 1942 and 17.7 in 1943.

Population

The influx of war workers and the departure of a considerable portion of the male population into the armed services made it difficult to estimate the midyear population for 1943. Utilizing special studies of the civilian population made by the U. S. Bureau of the Census for March 1, 1943 and November 1, 1943 and based on the issuance of war ration books, the estimated civilian population of Baltimore as of July 1, 1943 was 930,000. The estimated white population on the same date was 748,000 and the non-white or colored population was 182,000 or 19.4 per cent. The birth and death rates included in this report are based on these figures.

Diseases Affected by War Conditions

During 1943 the people of Baltimore experienced increased health risks from four diseases, tuberculosis, syphilis, meningococcus meningitis and diphtheria which may be considered as definitely affected by war conditions. Anticipation of upward trends made possible more effective programs for the control of tuberculosis and the venereal diseases. While the number of reported cases from both of these conditions increased over 1942 reports the

death rate for tuberculosis remained stationary and that for syphilis was slightly lower than for the previous year. There were 1,938 new cases of tuberculosis reported in 1943 as compared with 1,686 in 1942. The tuberculosis death rate for 1943 was 86.6 per 100,000 population as compared with the 1942 rate of 86.5. For syphilis the number of new cases reported in 1943 was 14,803; for 1942 there were 11,293 cases recorded. Death rates for syphilis were 19.5 in 1943 and 21.5 in 1942. Increased case reports reflect active case-finding programs. In tuberculosis the opening of new night chest clinics for both white and colored persons resulted in the early discovery of active cases of the disease, with prompter follow-up of reported cases, and there has been a cooperative relationship with Selective Service for securing reports and following up cases discovered through pre-induction examination of registrants. The earlier case discovery and follow-up and treatment lead to a better control of both tuberculosis and syphilis.

The nation-wide wartime outbreak of meningococcus meningitis which began in 1941 reached its peak in Baltimore during 1943 with the largest number of cases reported for any single year in the city's history. A thorough investigation of each case resulted in the general conclusion that emergency factors, especially the influx of war workers, accounted for this unusual increase to a considerable degree. It was found, for example, that nearly one-fourth of the 389 reported cases occurred in families which had resided in Baltimore less than two years. There had been 202 cases of the disease reported in 1942 and 72 cases in 1941. Deaths increased from 11 in 1941 and 31 in 1942 to 63 in 1943.

Influenza and Pneumonia

During the last three weeks of 1943 Baltimore experienced a widespread outbreak of respiratory diseases which are usually designated under the term influenza. Not only did the number of deaths from influenza and pneumonia increase markedly during this period but there was also a similar rise in the death rate from all causes. The death rate for December was 19.9 per 1,000 population as compared with 11.7 for December, 1942. The number of deaths from pneumonia in 1943 was 834 as compared with 707 in 1942; deaths from influenza were 102 in 1943 as contrasted with 60 in 1942.

Typhoid Fever

With the reporting of only 20 cases of typhoid fever a new low record was established for this disease in Baltimore. The previous low record of 23 cases was recorded in 1940. There was 1 death from typhoid fever in 1943 which was the same figure as reported for 1942.

Births, Maternal Mortality and Infant Mortality

The number of births continued to increase during 1943 with 21,054 resident births occurring or a birth rate of 22.6 per 1,000 population. Despite the largest number of births to be recorded for any year the deaths from maternal causes dropped to a new low record of 34 deaths or one less than the figure for 1942. The maternal death rate in 1943 was therefore 1.6 per 1,000 live births as compared with 1.7 for 1942.

The death rates for infants under one year of age and for under one month of age rose over the low rates for the previous year. Except for 1939 and 1942, however, the infant mortality rate of 46.2 per 1,000 live births and the neonatal mortality rate of 26.3 were lower for 1943 than the corresponding rates for any other years in the history of the city.

Diphtheria

An increase in diphtheria occurred in 1943 with 106 cases reported as compared with 74 cases during 1942. Nearly one-fourth of the 106 cases occurred in families residing in Baltimore less than two years which may indicate that part of the increase at least was attributable to the conditions arising from the active part that Baltimore is playing in the industrial war effort.

Principal Causes of Death

Pathological conditions accompanying the degenerative processes such as heart disease, nephritis and cerebral hemorrhage, and cancer continued to rank among the leading causes of death. The death rates from the seven leading causes of death for the total and for the white and colored populations are shown in the accompanying table.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH; TOTAL, WHITE AND COLORED POPULATION: BALTIMORE 1942-1943

Total Population			White Population			Colored Population		
Cause	Death Rate per 100,000		Cause	Death Rate per 100,000		Cause	Death Rate per 100,000	
	1943	1942		1943	1942		1943	1942
Diseases of heart	426.2	379.9	Diseases of heart	434.6	390.5	Diseases of heart	391.8	335.9
Cancer, all forms	149.8	134.3	Cancer, all forms	159.0	142.0	Tuberculosis, all forms	221.4	240.1
Nephritis	113.3	106.7	Nephritis	95.3	91.7	Nephritis	187.4	169.1
Cerebral hemorrhage	95.1	88.0	Cerebral hemorrhage	87.7	77.7	Pneumonia	187.4	150.9
Pneumonia	89.7	75.5	Accidental causes	70.1	67.0	Cerebral hemorrhage	125.3	131.1
Tuberculosis, all forms	86.6	86.5	Pneumonia	65.9	57.4	Cancer, all forms	112.1	102.4
Accidental causes	75.5	68.8	Tuberculosis, all forms	53.7	49.6	Accidental causes	97.2	76.5

At the close of the report will be found certain selected tables that contain other important data on the vital statistics of the city for 1943.

Administration

There follows a financial statement for the Health Department for the fiscal year ended December 31, 1943.

FINANCIAL STATEMENT

As of December 31, 1943

Total City Appropriations		$1,016,401.12
Total City Expenditures		1,015,594.82
Appropriations by Ordinance of Estimates January 1, 1943	$916,642.72	
Appropriations for Transportation	30,946.68	
Supplementary Appropriations for Sydenham Hospital, Health Districts, Clinics and Special Projects	68,811.72	
		$1,016,401.12

*Expenditures of the Baltimore City Health Department**

ADMINISTRATIVE SECTION

Administration	$28,268.86	
Vital Statistics	40,495.64	
Health Information	13,388.58	
Laboratories	79,060.11	
Eastern Health District	37,807.30	
Western Health District	35,136.20	
Druid Health Center	46,341.94	
Southeastern Health District	35,664.48	
		$316,163.11

* *Additional Non-Health Department Health Expenditures*

There follow certain tabulations made of expenditures for health work in Baltimore in 1943 which were closely related to the work of the City Health Department:

I OFFICIAL EXPENDITURES

City Department of Education—high school medical services	$ 40,335.76	
City Department of Welfare—city tuberculosis hospital	244,934.29	
State Tuberculosis Hospitals—Baltimore City cases	368,424.32	
State Health Department—city venereal disease control	5,098.51	
The Johns Hopkins Hospital, venereal disease control	13,000.00	
Federal Social Security funds—city health work	22,090.97	
The Johns Hopkins Hospital, venereal disease control	23,100.00	
		$ 716,983.85

II NONOFFICIAL EXPENDITURES

Babies Milk Fund Association	$ 37,673.04	
Eudowood Tuberculosis Hospital—city cases	96,709.02	
Instructive Visiting Nurse Association	81,058.73	
Johns Hopkins University—Eastern Health District	25,000.00	
Laboratory services—hospital or private	50,000.00†	
Maryland Society for the Prevention of Blindness	5,933.95	
Maryland Tuberculosis Association	41,733.00	
Mount Pleasant Tuberculosis Hospital—city cases	66,631.02	
Pasteurization plants—farm and laboratory control	32,000.00	
Venereal disease control—hospital dispensaries	90,000.00†	
		$ 526,738.76

TOTAL $1,243,722.61

This $1,243,722.61 added to the City Health Department expenditures of $1,015,594.82 gives a grand total of $2,259,317.43.

† Approximate figure.

MEDICAL SECTION

Communicable Diseases	17,985.59	
Tuberculosis	20,452.20	
Venereal Diseases	68,054.03	
Occupational Diseases	5,910.14	
Child Hygiene	40,763.61	
School Hygiene	12,120.21	
Public Health Nursing	124,722.31	
		$290,008.09

SANITARY SECTION

Supervision	9,972.87	
Milk Control	39,782.58	
Food Control	19,386.69	
Environmental Hygiene	71,114.40	
Meat Inspection	54,834.49	
		$195,091.03
Morgue and Public Cemetery		6,316.15
Sydenham Hospital		208,016.44
Total, Salaries and Expenses		$1,015,594.82

Receipts

Health Revenue	$ 220.50	
Vital Statistics	32,169.03	
Child Hygiene	325.00	
Milk Control	11,032.00	
Plumbing Permits	9,087.75	
Rooming House Licenses	245.00	
Meat Inspection	20,202.00	
Sydenham Hospital	7,520.01	
Total		$80,801.29

Personnel

On January 4, 1943 Dr. Margaret H. D. Smith became Director of Medical Research at Sydenham Hospital and on March 13 Mrs. Gwendolyn B. Betz was appointed Superintendent of Nurses at that hospital. G. Yates Cook was appointed on January 1 to the newly created position of Chief of the Division of Housing in the Sanitary Section. On December 1 Dr. J. Wilfrid Davis was appointed Director of the Bureau of Communicable Diseases and Dr. Harry B. Smith became Senior Medical Supervisor in the Bureau of Venereal Diseases.

The War Roster

During 1943 the following City Health Department representatives were added to the Health Department war roster: John M. Ashworth, M.D., Horace L. Hodes, M.D.; Vera Craig, R.N., Edith Doyle, R.N., Edna Faith, R.N., Mildred Foster, R.N., Margaret Gogel, R.N., Teresa Griffin, R.N., Nell U. Hammer, R.N., Jane Kreitz, R.N., Tillie Krucoff, R.N.,

Zena T. Mattie, R.N., Bertha A. Schrock, R.N., Ingrid Selkamaa, R.N., Rose Shenk, R.N., Anne Smith, R.N., Mary I. Streckfus, R.N., Elizabeth L. Wolfe, R.N., Florence Zinz, R. N., public health nurses; James H. Carter and Marian Kramer of the Bureau of Vital Statistics; Charles E. Couchman and William J. Wheeler of the Sanitary Section; and Irene F. Shea, R.N., Superintendent of Nurses at Sydenham Hospital.

Vital Statistics

Tabulation and analysis of reports of births, deaths and cases of communicable diseases was a continuing function of the Bureau of Vital Statistics during 1943. A statistical report formed the basis of the "Saturday Letter to the Mayor" submitted by the Commissioner of Health at the close of each week and released with comment for publication in the local press. Monthly summaries of vital statistics were published in *Baltimore Health News*. Tabulations for the year formed the statistical section of the ANNUAL REPORT of the Department. Special statistical analyses of public health data were also made on appropriate occasions in cooperation with the work of other bureaus.

During 1943 the bureau continued its activities in the analysis of population and housing data for the city for purposes of providing the Health Department and other city agencies with reliable sociological bases for community planning. From figures in the U. S. Census of 1940 and previous department reports there were prepared maps of the city showing significant health and social conditions for each census tract.

In 1943 the registration of current reports of births and deaths placed a heavier responsibility on the bureau than in any previous year. There were filed during the year 25,934 certificates of birth and 12,929 death certificates. The information contained on these vital records has become recognized as a valuable source of reliable public record of birthplace, age and relationship. The heavy demand for copies of these records in the form of birth and death transcripts continued during 1943. The bureau issued 37,899 transcripts of birth records and 22,278 transcripts of death records. Records of birth for persons furnishing evidence of birth in Baltimore were established in cases where no record had been made at the time of birth. Such delayed records were filed for 2,094 persons in 1943.

The director of the bureau engaged in two special projects during the year. To furnish figures on Baltimore births and an interpretation of their social significance the director and Dr. Edwin L. Crosby of the Johns Hopkins Hospital collaborated on an article published in the March-April issue of *The Councillor*, the bulletin of the Baltimore Council of Social Agencies, under the title "The Recent Increase in Births in Baltimore."

In October the director of the bureau was appointed by the Surgeon General of the U. S. Navy to serve on the Advisory Committee on Vital

Statistics to the Surgeon General. During the last three months of the year this committee evaluated the vital statistics services of the Bureau of Medicine and Surgery of the U. S. Navy and submitted a report and recommendations to the Surgeon General.

Health Information

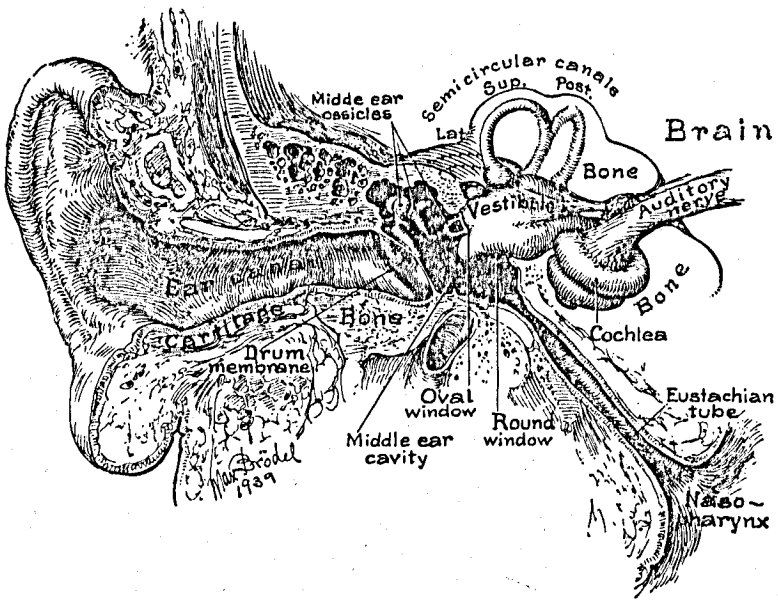
The local press gave outstanding cooperation and support to the Department's program for informing the public about health matters. The "Saturday Letters to the Mayor" and special news releases on current situations in regard to communicable diseases, venereal diseases, housing and rat control were issued and used by the press during the year. In addition to these releases, health news items were sent to neighborhood newspapers and several church journals each month.

Other major health informational activities in 1943 included the following:

1. A "Keeping Well" radio drama was broadcast each Saturday evening. The dramas were begun in 1939 in continuation of the radio program presented each week since 1932 under the joint auspices of the Medical and Chirurgical Faculty of Maryland and the City Health Department.

   The five radio broadcasting stations located in the city gave vital support to the Department by broadcasting spot announcements on rats, trash and garbage in an appeal for public cooperation during the city clean-up campaign in January.
2. In March there were 69 cases of meningococcus meningitis reported which was the largest number ever recorded in any one month in the records of the Health Department. To inform the public about the seriousness of the situation a new leaflet on "Meningococcus Meningitis" was published and given wide distribution. One issue of *Baltimore Health News* was devoted almost entirely to the subject and radio broadcasts were also presented.
3. The Baltimore Transit Company as in the previous year assisted the Department in an educational effort to control respiratory diseases. The Transit Company printed and displayed posters in all their public conveyances with a warning against the practice of smoking and coughing in crowded vehicles as a possible means of causing the spread of disease. They also published half-page advertisements in the local press and broadcast spot announcements in the campaign for "No Smoking" in crowded street cars and busses.

4. The *Baltimore Health News* was published monthly for the twentieth consecutive year. Issues which attracted special attention and comment were those with articles on venereal disease control in the January, February and March issues, on wartime industrial hygiene in September, the prevention of deafness in November and the 150th anniversary of the founding of Baltimore's public health service in December. The accompanying illustration of the ear appeared with the article on the prevention of deafness wh ch was later reprinted as a leaflet for distribution in the public schools and elsewhere. It was the suggestion of Dr. Thomas S. Cullen that the original drawing by the late Max Brödel of the Johns Hopkins Medical School be used in this article.



The Ear

5. In January, 1943 when a case of smallpox occurred in a county of Maryland following an outbreak in a neighboring State a vaccination campaign was inaugurated in the city because of the many out-of-State war workers who had taken up residence in Baltimore and had come from states where vaccination is not compulsory. Special illustrated material showing severe smallpox in a man who had never been vaccinated was made

available.* This resulted in more than 88,000 vaccinations, largely because of the cooperation of industrial leaders in the city.

6. There were thirty-three racks for the distribution of Department leaflets in use throughout the city. Four new leaflets were published by the several bureaus and nine scientific articles written by staff members were mailed to practicing physicians.
7. For the fourth consecutive year articles and photographs were provided for a special health supplement entitled "Your Health in Wartime" which appeared with the *Baltimore News-Post* on May 13.
8. The one hundred and twenty-eighth ANNUAL REPORT of the Health Department was edited and seen through the press. Copies were mailed to libraries, health agencies and others who use the volume and the brief pamphlet summary of the REPORT entitled GUARDING THE HEALTH OF BALTIMORE—1942 was widely distributed in the city and elsewhere.
9. There was an increase in the number of classes conducted by the Department staff for the two medical schools of Baltimore, for students in the Johns Hopkins School of Hygiene and Public Health and for student and graduate nurses. This increase was necessitated by the accelerated wartime programs of the professional schools.
10. The bureau conducted the Department library and made interlibrary loans for staff members. The library was moved to new quarters that were more convenient and commodious.

Exhibits

Despite the handicap resulting from the loss of artist help and the frequent resort to substitute material for poster and exhibit work the displays produced by the bureau during 1943 received favorable comment. Thirty-seven exhibits were displayed at the following places: Four at the Gwynns Falls Park Junior High School, four at the Druid Health Center during the local observance of Negro Health Week, sixteen in the chest clinic at 1516 Madison Avenue and twelve in the main corridor of that building, and one at the William H. Welch Medical Library.

Seven permanent exhibits were designed and constructed: Two on the subject of rat control, and one each on the prevention of congenital syphilis, on nutrition, smallpox vaccination, general health, and the portrayal of the Department's motto, "Learn to do your part in the prevention of disease."

* See ANNUAL REPORT of the Baltimore City Health Department, 1939, p. 31.

Nine exhibits were loaned for display at the Freedmen's Hospital in Washington, D. C. Health exhibit material was also loaned to the Consolidated Gas and Electric Company of Baltimore. Four posters for silk screen printing were completed. Subject matter included the periodic physical examination, trichinosis, rat control and the Department's weekly "Keeping Well" radio program.

Laboratories

The shortage of personnel which developed in the first year of the war became more acute in 1943 and the bureau had seventeen resignations. Practically all of these workers had been trained in the bureau and one had been on the payroll for eight years. Replacements when obtainable, with one exception, were untrained.

In spite of this personnel shortage the routine services were maintained and some of the procedures which had been discontinued in 1942 were reestablished. These included gonococcus culturing, the agglutination test for Weil's disease, tests for grouping streptococci and the examination of fecal specimens from handlers of certified or raw milk.

Concerning routine activities there was a total of 178,542 examinations made of 147,582 specimens and samples. In comparison with the year 1942, these figures represent decreases of 37 and 23 per cent respectively. These decreases were attributable principally to the transfer to the State Department of Health, in November, 1942, of the STS work on specimens of blood from Selective Service registrants.

The marked decrease in STS work which had reached a peak of 1,000 examinations a day was offset by increases in the number of specimens submitted in connection with the diagnosis of certain communicable diseases. There were 3,872 specimens examined for diphtheria during 1943, an increase of 34 per cent over the previous year. Specimens of sputum examined for the tubercle bacillus increased from 7,120 in 1942 to 9,571 in 1943 or an increase of 34 per cent.

There was a decrease in the number of samples submitted by the Sanitary Section for bacteriologic examination, due to shortages of personnel in the Bureau of Laboratories and the Bureau of Milk Control. On August 18 a change was made in the agar medium used in making bacterial plate counts on milk, when the older formula was discontinued and replaced by that published in the *Standard Methods for the Examinaton of Dairy Products* of the American Public Health Association, eighth edition of 1941.

In the Division of Chemistry activities were devoted chiefly to the testing of milk and dairy products especially in connection with the phosphatase test. Assistance was also given to the Bureau of Food Control by making examinations of a large number of samples of food products for filth and to the Bureau of Occupational Diseases and the Division of Industrial Hy-

giene in the examination of samples of blood, urine, air, fumes, dusts and solvents.

With the acquisition of a well trained serologist on November 1 plans were made for the equipment of a special laboratory for the reestablishing and development of laboratory approval services. Some investigative work was conducted during the year by the Division of Bacteriology and the Division of Chemistry. These activities included investigation of: An outfit to be used for culturing the gonococcus; a device for cutting wooden applicators used in bacteriologic sample vials; methods for stabilizing the methylene blue stain used for the examination of diphtheria cultures; the Neave modification of the phosphatase milk control test; methods for the detection of horse meat mixed with ground beef; and a chlorine test used as an aid in detecting the pollution of drinking water.

Eastern Health District

The rapid turnover and shortage of personnel resulted in difficult administrative problems in 1943. At the close of the year there were vacancies in the Eastern Health District in the classifications of assistant supervising nurse, public health nurse, junior stenographer, and junior typist.

The photoroentgen unit located in the district building was operated officially as a part of the City Health Department tuberculosis control program beginning in February. During the year 1,800 X-rays had been taken. The groups in this survey work included contacts of tuberculosis cases, students in a Negro high school, prenatal clinic patients, a Negro organization of lay persons and new staff personnel of the City Health Department. A technician was secured to develop the X-ray films, keep records and make reports. Plans were made to increase the number of groups to receive screening X-rays and these new groups will include colored high school students, Johns Hopkins Hospital prenatal clinic cases, a white vocational school and the patients from various Health Department clinics.

The usual meetings for white and colored physicians practicing in the Eastern Health District were held on January 29 and March 9. Plans for use of the photoroentgen unit were discussed and both meetings were well attended.

On January 1, 1943 a second portion of the Babies Milk Fund Association activities in the Eastern Health District was taken over by the City Health Department. The remaining portion of the Association's activities will be absorbed as of January 1, 1944 and this will make possible a completely generalized Health Department public health nursing service within the area.

The teaching activities of the district continued as in the previous years to serve postgraduate students of the Johns Hopkins School of Hygiene and Public Health, senior nurses from the Johns Hopkins Hospital and Sinai

Hospital schools of nursing, and new staff nurses of the City Health Department. An additional group, which was brought into the district for field observation work during the year was the senior medical student class from the Johns Hopkins School of Medicine. A physician from Brazil who was working for a Doctor of Public Health degree used Eastern Health District records for his thesis concerning tuberculosis mortality and morbidity during the past ten years.

A second study of syphilis was made of a group of Negro high school students. Serologic tests for syphilis were secured on approximately half of the students and the results obtained in the previous survey were confirmed, about two and one-half per cent of the students were found to have positive tests.

Western Health District

During the first two months of 1943 the health officer of the Western Health District assisted in the smallpox vaccination campaign by organizing and supervising vaccination clinics for employees in several large business and manufacturing establishments in the district. The health officer also vaccinated the staff of the University Hospital Dispensary, the Ration Board at 1400 N. Charles Street, personnel of the Western Health District and a number of public school teachers.

The special school health program begun in 1942 was continued in School No. 34 located at Washington Boulevard and Carey Street with satisfactory results. During the first quarter of the year some experimental innovations in the program were introduced into the schools of the district but after a trial period were discontinued.

The year 1943 was notable for the large number of cases of diphtheria reported as compared with previous years. There was a total of 45 cases of diphtheria reported. It is probable that this increase was due at least in part to the large amount of congestion in and migration into the area. In March when an unusual number of cases occurred in one public school and because of this localization of cases a special diphtheria prevention campaign was conducted in the neighborhood. The toxoid preventive inoculation was given to 323 children and of these 83 were of preschool age.

There were 101 cases of meningococcus meningitis reported in the Western Health District during the year. This was a case rate of approximately 57 per 100,000 population for the district as compared with a case rate of 45 per 100,000 population for the city. This high incidence which was 26 per cent higher in the district as compared with the remainder of the city supports strongly the theory that bad housing and overcrowding and migration of people favor an epidemic of meningitis as the Western Health District is more congested and contains more migrants than any other area of the city.

The health officer of the district presented two courses in communicable

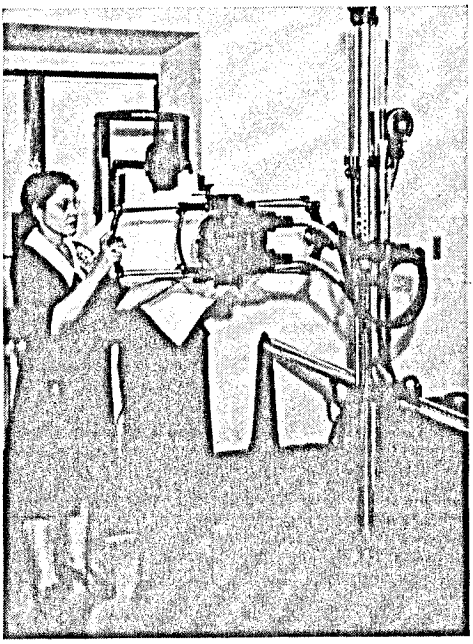
diseases to the student nurses of the Hospital for the Women of Maryland. Four undergraduate nurses from the University Hospital completed one month of observation of public health nursing activities in the district. Public health education activities included lectures to student nurses on communicable diseases, lectures to lay groups on health topics, distribution of Health Department pamphlets and conferences and discussions for the nurses of the district.

Druid Health Center

During 1943 the Druid Health Center continued to perform the functions of a neighborhood health unit and professional groups and laymen made full use of the Center as a Health Department institution. There were 16,882 specimen containers distributed to hospitals and physicians practicing in the western and northwestern sections of the city. Of this number 14,125 were tubes for the collection of blood for serologic tests for syphilis. A total of 2,227 packages of biologicals were issued from the Druid Health Center, and these included toxoid and antitoxin to control diphtheria, tetanus antitoxin and 6,272 points of vaccine to prevent smallpox.

CHEST CLINIC STAFF AT DRUID HEALTH CENTER

The Druid Health Center chest clinic at 1313 Druid Hill Avenue is an active unit in the case-finding program of the Bureau of Tuberculosis of the City Health Department. The medical and public health nursing staff of this clinic, as seen in the accompanying photograph consisted of (standing, from the left) Dr. H. Maceo Williams, District Health Officer in charge of the Druid Health Center; Dr. C. Dudley Lee and Dr. George G. Adams, clinic physicians and staff members of the Maryland State Sanatorium at Henryton, Maryland; and (seated, from the left) Mrs. Olga Chambers, Mrs. Cornelia Phillips and Mrs. Frances Brown, public health nurses.



Here the stereoscopic X-ray apparatus is being adjusted for chest photography of a patient. The equipment was presented to the City Health Department by the Maryland Tuberculosis Association. It corresponds to a similar valuable X-ray machine given by the Association for use in the eastern portion of the city that is in operation at the Eastern Health District at 1923 E. Monument Street.

DRUID HEALTH CENTER X-RAY APPARATUS

The clinic attendance of 80,824 visits during 1943 exceeded that of any previous year. Since November, 1939 when the Druid Health Center was opened the clinic attendance has totaled over 305,000 visits. During 1943 twenty-four clinic sessions were held each week and included those for prenatal care, for well babies, for congenital syphilis and adult syphilis, and for chest conditions.

The tuberculosis case-finding program among the students of Douglass High School was continued during the year and a similar program will be inaugurated for the pupils of the George Washington Carver Vocational School. Public School No. 127 situated in a former "lung block" area was chosen for the purpose of case finding in an elementary school. All patients from the prenatal clinic were routinely X-rayed in the chest clinic and cases of tuberculosis were diagnosed which probably would have been missed by physical examination alone.

The Monumental City Medical Society conducted its meetings in the assembly room at the Center each month during 1943. The Maryland State Medical Society, the Maryland Dental Association, the National Negro Health Movement Committee, the Clean Block Campaign Committee, the Colored Municipal Employees Association and other Negro groups met in the same room at various times during the year. In addition

to these organizations groups of student nurses, Boy Scouts, college students and school children received health instruction at the Center. Twelve students from the Provident Hospital Training School for Nurses completed student affiliate courses in public health nursing at the Center.

Southeastern Health District

During the year a well baby clinic was opened at the Armistead Gardens Housing Project and a diphtheria prevention and vaccination clinic was established at the O'Donnell Heights project. In home visits for diphtheria prevention in the district the public health nurses began the use of nurse supervisor and health officer follow-up of reluctant parents.

New methods of individual instruction of expectant mothers was begun in the district prenatal clinic and the public health nurses offered clinic consultant services to the few remaining midwives in the area. At the close of the year all expectant mothers were being given chest X-rays and it was planned to make this new preventive service permanently available.

The school health service was rearranged as a result of staff changes and special attention was given to smallpox vaccination because of two residents in the district who had been in contact with this disease in Pennsylvania. The district expanded its health information service to the people by offering direct personal telephone guidance in families with communicable diseases, and by continuing to serve the physicians of the area particularly through the meetings of the East Baltimore Medical Society that were held monthly in the district building at Kenwood Avenue and Hudson Street.

Communicable Diseases

A total of 38,246 cases of communicable diseases was reported in 1943 as compared with 34,642 in 1942. The increase was due partly to the unusual prevalence of meningococcus meningitis, but largely it may be attributed to a greater reporting of syphilis.

Meningococcus Meningitis

More cases of meningococcus meningitis were reported in 1943 than during any prior year of record. There were 389 cases and 63 deaths as compared with 202 cases and 31 deaths in 1942. Seventy-one cases or 18 per cent were in homes where there was evidence of overcrowding. One hundred and twenty-nine or 33 per cent were in persons who had resided in Baltimore less than three years.

Diphtheria

Reports showed a total of 106 cases and 3 deaths of diphtheria in 1943 as compared with 74 cases and 2 deaths in 1942. Sydenham Hospital

cared for 77 of the cases, 4 were hospitalized elsewhere in the city, and the remaining 25 remained at home. Thirty-three cases or 31 per cent were in families that had resided in Baltimore less than three years.

Toxoid for the prevention of diphtheria was recorded as administered to 21,851 Baltimore children. This is the largest number so reported in any single year. Of the total, 9,818 were inoculated in private medical practice, a new high record in this bracket.

DIPHTHERIA TOXOID INOCULATIONS RECORDED
BALTIMORE, 1939-1943

AGENCY	1943	1942	1941	1940	1939
Physicians' Practice	9,818	7,026	5,300	3,975	4,000
Preschool Clinics	8,963	7,646	7,880	6,789	7,437
School Clinics	3,070	3,910	5,227	4,995	4,780
Total	21,851	18,582	18,407	15,759	16,217

It was estimated that 78.5 per cent of the child population in Baltimore under five years of age was inoculated against diphtheria at the end of 1943 as compared with 75.3 per cent at the close of 1942. In the group of children from five to nine years of age, the estimated percentage inoculated was 89.2 as compared with 89.1 per cent at the end of 1942.

Typhoid Fever

Only 20 cases and 1 death of typhoid fever were reported in 1943. This is the smallest number of cases in Baltimore for any year of record. The infection of 7 of the 20 cases was traceable to typhoid carriers. Three cases gave a history of swimming in or drinking from polluted streams.

As a result of investigation 5 typhoid carriers were newly discovered in 1943 and 75 carriers were on the Health Department list at the start of the year. Six carriers were removed from the list during the year; 4 by death, 1 by removal out-of-State, and 1 that could not be traced for over four years. At the end of the year, therefore, there were 74 carriers under the supervision of the Health Department.

Scarlet Fever, Whooping Cough and Measles

A total of 1,432 cases of scarlet fever was reported during the year, as compared with 826 cases in 1942. Only 1 death occurred from this disease in an adult who was already seriously ill with a chronic disease. In general the cases were very mild.

During the year 3,400 cases of whooping cough with 10 fatalities were reported as compared with 2,174 cases and 9 deaths in 1942. All of the deaths occurred in children two years of age or younger. There were 2,213

cases of measles recorded during 1943 as compared with 6,445 cases in 1942. In each year there was 1 death of this disease.

Smallpox

Again the year went by with no case of smallpox in the city. Baltimore's record of not having a case of smallpox since March 9, 1928 remained unbroken although there was an outbreak of the disease in a neighboring State which threatened to spread to the many unvaccinated persons who had recently come to Baltimore to do war work. More than 75,000 employees at industrial plants in the city were vaccinated by Health Department personnel or by plant physicians. In addition, there were 3,625 persons vaccinated in the office of the bureau director, 7,174 preschool children were vaccinated at well baby clinics and 2,764 other children were vaccinated at Health Department clinics in schools. An unrecorded number were also protected in private medical practice.

Influenza, Pneumonia and Poliomyelitis

During the last month of the year there was an unusual upswing in the number of deaths due to influenza and pneumonia. For the year there were 102 deaths from influenza reported as compared with 60 deaths in 1942. There were 834 deaths from pneumonia reported in 1943 as compared to 707 for the previous year. There were 8 cases of poliomyelitis reported during 1943, an increase of 5 cases over the year 1942.

Sydenham Hospital

On January 4, 1943 Dr. Horace L. Hodes, Director of Medical Research at Sydenham Hospital since 1938, reported for duty in the U. S. Navy and was detailed to do research work under Dr. Thomas Rivers and with Dr. Francis F. Schwentker at the Bainbridge Training Station at Port Deposit, Maryland.* He was replaced at the hospital by Dr. Margaret H. D. Smith. Miss Irene F. Shea, Superintendent of Nurses, entered the Army Nursing Corps on March 13 and she was succeeded by Mrs. Gwendolyn B. Betz who had been an instructor in communicable disease nursing for the student nurse affiliates.

There were 989 patients admitted to Sydenham Hospital during the year, a decrease of 114 as compared with 1942. A total of 55 deaths of patients occurred at the hospital during the year and of these 22 were within twenty-four hours after admission. The total patient days for the year were 15,019, a slight decrease from 16,840 for the prior year.

Diseases treated at Sydenham Hospital during the year included meningococcus meningitis, influenzal meningitis, pneumococcus meningitis,

* See Schwentker, Francis F.; Hodes, Horace L. et al: Streptococcal Infections in a Naval Training Station. *American Journal of Public Health*, December, 1943, Vol. 33, No. 12, pp. 1455–1460.

diphtheria, whooping cough, poliomyelitis, streptococcic septicemia, bronchopneumonia, virus pneumonia, encephalitis, erysipelas, gonococcal ophthalmia, laryngotracheobronchitis, measles, mumps, septic sore throat and scarlet fever.

HORACE L. HODES, M.D.

Director of Medical Research
July 1, 1938–January 2, 1943

On Military Leave
Since January 2, 1943

Opportunity to use several new drugs was afforded during the year. Sulfapyrazine, a new sulfa drug, was used with very gratifying results in the treatment of meningococcus meningitis. There was a total of 256 patients thus treated and only 20 died, a mortality of 7.8 per cent. A number of these deaths were in patients who had an overwhelming and rapidly fatal infection. It has long been suspected that patients of this fulminating type were suffering from an adrenal insufficiency, but definite proof had been lacking. Studies were instituted along this line at Sydenham Hospital and yielded valuable and interesting information which helped in the treatment. It was planned to continue and enlarge these studies during 1944.

A second series of patients on whom sulfapyrazine was used was a group suffering from meningitis due to hemophilus influenzae. Ten such patients were treated and 9 recovered. This group included several babies under one year of age in whom a high mortality would formerly have been expected.

Hyperimmune dried human serum was used with success in the treatment of patients with severe whooping cough, and the new drug, penicillin, obtained from the National Research Council, was used for 2 cases of staphylococcal septicemia with complete recovery.

Of the 5 deaths among the 84 diphtheria patients treated 3 occurred in residents of the city and 2 in county residents who were brought to Sydenham Hospital for care. Four of the five fatal cases gave no history of having received the protective toxoid inoculation.

There has been an increase in the number of resident physicians and interns in pediatrics that have been coming to Sydenham Hospital from other hospitals in the city and even from hospitals beyond the borders of Maryland for periods of from one to three months. Students from both the medical schools in the city are also given opportunities for study at Sydenham Hospital. This would indicate the natural value of the hospital as a training center, for it is the only communicable disease hospital in the State of Maryland.

During the year the hospital had difficulty in obtaining sufficient nurses and essential domestic workers. This made it impossible to open the third floor to receive patients during the winter season when such facilities were in great demand. The situation was relieved somewhat by arrangements that permitted student nurse affiliation with three of the hospitals in the city.

Mrs. Betz, Superintendent of Nurses, went to the Jersey City Medical Center on June 28 to receive special training in the Kenney method of treatment for poliomyelitis. The expenses of this were borne by the Maryland State Chapter of the National Foundation for Infantile Paralysis.

Tuberculosis

During 1943 an increased effort at tuberculosis case finding was made by the Bureau of Tuberculosis. Persons examined for the first time in the three regular chest clinics operated by the Health Department totaled 6,218 which was a 40 per cent increase over 1942. Of these 2,858 were white and 3,360 were Negro.

In addition to these services on February 16 a chest survey service was offered to apparently healthy persons from selected population groups in the Eastern Health District where chest X-rays were taken at regular biweekly sessions. A total of 1,800 persons were filmed at this screening clinic. Those with positive or suspicious X-rays were referred to diagnostic clinics, usually the City Health Department clinic at 28 South Broadway, for complete examination.

The three regular chest clinics and the screening clinic held sessions at night as well as during the day and this appears to have been an important factor in increasing clinic attendance. Among the special groups which were X-rayed, pregnant women registered with the Health Department prenatal clinics showed a rather high prevalence of tuberculosis. Their routine chest filming as soon after registration as possible was begun at the Druid Health Center and at the Eastern Health District on June 1.

The Bureau of Tuberculosis continued to work closely with the Medical Division of the Maryland Selective Service during the year and gave prompt follow-up to all active tuberculosis cases discovered in the course of routine

chest filming done by the medical staff at the Fifth Regiment Armory. The total collection of chest films of men rejected for pulmonary disease since the beginning of the war became the property of the Health Department during March and additions were made to the collection each week since that time. These films are invaluable as a clinical and administrative aid in follow-up work.

A total of 1,938 cases of tuberculosis was reported during the year, 1,056 among the white race and 882 among Negroes. During the preceding year 1,686 cases had been reported, 882 of which were white and 804 colored. Description of the extent of the disease was obtained in nearly all instances and for both races advanced disease well past the minimal stage was recorded in 60 per cent of cases reported for the first time. Males reported as having tuberculosis outnumbered females and were 2.5 times more numerous than the latter.

Sanatorium facilities were not increased numerically during the year and a serious shortage of nurses and hospital attendants made it impossible to utilize otherwise available beds. The most serious inadequacy was felt in the hospital facilities for Negro males.

The resident deaths from all forms of tuberculosis numbered 805 of which 402 were white and 403 were Negro. When it is recalled that Negroes compose about 19 per cent of the population of the city it is clear that about one-fifth of the city people contribute one-half the tuberculosis mortality. The total resident death rate for tuberculosis for both the white and colored races during 1943 was 86.6 per 100,000 population as compared with 86.5 in 1942. For white residents the 1943 tuberculosis death rate was 53.7 which represents a slight increase over that for 1942 which was 49.6. For Negro residents, the 1943 tuberculosis death rate was 221 which was an encouraging decrease over the 240 rate for 1942, per 100,000 population. A further drop in the death rate for tuberculosis among Negroes in Baltimore can hardly be expected without a considerable increase in the number of sanatorium beds for the colored race.

Venereal Diseases

The resignation of Dr. Ralph F. Sikes on November 8 and the appointment at that time of Dr. M. Alexander Novey as Acting Director of the bureau and of Dr. Harry B. Smith as Senior Medical Supervisor on December 1 constituted a major bureau reorganization. A main objective of the subsequent changes was to decentralize as much detail as possible into the clinics in order to permit the central office an opportunity to develop a city-wide program for the control of venereal diseases and an active program of public instruction. In these and other matters including clinic procedures great aid was rendered by a complete survey and report made at the re-

quest of the Commissioner of Health by Dr. Nels A. Nelson of the State Health Department staff.

The newly created Baltimore Veneral Disease Council, appointed under the auspices of the Baltimore Mobilization Committee held its first meeting on January 7 at the Medical and Chirurgical Faculty Building on Cathedral Street, where it held six monthly meetings during the year. As stated at the time

> The new group came into being because it was felt that a modern attack on syphilis, gonorrhea and the other venereal diseases in any community is more than the task of its Health Department, or its Police Department, or its Law or Welfare or Liquor Control or Recreation Departments, or its Courts or social organizations; it is the common task of all these agencies, indeed of the community as a whole. To be effective each group must learn to integrate its own contribution into a broader pattern; it must be sympathetic with the need for aid of all agencies and of its own. In other words, there must be genuine teamwork, and full knowledge of a many-sided problem and of the reasons for the failure in previous efforts to solve it.

The Baltimore Venereal Disease Council worked chiefly through its three study committees on legislation; rehabilitation; and medicine, public health and pharmacy. The reports of these three committees were published in full in the March issue of *Baltimore Health News*. The Commissioner of Health served as chairman of the Council.

In March the clinic at 419 North Bond Street was moved to 413 St. Paul Place pending the opening of the proposed Somerset Health Center at Orleans Street and Central Avenue.

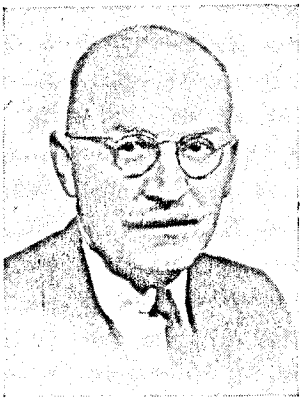
Active cooperation was given to the Army and Navy medical services and the monthly meetings with the Army and U. S. Public Health Service venereal disease officers were continued in the office of the Commissioner of Health. This close cooperation resulted in an increased effectiveness in the attack on "facilitation," that unhappy money-making process that makes promiscuity and prostitution easy. On May 15 the Commissioner of Health wrote to the managers of all hotels in the city and called their special attention to their responsibilities under the Hotel and Rooming House Ordinance in preventing the use of hotel facilities in a way that might result in the spread of venereal infection. Later in the year a meeting to discuss the role played by hotels and taverns in the spread of venereal diseases was held with the Board of Directors of the Maryland Hotel Men's Association in the office of the Commissioner.

On September 25 arrangements were completed for the public health nurses of the Druid Health Center to follow-up pregnant women who were delinquent in reporting for treatment of syphilis. This was formerly done

by social investigators. In December new policies transferred a part of the routine venereal disease follow-up service from social workers to three newly created public health nurse positions.

Occupational Diseases

In January, 1943 the City Health Department was informed that two employees of a local defense plant had returned from a visit to a home near Lancaster, Pennsylvania, where they had been in close contact with a patient suffering from smallpox. A conference was held with a group of personnel managers from the larger Baltimore industries. These men gave active support to a program for the immediate vaccination of industrial employees in the city. Staff members of the several bureaus of the Department assisted the executives of local industrial establishments in this work and the press gave excellent support. The bureau director with the assistance of nurses from the industries and Health Department public health nurses visited many industrial and business establishments and did much of the vaccinating. The Bureau of Communicable Diseases opened a full time vaccination clinic in the Municipal Building, and other part time clinics. The program was vigorously pushed for four months and as a result well over 88,000 persons living in the city were vaccinated. Most of them were workers in war plants, and their families.



JOHN M. McDONALD, M.D., D.P.H.
Director of the Bureau of
Occupational Diseases
Since August 15, 1936

An effort was made to obtain statistical information on absenteeism attributable to vaccination but as the study was made at a time when respiratory infections were very prevalent it was difficult to be certain as to the cause of absence in many cases. However, the impression obtained was that absenteeism due to vaccination affected less than one-half of one per cent of personnel vaccinated and among the small group so affected the average lost time was less than two days per person. As a result

of this vaccination campaign it was estimated that a physician working alone can perform more than sixty vaccinations per hour, and with the help of a trained nurse can double the figure without difficulty.

The course in occupational diseases given to the senior students of the Johns Hopkins University School of Medicine consisted of six didactic lectures. At the request of the faculty the teaching time was doubled for the year beginning November 29, 1943. In order to round out this program Dr. Wilmer H. Schulze, Director of the Sanitary Section, contributed a lecture on the engineering aspects of the prevention of occupational diseases.

With the assistance of Mr. Charles E. Couchman, Chief of the Division of Industrial Hygiene, two talks and a demonstration of industrial environment were given to a small group from the Johns Hopkins School of Hygiene and Public Health. The director was a member of a panel which discussed medical and safety engineer relations before a dinner meeting of the Safety Engineering Club of Baltimore. Copies of the Department's circular *Occupational Disease Control, Industrial Health Series—No. 1*, were furnished to each Baltimore hospital for distribution to interns and resident physicians.

Early in the year word was received of an outbreak of epidemic keratoconjunctivitis in shipyards on the West Coast of the United States and that the disease was spreading across the country. However, in Baltimore there were only 24 alleged cases of this disease reported to the Department and each was investigated. Of this total not more than 12 were diagnosed with certainty and in only 1 case was the patient a shipyard worker. No focus of infection was discovered.

At the 1943 session of the Maryland State Legislature the Occupational Diseases Law was amended to include a penalty clause for noncompliance with the rules and regulations adopted under this law. A conference was held to discuss the advisability of making some changes in the present regulations under the law and also to formulate a sanitary code for use in industrial plants.

During the year 44 cases of occupational diseases were reported and as usual most of them were industrial dermatitis. The bureau received 188 requests for information on industrial hygiene. Of these 95 came from practicing physicians. Requests for assistance from industrial firms covered a wide range of potential hazards. Contracts were signed by physicians acting for three additional local firms for participation in the Baltimore Plan for the Control of Syphilis in Industry. This brought the total number of plants to sixteen and represented 13,982 workers.

Child Hygiene

Another part of the ten year plan for the absorption of certain clinic activities of the Babies Milk Fund Association was executed on January 1

when two well baby clinics located at 1927 East Monument Street were transferred to the City Health Department. For this it was necessary to increase the Health Department staff by adding two clinic physicians and two public health nurses. On July 1 the Babies Milk Fund Association withdrew from the Curtis Bay and Brooklyn areas and the Health Department assumed child hygiene work in this territory. As a result of this a new Health Department well baby clinic for colored children was opened at this time in Public School No. 154 in Fairfield, and the West Bay Avenue clinic was combined with the Department well baby clinic which had formerly been limited to residents of the Brooklyn Housing Project. A new well baby clinic was opened in the Armistead Gardens Project in May.

There were 24,480 records of new-born babies assigned to public health nurses for neonatal home visits some of which represented babies born late in 1942. Also 18,827 children about eight months of age were visited in regard to toxoid inoculation for diphtheria prevention. In addition, notifications of birth registration were forwarded to 5,616 nonresidents, chiefly in the counties of Maryland. The clerical work of the bureau staff was greatly increased as a result of the higher birth rate for 1942 and 1943.

Under the policy that public health nurses visit all infants born in the city it was discovered that a large number of children were adopted by foster parents. A number of cases were found in which the mother had never seen her baby.

The infant mortality rate for 1943 was 46.2 per 1,000 live births as compared with 39.5 for 1942. This increase was undoubtedly caused in part by the influx of war workers from rural districts into crowded city conditions and by the several small outbreaks of infantile diarrhea in hospital maternity wards which received intensive investigation.

Child-placing organizations had difficulty in obtaining boarding homes for children. Many former boarding mothers discontinued the boarding of children to take war workers. Thirty boarding homes for children were refused licenses because they did not meet the Health Department requirements. A small group of foster day homes was licensed. Day nurseries, nursery schools and child-caring institutions were inspected as in previous years.

Maternity Hygiene

The resident maternal mortality rate for 1943 was 1.6 a new all-time low record for the city. The Rules and Regulations Governing Maternity Hospitals which became effective in 1942 were of inestimable value in the inspection and licensing of maternity hospitals for 1943. All of the licenses issued during the previous year were renewed except one which was held in abeyance because of unsatisfactory fire exits.

There were 144 cases given prenatal care in the Department clinics which were in the category of emergency maternity care for the wives of servicemen provided through the Children's Bureau of the U. S. Department of Labor. The Chief of the Division of Maternity Hygiene served in a consultative capacity to the City Department of Public Welfare under whose auspices the program is administered in Baltimore.

The Physicians' Conferences on Maternal Mortality were conducted throughout 1943 as in previous years. It is felt that these reviews and discussions of maternal deaths play an important part in the maintenance of a reasonably low maternal mortality rate.

On June 1 a program was initiated in which chest X-rays were taken of all patients attending the Druid Health Center and the Eastern Health District prenatal clinics. On December 9 this program was extended to include the patients attending the Southeastern Health District prenatal clinic. During the period in which these chest X-rays were taken, a considerable number of unsuspected cases of pulmonary tuberculosis were discovered.

School Hygiene

In 1943 communicable diseases among children of public and parochial schools were more prevalent than during the preceding year, with the exception of measles which showed a decided decrease. There were 44 cases of diphtheria among children of school age in 1943 as compared with 26 in 1942. Of these 36 were among white pupils and 8 among the colored children with 1 death in the white group.

There were 853 cases of scarlet fever among school children during 1943 as against 457 cases in 1942. A great majority of the cases were very mild and there was no death. Whooping cough showed an increase of 127 per cent in 1943 over the prior year; there were 1,271 cases reported during 1943 as compared with 550 in 1942. There were 2 cases of poliomyelitis in 1943 and none in 1942. Three times as many cases of meningococcus meningitis were reported in 1943 with 56 cases and 8 deaths as against 18 cases and 2 deaths in 1942. There were 7,722 cases of communicable diseases reported among children of school age in 1943 as against 5,982 in 1942. This increase was probably due to the influx of war workers with their children from rural districts where immunity had never been developed, and also to overcrowded conditions in the schools because of the heavy enrollment of extra pupils.

On the prophylactic side of the picture toxoid and vaccination clinics were held monthly in the public and parochial schools as heretofore. In 1943 there were 1,580 children of school age and 1,473 children between the ages of six months and five years given one dose of alum-precipitated toxoid

for diphtheria prevention at the school clinics. In 1942 there were 2,457 children of school age and 1,453 children of preschool age so protected at the school clinics. There were 1,204 children of school age and 1,560 children of preschool age vaccinated against smallpox at school clinics in 1943.

The physical examinations of school children have always been divided into two groups, (1) the routine examinations of all entering pupils regardless of grade and those pupils in the third and fifth grades and (2) special examination of pupils of any grade upon the request of the principal, classroom teacher or the director of physical education. There is a general trend in health services throughout the country to reduce the number of routine examinations and concentrate the chief efforts of health personnel upon special cases. In accordance with this program after a survey of the records it was considered advisable to discontinue the routine examination of fifth grade pupils inasmuch as the new defects found did not justify the time consumed.

The special school health program begun in 1942, based on the New York City study known as the "Astoria Plan" was continued. As a result, approximately 50 per cent of all entering pupils in certain selected schools were examined by their family physicians.

There were 33,267 routine examinations made by the school physicians in 1943 as compared to 41,423 in 1942. A total of 7,114 children were recorded as having enlarged tonsils and adenoids and of this number 2,268 had their tonsils removed. There were 10,036 children found to have dental defects and 3,693 had the defects corrected. A total of 2,028 children was found to have a degree of defective vision that necessitated the use of glasses and of this number 751 children were refracted with drops in the clinic maintained by the Health Department. From all clinics and private medical practice the Health Department records show a total of 1,427 school children who had obtained glasses.

For many years, Dr. Lyman Abbott conducted the Health Department eye clinic. Owing to heavy private practice he resigned at the close of the year and was replaced by Dr. Harry Bloom. In this clinic there were 1,606 children treated in 1943 as compared with 1,704 in 1942. A total of 14 children had visual defects of such a degree as to necessitate their being transferred to one of the sight saving classes.

In the ear clinic there was a total of 1,808 children treated during 1943 as compared with 1,854 in 1942. There were 356 new patients in 1943 and of this number 223 were referred to the clinic by the City Department of Education who had tested the children by the group audiometer method, and 133 were referred by doctors and nurses in the school health service. There were 51 children who required lip reading instruction and 22 were

recommended for speech correction. A total of 105 children was treated by radium emanations with a total of 202 radium treatments and 66 children had enlarged adenoids and tonsils removed upon the advice of the physician in charge of this clinic, out of a total of 163 children whose deafness was attributed to this condition.

Dental Hygiene

During 1943 there were 3,272 pupils examined and treated for dental defects in the sixteen dental clinics located in the elementary schools. The majority of children suffered from toothaches. Treatment consisted of extractions, sedative care or fillings. Those children who were found to require more extensive dental work were referred to private dentists or to the Dental School of the University of Maryland.

Work done for children of school age in 1943 is summarized in the following table:

Patients registered at clinics	3,272
Visits to clinics	4,007
Prophylactic treatments given	1,684
Teeth filled	801
Temporary teeth extracted	4,626
Permanent teeth extracted	1,395
Cases completed and discharged	2,768

Public Health Nursing

The large personnel turnover in the Bureau of Public Health Nursing during the year 1943 presented a serious problem. Fifteen public health nurses and two supervisors entered the armed services, twenty-two nurses resigned to accept positions at higher salaries or for other reasons and two nurses retired. Inasmuch as there were no applicants meeting the qualifications of the City Service Commission permission was granted for the temporary appointment of forty-three graduate nurses, some of whom had no prior public health nursing experience.

Because of the acute shortage of personnel, it was necessary to curtail certain field activities. In the school health service, the routine weighing and measuring of children was eliminated and the physical examination of children in the fifth grade by the physician and nurse was discontinued. Educational programs in all clinics were increased so that some of the home visits made by the public health nurses to clinic patients were eliminated. Provision was made in the 1943 budget for seven additional public health nurses.

For the third year, two nurses from the Babies Milk Fund Association were transferred early in the year to the Health Department staff. A promotional test for senior supervisors was held in November and Miss

Ruth Collier and Miss Henrietta Lagna were selected from the City Service eligible list to fill two vacant positions in this classification.

During the year ten newly appointed nurses were given the orientation course in the Eastern Health District and others were instructed by their respective supervisors with the aid of senior nurses. Greater interest was shown by the public health nurses in the use of educational material, in practical demonstrations and in group conferences.

Leave of absence without pay was granted to four nurses to secure an academic year of collegiate study in public health nursing. A sum of $750.00 was paid each of these students towards their expenses from Federal Social Security funds. Eighteen nurses attended the Johns Hopkins University evening courses on "The Public Health Aspects of Venereal Disease" and on other educational subjects, and nine nurses enrolled for the evening course on "Educational Psychology" at the Douglass High School, given under the auspices of Morgan State College.

At the close of the year there were 127 staff nurses assigned to home visits and to school and clinic work under the supervision of ten nurse supervisors. During the year approximately 170,400 home visits were made by the public health nurses 40 per cent of which were to mothers of infants and preschool children.

At the Health Department prenatal, infant and preschool clinic, there was a total of 30,378 clinic visits made by children and mothers in 1943 as compared with 44,774 in 1942. The public health nurses took advantage of these clinic visits to discuss with the mothers their health problems in connection with maternity and child health. On the average each public health nurse spent the equivalent of one full day a week in the various health clinics conducted by the Health Department.

Sanitary Section

The Court of Appeals of Maryland on June 24 filed a decision which sustained the constitutionality of Ordinance No. 384, approved March 6, 1941, known as the Ordinance on the Hygiene of Housing. This action of the Court which was reported in *The Daily Record* of July 6 affirmed the decision of Judge Joseph N. Ulman in the Criminal Court of Baltimore City in a case where a landlord had been found guilty of violating the ordinance, and gave fundamental support to the Health Department's long-range program designed to improve housing conditions in Baltimore. There was widespread public interest in the case and the decision of the Court of Appeals. In part this is shown by the editorial which is reproduced on page 4.

Other notable advancements in the field of housing were: The publication of a *City Housing Code* containing health ordinances and regulations per-

taining to housing; the creation in the Health Department of a new position of Chief of the Division of Housing; the filling of three new sanitary inspector positions created for the enforcement of housing legislation; cooperation of the Department of Public Welfare, the War Housing Center and the Housing Authority of Baltimore in locating housing accommodations for families living in houses posted by the Commissioner of Health as unfit for human habitation; pursuance of efforts to remove rat-harboring frost-proof hopper nuisances as one of the major objectives of the sanitary housing program; and the successful completion of legal proceedings in the Criminal Court in conjunction with the Buildings Engineer against two owners involving ten very inadequate properties which resulted in fines amounting to $9,200.00. Appeals were taken regarding these fines and the matter was before the Court of Appeals of Maryland at the close of the year.

Penalties for noncompliance with rules and regulations for the control and prevention of occupational diseases were provided in Chapter 443 of the Maryland State Laws of 1943.

Increased attention was given to threats to the health of workers in many different occupations in plants engaged in the manufacture of materials vital to the war effort. This involved highly technical studies of exposures to such materials as arsine, benzene, carbon monoxide, carbon tetrachloride, chlorinated phenols, chromic acid, dinitrocresol, lead, trichlorethylene, silica-containing dusts and fumes from welding operations.

A disruption in the garbage and rubbish collection services late in 1942 led to a joint effort with the Bureau of Street Cleaning to remove large accumulations of these materials from alleys and yards in certain sections of the city. In this connection the housing ordinance was amended by Ordinance No. 902, approved March 29, 1943, which strengthened the nuisance abatement provisions. At the same time members of the Health Department staff encouraged tenants and owners of properties to eliminate food sources for rats, to remove rat harborages and to do incidental rat-proofing of premises. In cooperation with the Civilian Mobilization Committee of Baltimore a Health Department pamphlet *You Can Help Fight the Rat* was printed and approximately 200,000 copies were distributed by the Civilian Defense block leaders.

Other activities of the Sanitary Section included: A study of environmental sanitation and housing accommodations in census tract 6 of ward 25 embracing the communities of Fairfield, Masonville and Wagner's Point in the southern section of the city; assistance to the Department of Recreation in matters of sanitation at the new Lake Roland recreational area; cooperation with the Rat Control Bureau including the temporary authorization of one of its staff to act as a special Health Department sanitary

inspector; cooperation with the War Housing Center, acting for the National Housing Agency in the Homes Use Program, by reviewing plans for the conversion of houses leased by the Federal government for war workers; the investigation of rat infestation in connection with cases of Weil's disease, and of overcrowded and insanitary housing conditions in cases of meningococcus meningitis reported to the Bureau of Communicable Diseases; the assignment of the first Negro sanitary inspector to the Health Department staff for work on sanitation problems in the Druid Health District area, participation in a joint project with the Buildings Engineer and the City Comptroller designed to make temporary improvements of housing conditions in a group of city-owned dwellings pending post-war demolition for the construction of a public school, the inspection of sanitation in homes for aged persons at the request of the Department of Public Welfare, and joint inspections of railroad watering points with a representative of the U. S. Public Health Service.

Milk Control

The second year of the war increased the responsibilities of the Bureau of Milk Control. Untrained, inexperienced employee replacements in milk pasteurization plants made it necessary for the Health Department inspectors to maintain a more constant vigil than had formerly been necessary. Government rationing of milk, cream, ice cream and other milk products, delivery restrictions, scarcity of milk plant equipment replacements, government priority requirements, black-out regulations and many other wartime necessities presented difficult and serious problems. However, a generally satisfactory sanitary standard of the city milk supply was maintained.

One of the hottest and dryest summers ever recorded on the Baltimore milkshed, a critical shortage of farm labor, exorbitant dairy feed prices and a tremendous increase in the demand for milk and milk products by civilians and the armed forces combined to cause the most severe milk shortage ever experienced in the city. To supplement the local milk supply 8,658,699 gallons of milk were brought into the city from milk plants in New York, Pennsylvania, Indiana, Ohio, Wisconsin and Minnesota. Since a large part of this emergency milk supply came from sources not under regular Baltimore Health Department supervision, the bureau inspection staff was compelled to work night and day, Sundays and holidays, concentrating its efforts on the supervision of pasteurization in order to assure a safe city milk supply. Pasteurization equipment was checked al-almost daily throughout the city and the minimum pasteurization temperature requirement of 142 degrees Fahrenheit was raised to 145 degrees Fahrenheit as a safety measure. As an additional safeguard the number of

samples of milk checked for proper pasteurization by the phosphatase test was increased from 939 in 1942 to 1,704 in 1943.

The milk ordinances in Article 16 of the Baltimore City Code of 1927 with amendments were printed in booklet form under the title *City Milk Code*. This replaced the green booklet entitled *Laws and Ordinances Governing the Production, Distribution and Sale of Milk in Baltimore City* which had been issued after the adoption of the major city milk ordinance of 1917.

In order to assure an adequate supply and effective distribution of dairy products to meet war and essential civilian needs the Federal government imposed restrictions on the use of milk products in the manufacture of ice cream. Following this action the Maryland State Legislature by enacting Chapter 281 of the Laws of 1943 effective for the duration of the present war emergency and six months thereafter reduced the standards of butterfat and total milk solids content in ice cream. Subsequently the Health Department granted ice cream manufacturers in Baltimore permission to reduce the butterfat content of ice cream from 12 per cent to 10 per cent and the total milk solids content from 20 per cent to 18 per cent. Following the enactment of Chapter 786 of the State Laws of 1943 which permits the sale of bulk sherbet the Commissioner of Health waived the requirement in Health Department ice cream Regulation 5 that sherbet shall be sold or dispensed in packages or containers prepared in such form at the place of manufacture.

The Delta High School of Delta, Pennsylvania won the 1943 Sanitary Milk Production Contest. Due to a shortage of agricultural instructors four of the thirteen rural high schools that competed in 1942 were forced to withdraw from the contest.

Cooperating in the vaccination campaign in January, Bureau of Milk Control representatives persuaded more than 4,500 men and women to be vaccinated against smallpox. This group included apparently every milk plant employee in the city and most of the ice cream plant workers.

On March 28 the Bureau of Milk Control moved from the ninth floor of the Municipal Office Building to adequate offices at 202 Guilford Avenue. This greatly facilitated the work of the bureau.

Since August when the Bureau of Laboratories adopted the new standard agar medium there has been a decided increase in the average bacterial plate count on the pasteurized milk supply as delivered on the doorstep or in the store. From 1,900 in July the count increased to 8,800 in December. Although the use of emergency milk from out-of-State sources may have been a contributing factor it is reasonable to believe that the new agar is largely responsible for the increase. The change in agar was in keeping with national standards.

There was a slight but encouragingly steady decrease in the amount of

raw milk distributed within the city. By the end of the year 99.6 per cent of the milk sold was pasteurized. Of the 1,763 samples of pasteurized milk and cream subjected to the phosphatase test in the Bureau of Laboratories, eighteen were positive representing improper pasteurization in eight instances for milk and four instances for cream. In each case except twice for cream the difficulty occurred early in the year. On March 9 representatives of all of the milk plants were called to the Health Department to discuss ways and means of preventing pasteurization deficiencies. All those present agreed that additional precautions would be taken and that there would be complete cooperation with the bureau.

Food Control

Food manufactured, distributed and sold in the city was found to be pure and wholesome with few exceptions in spite of the increase of population in the city, the continual customer over-demand upon food establishments and the decreased availability of labor and equipment. Replacements of personnel within the bureau because of retirements and military leaves were made by temporary appointments of older men and one female inspector.

The impact of the accelerated war effort necessitated changes in assignments of activities which were made so that the greatest benefit could be derived from the inspection facilities available. These changes involved:

1. The concentration of inspections on the retail food establishments frequented by large groups of persons and located in the center of the city, around war industry manufacturing plants and railroad terminals.
2. The more frequent visiting of food handling departments of hospitals and institutions and the more immediate correction of improper storage and care of food.
3. A decrease in routine check specimens ordinarily submitted for bacteriologic examination because of the limited personnel in the Bureau of Laboratories.
4. Recommendations to some food manufacturing plants as well as to certain retail stores because of gross insanitary conditions, that they be closed temporarily, varying in time from several days to months, pending corrections.

More than 1,900 individuals were given food handling instruction by the bureau director during 1943. Classes were held in plants, kitchens, hotel rooms and in other places readily accessible to the trainees rather than in the assembly room of the Health Department.

For the first time in several years legal prosecution of thirteen food dealers was instigated. Nine successful prosecutions resulted in the imposition of fines totalling $405.00.

Twenty-eight alleged instances of food poisoning were investigated. Of this total seven were found to have been caused by food. One typhoid carrier, a fruit dealer, was discovered in an investigation of several cases of typhoid fever. For the third consecutive year there was no case of tularemia reported in the city. This fact is attributed to the effectiveness of the ordinance prohibiting the importation and sale of wild rabbits in the city.

Cooperation was given to: Representatives of the U. S. Army Third Service Command in connection with food establishments frequented by army personnel; the Board of Liquor License Commissioners for Baltimore City by the inspection of premises of applicants for the sale of alcoholic beverages; the Baltimore Committee on Civilian Defense in instruction in war gas defense and the salvaging of foods following possible chemical contamination; food manufacturing plants to secure the vaccination of new employees; the Superintendent of Markets and other municipal agencies involved in the operation of city-owned markets in connection with rat-proofing; ice companies of the city during a shortage of ice in the city, and Federal agencies and the Baltimore County Health Department in the enforcement of food control laws.

The bureau provided supervision during the fumigation of fruits and vegetables against the Japanese beetle. This work was done by Federal agencies in the city with assistance from the bureau. Other activities included the prevention of fraud in food substitutes such as horse meat, oleomargarine and fictitious mayonnaise dressing.

Educational assistance in nutrition was supplied by the bureau which established a special office for the purpose late in the year adjacent to the Bureau of Public Health Nursing. This grew out of requests for advice from manufacturing plants in the establishment of cafeterias and lunch rooms in their plants. Literature and posters on food and nutrition were distributed to industries for the instruction of patrons and employees.

Meat Inspection

Fewer animals were slaughtered during 1943 than during the preceding year. This was probably due to regulations set up by the Federal Office of Price Administration as the result of war conditions.

The bureau chief adjudicated twelve appeal cases which involved the final disposition of forty-nine carcasses and represented 2,495 pounds of meat products. All except five carcasses were condemned as unfit for human consumption.

Requests for overtime inspection service from slaughterers for the year amounted to 200 hours. The overtime service was necessitated by late starting at the plants and by other uncontrollable conditions at the stockyards.

The principal prevailing diseases and conditions found in livestock as causes of condemnation included: Hog cholera, pneumonia, immaturity, pyemia, traumatic pericarditis, and emaciation in whole carcasses; and parasites, cirrhosis, abscesses, hydromas, bruises and kidney worms in parts of carcasses.

Environmental Hygiene

Environmental sanitation problems of the home, the work place and the community necessitated increased efforts for solution under the war emergency conditions of 1943. Control of over-crowded and insanitary housing, occupational health hazards, garbage and refuse disposal, sewage disposal, water supplies and trailer camp operation are some of the more important fields in which the personnel of the bureau was engaged. G. Yates Cook became the Chief of the Division of Housing at the start of the year.

Industrial Hygiene

Major attention was given to health hazards in industrial plants engaged in the manufacture of materials vital to the war effort. There were 459 improvements made for the health and welfare of employees in plants employing a total of 41,190 workers. Management called frequently for information and assistance in the control of exposures to toxic materials.

Such exposures were evaluated, for example, by technical studies related to the following: Poisoning by dinitrocresol used in the manufacture of an insecticide; the manufacture of a delousing powder containing parachlorphenol dichlorethane; the use of carbon tetrachloride as a paste constituent, and in the manufacture of munitions; dust and fumes in the smelting and fabrication of lead; degreasing of metal parts by trichlorethylene; welding fumes in ship repair and ship building operations; carbon monoxide in four plants involving a total of sixteen workers affected; chlorinated phenols used as an anti-mildew agent in the manufacture of paints; operations in connection with the manufacture of dehydrated manganese chlorides; benzene in paint removing and as a rubber solvent; chromic acid mists associated with chromium plating; arsine poisoning in the making of paint pigments; and silica-containing dusts in foundry operations and in the grinding of quartz crystals.

In fourteen plants where an industrial water supply was used in addition to the city supply scrutiny was made for the presence of cross connections

between the two supplies. One such instance was found and was eliminated promptly. As an added precaution samples of the drinking water supplies in these fourteen plants were collected for laboratory examination.

The necessary employment of large numbers of women to replace men in many plants created problems involving health, and guidance was given to plant management in a number of such instances.

Carbon monoxide exposures in the home increased markedly as a result of war conditions. An unapproved war emergency type manually operated water heater of hazardous design was discovered installed in a number of homes and was responsible for several cases of carbon monoxide poisoning. Every effort was made to have these heaters returned to the manufacturer and involved about 600 appliances found in the stocks of local distributors. Other sources of carbon monoxide exposures were "coal gas" from defective heating equipment, and the overloading of gas supply lines by the installation of additional appliances in dwellings converted to small apartments.

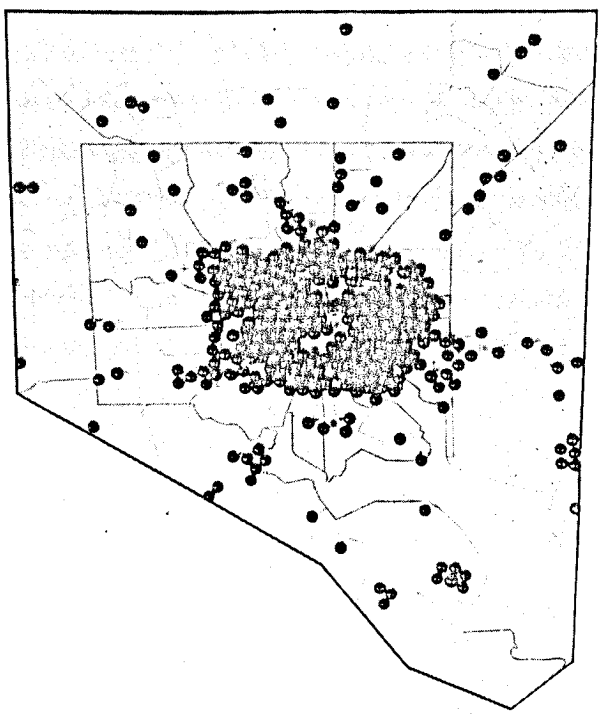
Housing

Sanitary housing studies included 578 dwellings and 644 rooming houses. As a result of these investigations 696 notices were sent to owners, 779 to tenants, and 424 to rooming house operators. The need for supervision of sanitation in rooming houses, many of which house the families of war workers, was indicated by the disapproval of 71 per cent on first inspection. As an example a group of five adjoining houses operated as one unit contained 107 occupants. The houses were in a state of disrepair and the toilet facilities for this number of persons consisted of two inside toilets, two defective rat infested yard hoppers and one bath tub.

Overcrowding of housing facilities is a factor in disease transmission. Of 578 dwellings inspected 125 or 21.6 per cent contained overcrowded dwelling units. The structural condition of these houses showed 50 per cent in need of major repairs and 16 per cent unfit for habitation. Gross overcrowding varied from four to eight persons per room in dwelling units and four to seven persons per sleeping room. Through cooperation of the War Housing Center, the Housing Authority of Baltimore City, and the Department of Public Welfare it was possible to reduce most of these overcrowded units within the limits of safety.

Because of limitations on critical materials that were necessary in the replacement of yard frost-proof hoppers by inside flush toilets the program for the elimination of these health nuisances was necessarily curtailed and had to be limited to instances of an urgent character. It was possible to have 349 of these obsolete toilet facilities removed and inside toilets provided where necessary.

Ninety-four dwellings containing 190 dwelling units were found on inspection to be unfit for habitation and were posted to be vacated in accordance with the provisions of the Ordinance on the Hygiene of Housing. Of this number twenty-nine were renovated and later approved for occupancy, several were demolished, and a number underwent extensive repairs. Many remained unfit and vacant under the ordinance requirement that reoccupancy is not permitted except on the written approval of the Commissioner of Health.



MENINGITIS, SLUMS AND OVERCROWDING

The map shows that the 286 cases of meningococcus meningitis reported in Baltimore during the first six months of 1943 occurred chiefly in the more crowded and blighted areas of the city. It was carefully considered by the City Council at a time when unsuccessful efforts were being made to amend the Ordinance on the Hygiene of Housing in a manner to jeopardize its enforceability.

While every effort was made to obtain the cooperation of owners and tenants in bringing their properties up to the minimum housing standards set forth in the housing code it was necessary to summon 103 owners, 61 tenants and 22 rooming house operators to police magistrate courts for failure to comply with notices of violations. Cases tried in the Criminal

Court involved twenty-eight owners, one tenant and four rooming house operators. Of these cases 26 were found guilty, 3 were dismissed and 4 were still pending trial at the close of the year. The use of photographic evidence in a number of these court trials proved to be of very great assistance in presenting the Health Department cases.

Other activities of interest included: The examination of 600 plans from the Bureau of Buildings covering the conversion to multiple family dwellings for conformity with the provisions of the housing code, arrangement with the War Housing Center for the review of all plans for reconstructing houses leased by the Federal government in the Homes Use Program for war workers, joint inspections with the Bureau of Buildings and the Fire Department of groups of houses in different sections of the city, withholding of approval of applications for rooming house permits pending compliance with Health and Fire Department regulations, planning for study of housing conditions on a neighborhood basis, inspection of city-owned dwellings including recommendations regarding needed improvements, and revision of the office record system so as to have concise information on all housing investigations.

Community Sanitation

Special attention was given to the problem of garbage and rubbish disposal from yards and alleys throughout the city. As a joint project with the Bureau of Street Cleaning yards and alleys in 213 city blocks were cleaned, 3,565 Health Department notices were sent to owners and tenants to correct or discontinue insanitary practices and to eliminate rat infestation nuisances.

In Fairfield eighteen dwellings were found to be unfit for human habitation and were posted to be vacated; in a number of instances owners were notified to provide sinks with running water inside the houses, and to replace insanitary type privies with those conforming to sanitary standards. Through the cooperation of the Bureau of Sewers sanitary sewer connections were provided for the houses in Masonville thus making possible the provision of inside flush toilets and the removal of privies in this community.

Trailer camp supervison reduced the number of these camps from eighty-two found since the adoption of regulations for trailer camps in 1942 to fourteen in operation at the close of 1943. There were 599 trailers in these nine camps which housed 2,089 persons. Conformity with sanitary standards was found to be satisfactory in most instances.

Other outstanding activities were: Continuation of the rat control program by making surveys of rat infested areas and obtaining the interest of tenants and owners in carrying out rat control procedures, publication

and distribution of the pamphlet *You Can Help Fight the Rat* in cooperation with the Civilian Mobilization Committee, showing of the new sound film on rat control "Keep 'em Out" to civic groups, and cooperation with the newly organized City Rat Control Bureau; the posting of stream pollution warning signs along polluted streams that might be used for recreational purposes, pending the completion of the city sewer system; an investigation of all pet shops which revealed that no psittacine birds were for sale in any of these places, assistance to the Department of Public Recreation in providing a safe drinking water supply and sanitary toilet facilities at the Lake Roland recreational area, joint sanitary inspections made with a representative of the U. S. Public Health Service of railroad watering points together with reports and recommendations to the railroad superintendents, cooperation with the Bureau of Communicable Diseases in the posting of a polluted spring in connection with a case of typhoid fever, and investigations of rat infestations of houses where cases of Weil's disease were reported to have occurred; inspections of sewage disposal methods at housing projects where sanitary sewer facilities were not available, and the control of mosquito breeding with the assistance of the Bureau of Street Cleaning.

Plumbing

Demonstrations of cross connection hazards in plumbing systems and methods for their correction were given to several groups of interested persons including a group from the Third Service Command of the U. S. Army.

Several cross connections in industrial plants involving water supplies, piping arrangements and equipment were located and corrected. There were 1,168 properties connected to sewers during the year which brought the total of such connected properties in the city to 173,485.

Conclusion

The record of Baltimore's public health work in 1943 has been briefly summarized. War conditions have intensified the housing problem. While they have slowed down the slum eradication program much valuable time has been afforded to clear the mass of legal technicality by test cases in the courts. This should make it more promptly possible for the Ordinance on the Hygiene of Housing of 1941 to effect its changes in the postwar years. There appears to be growing public desire for the elimination of dwellings in the city that are wholly unfit for human habitation.

For the first time in Baltimore's history the appropriations for the City Health Department arranged late in 1943 for the Ordinance of Estimates of 1944 exceeded one million dollars. The figure was $1,093,339.50 or $1.13 per capita. The per capita appropriations for 1930 and 1931 had been

$1.11 each year but subsequently were considerably lower and reached 81 cents per capita in 1933 and again in 1936. Without waste this vital matter may be said to be one of dollars versus disease or as phrased in the words of the late Dr. Hermann M. Biggs "Public Health is Purchasable . . ."

At the close of the year Baltimore completed 150 years of local public health service which had its origin at the time of the great yellow fever epidemic that killed one out of every ten persons in Philadelphia during the summer and autumn of 1793. The work of 1943 here recorded and that which will be accomplished in the next few years will pave the way for the health of Baltimore for the next 150 years. Important elements in the city's future health structure will be the civic acceptance of better standards of housing, the completion of the health district program to decentralize the Health Department work on a neighborhood basis that was inaugurated in 1932, a more adequate civic program of medical care which is being built slowly into the City Department of Public Welfare, and the completion of the city sewer system.

The people of Baltimore take a genuine interest in the health of their city and support constructive measures that are aimed to strengthen their public health service. This interest in community health is an inheritance from the past fifteen decades and one that should be fostered and transmitted into the years that lie ahead.

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1944.

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MENINGOCOCCUS MENINGITIS

NURSE YOUR BABY

THE PREVENTION OF DEAFNESS

STATEMENT OF THE COMMISSIONER OF HEALTH OF BALTIMORE ON THE VENEREAL DISEASE SITUATION IN THE CITY AND THE CITY HEALTH DEPARTMENT CONTROL PROGRAM

ORDINANCE NO. 902, APPROVED MARCH 29, 1943; AN AMENDMENT TO THE ORDINANCE ON THE HYGIENE OF HOUSING

WHAT EVERY FOODHANDLER SHOULD KNOW

YOU CAN HELP FIGHT THE RAT

THIS MAN WAS NEVER VACCINATED AGAINST SMALLPOX—A POSTER

ADMINISTRATIVE SECTION

EXECUTIVE OFFICE

Personnel

Huntington Williams, M.D., Dr.P.H., Commissioner of Health
Ross Davies, M.D., M.P.H., Assistant Commissioner of Health
Reed Gaither, Senior Account Clerk and Secretary to the Commissioner
Sadie E. Figg, Senior Stenographer
Helen vonWachter, Senior Stenographer
Dorothy I. Payson, Senior Stenographer
Anne P. Madden, Principal Addressograph Operator
Margaret Shaver, Senior Typist

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, 1943.

ASSISTANT COMMISSIONER OF HEALTH

ASSISTANT COMMISSIONER OF HEALTH

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

During 1943 the Assistant Commissioner of Health worked chiefly on assignments from the Commissioner of Health and these were for the most part of an administrative nature. The semimonthly conferences in the health district offices and the weekly conferences at Sydenham Hospital were held throughout the year. These conferences were of one hour's duration and facilitated the working relations between district offices and the central office.

As in previous years a program for field work in public health administration was arranged for a group of students from the Johns Hopkins School of Hygiene and Public Health. A course of fifteen lectures was given to one hundred and ninety-seven senior nurses from the training classes of eight hospitals in the city. The classes covered subjects selected to present an introduction to public health work.

Throughout the year administrative problems due to the war demanded much time and consideration. The most important of these problems were the loss of experienced personnel in all departments combined with the difficulties of getting trained workers to fill vacancies and compliance with blackout regulations in new clinics conducted at night which were inaugurated in 1943 and where it was necessary to maintain uninterrupted clinic service. A considerable amount of time, planning and material was necessary to provide for this wartime measure in three clinic buildings located at 28 South Broadway, 1313 Druid Hill Avenue and 1516 Madison Avenue.

In these clinics it was also necessary to maintain sufficient heat for the comfort of the clinic patients when dressed for examination and treatment. The procurement of sufficient oil for heating these clinics required more study and time than in non-war years.

Some black market activity in meat supplies was discovered during the year. Two conferences with Federal officials were held and black market control plans were formulated so as to assure a wholesome meat supply for the city.

The Work Projects Administration closed Project No. 7271-2 on January 19 and Project No. 7130-8 working on birth records on January 31. The termination of these projects marked the conclusion of a period from 1935 during which the Department had received helpful clerical assistance from Federal agencies.

BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS

W. Thurber Fales, Sc.D.

Director

The vital records services growing out of the responsibility for registration of births and deaths and issuance of certified copies of such vital records has assumed greater significance in recent years as a result of the recognized value of these records for verification of citizenship, age and relationship. The table below summarizes the volume of work which the bureau has been called upon to perform during the last five years in connection with the issuance of official records of births and deaths and the delayed registration of births.

VITAL RECORDS SERVICES—BUREAU OF VITAL STATISTICS—BALTIMORE, 1939-1943

Year	Birth Transcripts Issued	Death Transcripts Issued	Delayed Records of Birth Filed
1943	37,899	22,278	2,004
1942	52,572	18,930	3,613
1941	18,302	17,311	1,120
1940	11,028	16,821	638
1939	2,539	15,660	265

During 1943 the requests for copies of death records continued to increase while the number of requests for birth records began to level off. In addition to the transcripts issued, search was made for 5,585 records which were not in the files. Incomplete reporting in previous years made necessary the procedure of reviewing evidence to establish proof of birth in the city.

A closer relationship with official government agencies making use of vital records was established during the year. In order to facilitate these procedures, the bureau prepared lists of those records requested, issued special copies with the specific information desired, or verified information requested by the War and Navy Departments, the U. S. Bureau of the Census, the Veteran's Administration, the U. S. Department of Labor, Supervisors of Elections and the vital statistics divisions of other states.

The bureau continued the routine statistical analysis of births, deaths, reported cases of communicable diseases, and nursing and sanitary services, and prepared weekly, monthly and annual tabulations for use by several of the bureaus and for distribution through the press, the *Baltimore Health News* and the Annual Report of the City Health Department.

Special Activities

In collaboration with Dr. Edwin L. Crosby of the Johns Hopkins Hospital, the bureau director prepared an analysis of the implications of "*The Recent Increase in Births in Baltimore.*" This article was published in the March-April, 1943 issue of *The Councillor*, bulletin of the Baltimore Council of Social Agencies.

During the summer months a special group of Goucher College students worked under the supervision of the bureau director in the preparation of tabulations and maps of pertinent population and housing data for the city derived from figures in the U. S. Census of 1940. This work was a phase of a larger bureau program to collect and analyze significant data as an aid to the Health Department and other agencies in designing present and postwar health and social welfare programs.

The bureau director, for several years, has given guidance and aid in practical experience to students of biostatistics at the Johns Hopkins School of Hygiene and Public Health, especially those from South American countries.

During the last three months of 1943 the bureau director served on the Advisory Committee on Vital Statistics to the Surgeon General of the U. S. Navy. The duties of this committee were to evaluate the vital statistics function of the Bureau of Medicine and Surgery of the U. S. Navy and to make appropriate recommendations.

Personnel

On January 31 the Work Projects Administration terminated the project which had provided clerical assistance in the issuance of birth transcripts. To meet this problem the bureau reorganized its routine certification procedure on February 1 and thereafter mailed all birth and death transcripts whether requested in person or by letter. This revised procedure enabled the bureau to render efficient service in spite of the loss of eleven clerks and the appointment of only four new persons under city service classification.

On September 28, Mr. Isadore Seeman, Administrative Assistant, was granted a leave of absence without pay for a collegiate year of study in public health administration and health education at Columbia University in New York City.

Division of Morgue and Public Cemetery

During 1943 there were 1,503 bodies delivered to the morgue; of this total 1,330 were claimed by relatives or friends and the remainder were taken care of by the city. The work of this division for the year is summarized in Table No. 1.

Personnel

W. Thurber Fales, Sc.D., Director
Isadore Seeman, Administrative Assistant
James G. McLaughlin, Principal Clerk
Margaret E. Amspacher, Senior Statistical Clerk
Elizabeth V. Steman, Senior Statistical Clerk
Ruth Gees, Statistical Clerk
Ida S. Blum, Senior Clerk
Gertrude Cordish, Senior Clerk
Mary A. Hohrein, Senior Clerk
A. Walter Just, Senior Clerk
Rosalie Krause, Senior Clerk
Linda D. Whitney, Senior Clerk
Fannye G. Adler, Senior Stenographer
Mildred S. Lochenauer, Senior Tabulating Machine Operator
Helen A. Boesche, Key Punch Operator
Ida M. Padgett, Key Punch Operator
Nellie Winkel, Key Punch Operator
Ida M. Girshin, Junior Stenographer
Gladys Harback, Junior Stenographer
Shirlee R. Bellus, Junior Typist
M. Katherine Smith, Junior Typist
Lucia M. Irons, Junior Case Worker
Clarence L. Disney, Park Caretaker
John P. Boyle, Chauffeur
James H. Carter, Chauffeur
John Cavey, Messenger

TABLE NO. 1

ACTIVITIES OF DIVISION OF THE MORGUE AND PUBLIC CEMETRY—1943

	Total	White		Colored	
		Male	Female	Male	Female
BODIES DELIVERED TO ANATOMICAL BOARD					
All bodies	919*	301	177	248	163
Stillbirths	485	140	119	107	89
Under 1 year	240	70	53	60	57
Other children	1	..	..	..	1
Adults	193	91	5	81	16
BODIES BURIED IN PUBLIC CEMETERY					
All bodies	45**	14	11	8	5
Stillbirths	25	7	6	3	2
Under 1 year	7	1	4	..	2
Other children	..	..	..	..	..
Adults	13	6	1	5	1
BODIES RECEIVED AT MORGUE					
All bodies	1,503†	692	181	424	197
Stillbirths	34	15	10	..	3
Under 1 year	102	26	25	27	24
Other children	86	31	13	21	21
Adults	1,281	620	133	379	149

* Includes 30 stillbirths, color or sex or both undetermined.

** Includes 7 stillbirths, color or sex or both undetermined.

† Includes 6 stillbirths, color or sex or both undetermined.

BUREAU OF HEALTH INFORMATION

BUREAU OF HEALTH INFORMATION

Esther S. Horine, A.B.

Chief

The cooperation of the press during 1943 was of great assistance and probably more lay persons were reached through this media than by any other media. The press consistently used "The Saturday Letter to the Mayor" for a weekly news release which provided the public not only with the current statistics on the health of the city but usually with specific instruction for the prevention of disease. Special health articles and monthly releases were given to neighborhood newspapers and to church journals. For the fourth consecutive year articles and photographs were provided for a special health supplement entitled "Your Health In Wartime" which was issued with each copy of the *Baltimore News-Post* on May 13.

Radio Broadcasts

Radio broadcasts were also used for health informative purposes and the "Keeping Well" radio drama series begun in 1939 was presented each week during the year. On October 2, Dr. M. Alexander Novey, Chief of the Division of Maternity Hygiene appeared in the role of "Dr. Richard C. Ashley" in the weekly "Keeping Well" drama and this was the first time that any member of the Department staff had participated in a drama series broadcast. Department publications were offered to the listeners at the close of each broadcast in accordance with the theory that requests for free literature help to evaluate the number of listeners. However it appears that in a health program it is none too reliable as the subject of the broadcast seems to control the response. More requests for Health Department publications were received following the broadcasts on cancer, maternity hygiene, venereal disease and rat control than on any other subjects.

The Department wrote radio spot announcements for rat control campaign and the proper disposal of garbage and trash. The five radio stations in the city gave excellent cooperation and broadcast the "spots" several times during the day for a period of two weeks.

Special observance in the form of radio broadcasts, news releases or articles in *Baltimore Health News* was made of Syphilis Control Day, National Negro Health Week, Child Health Day, National Hearing Week, the 37th Annual Tuberculosis Seal Sale, Cancer Control Week and the 150th Anniversary of the Health Services of Baltimore.

The Baltimore Transit Company as in the previous year campaigned against smoking in street cars and busses and the possible spread of disease which might result from this practice. The Transit Company used large posters on the public conveyances which portrayed a man smoking while three people standing by him cough and sneeze. They also printed the poster in the newspapers and broadcast the statement of the Commissioner of Health from a radio station on alternate days from October 11 through October 22.

Baltimore Health News

For the twentieth consecutive year *Baltimore Health News* was published each month. The December, 1943 issue was devoted to the 150th anniversary of the Health Services in Baltimore written by the Commissioner of Health. This issue required considerable research, in the process of which some original papers of tremendous historical interest and value were found among manuscript collections in the city. Photostatic copies were made of all the documents through the courtesy of the owners and these were filed in the Department library. Other issues of *Baltimore Health News* which attracted favorable comments from persons outside the city were the January and March issues on "Prostitution" and "Industrial Hygiene in Wartime Baltimore" in the September issue.

Literature Racks

There were thirty-three literature racks in use throughout the city in 1943 and the bureau supplied Health Department publications for them. The patients of the Johns Hopkins Hospital used more leaflets from the rack located in the general medical dispensary than were distributed from any other single rack.

Leaflet Publications

Four new leaflets were published during 1943. One on "Meningococcus Meningitis" by the Bureau of Communicable Diseases, "Nurse Your Baby" by the Division of Maternity Hygiene, "You Can Help Fight The Rat" by the Sanitary Section and "Prevention of Deafness" by the Bureau of Health Information. Nine reprints of articles written by members of the Department which appeared in professional or scientific periodicals and the leaflet "Nurse Your Baby" were mailed to the practicing physicians in the city.

Addresses and Talks

There were 843 health addresses and talks given by staff members during 1943 and 689 seminars and field demonstrations. The decrease in this

program was attributed to transportation difficulties, shortage of personnel in the Department and also to the fact that there were fewer requests due to the greater interest of the public in war subjects such as civilian defense and postwar planning. The Department on the other hand increased the work in seminars and field demonstrations to professional groups because of the accelerated programs in the medical and nursing schools and universities.

Films

Several bureaus of the Department used films and slides to illustrate talks and lectures. The Bureau of Venereal Diseases used two U. S. Public Health Service moving picture films "Know For Sure" and "With These Weapons" for talks to high school and civic groups. The Maryland Tuberculosis Association loaned films on request and these were used frequently throughout the year. The Department's film "Milk Parade" on the production and distribution of milk from the dairy farm to the doorstep and "Keep 'Em Out" on rat control methods were used most often for lecture purposes. Five sound moving picture films on food and nutrition were available upon request made to the Baltimore Chapter of the American Red Cross and these were used by the Bureau of Food Control.

The Department Library

In January, 1943 the Work Projects Administration closed the program in the Health Department and the newspaper clipping service and library work was necessarily assumed by the Bureau of Health Information. Two clipping books were kept and bound for the administrative office, three volumes of the "Saturday Letters to the Mayor" were indexed and bound, periodicals were routed to staff members, library material was filed and interlibrary loans were made. The Department library facilities were also used by persons from other libraries and agencies in the city. In November the library was moved from the tenth floor to the eighth floor into quarters that were both more convenient and commodious. The Chief of the Bureau also gave assistance to Dr. Margaret H. D. Smith in the establishment of a centralized library at Sydenham Hospital.

Visual Education

Seven three-dimensional displays and four posters for silk screening were completed. The subjects included rat control, congenital syphilis, vaccination, food control, trichinosis, periodic examination, radio program, "vitality-victory" and the development of the Department's motto, "Learn to do your part in the prevention of disease." One of the public

school principals, in commenting on Health Department exhibits, wrote to the Commissioner of Health of Baltimore as follows:

> We feel that you should know how valuable these exhibits are in connection with the work that the Health Department is doing. They give the pupils and the parents a very graphic picture of your work, and enable us to bring home to our pupils the importance of our Health Department and their part in cooperating with it.

During the year 1943 there were shown thirty-seven exhibits, sixteen of which were put up in the chest clinic at 1516 Madison Avenue and twelve in the main corridor of that building. Toward the latter part of the year exhibits were placed in the chest clinic every three weeks just before the staff conference, instead of monthly as was previously done. About 4,000 patients and others saw the exhibits.

Four exhibits were shown at Gwynns Falls Park Junior High School, one each on the subject of vaccination, diphtheria prevention, rat control and early birth registration. Approximately 3,000 children and parents saw the exhibits. Materials were supplied for exhibits on industrial hygiene at the Department of Preventive Medicine of the Johns Hopkins University and to the Enoch Pratt Free Library for Negro Health Week. The Health Department again placed exhibits at the "Health Exposition" for the local observance of National Negro Health Week at the Druid Health Center. The subjects comprised food control, diphtheria prevention, rat control and the prevention of congenital syphilis. Seven nonofficial organizations participated in the exposition, three less than the previous year which was due primarily to transportation difficulties. About 500 people viewed the exhibits.

Nine exhibits, including approximately fifty units, were loaned for display to the Howard University Medical School and the tuberculosis wing of Freedmen's Hospital in Washington, D. C. Children from four public schools were brought by their teachers to see the exhibits and about 2,000 people visited the exposition. Exhibit material was loaned to the Gas and Electric Company of Baltimore for use in their health education program.

Three signs were completed, two for the Division of Publications and one for the chest clinic. Supervision was given the making of two signs for the Southeastern Health District. The exhibit, poster, sign and restoration work necessitated thirty-five working drawings, two silk-screen stencils, ninety cut-outs of various kinds, 760 painted units and over 1,000 cut-out letters.

Health information and first aid classes were continued weekly for the fourth consecutive year at St. Francis Xavier's School for the Deaf. One

pupil was awarded a certificate stating the number of hours of class attendance. The Division of Publications again compiled the final reports of the Negro Health Week activities in Baltimore.

Personnel

Esther S. Horine, A.B., Chief
Dorothy Regina Kalben, B.Sc., R.N., Division of Publications
Mildred S. Cohen, Junior Stenographer

TABLE NO. 1
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1943

Section or Bureau	Publication	Newspaper Publicity		Printed Material Distributed		Baltimore Health News	Health Addresses and Seminars			Visual Education			Radio Broadcasts	Health Contests	Training of Department Personnels Round Table Talks and Planned Courses			Meetings Attended	Conferences
		Articles	Column Inches	Requests	Pieces		Health Addresses	Seminars	Persons Reached	Exhibits	Films, Slides	Persons Reached			Classes	Persons	Hours		
Entire Department	41	243	2,137	33,491	859,265	69	843	689	27,305	37	79	15,063	143	2	287	539	505	1,159	1,997
Administrative Section																			
Commissioner of Health	15	30	221	305	15,000	15	210	50	11,000	.....	10	500	1	1	40	75	40	200	229
Asst. Commissioner of Health	.....	2	8	102	2,640	.....	5	16	797	.....	.....	.....	.....	.....	.....	.....	.....	68	203
Vital Statistics	2	51	298	.....	.....	12	.....	16	200	.....	.....	.....	.....	.....	.....	.....	.....	42	180
Health Information	1	.....	.....	4,884	51,635	11	3	1	80	25	.....	9,500	.....	.....	.....	.....	.....	27	113
Baltimore Health News	.....	.....	.....	184	124,511	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rack Distribution	.....	.....	.....	33	28,971	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Radio Broadcasts	.....	.....	.....	13	28	.....	.....	.....	.....	.....	.....	.....	13	.....	.....	.....	.....	.....	.....
Miscellaneous	.....	.....	.....	4,647	18,125	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Laboratories	12	4	11	241	703	.....	4	1	135	.....	.....	.....	.....	.....	7	20	20	71	70
Eastern Health District	.....	.....	.....	.....	1,342	1	10	155	1,360	.....	.....	.....	.....	.....	81	223	124	62	95
Western Health District	.....	.....	.....	1,164	2,085	.....	2	.....	142	.....	.....	.....	.....	.....	.....	.....	.....	26	71
Southeastern Health District	.....	.....	.....	3,323	3,726	.....	39	.....	418	.....	2	6	.....	.....	.....	.....	.....	22	32
Druid Health Center	.....	7	40	6,090	7,121	2	21	16	987	5	.....	700	.....	.....	.....	.....	.....	28	34
Medical Section																			
Communicable Diseases	2	41	344	577	105,967	3	2	1	172	1	.....	.....	11	.....	.....	.....	.....	32	28
Sydenham Hospital	.....	4	34	12	12	2	6	308	1,039	.....	.....	.....	.....	.....	66	106	100	25	46
Tuberculosis	.....	2	33	.....	.....	3	7	25	1,177	.....	.....	.....	2	.....	.....	.....	.....	22	134
Venereal Diseases	.....	15	155	6	27,903	4	6	.....	525	1	.....	200	3	.....	.....	.....	.....	75	73
Occupational Diseases	3	3	22	433	3,271	.....	10	4	302	.....	.....	.....	3	.....	.....	.....	.....	22	44
Child Hygiene	1	2	17	141	7,204	5	2	24	91	.....	.....	.....	6	.....	.....	4	125	75	59
School Hygiene	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	20	40
Dental Clinics	.....	.....	.....	.....	.....	.....	2	.....	650	.....	1	500	1	.....	.....	.....	.....	21	3
Public Health Nursing	.....	2	16	5,221	17,065	1	430	19	3,504	1	.....	.....	.....	.....	10	27	.....	77	191
Sanitary Section																			
Director	5	67	717	82	30,958	6	5	4	460	3	10	1,068	6	.....	6	48	11	35	97
Milk Control	.....	6	144	58	245	1	.....	5	74	.....	.....	.....	1	1	.....	.....	.....	14	47
Food Control	.....	6	67	1,667	3,605	1	29	29	1,992	1	6	389	5	.....	3	21	11	64	27
Meat Inspection	.....	1	10	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	21	31
Environmental Hygiene	.....	.....	.....	4,308	207,148	1	50	15	2,200	.....	50	2,200	90	.....	74	15	74	110	150

TABLE NO. 2

RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1943

"KEEPING WELL" SERIES

DATE	TITLE	SUBJECT
January 2	Enemy Invisible	Pneumonia
9	The Seventh Column	Industrial accidents
16	It Happened Here	Vaccination for all
23	The Sword of Damocles	Garbage, trash, rats
30	Road to Victory	Syphilis Control Day
February 6	The Snow Man	Child care in winter
13	Boom Town Plague	Meningitis
20	Mr. Pendleton's Pig	Trichinosis
27	The Sealed Room	Carbon monoxide
March 6	Two Were Late	Cancer, early diagnosis
13	More Terrible Than Tigers	Diphtheria
20	The Invaders	Rats
27	Rule of Three	Prenatal care
April 3	No Spare Parts	Annual medical examination
10	The Ravelled Sleeve	Mental hygiene—sleep
17	The Little Streams	Typhoid vaccination
24	Time Bomb	Tuberculosis
May 1	The Least of These	Mothers in industry
8	Mr. Martin's Melcoms	Nutrition—with rations
15	The Good Dog Dash	Ticks
22	Safe at Home	Household accidents
29	Death's Hope Chest	Family medicine chest
June 5	You're Wonderful!	Care of food
12	The Conversion of Mr. Higgins	Housing
19	Tenting Tonight	Poison ivy
26	Hotel Glorious	Venereal diseases
July 3	The Other Woman	Child hygiene in summer
10	Mad Dog	Rabies
17	Mr. Sunshine	Dental care
24	The Rebel	Raw milk
31	Good Neighbors	Whooping cough
August 7	Sunless Heat	Salt in industry
14	The String Bean Murder Case	Home canning
21	Fit to Learn	Getting ready for school
28	The Life Givers	Maternity hygiene
September 4	No Alibi	Diphtheria
11	Second Shift Blues	Food in industry
18	The Traitors	Venereal diseases
25	Gas Alarm	Heating hazards
October 2	The Woman Who Lived Again	Hearing
9	The Black River	Mental hygiene
16	If Winter Comes	Meningitis
23	The Right Start	Breast feeding
30	Call Me Tarzan!	Health examination
November 6	Billion Dollar Mystery	Common cold
13	Night into Day	Sightsaving
20	An Apple a Day	Prevention of constipation
27	Postage Due	Tuberculosis Seal Sale
December 4	Call the Ambulance	Pneumonia
11	The Least of These	Day nurseries
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BUREAU OF LABORATORIES

BUREAU OF LABORATORIES

C. Leroy Ewing

Director

War-time shortages of materials and personnel prevented any expansion of laboratory services in 1943 and at times it was most difficult to carry on routine activities. The bureau was operated practically the entire year without a full staff of scientific workers. It was possible, however, to re-establish some of the routine procedures which had been discontinued in 1942. These included gonococcus culturing, agglutination tests for Weil's disease, tests for grouping streptococci and the examination of fecal and other specimens from workers employed in the production of certified or raw milk.

One new development was made possible with the acquisition of a well-trained serologist on November 1. This related to Laboratory Approval Services which were first established in 1938 but were markedly curtailed because of increased demands for services and shortage of personnel. In November and December apparatus and materials were ordered to equip a special laboratory. Plans were also made to renew the approving of hospital, private and institutional laboratories for penumococcus type differentiation tests and STS (serologic test for syphilis). In connection with the latter, it is planned to perform Eagle and Kolmer complement-fixation tests and Eagle, Kahn, Kline, Hinton and Mazzini flocculation tests. Letters were also prepared to be sent to the various nonofficial laboratories, telling them of the plans for developing approval services. It is hoped that active work can be begun after March 1, 1944.

Diagnostic and Other Services

There were 178,542 examinations made of 147,582 specimens and samples. Of these totals, 140,166 examinations of 123,406 specimens were made for the diagnosis and control of communicable diseases; and 17,916 bacteriologic and 20,460 chemical examinations were made of 14,176 samples of milk and food products and industrial or other materials. The grand totals as compared with 1942 decreased 37 per cent in examinations and 23 per cent in specimens and materials. These decreases were the first recorded since 1933 and are attributed principally to the discontinuance in November, 1942 of the STS on specimens of blood from Selective Service registrants.

Medical Bacteriology and Serology

In the field of medical bacteriologic and serologic work, certain deviations were experienced from the patterns laid in previous years. This was especially true in connection with examinations for diphtheria, syphilis and tuberculosis. Formerly, trends in STS had been increasingly upward, the peak being reached in 1942 when 153,877 specimens of blood and spinal fluid were tested. In 1943 only 99,508 such specimens were received, a decrease of 35.3 per cent. Of the total number of specimens received, 98,768 were blood and 740 were spinal fluid. The following tabulation lists the sources of specimens for STS:

SOURCES OF SPECIMENS FOR STS

Total	99,508
Five hundred and sixty-five physicians	38,181 or 38.4 per cent
Commercial firms, including war plants	38,057 or 38.8 per cent
Venereal disease clinics	17,872 or 17.9 per cent
Hospitals	4,798 or 4.8 per cent

In contrast to the decreases in STS specimens, increases were recorded in the examinations for diphtheria and tuberculosis. A total of 3,872 specimens was submitted in 1943 for diphtheria examinations, which represents an increase of 987, or 34.2 per cent. Specimens of sputum for tuberculosis increased from 7,120 in 1942 to 9,571 in 1943 and represents an increase of 34.4 per cent.

Sanitary Bacteriology

There was a decrease in the number of samples submitted by the Sanitary Section for bacteriologic examination. A total of 17,916 examinations was made of 10,448 samples, representing decreases over those done in 1942 of 22.3 per cent in examinations and 10.5 per cent in samples.

On August 18 a change was made in the agar medium used in making bacterial plate counts. At that time the old standard method formula was discontinued and the formula which is recommended in the eighth edition of Standard Methods for the Examination of Dairy Products by the American Public Health Association was substituted. Careful study had been given to the use of the new medium and considerable comparative work had been conducted before its adoption.

Chemistry

Due to personnel difficulties it was necessary for the Division of Chemistry to concentrate largely upon the maintenance of a satisfactory standard routine for analytical activities rather than upon investigative projects.

A total of 20,460 examinations was made of 6,503 samples, representing an increase of 15.8 per cent in examinations and a decrease of 1.7 per cent in samples.

Approximately 8 per cent of 4,679 samples of milk and dairy products examined failed to meet the chemical standards required by regulation. Samples showing a deficiency of butterfat accounted for 86 per cent of the irregularities noted. Serious concern was precipitated by the detection of eight instances of improper pasteurization of bottled milk and four of bottled table cream. Practically 90 per cent of these cases of improper pasteurization occurred in the first quarter of the year and were caused by mechanical failure of equipment due to faulty technique associated with personnel problems in the dairies.

Examinations relative to the laboratory services for the micro-analytical determination of filth in food involved the testing of 449 samples of miscellaneous types of food from 92 separate food establishments. More than 62 per cent of the samples were found to contain such filth as rodent excreta, rodent hairs and insect fragments.

Thirteen local hospitals and forty-three private physicians submitted 240 specimens of blood from 157 adults and 54 children for lead determinations as an aid in the diagnosis of lead poisoning. Abnormal amounts of lead were detected in specimens from 25 adults and 14 children and 5 of the children were alleged to have died of lead poisoning.

The Division of Industrial Hygiene submitted 116 samples of air, fumes, dusts and solvents for the presence of hazardous substances. The type of poisonous materials determined included: lead, arsenic, zinc, iron, manganese, fluoride, free silica, chromic acid, benzol, carbon tetrachloride and dinitrocresol.

Biologic Products

Demands for antitoxins, vaccines, sera and other biologic materials in 1943 were greater by 42 per cent than in 1942. A total of 28,526 packages of such products was distributed in 1943 in comparison with 20,057 in the previous year. Outstanding increases were experienced in the distribution of diphtheria antitoxin and smallpox vaccine. The increase in the use of diphtheria antitoxin was attributed to the greater number of cases of diphtheria which occurred in Baltimore. The increase in smallpox vaccine distribution was the direct result of an educational program conducted by the Commissioner in the early part of the year following an outbreak of smallpox in Pennsylvania. A total of 131,624 tubes of smallpox vaccine was given out in 1943 which represents an increase of 101,641 tubes in comparsion with the 1942 amount.

Pertussis Immune Serum (Human)

Following the successful use of hyper-immune serum in the treatment of whooping cough in very young children at Sydenham Hospital and at the Harriet Lane Home of the Johns Hopkins Hospital, the bureau began the distribution of this product on September 21. From that date through December 31 a total of 13 packages of the product was distributed. Prior to September, both of the institutions cited had obtained an equivalent of 1,190 c.c. of the serum direct from the manufacturer. The decision to distribute pertussis immune serum for both prophylactic and therapeutic purposes was based on the approval of the Commissioner of Health of recommendations made by the Committee on Biologic Products. The experiences of Dr. Margaret H. D. Smith at Sydenham Hospital and pediatricians at the Harriet Lane Home, as well as comprehensive reports in the literature, indicate that this product is of value, especially in the treatment of whooping cough in very young children.

Pneumonia Serum

There was a decrease of 1,530,000 units of pneumonia serum furnished to hospitals for medically indigent patients. A total of 26,910,000 units was supplied in 1943 for 99 patients at a cost of approximately $5,935.23. The figures for the three preceding years show that in 1942 there were 28,440,000 units supplied for 100 patients at a cost of $6,353.24; in 1941 there were 18,050,000 units of serum used for 75 cases at a cost of approximately $4,500.00 and in 1940 there were 34,390,000 units supplied for 116 cases at an approximate cost of $7,661.00.

Special Investigations

The need for a satisfactory method for obtaining material from patients in connection with the culturing of the gonococcus has been obvious for some time. T. C. Buck, Jr., Assistant Director of the bureau developed a new culture medium and a very satisfactory container for this purpose and preliminary trials have demonstrated that the combination of culture medium and container can be used successfully for culturing the gonococcus. The new culture medium is a modified chocolate agar in which the conventional type of peptone was replaced by a new soybean digest known as Phytone. The outfit consists of a glass vial containing the new medium and closed with a specially designed plastic screw cap. A cotton swab and a paraffined taper are wedged into the applicator well of the screw cap by means of a short piece of the swab stick. In using the outfit, some of the suspected material is collected on the cotton swab, which is in turn rubbed over the surface of the culture medium. The taper is then ignited and the

cap is screwed on tightly. The vial container is then transported to the laboratory and placed in the incubator after which it is examined for gonococci.

An article in the July , 1941 issue of the *Baltimore Health News* described a piece of new laboratory equipment developed by T. C. Buck, Jr. as an aid to food and milk inspectors. This consisted of a swab vial outfit which has been successfully used since that time. Experience presented one criticism, which related to the difficulty in aseptically cutting the wooden applicator so as readily to disentangle the cotton. This objection was overcome when Mr. Buck and Dr. Emanuel Kaplan, Chief of the Division of Chemistry developed a device for cutting the wooden applicator. The device consists of an inexpensive homemade piece of equipment, commonly employed as a glass cutter. The device has been considered very favorably by the Sub-committee on Food Utensil Sanitation of the Committee on Research and Standards of the American Public Health Association.

Certain other activities of lesser importance were conducted in the bureau. Included among these studies were methods for stabilizing methylene blue stain used in the examination of diphtheria cultures, the Neave modification of the phosphatase test, methods for the detection of horse meat in admixture with ground beef and a chlorine test used to detect the pollution of drinking water.

Personnel

C. Leroy Ewing, Director
Theodore C. Buck, Jr., Assistant Director
Emanuel Kaplan, Sc.D., Chief of the Division of Chemistry
Harry L. Carman, Principal Clerk
Laura B. Grim, Senior Clerk
Dora G. Bloom, Senior Clerk
Harriet H. McCawley, Senior Stenographer
Miriam Walman, Senior Stenographer
Kathryn M. Hasler, Senior Stenographer
John Dunn, Senior Bacteriologist
Katharine E. Welsh, Senior Bacteriologist
Mary Lee Courtney, Senior Bacteriologist
Gloria Ajello, Senior Bacteriologist
Ariel Clark, Junior Bacteriologist
Rudolpha Clark, Junior Bacteriologist
Elaine S. Cramer, Junior Bacteriologist
Byrd G. Wenke, Junior Bacteriologist
Mildred H. Fleischman, Junior Chemist
M. J. Doonan, Senior Storekeeper
Ruth Gorray, Laboratory Assistant
Josephine Asendorf, Laboratory Assistant
Charlotte Heinz, Laboratory Assistant

Thomas H. Hale, Laborer
Isaac P. Hornstein, Laborer
Louis Svatora, Laborer
Tony Kostelak, Laborer
Warren Barnes, Chauffeur

TABLE NO. 1
SPECIMENS SUBMITTED AND THE NUMBER OF LABORATORY PROCEDURES PERFORMED FOR EACH TYPE OF SPECIMEN

TYPE OF SPECIMEN	NUMBER OF SPECIMENS	NUMBER OF PROCEDURES
Total	123,406	140,166
Animal heads	40	
Animal inoculation	..	39
Microscopic test	..	40
Bile	9	..
Culture test	..	47
Blood	99,733	
Agglutination	..	4,193
Culture test	..	2,879
Microscopic test	..	44
Serologic test	..	98,777
Direct culture	3,636	
Agglutination test	..	53
Animal inoculation	..	401
Culture test	..	310
Microscopic test	..	6,002
Feces	957	
Culture test	..	3,908
Animal inoculation	..	..
Microscopic test	..	424
Fluid (chest, knee, etc.)	34	
Animal inoculation	..	21
Culture test	..	16
Microscopic test	..	75
Helminths	4	..
Microscopic test	..	6
Pus	8,449	
Animal inoculation	..	3
Culture test	..	1
Microscopic test	..	8,465
Serum	8	
Microscopic test	..	19
Spinal fluid	753	
Animal inoculation	..	5
Culture test	..	20
Microscopic test	..	45
Serologic test	..	3,134
Sputum	9,731	
Animal inoculation	..	1
Culture test	..	314
Microscopic test	..	10,778
Urine	52	
Animal inoculation	..	5
Culture test	..	73
Microscopic test	..	68
Agglutination	..	..

TABLE NO. 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY RESULT AND TYPE OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
Total	131,048	26,655	97,542	5,379	1,472
DIPHTHERIA					
Total	3,872	692	3,142	1	37
Animal inoculation					
Virulence test	400	203	196	..	1
Microscopic					
Diagnostic	786	113	657	..	16
Contact	2,084	206	1,862	..	16
Institution	602	170	427	1	4
DYSENTERY, ambebic					
Total	208	..	208	..	..
Microscopic					
Feces	208	..	208	..	..
ENTERIC INFECTIONS					
Total	4,216	212	3,579	416	9
Agglutination					
Blood, H antigen	1,569	75	1,165	325	4
Blood, O antigen	829	41	697	91	..
Culture					
Blood	13	1	12	..	..
Blood clot	856	11	845	..	..
Feces	924	79	841	..	4
Urine	15	1	14	..	..
Chest fluid	1	..	..	..	1
Bile	9	4	5	..	..
GONOCOCCUS INFECTIONS					
Total	8,365	2,129	5,229	998	9
Culture					
Exudates	21	11	8	1	1
Microscopic					
Exudates	8,344	2,118	5,221	997	8
INTESTINAL PARASITES					
Total	215	8	207	..	..
Microscopic					
Feces	209	6	203	..	..
Worms	6	2	4	..	..
MALARIA					
Total	22	2	19	..	1
Microscopic					
Blood smear	22	2	19	..	1
MENINGITIS					
Total	3	..	3	..	..
Culture					
Spinal fluid	3	..	3	..	..
METALLIC POISONING					
Total	245	70	109	49	17

TABLE NO. 2—Continued

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY RESULT AND TYPE OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
METALLIC POISONING—*Cont.*					
Biochemic					
Lead					
Blood	234	66	102	49	17
Paint	4	3	1	..	..
Toy	1	..	1	..	..
Urine	6	1	5	..	..
PNEUMONIA					
Total	151	63	88	..	..
Typing					
Sputum	151	63	88	..	..
RABIES					
Total	80	..	80	..	..
Animal inoculation					
Brain emulsion	40	..	40	..	..
Microscopic					
Animal brain	40	..	40	..	..
STREPTOCOCCUS INFECTIONS					
Total	120	25	95	..	..
Culture					
Blood	20	1	19	..	..
Exudate	2	1	1	..	..
Sputum	5	5	..	..	..
Swab	75	10	65	..	..
Precipitin					
Culture	18	8	10	..	..
SYPHILIS					
Total	101,919	21,917	75,559	3,730	713
Biochemic					
Globulin	739	142	595	1	1
Gum mastic	739	105	570	61	3
Microscopic					
Dark field	8	1	7	..	..
Precipitin					
Kline exclusion					
Spinal fluid	738	131	555	50	2
Kline diagnostic					
Spinal fluid	738	89	625	22	2
Eagle flocculation					
Blood	98,778	21 361	73,145	3,570	702
Kahn diagnostic					
Spinal fluid	179	88	62	26	3
TUBERCULOSIS					
Total	9,657	1,439	7,373	160	685
Animal inoculation					
Exudates	33	5	28	..	..
Culture					
Spinal fluid	1	1	..	..	..
Sputum	5	1	4	..	..
Microscopic					
Exudates	47	4	43	..	..
Sputum	9,571	1,428	7,298	160	685

TABLE NO. 2—Continued

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY RESULT AND TYPE OF EXAMINATION

TYPE OF EXAMINATION	TOTAL	POSITIVE	NEGATIVE	DOUBTFUL	UNSATISFACTORY
TULAREMIA					
Total	70	3	65	2	..
Agglutination					
Blood	70	3	65	2	..
TYPHUS GROUP					
Total	1,068	6	1,052	10	..
Agglutination					
Blood					
Proteus X_2O	534	4	523	7	..
Proteus $X_{19}O$	534	2	529	3	..
UNDULANT FEVER					
Total	628	1	624	3	..
Agglutination					
Blood	626	1	622	3	..
Exudates	2	..	2	..	..
VINCENT'S ANGINA					
Total	54	32	22	..	..
Microscopic					
Exudates	54	32	22	..	..
OTHER EXAMINATIONS					
Total	155	56	88	10	1
Culture	56	47	9	..	..
Biochemic	11	6	4	..	1
Microscopic	46	1	45	..	..
Serologic	42	2	30	10	..

TABLE NO. 3

CLASSIFICATION OF AGGLUTINATION AND BACTERIOLOGIC TESTS FOR ENTERIC ORGANISMS

AGGLUTINATION TESTS

Organisms	Total	Positive	Negative	Doubtful	Unsatisfactory
Total agglutinations	2,398	116	1,862	415	5
*Eberthella typhosa**	1,535	97	1,136	298	4
Salmonella choleraesuis	11	1	9	..	1
S. paratyphi and schottmuelleri	757	13	638	106	..
Salmonella enteritidis	21	5	6	10	..
Shigella dysenteriae, polyvalent	74	..	73	1	..

BACTERIOLOGIC TESTS

Total tests		1,818
Positive results		96
Eberthella typhosa	57	
Salmonella enteritidis	8	
Salmonella sp. (Newport type)	1	
Salmonella paradysenteriae	9	
Salmonella typhimurium	2	
Unidentified Salmonella	1	
Shigella alkalescens	1	
Shigella equirulis	1	
Shigella sonnei	13	
Unagglutinable *Shigella sp.* (Newcastle type)	2	
Douglas and Colebrook No. 6	1	
Negative results		1,717
Unsatisfactory results		5

* Nomenclature adopted from *Bergey's Manual of Determinative Bacteriology*. Fifth Edition, 1939. Includes all organisms except Douglas and Colebrook No. 6 which is from *A System of Bacteriology*, British Medical Research Council, 1931.

TABLE NO. 4
BIOLOGIC PRODUCTS DISTRIBUTED TO PHYSICIANS, HOSPITALS AND INSTITUTIONS

PRODUCT	NUMBER OF PACKAGES	BASIC CONTENT	TOTAL AMOUNT
Total	28,526		
Diphtheria products			
Alum-precipitated toxoid	3,090	Cubic centimeter	28,506 c.c.
Antitoxin	533	Unit	8,303,000 units
Fluid toxoid	3	Cubic centimeter	63 c.c.
Toxin for Schick test	280	Test	2,800 tests
Toxin for Schick test control	270	Test	2,700 tests
Horse serum for conjunctival test	369	Test	2,952 tests
Immune globulin for measles	213	Cubic centimeter	514 c.c.
Influenza meningitis serum type B	100	Cubic centimeter	500 c.c.
Meningitis serum	5	Cubic centimeter	50 c.c.
Pertussis products			
Diphtheria toxoid & pertussis vaccine	25	Cubic centimeter	250 c.c.
Pertussis immune serum (human)	13	Cubic centimeter	260 c.c.
Pneumococcus curative serum	976	Unit	26,910,000 units
Rocky Mountain spotted fever vaccine	27	Cubic centimeter	108 c.c.
Scarlet fever products			
Antitoxin	102	Unit	408,000 units
Antitoxin for Schultz-Charlton test	1	Test	1 test
Toxin for Dick test	11	Test	275 tests
Toxin for prophylaxis	5	Skin test dose	3,292,450 s.t.d.
Silver nitrate solution, one per cent	301	Ampule	4,710 ampules
Smallpox vaccine	15,577	Point	131,624 points
Tetanus products			
Alum-precipitated toxoid	2	Cubic centimeter	12 c.c.
Antitoxin	5,647	Unit	9,974,500 units
Tuberculin, Koch's old	312	Cubic centimeter	1,560 c.c.
Tuberculin for von Pirquet test	22	Test	54 tests
Typhoid vaccine	344	Cubic centimeter	3,579 c.c.
Typhoid-paratyphoid vaccine	298	Cubic centimeter	3,848 c.c.

TABLE NO. 5
SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units)	792,048
Sterilized	567,971
Bottles	45,244
Petri dishes	58,958
Pipettes	221,069
Tubes	235,108
Miscellaneous	7,592
Media prepared	
Liters	2,144.5
Bottles	8,839
Petri dishes	14,892
Tubes	76,916
Outfits	
Prepared	135,304
Distributed	133,326
Culture stations	3,239
Health districts	52,708
Laboratory	77,379
Stains prepared	
Liters	56.5
Water distilled (gallons)	1,403

TABLE NO. 6
FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

TYPE OF SAMPLE	NUMBER OF SAMPLES	NUMBER OF PROCEDURES
Total	10,448	17,916
Cream, pasteurized (dairy, store, truck)	282	
Plate count		294
Microscopic count		37
Special plate count		1
Resazurin test		1
Cream, raw	54	
Plate count		54
Microscopic count		5
Special tests		1
Equipment for sterility (bottles, caps, dippers, spoons)	3,015	
Plate count		3,112
Food products	51	
Plate count		45
Microscopic count		3
Coliform count		13
Special tests		26
Food poisoning	34	
Culture test		68
Plate count		24
Microscopic count		1
Special tests		3
Shellfish	2	
Plate count		2
Coliform count		2
Special tests		3
Ice cream	682	
Plate count		736
Milk, pasteurized (dairy, store, truck)	1,451	
Plate count		984
Microscopic test		108
Coliform count		918
Resazurin test		1,444
Special tests		256
Milk, chocolate, pasteurized and ingredients	356	
Plate count		364
Milk, raw (batch, certified, selected, shippers')	1,409	
Plate count		1,447
Microscopic count		556
Resazurin test		1,388
Special tests		172
Swabbings from utensils and equipment	523	
Plate count		503
Special tests		68
Water	2,589	
Plate count		2,584
Coliform count		2,604
Special tests		29

TABLE NO. 7

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 PROCEDURES
Total	6,503*	20,460
Body fluids and excreta	283	
Lead test	..	741
Unclassified biochemic tests	..	326
Dairy products (milk, cream, chocolate milk, ice cream)	4,679	
Butterfat test	..	4,675
Refractive index (added water)	..	806
Phosphatase test	..	3,518
Sediment test	..	935
Unclassified tests	..	2,059
Food products	571	
Filth test (rodent and insect infestation)	..	1,395
Adulteration test	..	355
Decomposition tests	..	166
Unclassified tests	..	89
Miscellaneous samples (air, dusts, solvents, sterilizing solutions, etc.)	131	
Industrial poison tests	..	1,007
Unclassified tests	..	307
Solutions and outfits	326	
Unclassified tests	..	3,369
Water samples	513	
pH	..	323
Sanitary analysis	..	389

* Of this number, 3,728 were submitted for chemical analysis only; the other 2,775 samples were submitted for bacteriologic and chemical analysis.

EASTERN HEALTH DISTRICT

EASTERN HEALTH DISTRICT

C. Howe Eller, M.D., Dr.P.H.

Health Officer

Rapid turnover of employees and shortage of qualified personnel, the results of wartime conditions, were the outstanding problems of 1943. The biggest replacement difficulties in the Eastern Health District were with part time pediatricians for child hygiene clinics, public health nurses and clerks. However, by the end of the year, all vacancies had been filled except for a full time health officer, one nursing supervisor, two staff nurses, one junior stenographer and one junior typist. In spite of the effect of these conditions on the routine work of the district, several new projects were inaugurated.

Operation of the photoroentgen unit, located in the Eastern Health District office was started officially as a part of the City Health Department tuberculosis control program on February 16. One evening and one afternoon clinic were held each week for white and colored contacts of known cases of tuberculosis. Other groups were X-rayed by arrangement. Patients with suspicious films were referred to private physicians, the Health Department chest clinics, or to one of the hospital chest clinics for large X-rays and complete diagnostic examinations. The number and groups of persons X-rayed during 1943 are shown in the following table:

Group	White	Colored	Total
Contacts of known cases	142	551	693
East Baltimore Health Forum (voluntary group)	..	156	156
B.C.H.D. staff members	184	3	187
Colored High School	..	479	479
B.C.H.D. prenatal clinic	30	255	285
Total	356	1,444	1,800

A serological survey to determine the prevalence of syphilis in a colored high school was made during March and April. This was the second such study, the first having been done in the same school in 1939. The findings of the first survey were confirmed, since only about two and one-half per cent of the students tested were found to have positive serologic tests for syphilis.

On January 1 the Babies Milk Fund Association activities serving Census Tract 3 of Ward 6 and Census Tracts 3, 4, and 5 of Ward 7 were taken over by the City Health Department. This transfer was the third in a series

of the annual steps whereby the City Health Department will absorb all of the Babies Milk Fund Association well baby clinic work over a ten year period. The clinics involved in the recent transfer were located at the district headquarters.

The annual meetings for physicians practicing in the Eastern Health District were held for white and colored physicians on January 29 and March 9, respectively and were very well attended. Plans for the use of the photoroentgen unit were discussed at both meetings and the syphilis survey plans for the colored high school were presented to the colored physicians.

Personnel

C. Howe Eller, M.D., Dr.P.H., Health Officer, Full time
Hugh P. Hughes, M.D., Health Officer
Lucille Liberles, M.D., Health Officer
John Costantini, M.D., Medical Investigator
Dorothy Shaw, Secretary
Olga Carr, Junior Stenographer
Virginia Monouydas, Clerk
Winifred Newberry, Supervisor of Nursing
Alice Sundberg, Assistant Supervisor of Nursing
Gertrude Boquist, Assistant Supervisor of Nursing
William Richardson, Janitor

Public Health Nurses

Josephine Barnett
Virginia V. Bland
Mary E. Clifford
Ruth Collier
Margaret T. Ellis
Margaret L. Fuchs
Margaret D. Galbreath
Mildred L. Gambrill
Linda E. Hartung
Beatrice C. Horn
Lillian Kemp
Margaret S. King
Irene S. Kyler
Henrietta Lagna
Clara C. Plichta
Elizabeth Quinlin
Sara S. Rice
Wilda L. Snyder
Maude C. Suter
Virginia R. Struve
Berta H. Taylor
O. Ruth Thompson

Martha C. Wilson

TABLE NO. 1

RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1943

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
All births	2,833	1,656	1,177
Hospital	2,107	1,322	785
Home	726	334	392
Out-patient delivery service	..	..	..
Private physician	555	308	247
Midwife	171	26	145

TABLE NO. 2

RESIDENT DEATHS ACCORDING TO MAJOR GROUPS OF CAUSES AND COLOR
EASTERN HEALTH DISTRICT—1943

CAUSES OF DEATH	TOTAL	WHITE	COLORED
All Causes	1,608	1,008	600
I. Infectious and parasitic diseases (exclusive of tuberculosis and syphilis)	37	18	19
Tuberculosis (all forms)	127	48	79
Syphilis	32	6	26
II. Cancer and other tumors	156	118	38
III. Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminoses	56	45	11
IV. Diseases of the blood and blood-forming organs	4	4	..
V. Chronic poisoning and intoxication	7	2	5
VI. Diseases of the nervous system and sense organs	127	85	42
VII. Diseases of the circulatory system	494	368	126
VIII. Diseases of the respiratory system	125	56	69
IX. Diseases of the digestive system	79	61	18
X. Diseases of the genito-urinary system	153	100	53
XI. Diseases of pregnancy, childbirth and the puerperium	7	2	5
XII. Diseases of the skin and cellular tissue	4	2	2
XIII. Diseases of the bones and organs of movement	..	..	..
XIV. Congenital malformations	6	4	2
XV. Diseases peculiar to the first year of life	55	27	28
XVI. Senility	..	..	..
XVII. Violent and accidental deaths	139	62	77
XVIII. Ill-defined or unknown	..	..	..

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE EASTERN HEALTH DISTRICT—1943

DISEASE	CASES
TOTAL	1,781
Chickenpox	248
Diphtheria	13
German measles	204
Measles	328
Meningococcus meningitis	57
Poliomyelitis	2
Scarlet fever	238
Whooping cough	691

TABLE NO. 4

DIPHTHERIA TOXOID AND SMALLPOX VACCINE ADMINISTERED TO RESIDENTS OF THE EASTERN HEALTH DISTRICT—1943

AGE AT DATE OF INOCULATION OR VACCINATION	DIPHTHERIA INOCULATION			SMALLPOX VACCINATION		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL	2,979	1,728	1,251	2,568	1,019	1,549
Under 1 year	2,257	1,441	816	1,125	363	762
1	222	93	129	298	110	188
2	107	50	57	172	78	94
3	91	42	49	159	73	86
4	84	37	47	163	82	81
5	92	23	69	218	79	139
6	67	23	44	161	62	99
7	21	6	15	37	8	29
8	11	3	8	24	8	16
9	11	6	5	13	8	5
10 years and over	16	4	12	198	148	50

WESTERN HEALTH DISTRICT

WESTERN HEALTH DISTRICT

Alfred C. Moore, M.D.

Health Officer

The Western Health District located at 617 W. Lombard Street completed its eighth year of service and continued to offer health services on a neighborhood basis to the people living in the district. The office is in the immediate vicinity of the University of Maryland School of Medicine and the University Hospital which makes it convenient for physicians to avail themselves of the services provided by the district office.

For the second consecutive year, the new type of cooperative school health service was conducted in Public School No. 34 at Washington Boulevard and Carey Street. In this program it was explained to parents that it would be desirable to have their children examined at the beginning of the school year by their family physician in order to determine the status of the children's health. The teachers were brought into the program by conferences with the school nurse in regard to the health of their respective classes. Of the 70 new pupils in Public School No. 34 there were 14 examined by their family physicians and suggestions were given to parents for necessary smallpox vaccination, diphtheria inoculation and remedial health measures.

Immunization of susceptible individuals against smallpox and diphtheria was actively carried on in the district clinics and schools and 4,404 persons were given diphtheria toxoid and 3,005 persons were vaccinated. The District Health Officer also organized and supervised smallpox vaccination clinics in industries, stores and dispensaries in the district during the first two months of the year when a smallpox outbreak occurred in a neighboring State. Immunization clinics were conducted once a week in the district office throughout the year.

Administration and Other Activities

Four undergraduate nurses from the University Hospital School of Nursing each completed one month of observation and field training in public health nursing during the year.

Public health education activities were conducted during the year for the people residing in the district and for the staff personnel. Two courses of instruction in communicable diseases were presented to the undergraduate nurses of the Hospital for the Women of Maryland by the District Health Officer, talks were given to lay groups, 1,302 Health Department

pamphlets were distributed and conferences and discussions were conducted for the staff nurses of the district. There was a total of 3,362 packages of biological products and 7,112 laboratory diagnostic outfits distributed to physicians and hospitals from the health district office during the year.

Druid Health Center

The Druid Health Center at 1313 Druid Hill Avenue completed its fourth year of operation in November 1943 as a neighborhood unit. During the year the Center maintained its usual close relationship with the physicians and hospitals near and within the area. There were 16,882 specimen containers, including 14,125 tubes for the collection of blood for STS, distributed to the physicians in private medical practice and to hospitals. There were 3,122 cubic centimeters of diphtheria toxoid and 6,272 points of vaccine dispensed as well as some other biological products.

The Monumental City Medical Society held monthly sessions in the auditorium throughout the year. The Maryland State Medical Society and the Maryland Dental Association were other professional groups which met at the Druid Health Center periodically during 1943. The National Negro Health Movement Committee and the Clean Block Campaign Committee also conducted several meetings. Twelve students from the Provident Hospital Training School for Nurses completed student affiliate courses in public health nursing.

Twenty-four clinic sessions were held each week including those for prenatal care, congenital syphilis, adult venereal diseases, well baby care and chest conditions. There was a total of 80,824 clinic visits during 1943 which was the highest number for any one year since the Health Center was opened. The routine X-raying of students at the Douglass High School was continued and the same procedure was inaugurated at certain public elementary schools. During the year babies from the well baby clinic at School No. 104 were tuberculin tested on their first and second birthdays. Results have demonstrated the value of X-raying as many persons as possible in order that hitherto unreported and unrecognized chest conditions will be disclosed.

Personnel

Alfred C. Moore, M.D., Health Officer, Full Time
H. Maceo Williams, M.D., M.P.H., Health Officer, Full Time
James B. Hawkins, M.D., Health Officer
Lewis J. Rosenthal, M.D., Health Officer
Ella Langer, M.D., Medical Investigator
Charles F. Maloney, Md., Medical Investigator
Zelda Goldsmith, Junior Stenographer

Paula W. Burgemeister, Junior Stenographer
Margaret Dorsey, Junior Stenographer
Anna Persch, Senior Supervisor of Field Nurses
Dorothea Tag, Senior Supervisor of Field Nurses
Bernard A. Smith, Janitor

Public Health Nurses

Mary Jean Amos
Ethel Y. Blake
Mary T. Brown
Theresa N. Byrne
Olga M. Chambers
Florence Collins
Gettu I. Conner
Minnie Leah Corbin
Evelyn D. Dever
Ella N. DuValier
Dorothy M. Eckenrode
Credella Finney
June L. Francis
M. Fanida P. Friend
Margaret S. Harper
Rose Mae Hill
Mary Sewell Jenkins
Gladys R. Johnson
Anita Keller
Bess C. Lang
Erdie LeCator
Margaret L. Lockerman
Margaret C. Malone
Beulah B. McCausland
Elizabeth Moore
Viola S. Murray
Margaret R. Nelson
Cecelia Nossell
Katherine Nutto
Cornelia Phillips
Agnes C. Pilgrim
Ruth B. Pyle
Marie D. Reinert
Florence Roberts
Reva Rosenfield
Vera D. Single
Pearl L. J. Smith
Eleanor Willis
Mathilda E. Young

TABLE NO. 1

RESIDENT BIRTHS, WESTERN HEALTH DISTRICT—1943

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
All births	4,751	1,640	3,111
Hospital	2,671	1,126	1,545
Home	2,080	514	1,566
Out-patient delivery service	860	66	794
Private physician	1,031	432	599
Midwife	187	15	172
Other	2	1	1

TABLE NO. 2

RESIDENT DEATHS ACCORDING TO MAJOR GROUPS OF CAUSES AND COLOR
WESTERN HEALTH DISTRICT—1943

CAUSE OF DEATH	TOTAL	WHITE	COLORED
All Causes	3,325	1,218	2,107
I. Infectious and parasitic diseases (exclusive of tuberculosis and syphilis)	71	24	47
Tuberculosis (all forms)	315	74	241
Syphilis	63	14	49
II. Cancer and other tumors	263	120	143
III. Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminoses	79	35	44
IV. Diseases of the blood and blood-forming organs	11	2	9
V. Chronic poisoning and intoxication	10	4	6
VI. Diseases of the nervous system and sense organs	282	91	191
VII. Diseases of the circulatory system	938	440	498
VIII. Diseases of the respiratory system	346	102	244
IX. Diseases of the digestive system	187	81	106
X. Diseases of the genito-urinary system	345	84	261
XI. Diseases of pregnancy, childbirth and the puerperium	12	1	11
XII. Diseases of the skin and cellular tissue	3	1	2
XIII. Diseases of the bones and organs of movement	1	1	..
XIV. Congenital malformations	21	6	15
XV. Diseases peculiar to the first year of life	127	36	91
XVI. Senility	3	2	1
XVII. Violent and accidental deaths	242	99	143
XVIII. Ill-defined or unknown	6	1	5

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE WESTERN HEALTH DISTRICT—1943

DISEASE	CASES
TOTAL	1,495
Chickenpox	224
Diphtheria	45
German measles	207
Measles	208
Meningococcus meningitis	101
Poliomyelitis	1
Scarlet fever	136
Typhoid fever	4
Whooping cough	569

TABLE NO. 4

DIPHTHERIA TOXOID AND SMALLPOX VACCINE ADMINISTERED TO RESIDENTS OF THE WESTERN HEALTH DISTRICT—1943

AGE AT DATE OF INOCULATION OR VACCINATION	DIPHTHERIA INOCULATION			SMALLPOX VACCINATION		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL	4,404	1,096	3,308	3,005	483	2,522
Under 1 year	2,101	161	1,940	1,504	124	1,380
1	354	97	257	280	53	227
2	207	68	139	187	49	138
3	185	57	128	181	45	136
4	183	61	122	205	50	155
5	357	121	236	288	59	229
6	382	147	235	164	38	126
7	187	89	98	40	9	31
8	131	80	51	11	4	7
9	111	70	41	9	4	5
10 years and over	206	145	61	136	48	88

SOUTHEASTERN HEALTH DISTRICT

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.

Health Officer

Preventive health services for the defense workers located in special areas in the district were further expanded during the year with the opening on May 3 of a well baby clinic in the recreation building of the Armistead Gardens located at Philadelphia Road and Horner's Lane. The regular diphtheria prevention and vaccination clinic which had been conducted there since 1941 was combined with the new well baby clinic. On December 3 a new diphtheria prevention and vaccination clinic was officially opened by the Commissioner of Health in cooperation with the City Housing Authority in the community building of the O'Donnell Heights Homes. A similar clinic service conducted in the parish hall of the Sacred Heart of Mary Roman Catholic Church, 6728 Youngstown Avenue, was simultaneously transferred to the O'Donnell Heights location.

Improvement in the district maternity hygiene program was made by giving individual instruction to each expectant mother who registered in the prenatal clinic. The series of eight talks were combined with demonstrations and special interviews and were presented to each mother. A total of 268 expectant mothers were so instructed during the year by the public health nurses. Arrangements were made on July 2 for each nurse to visit any midwives in her district and to secure referrals from this source for patient care at the district prenatal clinic. Beginning December 9 and thereafter all expectant mothers attending the district clinic were sent to the Eastern Health District for a chest X-ray.

The special school hygiene program conducted at Public School No. 47 at Fleet Street and Linwood Avenue since September, 1942 was continued during 1943. The district health officer and public health nurse collaborated in a similar program inaugurated in October at Public School No. 215 at Clinton and Pratt Streets.

Health officer service to public vocational schools No. 3 and No. 24 and three private kindergartens, namely, the Methodist, Immanuel Lutheran and Catholic Community Center was necessarily discontinued because of losses in the district medical staff. School hygiene services for the remaining eleven public and ten parochial elementary schools were reassigned to Dr. Frank V. Manieri and the district health officer. However, school nursing service to all schools and kindergartens was maintained as usual.

Following the report that two war plant workers who resided in the

Armistead Gardens had been in contact with a case of smallpox near Lancaster, Pennsylvania, district staff nurses made an intensive house-to-house canvass and a specially designed circular was distributed to every home in the Armistead area to secure the vaccination of all unvaccinated persons and all who had not been vaccinated within five years. Special vaccination clinics were also conducted daily in the recreation building of this housing project from January 7 to January 23 during which period a total of 1,163 persons were vaccinated.

A new home visit procedure for public health nurses in diphtheria control was begun on February 26. If at the end of two or three visits by the nurse a child had not received the protective toxoid inoculation she reported the case to the nurse supervisor. If the supervisor was unable to persuade the parents to have the child protected against diphtheria, the case was then presented to the district health officer for review and visit.

The procedure of stamping each communicable disease pamphlet left at a patient's home with a notice that if any question should arise in regard to quarantine or isolation in the household the Southeastern Health District should be called, was put into effect on a trial basis in the district on June 16.

The East Baltimore Medical Society continued to hold its monthly meetings in the district building assembly room throughout the year and on March 2 a joint meeting was held of physicians practicing in both the Eastern and the Southeastern Health Districts.

Personnel

John A. Skladowsky, M.D., Health Officer, Full Time
O. L. Long, M.D., Health Officer
Lewis J. Rosenthal, M.D., Health Officer
Frank V. Manieri, M.D., Medical Investigator
Margaret M. Caruso, Junior Stenographer
Veronica K. Satterfield, Junior Stenographer
Mary I. Streckfus, Senior Supervisor of Nurses
Ethel G. Gluck, Senior Supervisor of Nurses
Jerome Johnson, Janitor

Public Health Nurses

Edith Barry
Anna Bittle
Florence Colburn
Helen Collins
Blanche C. Craig
Margaret Duddy
Audrey Eichhorn
Agnes Emerson
Edna Faith
Helen Fluskey
Zazel Gonyou
Julia R. Hagenbuch
Pearl Kushner
Tillie Krucoff
Ida Lilly
Lorretto C. Link
Zena Mattie
Virginia S. Pendleton
Grace B. Ridgaway
Ruth E. Rouse
Rose Shenk
Alice Stevenson
Florence Zinz

TABLE NO. 1

RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1943

PLACE OF DELIVERY AND ATTENDANT	TOTAL	WHITE	COLORED
All births	2,451	2,381	70
Hospital	1,873	1,824	49
Home	578	557	21
Out-patient delivery service	..	..	..
Private physician	465	453	12
Midwife	112	103	9
Other	1	1	..

TABLE NO. 2

RESIDENT DEATHS ACCORDING TO MAJOR GROUPS OF CAUSES AND COLOR
SOUTHEASTERN HEALTH DISTRICT—1943

CAUSE OF DEATH	TOTAL	WHITE	COLORED
All Causes	1,264	1,184	80
I. Infectious and parasitic diseases (exclusive of tuberculosis and syphilis)	28	24	4
Tuberculosis (all forms)	96	84	12
Syphilis	17	12	5
II. Cancer and other tumors	146	142	4
III. Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminoses	58	54	2
IV. Diseases of the blood and blood-forming organs	9	9	..
V. Chronic poisoning and intoxication	2	2	..
VI. Diseases of the nervous system and sense organs	82	79	3
VII. Diseases of the circulatory system	410	390	20
VIII. Diseases of the respiratory system	96	85	11
IX. Diseases of the digestive system	72	70	2
X. Diseases of the genito-urinary system	85	76	9
XI. Diseases of pregnancy, childbirth and the puerperium	4	4	..
XII. Diseases of the skin and cellular tissue	2	2	..
XIII. Diseases of the bones and organs of movement	2	2	..
XIV. Congenital malformations	10	10	..
XV. Diseases peculiar to the first year of life	42	38	4
XVI. Senility	..	..	..
XVII. Violent and accidental deaths	105	101	4
XVIII. Ill-defined or unknown	..	..	..

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE SOUTHEASTERN HEALTH DISTRICT—1943

DISEASE	CASES
TOTAL	1657
Chickenpox	278
Diphtheria	4
German measles	309
Measles	322
Meningococcus meningitis	43
Meningococcus septicemia	6
Scarlet fever	301
Typhoid fever	4
Whooping cough	390

TABLE NO. 4

DIPHTHERIA TOXOID AND SMALLPOX VACCINE ADMINISTERED TO RESIDENTS OF THE SOUTHEASTERN HEALTH DISTRICT—1943

AGE AT DATE OF INOCULATION OR VACCINATION	DIPHTHERIA INOCULATION			SMALLPOX VACCINATION		
	TOTAL	WHITE	COLORED	TOTAL	WHITE	COLORED
TOTAL	1,918	1,810	108	2,616	2,537	79
Under 1 year	838	784	54	552	516	36
1	229	217	12	312	303	9
2	124	121	3	261	256	5
3	135	130	5	219	215	4
4	118	116	2	212	209	3
5	143	135	8	212	204	8
6	160	146	14	125	122	3
7	63	59	4	34	34	..
8	33	30	3	23	22	1
9	26	25	1	14	14	..
10 years and over	49	47	2	652	642	10
County cases	11	11	..	..	..	..

MEDICAL SECTION

BUREAU OF COMMUNICABLE DISEASES

BUREAU OF COMMUNICABLE DISEASES

David H. Andrew, M.D., C.P.H. **J. Wilfrid Davis, M.D., M.P.H.**

Directors

A total of 38,246 cases of communicable diseases was reported during 1943 as compared with 34,642 cases during 1942. The increase in the number of cases may be attributed largely to improved reporting of syphilis, as there were 14,803 cases of syphilis reported for the first time in 1943 as compared with 11,293 in 1942.

Meningococcus Meningitis

There was a distinct rise in the number of meningococcus meningitis cases and deaths in 1943 with 389 cases and 63 deaths as compared with 202 cases and 31 deaths in 1942. This was the largest number of cases of meningococcus meningitis in any year on the records of the City Health Department.

Of the 389 cases, 87 or 22.4 per cent occurred in persons who had resided in Baltimore less than one year. In addition, 42 cases or 10.7 per cent of the total occurred in persons who had been in Baltimore over one year but less than three years. Seventy-one cases or 18 per cent of the total were in homes which showed evidence of overcrowding.

The following summary shows the meningococcus meningitis cases and deaths classified by race and age:

Age Group	Cases		Deaths	
	White	Colored	White	Colored
Under 1 year	22	11	6	4
1-4 years	56	23	11	4
5-14 years	39	33	4	4
15-44 years	129	39	5	6
45-64 years	25	4	13	1
65 years and over	7	1	4	0
Total	278	111	43	19

Diphtheria

A total of 106 cases and 3 deaths of diphtheria occurred during 1943 as compared with 74 cases and 2 deaths in 1942. Of the total number of cases, 31 or 29.2 per cent had received one or more doses of toxoid. Thirty-three cases had resided in Baltimore less than three years and 16 less than

one year. Seventy-seven cases of diphtheria were cared for at Sydenham Hospital, 4 were hospitalized elsewhere and 25 remained in their homes. Diphtheria toxoid was given to 21,851 children in Baltimore as compared with 18,582 in the previous year.

Typhoid Fever

There were fewer cases of typhoid fever reported in 1943 than in any previous year on the Health Department records with only 20 cases with 1 death. The following summary shows the results of investigations as to the probable source of infection of the cases reported in 1943:

Probable method of infection	
Contact with hitherto unknown carrier	4
Contact with known carrier	3
Probably contracted out of Baltimore	1
Swimming or drinking in polluted streams	3
Method of infection undetermined	9

Five typhoid fever carriers were discovered during the year, 1 of whom was the operator of a busy fruit and vegetable stand in a crowded neighborhood where in previous years, several cases of typhoid fever of undetermined origin had occurred. Six carriers were removed from the list during the year and of these, 4 died, 1 had not been located by the Health Department or Police Department during the past four years and 1 moved to New York City. A total of 74 carriers was under the supervision of the Health Department at the close of the year.

Smallpox

An unusually large number of persons were vaccinated in Baltimore during the year because of an outbreak of smallpox in a neighboring State. There were 3,625 persons vaccinated in the office of the bureau director. In a group of industrial plants, especially those engaged in the production of war materials, more than 75,000 employees were vaccinated by Health Department personnel and the plant physicians. In addition 7,174 preschool children were vaccinated in the Department well baby clinics and 2,764 other children were vaccinated in the school hygiene service. No case of smallpox occurred in Baltimore during the year.

Scarlet Fever

There were 1,432 cases of scarlet fever reported in 1943 as compared with 826 cases in 1942. However, the cases were generally very mild and only 1 death occurred in a forty-three year old woman who had a serious chronic disease.

The regulations regarding the quarantine of scarlet fever cases were

changed as of December 13 so that cases thereafter were isolated for three weeks from the beginning of symptoms instead of for a three-week period from the date the case was reported. Beginning on August 21 the practice of placarding cases of scarlet fever was discontinued.

Poliomyelitis and Influenza

There were 8 cases and no death of poliomyelitis recorded in 1943 as compared with 3 cases in 1942. In December there was a marked increase in the number of cases and deaths of influenza and pneumonia with 102 deaths from influenza reported for the year, with 60 in 1942. There were 834 deaths from pneumonia while there were 707 in the previous year.

Whooping Cough and Measles

There were 3,400 cases of whooping cough with 10 deaths reported in 1943 as compared with 2,174 cases and 9 deaths in 1942. These deaths all occurred in children that were two years old or younger. In 1943 there were 2,213 cases of measles recorded whereas there were 6,445 in 1942. In each year there was 1 death of this disease.

Personnel

J. Wilfrid Davis, M.D., M.P.H.
Anthony L. Rettaliata, M.D., Health Officer, Full Time
Roscoe Z. G. Cross, M.D., Health Officer
L. S. Horka, M.D., Health Officer
Henry B. Kolb, M.D., Health Officer
Amelia Link, M.D., Health Officer
Howard Warner, M.D., Health Officer
Samuel Weinberg, M.D., Health Officer
Harold V. Harbold, M.D., Medical Investigator
Louis Jacobs, M.D., Medical Investigator
Alice V. Owings, Senior Clerk
Grace E. Driesens, Senior Stenographer
M. Loucille Thompson, Junior Stenographer

TABLE NO. 1

CASES AND RESIDENT DEATHS OF REPORTABLE DISEASES—1940-1943

DISEASES	1943		1942		1941		1940	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Chancroid	161	..	162	..	88	..	198	..
Chickenpox	3,182	1	3,007	..	3,045	2	3,289	..
Conjunctivitis, acute	75	..	154	..	150	..	132	..
Diarrhea and enteritis								
Under 2 years of age	181	162	142	102	196	144	110	54
Two years and over	23	18	11	13	22	15	13	17
Diphtheria	106	3	74	2	47	3	49	1
Dysentery								
Amebic	2	1	11	2	11	2	4	..
Bacillary	52	5	84	3	105	13	73	7
Unspecified	62	2	14	1	32	4	20	1
Encephalitis lethargica	3	1	3	..	4	..	2	2
Erysipelas	20	2	40	4	35	..	40	1
German measles	3,199	..	195	..	7,865	..	42	..
Gonococcus infection	3,321	..	3,362	12	2,906	8	2,326	8
Gonorrheal ophthalmia	28	..	26	..	35	..	43	..
Impetigo contagiosa	4	..	9	..	10	..	35	..
Influenza	435	102	130	60	509	67	505	56
Leprosy	..	..	..	..	..	..	1	..
Malaria	8	..	11	1	15	..	12	..
Measles	2,213	1	6,445	1	4,458	3	88	..
Meningococcus meningitis	389	63	202	31	72	11	13	5
Mumps	849	..	2,194	..	1,711	1	193	..
Other venereal diseases	84	3	36	..	22	2	49	1
Paratyphoid fever	1	..	1	1	..	..	..	..
Pellagra	1	1	..	..	4	3	2	3
Pneumonia								
Bronchopneumonia	711	357	722	373	534	277	704	308
Lobar pneumonia	934	455	1,069	331	930	341	1,191	317
Unspecified	431	22	343	3	293	9	269	3
Poliomyelitis (paralytic cases)	8	..	3	..	101	3	4	..
Rabies in man	..	..	..	..	..	..	..	..
Rocky Mountain spotted fever	1	..	4	1	2	..	2	..
Scarlet fever	1,432	1	826	..	857	..	571	2
Septic sore throat	66	4	143	..	110	3	95	3
Smallpox	..	..	..	..	..	..	..	..
Salmonella infection	11	..	4	..	17	..	19	..
Syphilis	14,803	181	11,293	201	7,838	198	6,213	219
Tetanus	10	7	11	7	4	1	5	..
Trachoma	1	..	..	..	..	..	3	..
Trichinosis	1	..	..	..	..	..	12	..
Tuberculosis								
Pulmonary	1,901	755	1,631	749	1,842	760	1,474	769
Other forms	37	50	55	61	61	51	69	47
Tularemia	1	..	..	..	1	..	9	2
Typhoid fever	20	1	31	1	35	3	23	1
Typhus fever	1	..	2	..	2	1	..	..
Undulant fever	..	..	1	..	7	..	3	..
Vincent's angina	22	..	14	..	16	..	25	..
Weil's disease	4	1	1	..	4	..	1	..
Whooping cough	3,400	10	2,174	9	2,560	30	5,258	24

TABLE NO. 2

CASES AND RESIDENT DEATHS OF CERTAIN DISEASES
ACCORDING TO MONTHS—1943

DISEASES		TOTAL	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Typhoid fever	Cases	20	..	1	2	5	4	1	2	1	2	..	1	1
	Deaths	1	..	..	..	1	..	..	..	..	..	..	..	..
Paratyphoid fever	Cases	1	..	1	..	..	..	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcus meningitis	Cases	389	44	43	69	52	52	26	21	13	7	18	22	22
	Deaths	63	7	6	9	8	9	4	3	2	4	2	2	7
Scarlet fever	Cases	1,432	113	188	243	265	233	100	30	17	22	37	80	104
	Deaths	1	..	..	..	..	..	1	..	..	..	..	..	..
Whooping cough	Cases	3,400	266	224	344	393	378	492	382	316	257	135	136	77
	Deaths	10	..	1	..	2	..	..	..	1	4	..	..	2
Diphtheria	Cases	106	15	6	13	9	9	11	..	3	4	8	17	11
	Deaths	3	1	..	..	..	1	..	..	..	..	..	..	1
Tuberculosis, pulmonary	Cases	1,901	126	122	181	171	224	184	153	143	165	149	135	148
	Deaths	755	71	56	66	60	65	68	60	67	49	63	52	78
Tuberculosis, other forms	Cases	37	3	..	2	7	4	6	3	..	6	1	2	3
	Deaths	50	2	2	5	11	3	5	5	3	4	2	4	4
Influenza	Cases	435	22	15	14	12	19	5	4	4	2	7	6	325
	Deaths	102	10	5	5	5	5	3	2	2	2	4	2	57
Measles	Cases	2,213	25	60	188	418	575	534	196	57	7	16	33	104
	Deaths	1	1	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis (paralytic cases)	Cases	8	..	..	..	..	..	..	1	1	2	2	2	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis lethargica	Cases	3	..	..	..	..	..	1	1	1	..	..	..	..
	Deaths	1	..	..	..	..	..	1	..	..	..	..	..	..
German measles	Cases	3,199	21	135	700	1,081	960	248	27	3	5	6	5	8
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Chickenpox	Cases	3,182	277	406	541	571	490	203	29	18	12	105	262	268
	Deaths	1	..	..	..	1	..	..	..	..	..	..	..	..
Rocky Mountain spotted fever	Cases	1	..	..	..	..	..	..	..	1	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchopneumonia	Cases	711	116	87	83	66	58	36	21	21	15	30	47	131
	Deaths	357	51	27	45	23	25	25	10	16	16	20	20	79
Lobar pneumonia	Cases	934	144	89	91	81	90	41	34	34	24	62	63	181
	Deaths	455	48	46	47	40	38	20	16	19	16	27	30	108
Pneumonia, unspecified	Cases	431	44	42	44	45	54	20	20	26	16	19	25	76
	Deaths	22	1	1	1	3	3	1	1	2	2	1	1	5

TABLE NO. 3
DIPHTHERIA PREVENTION SUMMARY

Age at Time Protected	Persons Having Received the Required Dosage of an Approved Immunizing Agent—Years in Which Treated							Total at Specified Ages, as of December 31, 1943, Who Have Received Toxoid	
	1937 and Prior	1938	1939	1940	1941	1942	1943		
Under 1 year	5,534	7,349	8,786	8,389	10,103	11,421	14,216	14,216	
1 year	7,214	1,302	1,079	951	1,131	1,260	1,718	13,139	Total under 5 yrs.
2 years	7,402	745	555	492	637	697	830	12,193	62,020
3 years	7,471	585	421	394	528	518	705	10,922	
4 years	7,545	553	400	390	556	492	658	11,550	
5 years	7,841	1,368	1,241	1,165	1,176	1,074	1,071	11,011	
6 years	9,030	1,940	1,640	1,445	1,393	1,266	1,137	10,552	Total 5–9 yrs.
7 years	9,610	1,073	706	671	669	536	449	11,661	57,055
8 years	9,957	1,044	493	509	500	393	307	11,788	
9 years	9,692	1,130	337	432	553	335	271	12,043	
10 years and over	66,272	2,194	502	832	1,041	564	450	138,321	Grand Total
Unstated	595	42	57	89	60	26	39	908	258,304

NOTE: Figures in column headed "1937 and prior" are the number of children at specified ages in 1937 who had been inoculated that year or prior.

TABLE NO. 4
DIPHTHERIA CASES AND PERCENTAGE OF POPULATION (BY AGE GROUPS) GIVEN AN IMMUNIZING AGENT—1925-1943

Year	Number Diphtheria Cases Reported	Estimated Population		Number Given Immunizing Agent as of December 31		Percentage Given Immunizing Agent as of December 31	
		Age Group 0–4	Age Group 5–9	Age Group 0–4	Age Group 5–9	Age Group 0–4	Age Group 5–9
1943	106	79,025	63,984	62,020	57,055	78.48	89.17
1942	74	71,510	62,813	53,833	55,999	75.28	89.12
1941	47	59,622	58,771	47,786	55,603	80.15	94.61
1940	49	55,459	56,557	43,601	53,510	78.62	94.61
1939	67	56,403	58,259	41,372	51,892	73.35	89.07
1938	125	57,313	59,935	38,155	50,538	66.57	84.32
1937	257	58,243	61,585	35,186	47,351	60.41	76.89
1936	146	59,138	63,209	33,354	41,697	56.40	65.97
1935	119	60,017	64,807	28,086	40,907	46.80	63.12
1934	108	60,879	66,379	25,644	38,754	42.12	58.38
1933	137	61,725	67,925	19,611	35,360	31.77	52.06
1932	254	62,555	69,444	15,194	35,407	24.29	50.99
1931	416	63,368	70,938	10,489	30,630	16.55	43.18
1930	522	64,165	72,406	6,776	35,223	10.56	48.65
1929	547	64,874	73,265	5,824	30,290	8.98	41.34
1928	829	65,409	72,368	3,334	25,277	5.10	34.93
1927	1,619	65,925	71,476	3,438	18,358	5.21	25.68
1926	837	66,422	70,589	2,449	11,340	3.69	16.06
1925	897	66,901	69,706	1,660	5,458	2.48	7.83

TABLE NO. 5

INOCULATION HISTORIES OF DIPHTHERIA CASES—1943

Groups	Cases Without History of Previous Inoculation	Cases with Inoculation History					
		Total	Confirmed				Unconfirmed
			Total	Alum-Precipitated Toxoid	Ramon Toxoid	Toxin-Antitoxin	
Total Cases	59	47	31	29	1	1	16
A. Classified by Age							
Age Groups							
0–2 years	8	5	3	3	0	0	2
3–4 years	11	4	2	2	0	0	2
5–9 years	17	26	21	21	0	0	5
10–14 years	4	9	4	3	1	0	5
15 and over	19	3	1	0	0	1	2
B. Classified by Time Since Inoculation							
Time Since Inoculation							
0–3 months		2	2	2	0	0	0
4–11 months		3	3	3	0	0	0
1 year		3	3	3	0	0	0
2 years		7	6	6	0	0	1
3 and over		22	17	15	1	1	5
Unspecified		10	0	0	0	0	10

SYDENHAM HOSPITAL

SYDENHAM HOSPITAL

Myron G. Tull, M.D., M.P.H.

Superintendent

Among the employees of Sydenham Hospital who left for active duty with the armed forces were Dr. Horace L. Hodes, who had been Director of Medical Research since July 1, 1938 and Miss Irene F. Shea, Superintendent of Nurses since July 14, 1941. The hospital was fortunate to secure Dr. Margaret H. D. Smith as Supervisor of Medical Research and Mrs. Gwendolyn B. Betz as Superintendent of Nurses.

The Johns Hopkins Medical School sent two pediatric interns instead of one to Sydenham Hospital and the assistant residents in pediatrics from the Johns Hopkins Hospital spent two or three months at Sydenham Hospital. From time to time medical interns from Duke University and the Johns Hopkins Medical School were detailed to the Sydenham Hospital staff. Later a number of these men entered the armed forces and were placed in positions where knowledge of communicable diseases was desirable and essential.

The importance of communicable diseases in wartime prompted a change in the curriculum of the Johns Hopkins Medical School which made a one month course at Sydenham Hospital obligatory and which proved to be of mutual benefit. It was stimulating to the staff to have senior medical students ask questions and offer criticism, as well as to help in the care of the patients. Several of the students elected to spend their vacation time working on the wards at Sydenham Hospital.

Affiliate Nurse Instruction

Since the student nurse affiliation with the Johns Hopkins Hospital Training School for Nurses started on October 1, 1942 was so successful the Maryland General Hospital and Saint Agnes Hospital Training School for Nurses sent their student nurses to Sydenham Hospital for one month of training in communicable diseases. This program was quite satisfactory to the training schools and the presence of these student nurses helped to relieve the depleted nursing force of the hospital.

On June 28, Mrs. Gwendolyn B. Betz, Superintendent of Nurses went to the Jersey City Medical Center for training in the Kenny method of treatment for cases of poliomyelitis. Sydenham Hospital had the necessary equipment and it was planned to give the Kenny method of treatment a thorough trial.

The total number of patients admitted to Sydenham Hospital during 1943 was 989, a decrease of 114 cases as compared with the previous year. Of this total, 132 cases came from the counties of Maryland. The principal diseases and the number of patients with each were as follows:

Diphtheria	84
Scarlet fever	140
Pertussis	107
Meningitis (all kinds)	299

Diphtheria

There were 84 diphtheria cases admitted and of this total 5 were fatal. Thirteen of these patients had the laryngeal type requiring tracheotomy, 2 city residents and 2 county cases were fatal. The fifth death was due to a myocardial failure. One resident death, that of a seven year old boy, had a history of having received toxoid at six months of age. The other three had no history of ever having received any protective inoculation.

Meningitis

The number of patients admitted for all types of meningitis increased from 159 in 1942 to 299 in 1943. The types of meningitis cases and number of each admitted during the year were as follows:

Meningococcus	242
Meningococcemia	22
Pneumococcus	9
Influenzal	10
Lymphocytic choriomeningitis	1
Tuberculous	5
B. Aerogenes	1
Mumps	5
Streptococcus	1
Lymphocytic (kind undetermined)	3

The outbreak of meningococcus meningitis which extended into 1943 afforded an excellent opportunity to try out sulfapyrazine, a new sulfonamide. This drug proved to be extremely effective in the treatment of meningococcus meningitis and of the 264 patients with this infection, 256 were treated with sulfapyrazine. There were 20 deaths, or a mortality rate of 7.5 per cent which was exceedingly low considering that this figure included patients of all age groups.

Of particular interest were the patients with severe infections characterized by sudden onset and rapidly fatal course. It has long been suspected that these patients were suffering from adrenal insufficiency but definite proof was lacking. Studies conducted at Sydenham Hospital yielded

interesting information and were of vital help in the treatment of this class of patients.

Sulfapyrazine along with specific rabbit antiserum was used in the treatment of patients with meningitis due to hemophilus influenzae. Of the 9 patients so treated only 1 died. This group included several infants under one year of age for whom a high mortality had been expected.

Hyperimmune dried human serum was used with success in many severe cases of whooping cough. It seemed to be quite effective when given to infants in adequate dosage and when given very early in the course of the infection.

A supply of the new drug penicillin was obtained from the National Research Council for the treatment of 2 patients with *Staphylococcus* septicemia. Both were adults and in both the blood stream infection followed minor infection of the face. Both made complete recoveries although one seemed moribund on admission.

There were 38 surgical operations performed at Sydenham Hospital of which 28 were tracheotomies; thirteen of these tracheotomies were for laryngeal obstruction due to diphtheria. Other operations included:

Tonsillectomy and adenoidectomy	5
Wesselhorf's operation	1
Bronchoscopy	1
Incision and drainage of abscess	2
Mastoidectomy	1

The total number of deaths of all diseases was 55 and the death rate was 5.5 per cent. Deducting the number of deaths which occurred within twenty-four hours after admission, the death rate was 3.3 per cent as compared with 1.1 per cent in 1942 computed on the same basis. There were 37 autopsies performed which was 67 per cent of the total number of deaths.

Personnel

Myron G. Tull, M.D., Superintendent
Margaret H. D. Smith, M.D., Director of Medical Research
Paul E. Wilson, M.D., Resident Hospital Physician
Mary E. Perry, M.D., Intern
Edwin Whittemore, Pharmacist
Helen D. Zepp, Principal Bacteriologist
M. C. Schwartzman, Senior Clerk
Edna E. Herget, Junior Clerk
Jeannette L. Rothstein, Senior Stenographer
Lula N. Rocco, Municipal Exchange Operator
Esther C. Haas, Municipal Exchange Operator
Bertha Flanagan, Municipal Exchange Operator
Gladys S. Rowe, Telephone Branch Operator

Gwendolyn B. Betz, Superintendent of Nurses
Agatha M. Cook, Assistant Superintendent of Nurses
Mildred E. Sandel, Night Supervisor
Rose R. Winkley, Assistant Educational Director
Alice S. Montell, Housekeeper
Charles P. Brittingham, Laundry Worker
Walter C. Wain, Laundry Worker
Clara V. Butz, Laundress
Pauline O. Muse, Laundress
Flora Cox, Laundress
Eva B. Shuff, Laundress
Lola R. Kimmel, Laundress
Beulah J. Dell, Seamstress
Walter J. Wagner, Head Cook
Raymond Seabrease, Cook
Louis Thomas, Stock Handler
Nathaniel M. Crow, Painter
John T. W. Diller, Handy Man
Paul L. Franklin, Gardener and Pruner
Adam Helinski, Watchman
Ferdinand Hammett, Chauffeur
George W. Ilgenfritz, Chauffeur
Melvin Creamer, Chauffeur
Thomas Grady, Chief Engineer
William M. Tracy, Shift Engineer
George Hemingway, Shift Engineer
Daniel J. Toulan, Shift Engineer
John W. Brass, Oiler
Ethan Kline, Oiler
James J. Riley, Steam Fireman
Charles M. Bell, Steam Fireman
James W. Bryant, Steam Fireman

Charge Nurses

Evelyn J. Wood
Mary T. Cook
Edna M. Saunders
Charlotte E. Merrill
Marion M. Gross
Margaret Henkel

Graduate Nurses

Marjorie Nelson
Ruth S. Schmidt
Virginia Hutton
Jessie M. Lantz
Helen I. Magness
Frances Shuford
Marie Taneyhill
Lucille Riherd
Mae R. Broyles
Sue E. Riggleman

Hospital Workers

Arthur L. Clarke
Flewellyn Estes
Frank V. Judge
Catherine M. Gayhardt
Nellie E. Lake
Raymond Sanders

Margaret Kinkle	Charles R. Martin
Pearl Hamlin	William C. Davis
Bertha Burch	Charlotte Kohl
Lillian Katsikaris	Josephine Williams
William P. Button	Carl W. Ehrlich
James O. Fitzgerald	Charles L. Wright
Harry W. Poole	Marion Sauerwald
Rose Gasser	Frank Wittie
Mildred Poorman	Edward J. Maloney
Adeline Fisher	Florence Domozych
Catherine Scheidegger	Michael Roach
Grace R. McGill	George Coonan

TABLE NO. 1
HOSPITAL CENSUS

Patients in hospital at beginning of year	49		
Patients in hospital at end of year	36		
Maximum number of patients in hospital at one time	65		
Minimum number of patients in hospital at one time	22		
Total number of admissions	989		
Daily average number of patients		41.1	
Average number of days stay of patients:			
Scarlet fever		20.0	
Diphtheria		28.8	
Whooping cough		22.4	
Meningitis (all kinds)		14.1	
Total number of days maintenance given patients			15,019
Total number of days maintenance given employees			30,099
Total number of days maintenance given patients and employees			45,118

TABLE NO. 2

ADMISSIONS, DEATHS AND DEATHS WITHIN 24 HOURS BY COLOR AND DIAGNOSIS

Admission Diagnosis	Admissions					Deaths					Deaths Within 24 Hours				
		City		County			City		County			City		County	
	Total	White	Colored	White	Colored	Total	White	Colored	White	Colored	Total	White	Colored	White	Colored
Total	989	632	224	118	15	55	32	13	8	2	22	11	6	4	1
Abscess	4	1	2	1	..	..	..	..	..	..	..	..	..	..	..
Arthritis	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Asthma	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Bronchitis	7	5	2	..	..	..	..	..	..	..	..	..	..	..	..
Bronchiolitis	3	2	1	..	..	1	..	1	..	..	..	..	..	..	..
Cellulitis	3	2	..	1	..	..	..	..	..	..	..	..	..	..	..
Cerebral accident	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Cerebral sinus thrombosis	1	1	..	..	..	1	1	..	..	..	1	1	..	..	..
Conjunctivitis	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Convulsions	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Deferred diagnosis	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Diabetes	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Diarrhea	3	3	..	..	..	1	1	..	..	..	1	1	..	..	..
Diphtheria	84	62	14	8	..	5	2	1	2	..	..	..	..	..	..
Diphtheria carrier	7	5	1	1	..	..	..	..	..	..	..	..	..	..	..
Dysentery	3	2	..	..	1	..	..	..	..	..	..	..	..	..	..
Empyema	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis	10	7	3	..	..	1	1	..	..	..	..	..	..	..	..
Encephalopathy, hypertensive	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Epilepsy	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Erysipelas	8	6	1	1	..	1	1	..	..	..	1	1	..	..	..
Erythema, toxic	3	..	1	2	..	..	..	..	..	..	..	..	..	..	..
Fever, unknown origin	3	2	..	1	..	..	..	..	..	..	..	..	..	..	..
Gastroenteritis	15	13	1	..	1	..	..	..	..	..	..	..	..	..	..
German measles	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Grippe	4	4	..	..	..	..	..	..	..	..	..	..	..	..	..
Hemorrhage, subarachnoid	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Impetigo	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Infection, leg	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Intoxication, drug	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Laryngitis, acute	6	2	4	..	..	..	..	..	..	..	..	..	..	..	..
Laryngitis, streptococcus	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Laryngotracheitis	8	7	1	..	..	..	..	..	..	..	..	..	..	..	..
Laryngotracheobronchitis	37	17	7	13	..	2	2	..	..	..	1	1	..	..	..
Leukemia, lymphatic	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Measles	26	24	2	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis, B. Aerogenes	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis, influenzal	10	6	..	2	2	1	1	..	..	..	..	..	..	..	..
Meningitis, lymphocytic chorio	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningitis, lymphocytic, Kind?	3	1	1	1	..	..	..	..	..	..	..	..	..	..	..
Meningitis, meningococcus	242	149	56	36	1	15	10	2	3	..	8	4	2	2	..
Meningitis, mumps	5	2	1	2	..	..	..	..	..	..	..	..	..	..	..
Meningitis, pneumococcus	9	7	1	1	..	7	6	1	..	..	2	2	..	..	..
Meningitis, streptococcus	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Meningitis, tuberculous	5	2	2	1	..	5	2	2	1	..	..	..	..	..	..
Meningococcemia	22	13	7	2	..	6	1	4	1	..	5	..	4	1	..
Mononucleosis, infectious	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Mumps	9	7	..	2	..	..	..	..	..	..	..	..	..	..	..
Myositis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Nephritis, hemorrhagic	3	2	1	..	..	..	..	..	..	..	..	..	..	..	..
Neuritis	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..

TAKE NO. 2—Continued

ADMISSIONS, DEATHS AND DEATHS WITHIN 24 HOURS BY COLOR AND DIAGNOSIS

ADMISSION DIAGNOSIS	ADMISSIONS					DEATHS					DEATHS WITHIN 24 HOURS				
	TOTAL	CITY		COUNTY		TOTAL	CITY		COUNTY		TOTAL	CITY		COUNTY	
		White	Colored	White	Colored		White	Colored	White	Colored		White	Colored	White	Colored
Newborn	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
No Disease	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..
Ophthalmia, gonococcal	8	4	3	..	1	..	..	..	..	..	..	..	..	..	..
Otitis media	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Pharyngitis, acute	30	19	8	3	..	1	1	..	..	..	..	..	..	..	..
Pharyngitis, streptococcus	49	34	10	5	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, broncho	13	6	5	1	1	..	..	..	..	..	..	..	..	..	..
Pneumonia, lobar	6	2	4	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, due to virus	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonitis	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	8	6	1	1	..	..	..	..	..	..	..	..	..	..	..
Pyelonephritis	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Rheumatic fever	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Rheumatic heart disease	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Rhinitis, streptococcus	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever	140	105	17	18	..	..	..	..	..	..	..	..	..	..	..
Scurvy	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Septicemia	5	5	..	..	..	1	1	..	..	..	..	..	..	..	..
Sprain	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Sulfonamide sensitivity	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Syringomyelia	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Tetanus	1	..	1	..	..	1	..	1	..	..	..	..	..	..	..
Tonsillitis, acute	6	4	2	..	..	..	..	..	..	..	..	..	..	..	..
Tonsillitis, streptococcus	6	1	3	2	..	..	..	..	..	..	..	..	..	..	..
Tonsils, hypertrophy of	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Toxoid reaction	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Trichinosis	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis	2	..	2	..	..	2	..	1	..	*1	..	..	..	..	..
Typhoid fever	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Vaccinia	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Vaginitis	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Varicella	10	7	2	1	..	..	..	..	..	..	..	..	..	..	..
Vincent's angina	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough	107	44	46	9	8	4	2	..	1	1	3	1	..	1	1

*Admitted in 1942.

TABLE NO. 3
LABORATORY EXAMINATIONS

TOTAL	16,965
CULTURES	
Spinal fluid	527
Urine	43
Blood	735
Pus and exudates	108
Nose and throat for Klebs-Loeffler	7,370
Throat for streptococcus	731
Stool	90
Nasopharynx for streptococcus	654
Gonococcus	6
Miscellaneous	20
SMEARS	
Spinal fluid	529
Mouth for Vincent's	1
Gonococcus	14
Acid fast for tuberculosis	20
Pus	65
ANIMAL INOCULATION TESTS FOR DIAGNOSTIC PURPOSES	
Guinea pigs for tuberculosis	8
Guinea pigs for virus	22
Mice for virus	12
SEROLOGY	
Agglutinations	13
Quellung (Neufeld)	409
Meningococcus (nasopharynx)	232
Influenza	283
Serum for quellung	101
Beta streptococcus grouping	4
Heterophile antibodies	5
MISCELLANEOUS	
Routine urine examinations	2,109
Tuberculin tests	627
Blood counts	1,616
Sulfonamide levels	610
Non-protein nitrogen (blood)	1

TABLE NO. 4
POSTMORTEM EXAMINATIONS

TOTAL	37
Meningotoccus meningitis	11
Meningococcemia	5
Thrombosis, superior longitudinal sinus	1
Diphtheria	4
Pertussis	2
Influenzal meningitis	1
Diarrhea	1
Pneumococcus meningitis	4
Tuberculosis	2
Erysipelas	1
Bronchiolitis	1
Streptococcus laryngotracheobronchitis	1
Staphylococcus septicemia	1
Tuberculous meningitis	2

BUREAU OF TUBERCULOSIS

BUREAU OF TUBERCULOSIS

Miriam E. Brailey, M.D., Dr.P.H.

Director

There were 805 deaths from all forms of tuberculosis among residents of Baltimore and of these 402 were among the white population and 403 were Negroes. The total resident death rate for all forms of tuberculosis was 86.6 per 100,000 population as compared with 86.5 in 1942. The rate for the white population rose somewhat with 53.7 per 100,000 population in 1943 and 49.6 in 1942. For the Negro, the rate in 1943 was 221 per 100,000 as compared with 240 in 1942. Although the decrease in tuberculosis mortality among Negroes is encouraging, the rate for the colored population is still more than four times the rate for the white population, and it is clear that the community must be awakened to the urgency of tuberculosis control among Negroes of Baltimore, if the city is ever to have a death rate for tuberculosis which compares favorably with other cities of the United States which are comparable in size.

Reported Cases

There were 1,938 cases of tuberculosis reported during 1943, including 146 reported after death. The corresponding number of cases for 1942 was 1,686 with 133 reported after death.

In Table No. 1 the 1,056 cases reported from the white population and the 882 reported among Negroes are classified according to pulmonary or non-pulmonary type and if pulmonary, the extent of lung involvement is indicated. Out of a total of 1,938 cases reported for the combined races, 1,901 were pulmonary and only 37 non-pulmonary.

In Table No. 2 the pulmonary cases are shown separately and are grouped to indicate the proportion of minimal and advanced cases. Extent of lesion was not indicated in 46 cases but for the rest it was given. For both races early disease considered to be minimal in extent accounted for about 40 per cent of reported cases, while the remaining 60 per cent were already advanced at the time the Health Department was notified and this usually coincided with the date of diagnosis. In most of the advanced cases, patients had not sought medical advice while the disease was in an early stage.

The need for an educational program which will teach the public and remind the physician that a chest X-ray in medical practice ought to be as routine as the serologic test for syphilis is indicated by Table No. 2. Tu-

berculosis control depends upon finding a greater number of cases while they are still in the minimal stage, less infective and more readily cured.

The pulmonary and non-pulmonary reported cases are classified in Table No. 3 according to race, sex, and whether below fifteen years of age or fifteen years of age and older. Under age fifteen, there was no sex selection in either race for either pulmonary or non-pulmonary types of the disease. In the white race there were reported 33 pulmonary and 3 non-pulmonary cases below age fifteen and these 36 cases in children represented 3.4 per cent of the total number of cases reported among the white population. Tuberculosis in children was much more frequent among Negroes. Under age fifteen, there were 91 pulmonary and 11 non-pulmonary cases reported. The total of 102 under age fifteen represents 11.9 per cent of the total 858 reported among Negroes. For patients of age fifteen and older reported to have tuberculosis, there were 23 instances of non-pulmonary disease with no evidence of sex selection. For both races, in reported pulmonary tuberculosis in persons of age fifteen or older, sex selection was marked showing that in the white race males were 2.9 times more frequent than females, while in the group of pulmonary cases reported among Negroes, males outnumbered females two to one.

The larger number of tuberculosis cases reported among males of both races is partly explained by the extensive case finding which resulted from the routine filming of men about to be inducted into the armed forces. The prompt report of all abnormal chest films suggesting tuberculosis in men of draft age has had considerable effect upon the sex ratio of reported cases. However, tuberculosis has always selected more males than females in adult life and this is especially true in the older age groups which are not affected by Selective Service.

It can be concluded from this analysis of reported cases that any new sanatorium facilities made available after the war should provide a considerably larger number of beds for male than female patients.

In Table No. 4 the sources of case reports are shown. The initial reports from private physicans accounted for 22 per cent of cases in the white race and for 11.5 per cent among Negroes. General hospitals reported nearly 12 per cent of cases in the white race and 21 per cent of cases in Negroes. The Health Department chest clinics were responsible for the largest number of reports, 28 per cent among the white population and nearly 44 per cent among the Negro. Sanatoria and the Tuberculosis Division of City Hospitals together made the initial report in less than 10 per cent of the cases reported in the white race and in about 4 per cent of the Negro patients. In 1942 these facilities made the first report in 16.2 per cent of cases among the white and 9.6 per cent among the Negro. The lower percentages of initial reporting from such sources for 1943 indicated that the Health De-

partment was notified of most cases before they reached the sanatorium, a desirable feature since it gives an earlier opportunity for visiting in the home by the public health nurse, earlier instruction in isolation and earlier X-raying of household contacts of the patient.

Diagnostic Services

The volume of work done by the three chest clinics operating under the Bureau of Tuberculosis was considerably increased over that of 1942. The clinic at 28 South Broadway continued to serve both white and Negro patients living in East Baltimore. At 1516 Madison Avenue a clinic was conducted for white patients living in West Baltimore, while Negroes in this section of the city were served by a chest clinic held at the Druid Health Center, 1313 Druid Hill Avenue. A fourth clinic operating at the Eastern Health District and used exclusively for X-raying apparently healthy persons will be described under Case Finding Projects.

In all, at the three chest clinics, 8,444 individuals were examined and of these 4,050 were white and 4,394 were Negro. New registrants numbered 6,375 or a 45 per cent increase over the new registrants in 1942. It is probable that this increase was in large part due to the plan of holding night clinics which were inaugurated late in 1942.

The new registrants represented 75 per cent of the individuals examined. The distribution of the 1943 registrants as to race, reason for referral, age groups, referring agency, and whether they attended day or night sessions is shown in Table No. 5 and certain percentages dreived from Table No. 5 are given in Table No. 6.

Of the 6,375 new registrants, 3,975 or 62 per cent were ill and were referred for diagnosis while 2,400 or 38 per cent were apparently well and were X-rayed because of contact with tuberculosis. This number of contacts does not include 693 persons exposed to tuberculosis who were X-rayed at the Eastern Health District in the Screening Clinic to be described later in this report.

The relatively small number of contacts examined by the Health Department indicates an area in tuberculosis control which needs considerably more attention. The number of tuberculosis contacts examined should be four or five times larger than the number of tuberculosis cases reported annually. Getting contacts to clinics for X-ray examination fell largely upon the public health nurse, and as will be shown later, the public health nursing staff was much too small to carry this responsibility effectively along with their other duties.

The age distribution of patients referred for diagnosis is shown in broad age groups in Tables Nos. 5 and 6. The distribution is roughly the same for white and colored persons referred to the clinics because of illness.

About 9 per cent were below the age of fifteen years, 76 per cent were between fifteen and forty-four years of age, while nearly 13 per cent were between forty-five and sixty-four years of age. Those examined by X-ray because of contact with tuberculosis had a quite different distribution with 33 per cent below fifteen years of age, about 54 per cent between fifteen and forty-four years of age and nearly 12 per cent between the ages of forty-five and sixty-four. No marked racial differences were observed.

Tables No. 5 and No. 6 indicate the number and percentage of ill patients sent to the chest clinics for diagnosis by various referring agencies. There was no striking racial difference. For the combined races, private physicians referred 80 per cent of such patients, public health nurses 5 per cent and other agencies nearly 15 per cent.

The racial contrast is very marked in the referral of contacts to the clinics. In the white race about 46 per cent of such persons came at the request of physicians while in the colored race only 9 per cent were referred by physicians. Public health nurses were responsible for referrals of contacts in 39 per cent of white persons and in 82 per cent of Negroes, while other miscellaneous agencies sent in about 15 per cent of the white persons examined as contacts and about 9 per cent of the Negroes.

During 1943 two night sessions were held each week at the clinics located at 28 South Broadway and at 1516 Madison Avenue, while at Druid Chest Clinic, 1313 Druid Hill Avenue, there were three weekly night sessions. All three clinics were operated with five regular diagnostic sessions each week.

The distribution of new diagnostic patients, tuberculosis contacts examined for the first time and individuals making return visits at both day and night sessions is shown in Tables No. 5 and No. 6. In all clinics for both races, attendance continued to be greater during the daytime when 7,619 visits were made as compared with 4,689 visits made at night.

Of 3,975 ill persons referred for diagnosis of which 80 per cent were sent in by private physicians, 2,409 or 61 per cent attended during the day and the remaining 1,566 or 39 per cent at night. Of the total number of tuberculosis contacts in apparently good health 52 per cent came to day sessions of the clinics and 48 per cent at night.

Collapse Therapy for Ex-Sanatorium Patients

During 1943 treatments with artificial pneumothorax were given to 246 patients as shown in Table No. 5. Sixty-five of these were new and for 181 former registrants treatment was continued. All three chest clinics held at least two weekly sessions during which collapse therapy was given.

Case-Finding Projects

Searching for tuberculosis by X-ray examination of special population groups was undertaken at the Druid Chest Clinic and at the Eastern

Health District for the first time in 1943. At both these locations General Electric photroentgen units, gifts of the Maryland Tuberculosis Association, provided rapid X-raying with small films so that a large number of apparently healthy persons could be filmed with the minimum of inconvenience and at low expense to the agency providing the films. Persons thus examined by X-ray who showed suspicious or definitely positive films were referred to private physicians or to diagnostic clinics for complete clinical examination and final diagnosis.

The survey clinic at Eastern Health District examined by X-ray 1,800 individuals during 1943, of whom 356 were white and 1,444 were Negro. As noted earlier in this report, out of the total number, 693 persons were X-rayed because of a history of contact with pulmonary tuberculosis.

At Druid Health Center a similar survey service was conducted in conjunction with the regular chest clinic. This service X-rayed 548 apparently healthy persons, exclusive of contacts however who were registered in the regular clinic.

The population groups X-rayed included several Negro schools, the nursing staff of a small hospital, the Health Department staff, the tuberculin-positive members of a newspaper staff, and probably most important of all a group of women registered in the Health Department prenatal clinics.

Routine chest X-raying of prenatal registrants was started on June 1, 1943 and represents a cooperative effort on the part of the Division of Maternity Hygiene and the Bureau of Tuberculosis. During the year 285 women had been X-rayed at the Eastern Health District and 161 at the Druid Health Center and a number of unsuspected cases of pulmonary tuberculosis were discovered.

There are innumerable opportunities for the expansion of these survey services to special population groups, using the inexpensive small film. The personnel involved in getting the groups chosen and organized, and in reporting results to private physicians and diagnostic clinics, if lesions are found, has made it impossible to conduct continuous surveys. However, early case finding remains the most important means of controlling tuberculosis and every effort must be made to make full use of the splendid X-ray equipment which the Health Department has at its disposal for survey purposes.

Selective Service continued to be the most important single case-finding agency in the community during the year. Routine chest films were made of all men about to be inducted into the armed forces. Pulmonary tuberculosis was promptly reported and the films made available for review by the Director of the Bureau of Tuberculosis who in turn was responsible for follow-up of all men presenting lesions of significance to the public health. On March 16, 1943 all chest films of men rejected since the war began, became the property of the Health Department and afford an invaluable aid

in medical supervision of the patient besides providing a most unusual source of data on the presence of tuberculous lesions in the chests of apparently healthy men of draft age.

Through the efforts of the Division of Industrial Hygiene one important group of industrial physicians asked the collaboration of the Bureau of Tuberculosis in reviewing the films and arranging for the follow-up of persons presenting X-ray evidence of tuberculosis during a preemployment examination. Valuable experience was gained which must be used later in approaching industry, for the city's crowded war production plants offer an opportunity for mass surveys which would reveal a large number of new and unsuspected cases of tuberculosis.

Hospital and Sanatorium Facilities

Facilities for bed care for tuberculous persons were not increased during 1943, in fact most sanatoria had to meet a serious nursing shortage with somewhat lowered intake of patients. There were only 403 beds in use at Henryton during the year. About 60 per cent of these and the 140 available for Negroes at the City Hospitals were all the beds at the disposal of colored patients with tuberculosis residing in Baltimore. Throughout the State, Negroes have about 1.1 bed per annual tuberculosis death, while members of the white race have 2.26. Increasing the number of beds for tuberculous Negroes is a most important step in tuberculosis control.

Nursing Service

About one hundred and fifty nurses were available most of the time during 1943 to render a field nursing service in tuberculosis as one of many other duties in a generalized nursing service. For a city with more than 900,000 population this number is far too small to accomplish all that needs to be done. The public health nurse is largely responsible for the patient's cooperation in seeking sanatorium care, for the efforts at isolation in the home until the open case can be removed and for getting the contacts examined. These important services take time, thought and skill in handling families. At the present time, the patients with serious disease are so numerous and the case-loads carried by the public health nurses are so heavy that there is little time or energy left for dealing adequately with the contacts or for assisting in case-finding programs. The fine diagnostic facilities of the Health Department cannot be kept operating at full speed without more nurses, the educational program depends upon them in large part, and the follow-up of former cases is implemented by the public health nurse. More such positions must be created at the close of the war when nurses are once more available and many new positions must be made available for Negro nurses who are gravely needed.

Personnel

Miriam E. Brailey, M.D., Dr.P.H., Director
George G. Adams, M.D., Clinic Physician
Louis V. Blum, M.D., Clinic Physician
Theodore Cooper, M.D., Clinic Physician
Meyer W. Jacobson, M.D., Clinic Physician
C. Dudley Lee, M.D., Clinic Physician
A. A. Weinstock, M.D., Health Officer
Shirley E. Pancoast, Junior Stenographer
Ellen C. Hendry, Junior Clerk
Bernice O. Taylor, Junior Clerk

TABLE NO. 1

REPORTED TUBERCULOSIS CASES, ACCORDING TO LOCATION EXTENT OF LESION AND RACE—1943

Location and Extent of Lesion	Total	White	Colored
Total reported cases	1,938	1,056	882
Pulmonary lesions (total)	1,901	1,043	858
Minimal (total)	641	390	251
Active	322	191	131
Inactive	239	183	56
Pleural effusion	80	16	64
Moderately advanced	494	291	203
Far advanced	576	305	271
Sever primary lesions	109	26	83
Acute miliary or disseminated	35	9	26
Unspecified	46	22	24
Non-pulmonary lesions (total)	37	13	24
Meningitis	17	6	11
Spinal	7	3	4
Peritionitis	6	..	6
Other forms	7	4	3

TABLE NO. 2

ANALYSIS OF REPORTED CASES OF PULMONARY TUBERCULOSIS ACCORDING TO EXTENT OF PULMONARY LESION

Classification of Lesion	Total	White	Colored
Cases with extent of lesion specified*	1,855	1,021	834
Minimal lesions: All types and primary lesions	750	416	334
Advanced lesions and miliary tuberculosis	1,105	605	500
	Percentage Distribution		
Total cases with extent of lesion specified	100.0	100.0	100.0
Minimal lesions: All types and primary lesions	40.4	40.7	40.0
Advanced lesions and miliary tuberculosis	59.6	59.3	60.0

* In all there were 1,901 cases of pulmonary tuberculosis reported but for 46 the extent of lesion was not specified.

TABLE NO. 3

PULMONARY AND NON-PULMONARY REPORTED CASES OF TUBERCULOSIS CLASSIFIED BY RACE, SEX AND BROAD AGE GROUP—1943

CLASSIFICATION AND AGE	BOTH RACES	WHITE		COLORED	
		Male	Female	Male	Female
Total reported cases	1,938	774	282	581	301
Pulmonary lesions					
All ages	1,901	766	277	568	290
Under 15 years of age	124	17	16	46	45
15 years and over	1,777	749	261	522	245
Non-pulmonary lesions					
All ages	37	8	5	13	11
Under 15 years of age	14	2	1	6	5
15 years and over	23	6	4	7	6
Pulmonary lesions, persons 15 years and over; Ratio of male to female cases	2.5	2.9		2.1	

TABLE NO. 4

TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1943

REPORTING AGENCY	TOTAL		WHITE		COLORED	
	Number	Per Cent	Number	Per cent	Number	Per cent
Total cases	1,938	100.0	1,056	100.0	882	100.0
Private physicians	332	17.1	230	21.8	102	11.5
General hospitals	311	16.1	124	11.7	187	21.2
Health Department clinics	681	35.1	296	28.0	385	43.7
Selective Service*	309	16.0	215	20.4	94	10.7
Sanatoria	71	3.7	64	6.1	7	0.8
Baltimore City Hospitals	64	3.3	35	3.3	29	3.3
Other agencies	24	1.2	14	1.3	10	1.1
Reported after death	146	7.5	78	7.4	68	7.7

* Selective Service reported a much larger number of clinically active cases than indicated here. Where the selectee reported at once to a physician or clinic and the diagnosis of active tuberculosis was confirmed, the case has been classified as reported by the physician or clinic.

TABLE NO. 5

DISTRIBUTION OF WHITE AND COLORED CLINIC REGISTRANTS CLASSIFIED AS TO AGE, REFERRAL AGENCY, SERVICE RENDERED, AND LOCATION OF CLINIC—1943

	All Clinics			East Baltimore			West Baltimore		
	Total	White	Colored	Total	White	Colored	Total	White	Colored
Diagnostic Service									
Clinic Load (Total)	8,444	4,050	4,394	2,912	2,192	720	5,532	1,858	3,674
New Patients for diagnosis	3,975	1,735	2,240	1,446	1,037	409	2,529	698	1,831
Tuberculosis contacts	2,400	1,240	1,160	668	521	147	1,732	719	1,013
Registered prior to 1943	2,069	1,075	994	798	634	164	1,271	441	830
Age Distribution—New Registrants									
New patients for diagnosis									
Under 15 years	366	143	223	127	93	34	239	50	189
15–44 years	3,021	1,232	1,789	1,052	729	323	1,969	503	1,466
45–64 years	510	301	209	232	188	44	278	113	165
65 years and over	56	41	15	23	19	4	33	22	11
Age not specified	22	18	4	12	8	4	10	10	..
Tuberculosis contacts									
Under 15 years	776	351	425	200	160	40	576	191	385
15–44 years	1,255	667	588	366	276	90	889	391	498
45–64 years	270	176	94	85	71	14	185	105	80
65 years and over	42	27	15	13	11	2	29	16	13
Age not specified	57	19	38	4	3	1	53	16	37
Source of Referral—New Registrants									
New patients for diagnosis									
Physician	3,181	1,467	1,714	1,193	862	331	1,988	605	1,383
Public health nurse	208	69	139	75	43	32	133	26	107
Other sources	586	199	387	178	132	46	408	67	341
Tuberculosis contacts									
Physician	676	569	107	272	242	30	404	327	77
Public health nurse	1,442	488	954	306	215	91	1,136	273	863
Other sources	282	183	99	90	64	26	192	119	73
Clinic Visits (Total)	12,306	6,166	6,140	4,173	3,054	1,119	8,133	3,112	5,021
First visits									
New patients for diagnosis	3,975	1,735	2,240	1,446	1,037	409	2,529	698	1,831
Tuberculosis contacts	2,400	1,240	1,160	668	521	147	1,732	719	1,013
Repeat visits	5,931	3,191	2,740	2,059	1,496	563	3,872	1,695	2,177
Day sessions (total)	7,617	4,107	3,510	3,129	2,332	797	4,488	1,775	2,713
New patients for diagnosis	2,409	1,161	1,248	1,076	785	291	1,333	376	957
Tuberculosis contacts	1,236	717	519	431	346	85	805	371	434
Repeat visits	3,972	2,229	1,743	1,622	1,201	421	2,350	1,028	1,322
Night sessions (total)	4,689	2,059	2,630	1,044	722	322	3,645	1,337	2,308
New patients for diagnosis	1,566	574	992	370	252	118	1,196	322	874
Tuberculosis contacts	1,164	523	641	237	175	62	927	348	579
Repeat visits	1,959	962	997	437	295	142	1,522	667	855
Number of X-ray examinations	10,238	3,990	6,248	4,376	2,246	2,130	5,862	1,744	4,118
New patients for diagnosis	3,767	1,618	2,149	1,351	955	396	2,416	663	1,753
Tuberculosis contacts	1,619	941	678	479	375	104	1,140	566	574
Patients registered prior to 1943	2,504	1,075	1,429	746	560	186	1,758	515	1,243
X-ray survey of apparently healthy persons									
Eastern Health District	1,800	356	1,444	1,800	356	1,444	..	..	..
Druid Health Center	548	..	548	..	..	..	548	..	548
Pneumothorax Service									
Total patients	246	137	109	108	80	28	138	57	81
New patients	65	41	24	25	17	8	40	24	16
Old patients	181	96	85	80	63	20	98	33	65
Total Visits	3,709	2,196	1,513	1,815	1,258	557	1,894	938	956

TABLE NO. 6
PERCENTAGE DISTRIBUTION OF WHITE AND COLORED PERSONS EXAMINED IN TUBERCULOSIS CLINICS CLASSIFIED AS TO REASON FOR REFERRAL, AGE, REFERRING AGENCY AND ATTENDANCE DAY OR NIGHT SESSIONS—1943

	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Clinic Registrants						
Total	8444	100.0	4050	100.0	4394	100.0
New in 1943	6375	75.5	2975	73.5	3400	77.4
Registered before 1943	2069	24.5	1075	26.5	994	22.6
New Registrants: Reason for Referral						
Total	6375	100.0	2975	100.0	3800	100.0
Patients for Diagnosis	3975	62.4	1735	58.3	2240	65.9
Tuberculosis Contacts	2400	37.6	1240	41.7	1160	34.1
Registrants: Age Distribution						
Patients for Diagnosis:						
Total with age given	3953	100.0	1717	100.0	2236	100.0
Under 15 years	366	9.3	143	8.3	223	10.0
15–44 years	3021	76.4	1232	71.8	1789	80.0
45–64 years	510	12.9	301	17.5	209	9.3
65 years and over	56	1.4	41	2.4	15	0.7
Tuberculosis Contacts:						
Total with age given	2343	100.0	1221	100.0	1122	100.0
Under 15 years	776	33.1	351	28.8	425	37.8
15–44 years	1255	53.6	667	54.6	588	52.5
45–64 years	270	11.5	176	14.4	94	8.4
65 years and over	42	1.8	27	2.2	15	1.3
New Registrants: Source of Referral						
Patients for Diagnosis:						
Total	3975	100.0	1735	100.0	2240	100.0
Physicians	3181	80.0	1467	84.5	1714	76.5
Public Health nurses	208	5.2	69	4.0	139	6.2
Other	586	14.8	199	11.5	387	17.3
Tuberculosis Contacts:						
Total	2400	100.0	1240	100.0	1160	100.0
Physicians	676	28.2	569	45.9	107	9.2
Public Health nurses	1442	60.0	488	39.4	954	82.2
Other	282	11.8	183	14.7	99	8.6
Clinic Visits—1943						
Patients for diagnosis						
Total Visits	3975	100.0	1735	100.0	2240	100.0
Day sessions	2409	60.6	1161	66.9	1248	55.7
Night sessions	1566	39.4	574	33.1	992	44.3
Tuberculosis contacts						
Total Visits	2400	100.0	1240	100.0	1160	100.0
Day sessions	1236	51.5	717	57.8	519	44.7
Night sessions	1164	48.5	523	42.2	641	55.3
Return Visits						
Total Visits	5931	100.0	3191	100.0	2740	100.0
Day sessions	3972	67.0	2229	69.9	1743	63.6
Night sessions	1959	33.0	962	30.1	997	36.4

BUREAU OF VENEREAL DISEASES

BUREAU OF VENEREAL DISEASES

Ralph F. Sikes, M.D., M.P.H. **M. Alexander Novey, M.D.**

Acting Directors

The close association between Mars and Venus has existed since historians first recorded human annals. The increased emphasis placed on the venereal disease control program this year has been stimulated by military and civilian interest in the battle against syphilis and gonorrhea as one of the causes of avoidable disability and absenteeism which so vitally affect the war effort.

The venereal disease clinics continued to function actively and every effort was made to render patients noninfectious as rapidly as could be done safely. The prolonged treatment of early syphilis which had been the practice for many years, was replaced in several of the Health Department clinics by a more rapid therapy schedule lasting only ten weeks instead of the traditional twelve to eighteen months.

A new public health-social agency known as the Baltimore Venereal Disease Council was organized on January 7 under the auspices of the Baltimore Mobilization Committee. Six meetings of the Council were held during the year. This new group came into being because it was felt that a modern attack on the venereal disease is the common task of the entire community rather than of the Health Department alone. Adequate diagnostic and treatment facilities and well directed epidemiological search for contacts must be combined with proper recreation and amusements, adequate housing, diet and medical care, fighting traffic in women and drugs and control of the sale of alcoholic beverages. Represented on this Council are the Medical and Chirurgical Faculty of Maryland, the Baltimore Retail Druggists Association, the Venereal Disease Control Officer of the Third Service Command, the Baltimore Criminal Justice Commission, the Board of Liquor License Commissioners, the Emergency Medical Services for Maryland, the Johns Hopkins University, the Maryland State Health Department, the Supreme Bench, the Police Commissioner of Baltimore, the Maryland Medical Association and the City Health Department. Committees on legislation; rehabilitation; and medicine, public health and pharmacy, were appointed and efforts directed toward the development of a long range plan for the control of the venereal disease in Baltimore.

In March, the clinic at 419 North Bond Street was discontinued and temporarily located at 413 St. Paul Place. Plans were begun for the establishment of a new venereal disease clinic location at the Somerset

Health Center to be located in a Federal Housing Project situated at Orleans Street and Central Avenue.

Active cooperation continued between the Bureau and the Venereal Disease Control Officer of the Third Service Command, the Liaison Officer of the U. S. Public Health Service assigned to the Third Service Command, and the Police and Welfare Departments. The monthly meetings in the office of the Commissioner of Health continued with the Venereal Disease Control Officer of the Third Service Command and the Liaison Officer of the U. S. Public Health Service. These meetings served as an excellent clearing house for the solution of many mutual problems in venereal disease control affecting the armed services and the Health Department. The bureau cooperated with the armed services in the distribution of prophylactic kits throughout the city in such locations as police stations, fire engine houses, transportation terminals and hospitals.

With the appointment on December 1 of Dr. M. Alexander Novey as Acting Director of the Bureau, and Dr. Harry B. Smith as Senior Medical Supervisor, a decentralization of many of the bureau activities was initiated whereby the clinic personnel will eventually be responsible for much of the case holding and contact tracing.

On December 10, a meeting was held with the Board of Directors of the Maryland Hotel Men's Association in the office of the Commissioner of Health to discuss the role played by the hotels and taverns in the spread of venereal diseases.

In December, three vacancies occurred in the position of senior social worker and in line with newly established policies, these positions were abolished and three new public health nurse positions were created in their place. On December 22 the first public health nurse was assigned by the Bureau of Public Health Nursing to the Bureau of Venereal Diseases as an investigator. It is planned to assign more nurses in this and other capacities in the Bureau of Venereal Diseases as soon as they are available for training.

Morbidity and Mortality

There were 14,803 cases of syphilis reported for the first time in 1943 as compared with 11,293 in 1942; and 3,349 cases of gonorrhea as compared to 3,388 cases in the preceding year. A total of 161 cases of chancroid, 16 cases of granuloma inguinale and 55 cases of lymphogranuloma was recorded in 1943. There were 181 resident deaths from syphilis as compared to 201 in the preceding year.

Venereal Disease Clinics

There were 3,574 new cases of syphilis admitted to the Health Department clinics in 1943 as compared with 3,480 in 1942. Of these, 3,351 had

not previously been treated by any clinic or private physician. Five hundred ninety-six cases of primary and secondary syphilis were admitted as compared with 525 in 1942. The total number of clinic visits was 123,908 as compared with 120,924 in 1942. The number of treatments for syphilis was 93,988 as compared with 90,694 in the previous year.

Epidemiology

Three hundred sixty-four contact investigations of infectious cases of syphilis treated in Health Department clinics were made of which 307 or 84 per cent were actually brought into the clinic for examination. One thousand, six hundred and thirty-six contacts who had been referred by outside agencies were investigated of which only 743 could be located. Of that number, 681 or 91.6 per cent were brought into the clinic for examination.

Personnel

Ferdinand O. Reinhard, M.D., M.P.H., Director
M. Alexander Novey, M.D., Acting Director
Harry B. Smith, M.D., M.P.H., Senior Medical Supervisor
Richard D. Hahn, M.D., Medical Supervisor
Louis E. Harmon, M.D., Medical Supervisor
Bowman J. Hood, M.D., Medical Supervisor
Maurice L. Adams, M.D., Health Officer
Maurice L. Barksdale, M.D., Health Officer
G. Raynor Browne, M.D., Health Officer
William Berkley Butler, M.D., Health Officer
Harris Goldman, M.D., Health Officer
Albert L. Laforest, M.D., Health Officer
George C. Page, M.D., Health Officer
J. Douglass Shepperd, M.D., Health Officer
Charles T. Woodland, M.D., Health Officer
Ralph J. Young, M.D., Health Officer
Walter P. Block, M.D., Clinic Physician
Charles R. Campbell, M.D., Clinic Physician
James D. Carr, M.D., Clinic Physician
Henry T. Collenberg, M.D., Clinic Physician
John Collinson, M.D., Clinic Physician
Anthony S. Felsovanyi, M.D., Clinic Physician
William Atwell Jones, M.D., Clinic Physician
Harry Linden, M.D., Clinic Physician
Francis J-B. Luke, M.D., Clinic Physician
George H. Pendleton, M.D., Clinic Physician
Ernest W. Shervington, M.D., Clinic Physician
George A. Strauss, M.D., Clinic Physician
William P. Duffy, Social Worker
Osborne B. Dixon, Social Worker
Marie L. Overby, Social Worker

Mildred I. Purnell, Social Worker
Mattie May Gwynn, Senior Stenographer
Beatrice Kravetz, Senior Stenographer
Josephine Scally, Junior Typist
Bessie Knipp Sothoron, Senior Stenographer
Ednamae Webb, Junior Stenographer
George D. Clark, Clinic Clerk
James P. Lynch, Jr., Clinic Clerk
Daisy H. Barnes, Clinic Clerk
Anne S. Elliott, Clinic Clerk
Leo M. White, Clinic Clerk
Mary E. Wilson, Clinic Clerk
William B. Lucas, Janitor

TABLE NO. 1

RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS BY COLOR—1939-1943

CAUSE OF DEATH CERTIFIED	1943			1942			1941			1940			1939		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Total	181	76	105	201	94	107	198	62	136	219	84	135	329	94	235
Syphilis under one year of age	9	3	6	8	..	8	4	..	4	5	1	4	6	1	5
General paralysis of the insane	35	12	23	56	26	30	55	14	41	53	15	38	51	15	36
Tabes dorsalis	4	3	1	10	7	3	1	1	..	7	5	2	4	4	..
Aneurysm of the aorta	55	20	35	53	30	23	46	15	31	48	25	23	16	13	3
Other forms of syphilis	78	38	40	74	31	43	92	32	60	106	38	68	252	61	191

TABLE NO. 2

REPORT OF VENEREAL DISEASE CLINICS FOR 1943

	PRIMARY AND SECONDARY	EARLY LATENT	LATE AND LATE LATENT	CONGENITAL	NOT STATED	GONORRHEA	CHANCROID	GRANULOMA INGUINALE	LYMPHOGRANULOMA
1. Total New Cases Admitted	636	736	768	55	1,379	1,191	84	9	4
(a) Not previously treated by any clinic or private physician	596	663	698	45	1,349	1,022	83	7	4
(b) Previously treated by a clinic or private physician	21	51	56		8	51			
(c) No information as to previous treatment	19	22	14	10	22	118	1	2	
2. Total patients under treatment or observation during year	9,502	11,589	14,515	1,403	1,894	7,213	792	133	21
3. Total treatments	ARSENICAL 50,035		HEAVY METAL 43,953			OTHER TREATMENTS 18,050			
4. Total clinic visits 123,908									

TABLE NO. 3

CONSOLIDATED SOCIAL SERVICE REPORT—1939-1943

ACTIVITIES	1943	1942	1941	1940	1939
Number of visits made during year	19,315	18,273	17,647	17,954	17,117
Number of patients referred to Health Department venereal disease clinics	14,203	13,099	12,200	11,738	11,925
Number of returns among patients so referred	10,923	9,181	7,675	7,433	6,216
Number of patients referred to other clinics or private physicians	675	1,032	863	744	1,169
Moved, not located	1,105	1,416	1,395	1,628	1,721
False address	1,090	1,057	769	733	809
Left city	677	484	272	210	335
Visits of cooperation to other agencies	159	120	140	380	98
Summons	387	327	335	209	273
Number of hours spent in clinics	2,652	2,487	2,573	3,029	2,589

TABLE NO. 4

CONTACT INVESTIGATION OF INFECTIOUS CASES

RACE AND SEX	DATA ON ORIGINAL CASES			DATA ON CONTACTS — Diagnostic Classification					RATIO	
	Number	Number Contacts Named	Number Contacts Examined	Primary & Secondary Syphilis	Latent Syphilis	Previously Known	Negative	Total New Cases	Number of Infectious Contact Cases to 100 Original Cases	Number of Infectious and Latent Contact Cases to 100 original cases
Total	295	364	307	61	83	61	102	144	20.7	48.8
White male and female	55	63	56	14	14	4	24	28	25.4	50.9
Colored male	131	163	131	25	37	24	45	62	19.1	47.3
Colored female	109	138	120	22	32	33	33	54	20.1	49.5

TABLE NO. 5

RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OUTSIDE AGENCIES

DIAGNOSIS OF ORIGINAL CASES	NUMBER OF CONTACTS INVESTIGATED	NUMBER OF CONTACTS LOCATED	NUMBER UNCOOPERATIVE	NUMBER EXAMINED	SYPHILIS	GONORRHEA	OTHER	NO DISEASE	PREVIOUSLY KNOWN
Total	1,636	743	160	681	158	161	2	360	52
Syphilis	481	208	43	213	53	47	1	113	17
Gonorrhea	1,116	512	114	455	104	113	1	237	35
Other veneral diseases	39	23	3	13	1	1	..	11	..

BUREAU OF OCCUPATIONAL DISEASES

BUREAU OF OCCUPATIONAL DISEASES

John M. McDonald, M.D., D.P.H.

Director

Industrial management in 1943 made marked progress in accommodating itself to the new tasks imposed upon it by the change over from civilian production to the manufacture of goods for military use. The role of the City Health Department in this process was to work along with management in devising ways and means to control the hazards arising out of the use of many hitherto unemployed chemicals of a more or less toxic nature. Some of the results of the active cooperation between industrial management and the Health Department are described below.

Special Activities

Because of the presence of two smallpox contacts in a local defense plant, a joint conference of industrial executives and Health Department personnel deemed it advisable to offer vaccination to the entire industrial population of the city. Special efforts were made to extend this protection to the employees of defense plants, transportation agencies and department stores. Several bureaus of the Health Department cooperated in the program and effective assistance was rendered by industrial physicians and nurses and more than 75,000 persons were vaccinated against smallpox. The time lost from severe reactions was seldom more than two days in any one case and less than one-half of one per cent of those vaccinated lost any time from work. It was established that an experienced vaccinator and a nurse working as a team could easily vaccinate one hundred and twenty persons per hour.

Keratoconjunctivitis

The expected epidemic of acute keratoconjunctivitis failed to appear in Baltimore. Of the 24 alleged cases of this illness which came to the attention of the City Health Department, less than one-half were actual cases of the disease. No focus of infection was discovered and no epidemiological transmission could be traced.

Carbon tetrachloride hazards

Federal specifications required the use of large amounts of carbon tetrachloride in manufacturing certain munitions. The exposure was relatively severe at first as shown by the occurrence of several cases of illness. Pre-

ventive measures suggested by the Division of Industrial Hygiene reduced the hazard to safe limits with a corresponding reduction in the number of medical complaints. Somewhat similar experiences were encountered in controlling the hazards arising out of the operation of two large degreasers which employed trichlorethylene as the solvent.

Benzol Hazard

Benzol gave rise to another hazard in a plant working with synthetic rubber. Periodic examinations of blood and urine of exposed workers were advised and as a result the absorption of small amounts of benzol was demonstrated. The offending process was then removed to a separate building with excellent ventilation thereby reducing the hazard to negligible proportions.

Other Industrial Hazards

A sudden outbreak of dermatitis in a shoe manufacturing plant presented a difficult problem in locating the source of irritation. It was finally traced to a change in the oil used in waterproofing soles. When a return was made to the oil formerly in use the dermatitis cleared up rapidly.

Among the unusual experiences of the year two were especially interesting. One was a case of dinitrocresol poisoning in an insecticide worker. The clinical history was reminiscent of the dinitrophenol poisonings of fifteen years ago. Fortunately, the hazardous exposure was easily controlled by segregation and ventilation of the manufacturing process involved together with the installation of better washing facilities. The other unusual case was an accidental exposure to a high concentration of sulfur dioxide. Most of the exposed workmen had some irritation of the mucous membranes of the eyes, nose and throat but 1 developed lobar pneumonia within forty-eight hours after exposure.

Meetings

The director attended the Twenty-eighth Annual Meeting of the American Association of Industrial Physicians and Surgeons and the Fourth Annual Meeting of the American Industrial Hygiene Association held in Rochester, New York, May 25 to 27, 1943 where he participated in a conference on the causation of sarcoidosis called by Mr. Manfred Bowditch, Director of the Division of Occupational Hygiene of the Massachusetts Department of Labor and Industries. The Seventy-second Annual Meeting of the American Public Health Association held in New York City October 12 to 14 was also attended. The director spent a full week at the Course on Occupational Dermatoses in New York City, December 6 to 11 under the auspices of the U. S. Public Health Service. The director spent

two days at a meeting of the Industrial Hygiene Division of the U. S. Maritime Commission held in Philadelphia, September 1 and 2 to consider the potential hazards of exposures incidental to welding on ships.

Education

The director again served on the staff of the Johns Hopkins Medical School as Assistant in Preventive Medicine. Late in the year the hours of instruction in Occupational Diseases and their Prevention were doubled and Dr. Wilmer H. Schulze, Director of the Sanitary Section of the Health Department presented the Engineering Aspects of the Control and Prevention of Occupational Diseases. A talk on occupational diseases and a demonstration of industrial environment were given to a group of students from the Johns Hopkins School of Hygiene and Public Health.

Cases Reported

An unusual case of arsine poisoning occurred during the year. The patient was exposed to the fumes and gases of a mixture containing cadmium, zinc, arsenic and sulfuric acid in an iron pot and died as a result of inhaling the arsine gas formed by the above combination. The diagnosis was confirmed by autopsy. Excellent ventilation had been provided for the operation but ventilation had been cut off temporarily by mechanical failure.

In 3 cases of lead poisoning it would appear that the onset of the symptoms had been accelerated by an acidosis in 2 cases resulting from pneumonia and in 1 case from a prolonged alcoholic debauch. Eleven cases of plumbism in children were reported and 5 of them were fatal. Investigation of the source of poisoning was made in each case and the usual history of pica was obtained. The citric acid treatment for lead poisoning was used by local hospitals. The results appeared to be favorable but final judgment must await the study of more cases. A foundry operation involving the casting of brass containing twelve per cent lead was responsible for the occurrence of 2 cases of lead poisoning. The bureau director had the opportunity of seeing a lewisite rash which occurred as the result of certain teaching demonstrations in civilian defense.

The occupational disease law was amended to insert a penalty for noncompliance with Health Department regulations and two conferences were held to discuss changes in permissible concentrations. Felton antigen for pneumonia was considered but was dropped because of the lack of time on the part of industrial physicians. As a part of the sarcoidosis investigations two men working on neon signs were subjected to chest X-rays. The paper on "Metallic Poisons" was reprinted in a shortened form. Two consultations were held with industrial executives in an effort to solve some of the

problems connected with the employment of women in two industrial plants. Assistance was given to the City Service Commission in examining applicants for employment by the municipality.

There were 44 cases of occupational diseases officially reported to the Health Department in 1943 as follows:

OCCUPATIONAL DISEASES REPORTED—1943

Dermatitis	36
Keratoconjunctivitis	4
Lead poisoning	2
Chemical pneumonia	1
Dinitrocresol poisoning	1
Total	44

Personnel

John M. McDonald, M.D., D.P.H., Director
Selma Aebli, Senior Stenographer

BUREAU OF CHILD HYGIENE

BUREAU OF CHILD HYGIENE

William K. Skilling, M.D.

Director

Progress was made during the year in the promotion of activities to improve and maintain the health of preschool children, with emphasis placed on the importance of medical supervision. The service rendered in the well baby clinics was not only beneficial to the children but was valuable as a health education program for the mothers. Many children recently registered in the infant and preschool hygiene clinics moved from rural sections to the crowded city environment and were under medical supervision for the first time. The infant mortality rate was 46.2 per 1,000 live births for 1943 as compared with 39.5 for 1942.

Births Reported

There were 25,934 births reported in the city and recorded by the Bureau of Vital Statistics as compared with 24,144 in 1942. This increase in the number of births occurring in the city taxed the record-keeping facilities of the bureau and it was late in the year before new employees could be obtained. However, before the close of the year it was possible to handle the clerical work on a current daily basis.

Births Unreported

Natal histories of children for whom certificates of birth were not on file were obtained from the parents by the bureau. With the information secured it was possible to put on record in the Bureau of Vital Statistics, 114 cases of delayed birth reports for infants as compared with 56 in 1942. Thirty-four of these births occurred in 1943; 47 in 1942; 11 in 1941; 11 in 1940; 5 in 1939; 1 in 1938; 4 in 1937 and 1 in 1936.

Requests for notifications of birth registration revealed an increase in the number of unreported births. There were cases of delivery with no one in attendance and deliveries said to have been made by midwives not registered with the Health Department but efforts to locate these midwives were unsuccessful.

Infant and Preschool Hygiene Clinics

The third transfer in the ten year plan to absorb certain clinic activities of the Babies Milk Fund Association was made on January 1 and two clinics located in the Eastern Health District were taken over by the Department.

On July 1 the Babies Milk Fund Association withdrew from the Curtis Bay and Brooklyn areas and one more clinic for colored children was instituted by the Bureau of Child Hygiene. An additional well baby clinic was established by the bureau in Armistead Gardens on May 3. By the close of the year, well baby clinics operated by the bureau were located in quarters provided by the Baltimore Housing Authority in four new housing projects.

The Bureau of Child Hygiene operated infant and preschool hygiene clinics at thirty-one locations and sixty-two conferences were conducted each week. In addition to the regular clinic visits, there were 2,706 special clinic visits which include those made before the child is officially registered in the clinics. The total number of visits made to the clinics was 36,819 in 1943 as compared to 34,935 in 1942. With the transfer of the two clinics from the Babies Milk Fund Association, Dr. Thomas F. Daniels and Dr. Alma S. Rothholz were appointed to the Bureau of Child Hygiene staff, each assigned to two sessions per week and three public health nurses were added to the Department staff.

Public Health Nursing Activities

The policy to visit every baby born in the city, established on March 1, 1942 was continued. The disposition of *Records of Child Under Six Years* by the clerical staff of the bureau in 1943 as compared with 1942 is shown in the following tabulation:

DISPOSITION OF *RECORDS OF CHILD UNDER SIX YEARS*

	1943	1942
Records of Child Under Six Years received	25,142	17,962
Records of Child Under Six Years assigned to the Bureau of Public Health Nursing	24,480	14,624*
Notification of birth registration mailed to non-residents.	5,616	2,719*
Records of Child Under Six Years assigned for diphtheria prevention visits	18,827	12,793
Corrections on Notifications of birth registration	7,427	5,451

* See the ANNUAL REPORT of the Baltimore City Health Department, 1942, p. 164.

Ophthalmia Neonatorum

The responsibility for adequate treatment of all cases of infected eyes reported to the Health Department was assigned to the Bureau of Child Hygiene. Public health nurses, nurses of nonofficial organizations, midwives and the staffs of out-patient departments of hospitals were urged to report immediately by telephone to the Bureau of Child Hygiene any case of an infant with sore eyes. A special service was maintained by the bureau to provide prompt assistance and instruction in the care of infected eyes of infants to whom the service of a private physician was not available.

There were 162 cases of ophthalmia neonatorum assigned to the Western Health District and the Southeastern Health District. In this group, gonococci infections were reported in 8 cases, 4 of which were referred to hospitals.

A summary of the activities of the Bureau of Child Hygiene in the care of ophthalmia neonatorum cases is given in the following tabulation:

	1943	1942
Cases reported to Bureau of Child Hygiene	205	292
Cases assigned to Health Department	164	185
Total visits by public health nurse	1,034	943
Average number of visits per case	6.3	5.1
Number of smears made	75	107
Number of smears showing gram-negative intracellular diplococci	3	1
Cases in which prophylactic was said to have been used	156	183
Cases sent to Sydenham Hospital for treatment	1	2
Cases sent to other hospitals for treatment	5	0

Diphtheria Prevention

It is urged that all children be inoculated with 1 c.c. of alum-precipitated toxoid at the age of six months or as soon thereafter as possible. Children registered in the well baby clinics were given toxoid and vaccinated against smallpox as soon as they reached six months of age. There were 20,450 birthday greeting cards urging diphtheria toxoid inoculation sent by the Commissioner of Health to each infant born in Baltimore and mailed by the Bureau of Child Hygiene so as to arrive on the day the infant was six months old. Diphtheria prevention was also stressed on home visits made by public health nurses at definite intervals. When the child reached eight months of age a letter from the Commissioner to parents entitled "Toxoid Prevents Diphtheria" and when the child was ten months of age another letter "Again—Toxoid Prevents Diphtheria" was delivered unless prior report of inoculation was received by the Health Department. Physicians in the private practice of medicine reported to the bureau that 9,818 children were given a diphtheria preventive inoculation as compared with 7,026 children in 1942. In the infant and preschool hygiene clinics, including 1,170 children in Babies Milk Fund Association clinics, 1 c.c. of alum-precipitated toxoid was given to each of 8,963 children as compared with 7,646 children in 1942.

Vaccination against smallpox was given at the same time that toxoid was given. There were 7,174 children vaccinated against smallpox while 6,223 children were vaccinated in 1942.

Licensed Children's Institutions

There were three hundred and fifty-one boarding homes for children inspected by the Bureau of Child Hygiene in 1943. Of the total number of

homes inspected, 245 were licensed by the Commissioner of Health and 30 homes were inspected prior to licensing by the City Department of Public Welfare. Four homes were inspected for the Maryland State Department of Public Welfare. Thirty homes were inspected but licenses were refused because they did not meet the City Health Department requirements. Forty-two homes were inspected at requests of various organizations for reasons other than licensing. Only one child, a cardiac case, died in the boarding homes licensed by the Commissioner of Health during the year.

All child-placing organizations had a difficult time obtaining boarding homes for children, as former boarding mothers discontinued boarding of children to take war workers as roomers or to take war work employment.

A small group of boarding homes were licensed to care for children only during the day. These homes were known as foster day homes as they were not suitable homes for full twenty-four hour care of children. It is hoped that this group will be increased to help solve the problem of day care for children of working mothers.

The children in boarding homes licensed by the Commissioner of Health were weighed and supervised regularly by a public health nurse as in previous years.

Six day nurseries which were licensed in 1942 were again given licenses in 1943. Forty-two nursery schools were licensed during the year and ten of these were new. The average monthly enrollment in nursery schools was 1,247 children for all months except the three summer months. The average daily attendance of children in nursery schools was 923 for each month except the three summer months when the attendance was 565 per month. The increase in the enrollment of children in nursery schools was due to the employment of women in war work. There were 474 cases of communicable diseases in nursery schools in 1943, a marked increase over 1942 which was due to the large number of cases of chickenpox, whooping cough, measles and German measles.

Inspections of eight child-caring institutions were made in 1943 at the request of the State Department of Public Welfare and the Department of Public Welfare of Baltimore. The Directors of the Bureau of Environmental Hygiene and the Bureau of Food Control made joint inspections of most of these institutions with the Assistant Director of the Bureau of Child Hygiene.

Personnel

William K. Skilling, M.D., Director
Mary C. Willis, M.D., Assistant Director
Walter E. Grempler, M.D., Health Officer
J. W. V. Clift, M.D., Health Officer

Harry F. Brown, M.D., Health Officer
Albert Jaffe, M.D., Health Officer
Meyer Miller, M.D., Health Officer
Albert Scagnetti, M.D., Health Officer
Gustav H. Woltereck, M.D., Clinic Physician
Solon A. Dodds, M.D., Clinic Physician
Mary L. Hayleck, M.D., Clinic Physician
Lucile J. Caldwell, M.D., Clinic Physician
Hania Wislicka Ehlers, M.D., Clinic Physician
Alma S. Rothholz, M.D., Clinic Physician
Anna M. Schmidt, Senior Stenographer
Lillian H. Marley, Senior Clerk
Mary Atkins, Statistical Clerk
Genevieve Harchut, Junior Typist
Margaret Kaiser, Addressograph Operator
Josephine E. Roemer, Addressograph Operator
Hannah Schneider, Junior Typist

TABLE NO. 1

REPORT OF INFANT AND PRESCHOOL HYGIENE CLINICS

	Children on Register Jan. 1, 1943		New Children Registered During 1943		Total Children Registered During 1943		Children on Register Dec. 31, 1943		Clinic Visits*			
									Return		Total	
	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.	Under 1 yr.	1-5 yrs.
ALL CLINICS	6,142	6,410	4,079	422	10,221	6,832	4,505	8,483	20,054	9,558	24,133	9,980
WHITE												
Total White Clinics	2,478	2,224	1,421	205	3,899	2,429	1,529	2,634	6,913	3,405	8,334	3,610
Valley and Eager Streets	179	238	62	5	241	243	143	310	581	234	643	239
Public School No. 86	182	1	51	6	233	7	57	279	367	140	418	146
Public School No. 60	295	58	93	9	388	67	60	123	320	210	413	219
Public School No. 65	98	243	135	16	233	259	163	277	645	233	780	249
#3—1923 East Monument Street	63	165	27	2	90	167	88	145	236	108	263	110
#4—1925 East Monument Street	56	133	28	4	84	137	85	137	303	119	331	123
#5—1925 East Monument Street	9	36	7	3	16	39	16	0	127	47	134	50
2817 Oakley Avenue	268	225	94	9	362	234	103	319	639	299	733	308
Public School No. 225	98	3	20	12	118	15	28	17	47	63	67	75
Pratt Library, Branch 12	75	79	73	9	148	88	53	98	331	240	404	249
Public School No. 68	197	44	45	4	242	48	45	161	261	270	306	274
University of Maryland	55	107	55	6	110	113	7	78	180	180	235	186
Public School No. 220	153	176	40	0	193	176	54	34	258	138	298	138
Public School No. 98	290	63	99	5	389	68	138	97	420	183	519	188
Public School No. 76	52	162	52	10	104	172	47	43	482	343	534	353
Public School No. 6	253	437	181	9	434	446	143	261	767	218	948	227
Perkins Housing Project	139	37	122	16	261	53	98	107	408	153	530	169
Brooklyn Housing Project	8	5	95	33	103	38	63	77	262	121	357	154
Fairfield Housing Project	8	12	84	26	92	38	92	41	163	70	247	96
Armistead Gardens**	0	0	58	21	58	21	46	30	116	36	174	57
COLORED												
Total Colored Clinics	3,664	4,186	2,658	217	6,322	4,403	2,976	5,849	13,141	6,153	15,799	6,370
Valley and Eager Streets	291	416	98	7	389	423	296	420	943	302	1,041	309
Public School No. 140	73	398	92	10	165	408	53	220	316	322	408	332
Public School No. 176 (W.H.D.)†	107	274	276	20	383	294	106	230	991	603	1,267	623
Public School No. 176 (D.H.C.)†	180	191	45	0	225	191	142	195	192	61	237	61
Metropolitan Church	305	261	409	12	714	273	298	469	1,758	893	2,167	905
Public School No. 122	286	404	410	15	696	419	313	647	1,919	662	2,329	677
Douglass High School	551	205	301	22	852	227	310	1,109	1,340	523	1,641	545
Public School No. 106	209	77	116	16	325	93	76	345	396	263	512	279
Public School No. 104	265	144	111	10	376	154	101	45	588	212	699	222
University of Maryland	249	239	227	48	476	287	138	238	543	436	770	484
#3—1923 East Monument Street	136	327	45	11	181	338	177	436	456	292	501	303
#4—1925 East Monument Street	92	257	68	4	160	261	160	261	646	210	714	214
#5—1925 East Monument Street	142	411	64	7	206	418	206	418	867	439	931	446
Public School No. 116A	184	454	78	16	262	470	259	391	834	350	912	366
Druid Health Center	493	72	232	11	725	83	244	319	982	354	1,214	365
Pratt Library, Branch 11	83	41	50	6	133	47	50	45	259	100	309	106
Public School No. 156	18	15	24	0	42	15	29	48	89	118	113	118
Public School No. 154††	0	0	12	2	12	2	18	13	22	13	34	15

* Special clinic visits: 2,706.

** Armistead Gardens Clinic opened May 3, 1943.

† There were 304 infants and 151 preschool children on register January 1, 1943 in Public School No. 176, however, in September, 1943, this clinic was separated between W.H.D. and D.H.C.

†† Clinic in Public School No. 154 opened July, 1943 and was discontinued December, 1943.

TABLE NO. 2

SUMMARY OF THE ACTIVITIES OF SUPERVISION OF BOARDING HOMES, DAY NURSERIES AND NURSERY SCHOOLS AND CHILDREN'S INSTITUTIONS—1943

Licenses and Visits	Boarding Homes	Day Nurseries and Nursery Schools	Children's Institutions
Total licensed	245	48	0
White	212	32	0
Colored	33	6	0
New licenses issued	92	10	0
White	74	9	0
Colored	8	1	0
Homes reopened	8	0	0
White	8	0	0
Colored	0	0	0
Homes inspected for Department of Public Welfare	28	0	0
Visits:	1907	271	50
By assistant director	261	119	8
By nurse	1646	152	42

Summary of Children in Licensed Boarding Homes—1943

Age	Total During Year			Remaining December 31, 1943		
	Total	White	Colored	Total	White	Colored
All Ages	637	511	126	338	275	63
Births to 6 months	19	14	5	4	3	1
6 months to 1 year	32	25	7	20	15	5
1 to 2 years	62	43	19	27	20	7
2 to 3 years	55	38	17	32	21	11
3 to 6 years	96	77	19	49	37	12
6 years and over	373	314	59	206	179	27

TABLE NO. 2—Continued

SUMMARY OF CASES OF COMMUNICABLE DISEASE IN LICENSED DAY NURSERIES AND NURSERY SCHOOLS, TOGETHER WITH AVERAGE MONTHLY ENROLLMENT AND AVERAGE DAILY ATTENDANCE IN 1943

Enrollment and Disease	Day Nurseries			Nursery Schools		
	Total	White	Colored	Total	White	Colored
Average monthly enrollment						
Winter months	287	201	86	1247	1000	247
Summer months	310	227	83	778	562	216
Average daily attendance						
Winter months	199	137	62	923	732	191
Summer months	310	150	60	565	389	176
Communicable diseases	82	78	4	474	429	45
Chickenpox	25	25	0	144	134	10
Diarrhea	0	0	0	2	2	0
German measles	9	9	0	70	70	0
Grippe	0	0	0	6	2	4
Impetigo contagiosa	0	0	0	3	3	0
Measles	4	3	1	88	78	10
Mumps	7	6	1	28	27	1
Pink eyes	1	1	0	4	4	0
Pneumonia	0	0	0	4	2	2
Scarlet fever	1	1	0	10	10	0
Trench mouth	1	1	0	1	1	0
Whooping cough	34	32	2	114	96	18

BOARDING HOMES, NURSERY SCHOOLS AND INSTITUTIONS REFERRED TO BUREAU FOR SUPERVISION AND NEW CHILDREN PLACED IN BOARDING HOMES IN 1943

Organizations	Homes Referred	Nurseries Referred	Institutions Referred	New Children Placed
All Organizations	215	29	9	157
Anne Arundel County Health Department	1	0	0	0
Baptist Children's Society	3	0	0	1
Bureau of Catholic Charities	40	0	0	52
Bureau of Public Health Nursing	3	0	0	0
Bureau of Environmental Hygiene	1	0	0	0
Children's Aid Society of Baltimore County	3	0	0	2
Children's Home of Baltimore	1	0	0	0
Church Mission of Help	11	0	0	3
Department of Education	0	6	0	0
Department of Public Welfare	32	0	2	0
Druid Health Center	17	1	0	0
Eastern Health District	5	0	0	0
Family and Children's Society	41	0	0	46
Jewish Family and Children's Bureau	16	0	0	19
Private Individuals	23	22	2	34
Society to Protect Children from Cruelty	1	0	0	0
State Department of Public Welfare	2	0	5	0
The Sun	10	0	0	0
Welfare Board of Baltimore County	1	0	0	0
Western Health District	4	0	0	0

DIVISION OF MATERNITY HYGIENE

DIVISION OF MATERNITY HYGIENE

M. Alexander Novey, M.D.

Chief

There was an increase in the number of resident births in 1943 the figure being 21,054 as compared to 19,720 in 1942. There was a slight decrease in the percentage of hospital deliveries for the year which dropped from 79.9 per cent in 1942 to 76.3 per cent in 1943. The percentage of births reported by midwives was 2.8 in 1943 as compared to 2.1 in 1942.

The resident maternal mortality rate was 1.6 per 1,000 live births, a figure slightly under that reported for the previous year. This is in marked contrast to a rate of 4.3 reported a decade ago.

The Department took an active part in the emergency maternity and infant care program for the wives of servicemen provided through the Children's Bureau of the U. S. Department of Labor. The Chief of the Division served in a consultative capacity to the City Department of Public Welfare which administered this program in Baltimore and in addition, 144 expectant mothers were given prenatal care in the Health Department clinics under this program.

The monthly meetings of the Joint Committee on Maternal Mortality of the Baltimore City Health Department and the Baltimore City Medical Society were held throughout the year and were considered to be the single most important factor in the maintenance of a low maternal mortality rate for the city.

On June 1 a program for the chest X-ray examination of patients attending the prenatal clinics was initiated. By the close of the year over 90 per cent of all the expectant mothers registered at the Health Department prenatal clinics were receiving this service.

On June 10 the position of Chief of the Division of Maternity Hygiene in the Bureau of Child Hygiene was made a full time one. In September a new pamphlet was published by the Division of Maternity Hygiene entitled "Nurse Your Baby". The demand for this pamphlet was far beyond expectations.

Prenatal Clinics

There were 1,083 patients delivered at the Baltimore City Hospitals who had received prenatal care at the Health Department clinics during 1943. There has been a steady decline in the number of Health Department patients delivered at the Baltimore City Hospitals for the past several

years with 1,279 in 1942; 1,702 in 1941 and 2,149 in 1940. This decrease in the number of registered patients delivered was probably caused by the sharp curtailment in professional and non-professional personnel and to the marked improvement in the economic condition of those patients who formally would have required maternity care at municipal expense.

The Health Department prenatal clinics were held twelve times each week at eight locations throughout the city. Four patients registered at Health Department clinics died at the Baltimore City Hospitals. The maternal mortality rate for this group was 2.6 per 1,000 patients which was more than twice the rate recorded in 1942 and because of the shortage of physicians, nurses and other personnel these fatalities can almost be considered as war casualties.

There were 195 new prenatal cases referred by midwives to Department clinics. This was a gratifying increase over the previous year, credit for which must be given to the increased amount of interest in this particular phase of work on the part of the Bureau of Public Health Nursing.

Maternal Mortality

The histories of the 4 fatal cases of patients registered with the Division of Maternity Hygiene are as follows:

MATERNAL DEATHS

1. Health Department Registration No. 13,754: Puerperal Infection.

Age 18, colored, multipara in her second pregnancy (para 1–0–0–0), serologic test for syphilis negative, pelvis contracted, estimated date of confinement March 15, 1943. The previous obstetrical history is of interest in that the patient was delivered in May 1942 of a 9½ pound live baby after a prolonged labor. This was an instrumental delivery and the baby died forty-eight hours later of intracranial hemorrhage. The prenatal course during this pregnancy was essentially uneventful except for slight headache and edema in the past two weeks. The blood pressure was slightly elevated and the urine showed a trace of albumin. The membranes had ruptured prior to admission. The patient went into labor spontaneously three days after admission to the hospital and after a prolonged labor she was delivered of a 7 pound 4½ ounce baby with the fetal head lying in a R.O.T. position 2 cms. below the spine. The baby gasped several times after delivery and then expired from intracranial hemorrhage. There was a profuse foul discharge at the time of delivery. Because of excessive bleeding immediately postpartum and the failure of the placenta to separate, a manual removal was necessary. The temperature was elevated immediately after delivery and active treatment was instituted. The postpartum infection seemed to be responding to treatment, but on the fifth day generalized edema and oliguria developed. A marked abdominal distention developed and the condition of the patient rapidly grew worse, death occurring eight days after delivery and on the thirteenth day of hospitalization.

2. Health Department Registration No. 14,396: Postpartum Hemorrhage—Blood Dyscrasia, Unknown Etiology.

Age 44, colored, multipara in her thirteenth pregnancy (para 12–0–0–12), serologic test for syphilis negative, pelvis normal, estimated date of confinement July 7, 1943. The patient's family history and past history were non-contributory except that she had rheumatism as a child. Her previous twelve pregnancies terminated in normal deliveries of full term babies with no postpartum complications and with all twelve children alive at the time of this pregnancy. She was first seen on June 21, 1943 at which time she was about thirty-six weeks pregnant with a blood pressure of 182/120. She was hospitalized immediately because of this hypertension, but was discharged three days later undelivered with no change in her blood pressure and was instructed to return to the prenatal clinic. The urine at this time was negative. There were two subsequent visits to the clinic at which times the patient's blood pressure readings were 134/90 and 160/102 with no albuminuria on either occasion. Two days following the last of these visits, she was admitted to the hospital again at term, but not in labor. Several medical inductions failed, but on the fourth hospital day she went into labor spontaneously. This was short and uneventful and a full term living child was delivered spontaneously. Profuse postpartum hemorrhage occurred immediately after delivery and in spite of active treatment, the patient died ten hours postpartum. Detailed blood studies showed evidence of a blood dyscrasia which undoubtedly was responsible for the postpartum bleeding.

3. Health Department Registration No. 14,118: Lobar Pneumonia.

Age 15, colored, primipara (para 0–0–0–0), serologic test for syphilis negative, pelvis normal, estimated date of confinement August 20, 1943. Family history and past history of patient non-contributory. Her prenatal history was negative except for a slight rise in blood pressure on her last visit to the clinic. She was admitted to the hospital in active labor and was delivered by central episiotomy and low forceps of a full term living child weighing 7 pounds 5½ ounces under GOE anaesthesia. The patient was returned to the ward in good condition at 10 p.m. At 12 midnight her blood pressure was taken and found to be 112/62. At 3:30 a.m. the following morning the fundus was massaged and the patient responded actively. At 4:45 a.m. the patient was found to be dead in her bed, ten hours after delivery. Autopsy revealed an early wide-spread bilateral lobar pneumonia.

4. Health Department Registration No. 14,866: Puerperal Sepsis.

Age 20, colored, multipara in her fourth pregnancy (para 3–0–0–3), serologic test for syphilis positive, pelvis normal, estimated date of confinement January 1, 1944. Her family history revealed that her father and one sister died of tuberculosis. The medical history of the patient was non-contributory. On November 10, 1943 she was admitted to the Baltimore City Hospitals with a history of vomiting for the preceding two weeks. She was successfully treated and discharged on November 23, undelivered in good condition. The patient's mother revealed that on December 2, 1943 following intercourse, the membranes ruptured. On

December 3, 1943 she was delivered unattended at home of a full term living child after a precipitous type of labor. Emergency care was given by a physician from another hospital and on the following day a local physician was called who attended the patient during the ensuing six days. A puerperal infection developed during this time which did not respond to sulfadiazine and the patient was admitted to the hospital on the seventh day after delivery. At this time the temperature was 104.6° F. and her pulse was 130 per minute. She complained of pain throughout the lower abdomen which was exquisitely tender, but not distended. Vigorous treatment was begun, but in spite of therapy her condition grew worse and on the sixteenth postpartum day respirations ceased. No autopsy could be obtained.

Maternity Hospitals

The following tabulation gives a summary of the maternity hospitals inspected and licensed in 1943:

Licensed as of December 31, 1943		18
New licenses issued	0	
Relicensed	18	
Inspected		19
Licenses held in abeyance		1

Midwives

There were no midwives licensed to practice in Baltimore City in 1943.

Personnel

M. Alexander Novey, M.D., Chief
John M. Haws, M.D., Health Officer
Isadore Siegel, M.D., Health Officer
W. Allen Deckert, M.D., Health Officer
D. F. Kaltreider, M.D., Clinic Physician
Catherine L. Lilley, Senior Clerk

TABLE NO. 1
REPORT OF PRENATAL CLINICS

CASES AND VISITS	GRAND TOTAL	ALL CLINICS		DRUID HEALTH CENTER	914 W. 36TH STREET	SOUTH BALTIMORE GENERAL HOSPITAL		PUBLIC SCHOOL NO. 99	SOUTH-EASTERN HEALTH DIST.	PUBLIC SCHOOL NO. 220	WOMEN'S HOSPITAL	EASTERN HEALTH DISTRICT	
		White	Colored	Colored	White	White	Colored	White	White	White	White	White	Colored
Cases carried over from 1942	280	98	182	133	12	10	8	8	28	5	11	24	41
New cases admitted	1,133	237	896	583	27	36	63	36	63	20	31	24	250
Transferred from other clinics	9	2	7	1	0	0	0	1	0	0	0	1	6
Total case load	1,422	337	1,085	717	39	46	71	45	91	25	42	49	297
DISCHARGED CASES													
Total	1,144	253	891	569	34	32	63	39	59	25	35	29	259
Not pregnant	10	1	9	4	0	0	1	0	1	0	0	0	4
Delivered in hospital*	1,083	236	847	543	30	30	59	37	56	24	33	26	245
Delivered at home	12	6	6	2	2	1	0	1	1	0	0	1	4
Transferred	30	8	22	16	2	0	1	1	1	1	1	2	5
Transferred to other clinics	9	2	7	4	0	1	2	0	0	0	1	0	1
Cases carried over to January 1944	278	84	194	148	5	14	8	6	32	0	7	20	38
CLINIC VISITS													
Total	7,254	1,562	5,692	3,734	167	213	343	221	455	150	161	195	1,615
Antepartum													
First visits	1,133	237	896	583	27	36	63	36	63	20	31	24	250
Revisits	5,176	1,168	4,008	2,773	136	175	252	164	334	108	120	131	983
Postpartum													
Registered	493	81	412	192	4	1	15	11	28	11	5	21	205
Unregistered	2	1	1	0	0	0	0	0	1	0	0	0	1
Infants, neonatal	450	75	375	186	0	1	13	10	29	11	5	19	176
ANALYSIS OF NEW CASES													
Duration of Pregnancy													
Not pregnant	5	1	4	1	0	0	1	0	1	0	0	0	2
Under 12 weeks	11	2	9	6	0	0	0	1	1	0	0	0	3
12–23 weeks	162	47	115	79	1	8	11	9	21	1	3	4	25
24–27 weeks	159	47	112	71	8	7	11	5	10	3	10	4	30
28–31 weeks	177	31	146	90	3	4	10	3	9	5	3	4	46
32–35 weeks	341	49	292	185	2	7	16	10	13	5	6	6	91
36 weeks and over	278	60	218	151	13	10	14	8	8	6	9	6	53

* Baltimore City Hospitals.

TABLE NO. 2

REPORT OF MIDWIFE CASES SEEN IN PRENATAL CLINICS

Cases and Visits	Grand Total	All Clinics		Druid Health Center	914 W. 36th Street	South Baltimore General Hospital		Public School No. 99	Southeastern Health Dist.	Public School No. 220	Women's Hospital	Eastern Health District	
		White	Colored	Colored	White	White	Colored	White	White	White	White	White	Colored
Cases carried over from 1942	103	9	94	6	0	1	4	1	6	0	1	0	84
New cases admitted	195	20	175	24	8	0	0	2	5	0	0	5	151
Total case load	298	29	269	30	8	1	4	3	11	0	1	5	235
Discharged Cases													
Total	178	17	161	16	5	0	0	1	8	0	1	2	145
Delivered by midwife	154	15	139	14	4	0	0	1	7	0	1	2	125
Not pregnant	1	0	1	1	0	0	0	0	0	0	0	0	0
Transferred	23	2	21	1	1	0	0	0	1	0	0	0	20
Cases carried over to January 1944	120	12	108	14	3	1	4	2	3	0	0	3	90
Clinic Visits													
Total	955	66	889	119	22	0	0	3	19	0	0	22	770
Antepartum													
First visits	195	20	175	24	8	0	0	2	5	0	0	5	151
Revisits	612	40	572	83	12	0	0	1	10	0	0	17	489
Postpartum													
Registered	78	3	75	6	1	0	0	0	2	0	0	0	69
Infants, neonatal	70	3	67	6	1	0	0	0	2	0	0	0	61
Analysis of New Cases													
Duration of pregnancy													
Not pregnant	1	0	1	1	0	0	0	0	0	0	0	0	0
Under 12 weeks	4	0	4	1	0	0	0	0	0	0	0	0	3
12-23 weeks	25	1	24	4	0	0	0	0	0	0	0	1	20
24-27 weeks	32	6	26	3	3	0	0	0	2	0	0	1	23
28-31 weeks	28	5	23	2	1	0	0	0	2	0	0	2	21
32-35 weeks	71	3	68	11	1	0	0	1	0	0	0	1	57
36 weeks and over	34	5	29	2	3	0	0	1	1	0	0	0	27

TABLE NO. 3

ANALYSIS OF PHYSICAL EXAMINATIONS ON REGISTRATION AT PRENATAL CLINICS

FINDINGS	NUMBER			PERCENTAGE DISTRIBUTION		
	Total	White	Colored	Total	White	Colored
REGISTERED FOR DELIVERY AT HOSPITALS*						
Primipara	301	66	235	26.7	28.0	26.3
Multipara	827	170	657	73.3	72.0	73.7
Pelvis						
Normal	991	212	779	87.9	89.9	87.4
Borderline	75	16	59	6.6	6.8	6.6
Contracted	56	6	50	5.0	2.5	5.6
Funnel	6	2	4	0.5	0.8	0.4
SEROLOGIC TEST FOR SYPHILIS						
Negative	1,005	230	775	89.1	97.5	86.9
Positive	120	5	115	10.6	2.1	12.9
Not taken	3	1	2	0.3	0.4	0.2
OTHER FINDINGS						
Toxemia	107	35	72	9.5	14.8	8.1
Heart murmur	77	10	67	6.8	4.2	7.5
REGISTERED FOR DELIVERY BY MIDWIFE						
Primipara	37	0	37	19.1	....	21.3
Multipara	157	20	137	80.9	100.0	78.7
PELVIS						
Normal	184	20	164	94.8	100.0	94.3
Borderline	6	0	6	3.1	....	3.4
Contracted	4	0	4	2.1	....	2.3
SEROLOGIC TEST FOR SYPHILIS						
Negative	174	20	154	89.7	100.0	88.5
Positive	18	0	18	9.3	....	10.3
Not taken	2	0	2	1.0	....	1.2
OTHER FINDINGS						
Toxemia	18	6	12	9.3	30.0	4.4
Heart murmur	21	2	19	10.8	10.0	10.9

* Baltimore City Hospitals.

DIVISION OF SCHOOL HYGIENE

DIVISION OF SCHOOL HYGIENE

H. Warren Buckler, M.D.

Chief

In the 1942 report for the Division of School Hygiene, mention was made of an experimental school hygiene program inaugurated in 1941 in the Eastern Health District. This new type of school hygiene work was based on a plan adopted in a group of schools in the Astoria District in New York City. This program was extended to other schools in different sections of the city during the 1942–1943 school session. The basic principle of this approach to health problems of school children was to insure to each child medical supervision and medical service if and when needed. In order to accomplish this objective, all those associated with the health and school life of the child were brought into the picture. The family physician, if there was one, the parents of the child, the Health Department personnel (doctor and nurse) the classroom teacher and principal of the school played important parts in the program. The parents were urged to have their child examined by a physician of their own selection prior to the admission of the child to school and if there were any defects found, to have same corrected before the time of enrollment. Those parents who preferred, for various reasons, to have the child examined by the school health officer were invited to be present at the time of examination.

Routine examinations by the school physician were reduced to those entering pupils not examined by their own doctor and those pupils referred by the teacher-nurse conference. At these conferences, those children who, in the opinion of the teacher or nurse, were in need of medical attention were referred for examination by the school physician.

This so-called "Astoria" plan has now been in effect for approximately one whole calendar year in ten of the schools in the Northwestern District and nine schools in the Northeastern and Southwestern Districts, all under the jurisdiction of the chief of the division. In addition, one school was selected in each of the districts manned by a full time health officer. As this program did not get fully started in some of the schools until the second semester beginning in February 1943, the following figures are given for one semester only in the nineteen schools mentioned.

There were 1,666 pupils enrolled in the kindergarten and first grades in these schools. Of this number 678 or 40 per cent were actually examined by their family physicians and 141 of these or 21 per cent were found to be defective. Out of the 141 children with physical defects, examined by their family physicians, 28 or approximately 20 per cent, had their defects

corrected either prior to entry into school or immediately thereafter. The school physicians examined 888 children or 53 per cent, and 233 or 26 per cent were found to be defective. Of the number found with physical defects, 49 or 21 per cent were corrected. The parents of 95 children of the original number elected to have their child examined by their own doctor but by the end of the semester had not turned in reports. From these figures it will be seen that there is relatively no difference in the value of the examinations between that made by the family physicians and the school physicians as regards the number of defects found and the number of defects corrected. One of the chief advantages of having children examined by the family physicians is to acquaint the neighborhood doctor with the school health program.

In nine of the schools manned by part time health officers, parents were invited to be present at the time of examination. A total of 195 invitations was sent out and 110 parents responded, an excellent record. Thus far, there are no figures available as to whether these examinations were worth the time spent, as the follow-up reports have not yet been made.

At the end of the last semester, conferences were arranged between the school nurse and the classroom teacher to review all the health and scholastic records of their respective pupils. This brought the classroom teacher very much more intimately into the health program and was appreciated a great deal by all concerned. A great majority of the cases presented by them were of a behavior or disciplinary character and few physical defects were found to account for the adverse conditions. Children who had been found defective on previous examinations and whose parents had disregarded the advice given by the doctor or nurse were again notified and in many instances summoned to the schools for personal interviews with the school doctor and school principal.

To summarize the results of these studies, the division chief would advise that the plan for bringing the family physician into the picture be placed as rapidly as possible on a city-wide basis in the elementary public and parochial schools, that the semi-annual nurse-teacher conferences likewise be introduced in all elementary schools, both white and colored, and that the importance and advantages of having the parents present when the children are examined be stressed and this procedure be adopted as fully as possible. In order to insure the success of these changes in the scope and plan of the school health service, it will be necessary for the school physician to meet with the faculty and explain to them in detail the necessary procedure.

Control of Communicable Diseases in School

The incidence of diphtheria among children of elementary school age in 1943 was almost double that of 1942. There were 26 cases reported in

1942 and 44 cases in 1943, whereas the toxoid administrations to children of school age were not quite half as much as those in the previous year. There were 2,457 children of school age inoculated in 1942 as against 1,580 in 1943. The number of preschool children between the ages of six months to five years inoculated was approximately the same in these two years; there were 1,453 children given toxoid in 1942 as against 1,473 in 1943. Of the 44 cases of clinical diphtheria reported among children of elementary school age in 1943, 21 or approximately 50 per cent had a definite history of having received one dose of alum-precipitated toxoid. There were no official records for 12 children and 11 had no history of ever having received any preventive inoculation. There was one death of a six year old child who had been given toxoid.

An intensive study of the incidence of tuberculosis in the colored elementary schools was begun in 1943 in the Druid Health Center under the guidance of Dr. Maceo Williams. In Public School No. 127, a total of 309 children was tested with the Vollmer Patch method and of this number 47 or 15.2 per cent were found to be positive reactors. All of these positive reactors were X-rayed, but the number of children who are actual victims of reinfection type of tuberculosis, if any, has not yet been determined. These tests were made upon the granting of parental permission. From the report of the Maryland Tuberculosis Sanatorium at Henryton, Md., there were 9 children admitted in 1943 from Baltimore City with reinfection type of tuberculosis and tubercle bacilli in their sputum. In the future it is felt that such children should be reported to the school doctor and the presence of such child in the school should be sufficient justification to test all the children in that school without waiting for the parents' permission. In Public School No. 127 just referred to, out of 439 children attending school, permission was granted for only 313 to be tested.

In the ANNUAL REPORT for 1941 submitted by the chief of the division recommendation was made to place acute rheumatic fever on the list of reportable diseases. The objective of such reporting was not to institute quarantine procedures but to have the child visited by the school doctor or school nurse to ascertain the probable duration of the disease and if and when educational instruction might be resumed without risk to the child. The facilities offered for such cases would be either a home teacher or special classes in the schools for the physically handicapped. Effective in November 1943, acute rheumatic fever was placed on the list of reportable diseases. During the two months this disease was reportable, there were 29 reports of cases in children of school age sent to the Bureau of Communicable Diseases. If this rate should be continued, there might be approximately 180 cases reported annually, but for the year 1943 there were only 39 requests for home teachers for children suffering from such disease, and of this number 25 came from one clinic. The majority of these children re-

turned to school, some with the advice of the physician and some without, and neither the school physician nor the nurse were aware of their condition and they were allowed to enter the ordinary grade class without any restrictions. Oftentimes a year or two later they were brought before the school doctor with definite evidence of permanent organic valvular heart disease. It is fair to assume that if these children had been watched over more carefully during their period of convalescence, such condition might not have occurred. The two schools for the physically handicapped accept those children with actual evidence of cardiac complications or children suspected of developing such, but the lack of transportation makes these schools available only to the children in the immediate neighborhood or to those whose parents can afford transportation. In the opinion of the director, this entire problem needs study and readjustment. It is felt that the children who are victims of rheumatic fever should be given the same consideration as those children with other physical handicaps.

A summary of the physical defects found among school children and the corrections made is herewith appended.

Personnel

H. Warren Buckler, M.D., Chief
Harry C. Grant, M.D., Health Officer
M. L. Breitstein, M.D., Health Officer
Lyman Abbott, M.D., Clinic Physician

TABLE NO. 1

REPORT OF PUPILS EXAMINED AND DEFECTS FOUND

	Total	Public Elementary School		Parochial Schools	
		White	Colored	White	Colored
Number of pupils examined	33,267	17,994	7,386	7,673	214
Number of pupils defective	16,420	8,329	3,959	4,055	77
Throat—Tonsils	7,114	4,075	1,489	1,516	34
Nose—Adenoids	7,114	4,075	1,489	1,516	34
Mouth—Teeth	10,036	5,077	2,172	2,753	34
Eyes	2,028	914	623	482	9
Ears	95	62	20	13	..
Heart	551	293	81	176	1
Vaccinations in school clinics	2,764	1,951	639	167	7
Cases of malnutrition	1,784	1,021	393	361	9

TABLE NO. 2

REPORT OF CORRECTIONS OF PHYSICAL DEFECTS OF SCHOOL CHILDREN

Defects Corrected	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Tonsils and adenoids	2,268	1,612	81	571	4
Other operations	106	69	16	21	..
Teeth	3,693	2,028	779	839	47
Eyes refracted and glasses obtained	1,427	951	178	295	3
Eyes refracted and glasses not necessary	61	43	5	13	..
Skin eruption	208	166	21	21	..
Pediculosis	384	296	4	84	..
Children treated for minor ailments, accidents and emergencies	1,229	425	482	322	..
Children sent to dispensaries	605	411	37	157	..

DIVISION OF DENTAL CLINICS

DIVISION OF DENTAL CLINICS

Morris Cramer, D.D.S.

Supervisor

There were 3,272 children examined and treated for dental defects by the three white and one colored dentists and the part time supervisor in the sixteen dental clinics located in the city public schools. Treatments consisted of extractions, sedative treatments, fillings and prophylaxis. While there were fewer requests received for dental treatments during 1943 than in previous years, due to the favorable employment situation prevailing in Baltimore, it was impossible for the limited staff to care for all those who applied. The clinicians concentrated their efforts on treating as many pupils as possible for the relief of toothaches and recommended to the public health nurses that they contact parents and urge them to take those children needing considerable dental care either to their private dentists or to the dental school at the University of Maryland. Children were also given instructions in proper care of the mouth.

Due to the illness of Dr. Nathan Scherr, the dental clinics in the Eastern and Southeastern Health Districts were not reopened after the summer recess.

A brief summary of the work accomplished during the year in the public schools is as follows:

Patients registered at clinics	3,272
Visits to clinics	4,007
Prophylactic treatments given	1,684
Teeth filled	801
Temporary teeth extracted	4,626
Permanent teeth extracted	1,395
Cases completed and discharged	2,768

There was very little work done in the preschool dental clinic at the University of Maryland School of Dentistry, due to the fact that few children availed themselves of the opportunity to attend this clinic probably because of the improved economic status of workers.

Recommendations

It was noted during the year that many of the notification cards sent to parents concerning the condition of the child's mouth were returned with notation that child would be taken to the family dentist. However, many months later it was found that no effort had been made by the parent in

this regard, with the result that many permanent teeth that could have been treated and filled in the early stages of decay were far beyond repair and necessitated extraction. In order to remedy this situation, it would be necessary to inaugurate a regular follow-up program conducted by the public health nurses and the teaching staff and to develop a preventive and dental health educational program for teachers, parents and children.

Four points should be stressed as a basis for dental education, namely, proper food, exercise, cleanliness and early dental care.

Personnel

Morris Cramer, D.D.S., Supervisor
John H. Hoffman, D.D.S., Dentist
Charles Highstein, D.D.S., Dentist
Nathan Scherr, D.D.S., Dentist
Lucius A. Butler, D.D.S., Dentist

TABLE NO. 1
REPORT OF THE WORK DONE IN THE DENTAL CLINICS YEAR 1943

	New Patients	Visits	Prophylaxis	Amalgam	Cement Fillings	Gutta Percha	Treatments	Carbo-Eugonol	Emergency	Extraction of Permanent Teeth	Extraction of Temporary Teeth	Completed and Discharged
Total	3,272	4,007	1,684	601	165	10	76	25	100	1,395	4,626	2,768
January	371	464	208	67	18	..	8	6	11	195	552	299
February	317	399	182	55	25	..	5	..	22	131	458	268
March	540	656	251	102	22	3	14	7	6	202	831	440
April	445	558	185	68	22	..	8	2	11	165	786	382
May	456	556	209	80	30	2	12	..	25	206	592	407
June	129	201	75	42	8	..	5	..	..	76	180	140
October	366	387	192	71	19	..	9	4	6	111	408	281
November	367	434	222	67	5	1	8	5	12	172	453	310
December	281	352	160	49	16	4	7	1	7	137	366	241

BUREAU OF PUBLIC HEALTH NURSING

BUREAU OF PUBLIC HEALTH NURSING

Jane B. Laib, R.N.

Director

The year 1943 was one of continuous realignment and readjustment in the Bureau of Public Health Nursing because of the many changes caused by turnover in personnel. Fifteen public health nurses and two supervisors left to enter the military services, two public health nurses retired and twenty-two resigned to accept positions at higher salaries or to be married.

The activities of the public health nurses included maternal and child health, communicable disease and tuberculosis control and special clinics. This work was conducted under the direction of the staff bureau directors and district health officers. Each nurse was assigned an area with a population of approximately 9,000 people and also contributed an average of seven clinic hours per week.

Because of the great turnover in personnel it was necessary to adjust the field work to meet the pressing need for public health nursing service and the program was reviewed by the bureau director and the directors of the bureaus for whom certain field work was conducted. Among the services discontinued were the routine weighing and measuring of school children and the physical examination of school children in the fifth grade.

The Baltimore Social Service Exchange again offered service to the Department in the clearing of cases. The information received was used by the public health nurses in home visiting. In 1943, there were 1,235 such clearances for the City Health Department of which 651 were for the Eastern Health District whereas in 1942 there were 986 clearances with 717 for the Eastern Health District.

The participation of the public health nurses in the venereal disease program was expanded. Heretofore, the bureau furnished only nursing service for venereal disease clinics and this service had increased during the past few years. In November, public health nurses were assigned for follow-up visits of contacts and delinquents in connection with epidemiological investigations of infected cases of syphilis and gonorrhea. Nurses assigned to this work replaced social service investigators and their duties included recording of epidemiological histories given by patients in the clinic and follow-up visits to secure the examination and treatment of infected contacts.

At the request of the Director of the Bureau of Occupational Diseases,

public health nurses assisted in the vaccination of employees in various industrial plants and commercial organizations throughout the city.

Appropriation was made in the budget for 1943 for seven additional public health nurses and one supervisor. Three public health nurses who were appointed in October 1942 to the new housing program were put in these new positions and the other four positions were filled by colored nurses.

Staff Education

During the year, ten new nurses were given the orientation course in the Eastern Health District and other new nurses were instructed by their respective supervisors with the aid of senior nurses.

Eighteen nurses attended the evening course on "Public Health Aspects of Venereal Disease" at the Johns Hopkins University and other educational subjects and nine nurses enrolled for the evening course on "Educational Psychology" at the Douglass High School, given under the auspices of Morgan College. Three nurses completed a year of college work at the University of Pennsylvania and one nurse returned to duty after completion of an academic year at New York University. These four nurses had been granted stipends from Federal Social Security funds.

Staff educational conferences were continued as in previous years. The program was planned in advance by supervisors and subjects were selected for discussion by individual groups. Bureau directors assisted in this educational program and gave talks to separate groups of public health nurses on the work of the various bureaus.

The director attended the Industrial Hygiene Institute for Nurse Consultants held at Bethesda, Maryland from March 1 to 10, the Wartime Public Health Conference and the seventy-second meeting of the American Public Health Association in New York City. Public health nurses of the bureau staff attended various professional meetings held in Baltimore and other cities during the year.

Personnel

Jane B. Laib, Director
Ellen M. H. Brown, Assistant Director
Grace S. Eyler, Senior Stenographer
Sara H. Ford, Senior Stenographer
M. Alice Caron, Senior Supervisor of Field Nurses
Ola C. Early, Senior Supervisor of Field Nurses
Adelaide G. Smith, Senior Supervisor of Field Nurses
Marie Dandridge, Senior Supervisor of Field Nurses
Grace Volmar, Acting Senior Supervisor of Field Nurses

Public Health Nurses

Marianna P. Aiau
Mary Bacon
Romaine S. Basford White
Ruth C. Bennett
Grace Berger
Marie V. Buckless
Elevian R. Carter
Sarah V. Case
E. Murray Cox
Grace C. Crawford
Bertie Davidson
Alice E. Diver
Emily Ely
Ruth Eckman
Hattie L. Ennis
Rose M. Fields
Ethel V. Finneyfrock
Virgie M. Finneyfrock
Helen H. Galloway
Geneva Gartside
Mary A. Goldberg
Marian Hagan
Rose M. Hoffman
Margaret B. Hoyt
Katherine M. Brady
Margaret Mary Dello
Pearl R. Miller
Marjorie F. Muthard
George A. Hutton
Constance Jacobs
Ruth K. Jones
Edna Kenney
Elsa C. Kittel
Rose B. McDonnell
Elizabeth McGovern
Frieda W. Moore
Winifred Moore
Roberta S. Pinckard
Carolyn K. Preston
Helen B. Reutter
Elizabeth Rutter
Carolyn M. Shaffer
Helen B. Sharpe
Ruth Stoneham
Marion E. Stromberg
Mary B. Tewell
Birdie M. Thearle
Violet B. Weber
Helen L. Wells
Alva M. Williams
Clara Mary Alexandrowicz
Pauline Benfer
Margaret J. Carter
Eudora M. Kefauver
Sylvia Miller
Edna V. Yates
Jane S. Seegar
Marianne A. Sullivan

SANITARY SECTION

SANITARY SECTION

Personnel

Wilmer H. Schulze, Phar. D., Director
Elizabeth M. Truxal, Senior Stenographer
George Boteler, Messenger

SANITARY SECTION

Wilmer H. Schulze, Phar.D.

Director

Among the major problems in sanitation encountered by the Sanitary Section in 1943, most of which were closely related to wartime conditions, were: An increased use of toxic materials in industries engaged in the manufacture of war materials; an acute shortage in the city milk supply; personnel problems on dairy farms and milk plants; traffic in black market meat; carbon monoxide hazards due to the use of certain war emergency types of gas water heaters; sewage disposal in areas to be developed for housing; hygienic regulations for the conversion of houses into multiple family dwellings and for the increased number of rooming houses; food handling instructions for new employees of food establishments; sanitary operation of trailer camps; and garbage and refuse disposal in connection with rat control.

The outstanding event in the field of housing occurred on June 24, when the Court of Appeals filed a decision in approval of the constitutionality of Ordinance No. 384, known as the Ordinance on the Hygiene of Housing. This action of the court affirmed the decision of Judge Joseph N. Ulman in the Criminal Court of Baltimore City in which a landlord had been found guilty of violating the ordinance and gave additional support to the Health Department activities designed to improve sanitary housing conditions. Other notable advancements in the field of housing were: The establishment of a new position classified as Chief of the Division of Housing; appointment of three new positions in the classification of Senior Sanitary Inspector for the enforcement of housing legislation; adoption of Ordinance No. 902, an amendment of the housing ordinance which strengthened Sections 156A and 156C of Article 16 of the Baltimore City Code; assistance given to the Department of Public Welfare, the War Housing Center and the Housing Authority of Baltimore in locating living quarters for families occupying houses posted to be vacated because they were unfit for human habitation; removal of 349 frost-proof hoppers; and the successful completion in the Criminal Court in conjunction with the Buildings Engineer of legal proceedings against two owners involving ten properties resulting in fines amounting to $9,200.00. Appeals were taken to these judgments and decisions of the Court of Appeals of Maryland were pending at the close of the year.

Increased attention was given to industrial hazards in many different operations in plants engaged in the manufacture of war materials. These

included technical studies of exposures to such materials as arsine, benzene, carbon monoxide, carbon tetrachloride, chlorinated phenols, chromic acid and chromates, dinitrocresol, lead, trichlorethylene, silica-containing dusts and fumes from welding operations. Consideration was given also to other health related items in working environments such as ventilation, lighting, personal facilities, protective clothing, water supply and sewage disposal.

Other activities of the Sanitary Section included: Study of environmental sanitation and housing conditions in census tract 6 of Ward 25 which includes the communities of Fairfield, Masonville and Wagner's Point; printing of 250,000 copies of a Health Department pamphlet "You Can Help Fight The Rat" which was given city-wide distribution by the Civilian Mobilization Committee; assistance to the Department of Recreation in matters of sanitation at the Lake Roland recreational area; arrangements with the War Housing Center, acting for the National Housing Agency in the Homes Use Program, for the review of all plans for the conversion of houses for war workers leased by the Federal government; investigations with the Buildings Engineer and the Fire Department of insanitary and unsafe groups of houses; authorization on a temporary basis of a member of the Rat Control Bureau to act as a special sanitary inspector; assignment of the first Negro senior sanitary inspector to the Department staff for work on sanitation problems in the Druid Health Center area; investigation of rat infestations in connection with cases of Weil's disease reported to the Health Department; inspection of overcrowded and insanitary housing conditions in dwellings where cases of meningococcus meningitis occurred; participation in a joint project with the Buildings Engineer and the City Comptroller for improvement of housing conditions in a group of city-owned dwellings pending demolition of a site for a public school; sanitary inspection of homes for the aged made at the request of the Department of Public Welfare; inspection of railroad watering point sanitation with a representative of the U. S. Public Health Service; smallpox vaccination of workers in industrial, food, milk and ice cream plants; and joint investigation with representatives of the Department of Public Works in such problems as mosquito control, atmospheric pollution, sewage disposal, garbage and rubbish nuisances and complaints related to poor drainage.

The director served as a member of the Committee on Housing of the Conference of Municipal and Public Health Engineers, as a member of the Home Safety Committee of the Baltimore Safety Council, and as President of the Baltimore Conference of Food, Drug and Sanitary Officials.

Members of the staff as in previous years participated in the civilian defense program and conducted educational activities for special groups and the lay public.

BUREAU OF MILK CONTROL

BUREAU OF MILK CONTROL

Ivan M. Marty

Director

The second year of the war placed many additional burdens upon the bureau chiefly because of inexperienced and untrained employee replacements on farms and in milk plants, inspection staff vacancies, government priority requirements, rationing of milk and milk products, delivery restrictions, shortages of milk plant equipment and black-out enforcements. Many readjustments in inspection routine were made necessary as were numerous emergency compromises with dairy farms and milk plants.

One of the hottest and dryest summers ever recorded on the Baltimore milkshed, a critical shortage of farm labor, exorbitant dairy feed prices and a tremendous increase in the demand for milk and milk products by civilians and the armed forces combined to cause the most severe milk shortage ever experienced in this city. To supplement the local milk supply 8,658,699 gallons were brought into the city from milk plants in New York, Pennsylvania, Indiana, Ohio, Wisconsin and Minnesota. Since a large part of this emergency milk supply came from sources not under the supervision of the Baltimore City Health Department, the bureau inspection staff was compelled to devote most of its efforts to the supervision of pasteurization in order to guard the safety of the city milk supply. Pasteurization equipment was checked night and day, Sundays and holidays, throughout the city and for the duration of the emergency the minimum pasteurization temperature requirement of 142 degrees Fahrenheit established by ordinance was raised to 145 degrees Fahrenheit. As an added precaution many additional samples of milk were checked by the phosphatase test for proper pasteurization. The number of such samples examined was increased from 939 in 1942 to 1,704 in 1943.

The milk ordinances in Article 16 of the Baltimore City Code of 1927 with amendments were reprinted and issued in booklet form under the title *City Milk Code.* This publication replaced the booklet entitled *Laws and Ordinances Governing the Production, Distribution and Sale of Milk in Baltimore City* issued following the adoption of City Milk Ordinance 262 on June 1, 1917.

In order to assure an adequate supply and effective distribution of dairy products to meet war and essential civilian needs, the Federal government toward the end of 1942 imposed restrictions on the use of milk products in the manufacture of ice cream. In April 1943 the Maryland State Legis-

lature passed Chapter 281 which for the duration of the present war emergency and for six months thereafter, reduced the standards of butterfat and total milk solids contents in ice cream. Subsequently, ice cream manufacturers in Baltimore were granted Health Department permission to reduce the butterfat content of ice cream from 12 per cent to 10 per cent and the total milk solids content from 20 per cent to 18 per cent. Following the passage by the State Legislature in May of Chapter 786 which permits the sale of bulk sherbet, the Commissioner of Health waived the requirement in Health Department ice cream regulation No. 5 that sherbet shall be sold or dispensed in packages or containers prepared in such form at the place of manufacture.

The Sanitary Milk Production Contest was won for the third consecutive year by the Delta High School of Delta, Pennsylvania. A wartime shortage of agricultural instructors compelled four of the thirteen rural high schools that competed in 1942 to withdraw from this year's contest. Many of the 4,529 students who have been trained for the contest during the twelve years in which it has been held are now owners or operators of farms producing milk for Baltimore.

Cooperating in the industrial plant smallpox vaccination campaign in January, Bureau of Milk Control representatives persuaded more than 4,500 men and women to accept vaccination for the prevention of smallpox. This group included every milk plant employee and most of the ice cream plant workers in the city.

On March 28 the Bureau of Milk Control moved from the ninth floor of the Municipal Office Building to larger and more comfortable offices at 202 Guilford Avenue. Additional floor space in the new offices made possible the expansion of the filing system thereby facilitating the work of the bureau.

Dairy Farm Inspection

In spite of the difficulties experienced by farmers in obtaining builders and building materials, many new milking stables and dairy houses were constructed and innumerable corrections to old buildings were made in order to comply with Health Department specifications. More than 100 new Dairy Farm Permits were issued to farms which were in complete compliance with requirements.

Due to the shortage of farm labor many milking machines have been installed on dairy farms. It was estimated that by the end of 1943 between 35 and 40 per cent of the 2,779 farms shipping milk to the city were equipped with mechanical milkers.

There was a slight but steady decrease in the amount of raw milk distributed within the city. By the end of the year 99.6 per cent of the milk

sold was pasteurized and only three raw milk farms remained under Health Department permit.

There was little demand for goat milk in Baltimore and the holder of the only Goat Dairy Farm Permit ever issued by the Department withdrew from the city and the permit was cancelled.

Pasteurizing Plant Inspection

From August 1 when the Bureau of Laboratories adopted the standard agar there was a decided increase in the average bacterial plate count on the pasteurized milk supply. From 1,900 in July the count increased to 8,800 in December. The use of emergency milk of questionable quality may have been a contributing factor but the increase was chiefly attributed to the use of the new agar. Although the safety of the city milk supply was assured, the average bacterial plate count on the pasteurized bottled milk was the highest in any year since 1931.

Of the 1,704 samples of pasteurized milk subjected to the phosphatase test in the Bureau of Laboratories, eighteen were positive representing eight instances of improper pasteurization. Of the two hundred and fifty-four samples of cream, four were positive representing four instances of improper pasteurization. A meeting of representatives of all of the milk plants was held on March 9 in the office of the Commissioner of Health to discuss ways and means of preventing pasteurization deficiencies and the representatives agreed to take additional precautions and pledged complete cooperation with the bureau. Only two instances of improper pasteurization of cream occurred after this meeting.

Personnel

Ivan M. Marty, Director
Marie Huppman, Senior Stenographer
Lillian R. Wolman, Senior Stenographer
Jennie G. Moore, Senior Clerk
Robert F. Gaddis, Dairy Farm Supervisor
Courtney C. Buck, Dairy Farm Supervisor
Leroy C. Shearer, Dairy Farm Supervisor
Harry H. Shaffer, Dairy Farm Supervisor
Charles H. O'Donnell, Dairy Farm Inspector
John J. McKann, Dairy Farm Inspector
Lawrence Wagner, Dairy Farm Inspector
Gulius D. D'Ambrogi, Chief, Division of Milk Plant Inspection
Vernon L. Corey, Senior Sanitary Inspector
William M. Hoffacker, Food Inspector
Clarence L. Scheiblein, Food Inspector
Philip H. Strauss, Food Inspector

TABLE NO. 1

SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION—1943 AND 1942

Area of Baltimore milkshed..... 2,600 square miles (approximate)
Active shippers..... 2,779

Activities	1943	1942
Inspections		
Total	6,982	8,040
Routine dairy farms	5,276	6,521
Special dairy farms	1,146	1,164
Applications	481	355
Receiving and by-products plants	72	.....
Cream plants	7	.....
Other Activities		
Violation notices issued	2,808	1,611
Milk returned for high temperature	764	818
Permits issued	102	83
Permits cancelled	282	357
Hearings	0	17
Permittees warned at hearings	0	12
Suspensions of Permits		
Total	96	107
Department	1	13
Field	95	94

TABLE NO. 2

BACTERIAL COUNTS AND PERCENTAGE BUTTERFAT FOR PREPASTEURIZED AND PASTEURIZED MILK—1943 AND 1942

Month	Selected Milk Prepasteurized				Selected Milk Pasteurized (Bottled)			
	Average Bacterial Count		Average Per Cent Butterfat		Average Bacterial Count		Average Per Cent Butterfat	
	1943	1942	1943	1942	1943	1942	1943	1942
Entire Year	569,000	134,000	3.92	3.96	4,600	2,100	3.89	3.96
January	150,000	63,000	3.90	3.98	4,100	1,900	3.93	3.98
February	160,000	63,000	3.86	3.99	3,000	1,600	3.82	3.98
March	220,000	82,000	3.96	3.98	2,700	1,600	3.96	3.98
April	200,000	93,000	3.92	3.90	2,400	1,600	3.93	3.99
May	500,000	110,000	3.93	3.96	2,200	1,000	3.88	3.98
June	1,400,000	160,000	3.88	3.92	3,000	1,500	3.85	3.96
July	1,000,000	220,000	3.95	3.92	1,900	3,200	3.86	3.93
August	1,300,000	180,000	3.77	3.96	5,900	2,900	3.77	3.93
September	700,000	220,000	3.84	3.90	6,800	2,600	3.93	4.00
October	350,000	120,000	4.03	4.22	6,000	2,700	3.94	4.01
November	550,000	160,000	4.03	3.99	8,500	2,700	3.95	3.98
December	300,000	140,000	3.99	3.88	8,800	2,400	3.89	3.84

TABLE NO. 3

AVERAGE BACTERIAL COUNTS OF ICE CREAM

1943 AND 1942

MONTH	AVERAGE BACTERIAL COUNT FOR PLANTS PASTEURIZING ON PREMISES		AVERAGE BACTERIAL COUNT FOR PLANTS BUYING PASTEURIZED INGREDIENTS	
	1943	1942	1943	1942
Entire Year	3,200	2,100	15,400	10,800
January	3,900	1,000	6,200	2,900
February	800	1,900	5,400	2,500
March	1,200	700	3,600	6,900
April	1,700	700	15,000	4,300
May	3,600	800	46,000	2,400
June	3,300	2,000	16,000	13,000
July	2,600	1,500	18,000	14,000
August	7,900	7,600	23,000	17,000
September	4,800	3,000	13,000	24,000
October	3,100	3,300	8,000	17,000
November	2,700	1,400	18,000	22,000
December	2,800	1,700	13,000	3,600

TABLE NO. 4

SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1943 AND 1942

TYPE OF PLANT	INSPECTIONS	AVERAGE NUMBER OF INSPECTIONS PER MONTH PER PLANT	CORRECTION NOTICES ISSUED
Milk Plants			
1943	4,571	22.68	850
1942	3,086	12.49	986
Ice cream plants pasteurizing on premises			
1943	1,024	4.73	595
1942	1,209	5.61	680
Ice cream plants buying pasteurized ingredients			
1943	851	4.04	400
1942	1,108	4.88	517

TABLE NO. 5

SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1943 AND 1942

TYPE OF SAMPLE	1943	1942
ALL SAMPLES	8,547	8,801
Milk	4,023	3,678
Cream	395	574
Ice cream	1,044	1,156
Ice cream mix, evaporated and condensed milk	60	75
Empty bottles	2,908	3,131
Water samples	66	106
Miscellaneous samples	51	81
Dairy products cans inspected	5,610	12,207

BUREAU OF FOOD CONTROL

BUREAU OF FOOD CONTROL

Ferdinand A. Korff

Director

Retail, wholesale and manufacturing food establishments and food departments of institutions in the city were maintained under regular and systematic inspection during the year for the prevention of infection and spoilage of quantities of food required for consumption by an increased population. The shortage of labor and the difficulty in securing replacements of equipment in the industry necessitated the employment of transient and untrained food handling personnel and substitute materials. Particularly was this true in institutions and restaurants and it was necessary to revise food inspection assignments to sections of the city frequented by the larger groups of persons and to the larger institutions. It was also necessary to close some establishments pending correction of insanitary conditions. Personnel of the bureau was not materially affected as vacancies in food inspector positions were filled temporarily by older men and one woman.

The food handler training course was accelerated during the year and 1,901 persons were given instruction in 1943 as compared with 600 in 1942. Fifty-eight classes were in food plants, kitchens or restaurants, hotel rooms and school classrooms and other places which were more easily accessible to the trainees than the assembly room of the Department. The instruction was streamlined and shortened to one hour and emphasis was placed on personal hygiene, bacterial infections, chemical, insect and rodent contamination and food utensil disinfection. The effectiveness of the food handler training course was difficult to estimate but it appeared that results obtained over a period of time in the diminishing of illness caused by food and food spoilage compensated for the time spent and was more economical and probably just as effective as medical examination of food handlers, the purpose, in a large part with which it coincides.

Deviating from the procedure of obtaining correction by education and cooperation, thirteen instances of legal prosecutions were instigated and resulted in fines totalling $405.00. Failure to properly dispose of garbage and trash, possession of unwholesome meat and the sale of meat to which a sulphite preservative had been added were the reasons for legal action.

Several instances of substitute foods made their appearance and action was taken through various channels to discontinue such economic frauds. These included the use of mineral oil in a salad dressing, manufacture of

whipped butter, substitution of oleomargarine for butter and the sale of horse meat.

Food Establishment Inspection

Retail Food Establishments

Restaurants, grocery stores, drug store soda fountains, fruit and vegetable stores, did not increase materially in number during the year but customer demands upon these establishments were greater. Because of the war-imposed difficulties already mentioned the custom of protecting food offered for sale and the display of necessary permits were not included in the scoring and the percentage of satisfactory establishments in this group was approximately 71. In spite of labor, rationing and diminishing of supplies and equipment, sanitary conditions did not degrade materially as shown in the table which follows.

Year	Per Cent of Retail Food Establishments Entirely Satisfactory
1943	55.1
1942	58.4
1941	61.2
1940	60.1
1939	48.8
1938	58.4
1937	57.1
1936	52.7
1935	50.9
1934	55.0
1933	41.9

Fewer food utensil swabbings were obtained in 1943 than in previous years because of diminished personnel in the Bureau of Laboratories. Those obtained were from establishments which gave indication during inspection that proper disinfection was not being carried out and were used chiefly for legal purposes and for insistent attendance at food handler instruction classes. Figures for examination of swabbings given in the table which follows represent samples each:

NUMBER OF BACTERIA PER RIM OF GLASS

Year	Number of Samples	Under 100		101 to 500		501 to 1000		1001 to 10,000		Over 10,000	
		Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
1943	445	202	45.4	97	21.8	26	5.8	59	13.3	61	13.7
1942	1,300	576	44.3	191	14.7	78	6.0	207	15.9	249	19.1
1941	2,121	1,235	58.2	254	11.9	124	5.8	212	9.9	296	13.9
1940	1,376	739	53.7	163	11.8	61	4.4	172	12.5	241	17.5
1939	94	32	34.0	16	17.0	6	6.3	20	21.3	20	21.3

Dual inspections made of areas in the city with representatives of the Third Corps Area aided materially in effecting correction of certain restaurants in the vicinity of railroad and bus terminals. Threats of "out-of-bounds" posting caused immediate corrections to be made by owners and operators.

Inspection of proposed taverns at the request of the Board of Liquor License Commissioners of Baltimore City aided proprietors of this type of establishment to begin operations with a knowledge of food and health laws of the city. It also prevented undesirable prospective operators from obtaining permits for this type of quasi-food establishment.

In spite of efforts to aid the authorities supervising the City-owned markets, these areas still continued to present their usual condition of seminuisances. Conferences held by the Commissioner of Health, the Building Engineer, representatives of the Bureau of Street Cleaning, Office of the Comptroller, and the Superintendent of Markets, sought to improve sanitary conditions in and around the markets but did not produce entirely satisfactory results because of apparent non-receptive attitude of those in charge of the markets. Market masters were given instruction in rodent control but it was necessary to continue supervision over the market stalls and 14,810 inspections were made.

Wholesale Food Establishments

Railroad terminals, auction houses, commission merchants and wholesale markets were maintained under weekly inspection during the year but there was some curtailment of inspections because of the smaller quantity of food which were shipped through the city. Fruits and vegetables were found free of arsenical spray residues; the number of oyster shipments decreased but were from approved sources and salvaged food also diminished in quantity. Inspection of this type of food establishment was conducted by one inspector above the retirement age who was a temporary appointee.

Manufacturing Food Establishments

Marked progress was evidenced in candy manufacturing plants during the year and practically all were operated under sanitary conditions far superior to that observed in previous years. A procedure of sampling, detaining and condemning food products, resulted in temporary closing or removal of factories to more suitable buildings. This procedure was also started with a large number of bakeries and together with hearings and written instructions it is hoped that similar improvements will result. Canning plants and the many miscellaneous food manufacturing plants in the city were found operating under satisfactory sanitary conditions.

Institutions

Food departments of homes for the aged, orphanages, boarding houses, hospitals, nursing homes, day nurseries, public and private schools were given particular attention by inspectors because of lack of personnel in this type of establishment and not too careful observance of food handling. However, improvements in food utensil disinfection, insect elimination, perishable food storage and general sanitation were observed following routine inspection visits. While this activity added several hundred food establishments to the inspection visits of the bureau staff, the number of persons thus protected warranted the work.

Special Activities

In connection with Civilian Defense activities members of the bureau were given specific instruction in decontamination of lethal war gases, the Director having received special instruction at Edgewood Arsenal, Md. and Amherst College, Mass. Instruction was also given to air-raid wardens of the Civilian Defense Corps and to selected groups of individual with special training in chemistry.

In cooperation with the Bureau of Occupational Diseases food handlers were advised to be vaccinated or revaccinated against smallpox. Several hundred individuals responded to this request.

During a Summer period of several weeks when the temperature was 90 degrees Fahrenheit and with especially dry weather, appeals for ice because of food spoilage reached the Department. In spite of the labor shortage, the discontinuation of one of the five manufacturers of ice in the city and the depleted ice resources in the city, deliveries were resumed by arrangements with a representative of the local Ice Publicity Association. Importation of ice from distant points, relief from immediate induction of personnel into the armed forces by the local Selective Service Board and pooling of deliveries were the relief measures instituted.

The bureau supervised disinfestation of Japanese beetles from truck loads of fruits and vegetables by representatives of the U. S. Department of Agriculture. Recommendations were made that the disinfestation should be done in non-populous areas, trucks should be guarded and the bureau informed of extension of the procedure. Field tests for excessive quantities of the gas were made with the Bielstein lamp.

The extra activities of supervision of the issuance of milk, meat, gas appliance and rooming house permits and the review of new and revised forms of the Department were continued by the bureau director as in previous years.

Food Poisoning

There were twenty-eight investigations made of food-poisoning outbreaks during the year. Of the total, seven were proved to have been caused by specific foods. In a number of instances sufficient evidence was not obtainable and in others food was definitely not the cause. Case histories of the seven outbreaks are summarized below:

Outbreak No. 1. Six persons, members of two separate families, consumed among other foods a quantity of Münster cheese purchased from two different retail food stores. After about six hours each of the individuals became ill with vomiting, diarrhea, nausea and pains in the abdomen. Bacteriologic examination of the cheese showed the presence of a large number of organisms of the coliform group but no specific organisms of the Salmonella group nor toxin-producing *Staphylococci*. In all probability improperly "ripened" cheese was consumed by the persons made ill.

Outbreak No. 2. During a trial run of a recently constructed ship, food for two meals was taken aboard for consumption by the crew. The food including soup was stored in the hold of the partially completed ship with no refrigeration and no facilities for reheating. After six hours of this storage one hundred and twenty-eight men ate some or all of the food. Seven became ill with slight vomiting and abdominal pains. After the ship returned to its berth some of the "clean-up-gang" ate the same soup and other foods and eleven of these became ill with the same symptoms. No food was available for bacteriologic examination.

Outbreak No. 3. Five employees of a local restaurant drank several glasses of a grape soda made from synthetic grape concentrate and carbonated water. After about fifteen minutes the five employees and one customer complained of nausea and slight vomiting. (The investigators also tasted a small portion of the beverage and experienced slight nausea.) With the aid of the local distributors all known quantities of the concentrate were impounded and destroyed.

Outbreak No. 4. After eating a noon-day meal, eleven employees out of fifty of a local institution became ill four hours later with severe vomiting, pains in abdomen and shock, necessitating hospitalization. Partially warmed ham was the only food eaten by all of the persons made ill. Bacteriologic examination of portions of the ham and vomitus from the only patient from whom a specimen of vomitus was obtainable did not show the presence of enterotoxin-producing *Staphylococci*.

Outbreak No. 5. Three persons consumed the stems and large leaves of the poke weed plant, as a part of a home-prepared salad including other leafy vegetables, lettuce, celery and watercress. About two hours later vomiting and diarrhea occurred, probably due to the stems of *Phytolacca decandra L.* The leaves of this plant are considered by some to cause illness if consumed during the flowering period.

Outbreak No. 6. Platter lunches consisting of potato salad, sliced ham, boiled eggs, sliced tomatoes and lettuce were eaten by forty men at a noon-day meal. About four hours later five of the men were ill with vomiting and diarrhea, three of whom were hospitalized. Sample of the ham obtained for

bacteriologic examination showed the presence of relative large numbers of *Staphylococci*, pigmented, non-hemolytic. No kitten test was conducted for enterotoxin-producing organisms.

Outbreak No. 7. In a local military camp one hundred men were fed at a late evening meal. Not having prepared beef steaks for this number of men, left-over cooked ham was served to forty of the group and all of them became ill with various degrees of vomiting, nausea and pains in the abdomen. Bacteriologic examinations of a portion of the ham showed millions of organisms, indicating overgrowth of any type of specific organisms.

The following table summarizes the investigations of food poisoning outbreaks made by the team of investigators consisting of the Director of the Bureau of Communicable Diseases and representatives of the Bureau of Laboratories and Bureau of Food Control, during the past ten years:

Year	All Outbreaks		Major Outbreaks			
	Number	Persons made ill	Number	Persons made ill		Public Eating Places Involved
				Each Outbreak	Total	
Total.....	299	1,965	44		1,025	18
1943.....	28	186	7	6; 18; 5; 11; 3; 5; 40	88	2
1942.....	19	166	3	3; 15; 30	48	1
1941.....	20	286	4	3; 74; 23; 70	170	2
1940.....	29	95	4	8; 4; 4; 9	25	2
1939.....	36	213	6	43; 38; 5; 6; 12; 13	117	2
1938.....	41	333	7	2; 100; 15; 100; 9; 5; 40	271	1
1937.....	21	108	6	5; 17; 10; 22; 4	64	2
1936.....	33	137	3	15; 12; 8	35	3
1935.....	23	106	2	27; 9	36	2
1934.....	29	197	1	102	102	0
1933.....	20	138	1	69	69	1

An investigation of the environmental conditions surrounding an itinerant circus after an outbreak of food poisoning which occurred among their personnel while in a neighboring city, led to recommendations aimed to prevent a recurrence of such an incidence. These recommendations consisted of hand washing by food handling personnel after leaving the makeshift toilets connected with the circus and forbidding the preparation or handling of food by individuals with open cuts or wounds.

A typhoid fever carrier was located during an investigation conducted in connection with several cases. This carrier, a fruit vendor, was forbidden to handle food and advised to provide facilities for hand washing after leaving the toilet near the fruit stand.

Cooperation was given to the Baltimore County Health Department in the investigation of an outbreak of food poisoning in a suburb of the city. In this instance potato salad was the cause.

Nutrition

With the sanction of the Commissioner an office of nutrition was established during December, 1943 adjacent to the Bureau of Public Health Nursing to be used as the basis for more active work in nutrition. Appointment of the Director of the Bureau of Food Control as Chairman of the Sub-committee on Nutrition in Industry of the Maryland State Nutrition Committee and the fact that food control activities embrace both instruction in the daily consumption of a well balanced diet and the prevention of the sale and use of infected and contaminated food, led to the establishment of the office of nutrition as a part of the Bureau of Food Control. Cooperation of the bureau director as a member of the Advisory Board of the Baltimore Chapter of the American Red Cross was continued and classes in nutrition, dietitians' aides and canteen workers were given instruction in the prevention of contaminated food.

Personnel

Ferdinand A. Korff, Director
Etta Levin, Senior Stenographer
John Behr, Food Inspector
Morris Cohen, Food Inspector
Lemuel Cookman, Senior Sanitary Inspector
Benjamin Ginsberg, Senior Sanitary Inspector
John Heying, Senior Sanitary Inspector
Ruth E. Hoddinott, Senior Sanitary Inspector
Paul T. Parrish, Senior Sanitary Inspector

TABLE NO. 1

INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING FOOD ESTABLISHMENTS, 1943 AND 1942

INSPECTIONS	1943	1942
All inspections	36,290	36,499
RETAIL ESTABLISHMENTS		
Total	6,164	8,772
Initial inspections	3,230	7,229
Special inspections including school cafeterias and homes	2,235	417
Reinspections	699	1,126
Ratio of reinspections to initial and special inspections	0.13:1	0.15:1
MANUFACTURING ESTABLISHMENTS		
Total	1,938	1,122
Initial inspections	941	989
Special inspections	98	57
Reinspections	899	76
Ratio of reinspections to initial and special inspections	0.86:1	0.072:1
WHOLESALE ESTABLISHMENTS		
Total	12,302	7,233
Initial inspections	1,585	1,785
Special inspections	222	52
Reinspections	10,495	5,396
Ratio of reinspections to initial and special inspections	5.80:1	2.94:1
MARKET STALLS		
Total	14,810	16,924
Initial inspections	2,600	2,800
Reinspections	12,210	14,124
Ratio of reinspections to initial inspections	4.69:1	5.04:1
MISCELLANEOUS ESTABLISHMENTS		
Total	1,076	448

TABLE NO. 2

ACTIVITIES IN RETAIL, WHOLESALE AND MANUFACTURING FOOD ESTABLISHMENT INSPECTION, 1943 AND 1942

ACTIVITIES	1943	1942
RETAIL ESTABLISHMENTS		
Violation notices issued	52	55
Items on violation notices	88	111
Percentage of items issued for:		
Insanitary premises	44	19
Delinquent permits	5	10
Insanitary utensils	9	14
Uncleanliness of personnel and protection of food	17	14
Unwholesome food	25	43
Number of condemnations of food	116	181
Hearings within bureau	112	284
Samples of food obtained for examination	638	1,657
Complaints received and investigated	855	607
Prosecutions	8	0
WHOLESALE ESTABLISHMENTS		
Violation notices issued	2	7
Number of condemnations of food	189	105
Hearings within bureau	3	12
Samples of food obtained for examination	73	37
MANUFACTURING ESTABLISHMENTS		
Violation notices issued	6	8
Number of condemnations of food	23	27
Hearings within bureau	11	25
Samples of food obtained for examination	244	213

TABLE NO. 3

POUNDS OF FOOD CONDEMNED IN WHOLESALE, MANUFACTURING AND RETAIL FOOD ESTABLISHMENTS, 1943 AND 1942

TYPE OF FOOD	TOTAL	FOUND BY INSPECTIONS	REQUESTED FOR DECISION
1943			
ALL TYPES OF FOOD	307,339	69,584	237,755
WHOLESALE FOOD ESTABLISHMENTS			
All types of food	259,116	41,958	217,158*
Vegetables and fruit	196,892	27,620	169,272
Meats	821	488	333
Seafood	26,298	1,066	25,232
Poultry and game	2,238	1,011	1,227
Groceries, canned and bottled goods	29,023	8,231	20,792
Baking supplies, nuts and candies	3,844	3,542	302
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food	22,683	22,683	..
Vegetables and fruit	4,013	4,013	..
Groceries, canned and bottled goods	3,990	3,990	..
Baking supplies, nuts and candies	14,680	14,680	..
RETAIL FOOD ESTABLISHMENTS			
All types of food	25,540	4,943	20,597**
Vegetables and fruit	65	65	..
Meats	1,480	1,226	254
Seafood	698	106	592
Groceries, canned and bottled goods	20,411	1,024	19,387
Milk and dairy products	419	404	15
Baking supplies, nuts and candies	2,466	2,118	348
1942			
ALL TYPES OF FOOD	179,649	26,438	153,211
WHOLESALE FOOD ESTABLISHMENTS			
All types of food	74,159	19,279	54,880†
Vegetables and fruit	46,776	6,890	39,886
Meats	189	125	64
Seafood	14,435	2,859	11,576
Poultry and game	271	121	150
Groceries, canned and bottled goods	6,731	4,240	2,491
Baking supplies, nuts and candies	2,754	2,379	375
Milk and dairy products	3,003	2,665	338
MANUFACTURING FOOD ESTABLISHMENTS			
All types of food	78,685	2,758	75,927
Vegetables and fruit	17	17	..
Meats	98	..	98
Groceries, canned and bottled goods	65,820	50	65,770
Baking supplies, nuts and candies	12,747	2,688	10,059
Milk and dairy products	3	3	..
RETAIL FOOD ESTABLISHMENTS			
All types of food	26,805	4,401	22,404††
Meats	411	388	23
Seafood	118	118	..
Poultry and game	21	21	..
Groceries, canned and bottled goods	23,698	1,382	22,316
Baking supplies, nuts and candies	1,271	1,216	65
Milk and dairy products	1,276	1,276	..

* Includes 26,020 pounds damaged at fires.
** Includes 16,008 pounds damaged at fires.
† Includes 405 pounds damaged at fires.
†† Includes 22,316 pounds damaged at fires.

TABLE NO. 4

DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1943 AND 1942

TYPE OF ESTABLISHMENT	NUMBER OF ESTABLISHMENTS IN CITY 1943	NUMBER OF INSPECTIONS	
		1943	1942
Total	6,202	30,126	25,747
Wholesale and distributing establishments	1,585	12,302	7,233
Hucksters and loaded trucks	1,300*	3,970	2,471
Commission merchant houses	132	7,976	3,992
Wholesale groceries and warehouses	54	56	241
Candy jobbing houses	45	44	52
Wharves	18	10	202
Butter and egg distributing and breaking plants	14	22	10
Auction houses	10	153	190
Cold storage warehouses	5	5	14
Railroad terminals	7	66	61
Manufacturing food establishments	941	1,938	1,122
Bakeries	438	1,309	627
Poultry killing—wholesale and retail	218	242	155
Candy manufacturing plants	85	134	144
Oyster packing plants	46	13	18
Soft drink bottling plants	29	37	26
Pickling plants	22	60	41
Canning plants	22	20	11
Salad manufacturing plants	17	..	27
Noodle and potato chip plants	10	22	6
Cod fish cake manufacturing plants	6	22	12
Extract bottling plants	11	36	20
Ice cream cone plants	3	11	1
Caterers and sandwich manufacturing plants	34	32	34
Market stalls	2,600	14,810	16,924
Others, refineries, empty buildings and so forth	1,076	1,076	448

* Approximately.

BUREAU OF MEAT INSPECTION

BUREAU OF MEAT INSPECTION

William Brenner, D.V.S.

Chief

In the early part of the year this office was confronted with the black market meat situation and measures were taken immediately to prevent the sale of uninspected meats in the city. It was necessary to prosecute three persons responsible for trafficking in such products and convictions were secured in each case. The results of the work of the bureau were noted by the officials of the Office of Price Administration and the following statement by Daniel B. Leonard, O.P.A. Enforcement Attorney is from the Baltimore Sunpaper of March 11, 1943: "Very little unsanitary meat has found its way into Baltimore because of the strict meat inspection regulations here."

To prevent black market meats from entering the channels of trade, it was necessary to adopt a regulation governing the confiscation of uninspected meats which were brought into the city. This regulation which became effective April 12, 1943 reads as follows: "Any meat or meat food products of any cattle, calves, sheep, swine or goats that have not been slaughtered and prepared under the supervision of the Bureau of Animal Industry, U. S. Department of Agriculture, or under the supervision of the Commissioner of Health in accordance with the city meat inspection ordinance, in the possession of any person in the city, may, at the discretion of the Commissioner of Health, be confiscated, destroyed or denatured by the Commissioner of Health for the better protection of the health of the city."

On or about October 1, 1943, the restriction order of the Office of Price Administration, effective in 1942, limiting the slaughtering of livestock, was dispensed with and the local meat packers were permitted to slaughter livestock to full capacity of plant production, thus creating a normal supply of beef, veal, mutton, lamb and pork for the trade.

Service given to other bureaus of the Department included the examination of domestic animals for the control of rabies for the Bureau of Communicable Diseases, and examination of poultry for the Bureau of Food Control. Cooperation was also given to the Maryland State Sanitary Livestock Boards, the Federal bureaus of tuberculosis eradication and meat inspection, the Office of Price Administration and to local shipping lines in the reinspection of meat products on their arrival at the port of Baltimore.

The work of the bureau dealt with various inspection duties, stabilizing the work in the slaughtering and manufacturing plants as the result of loss of manpower due to existing war conditions.

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

Inspection service provided to establishments	148
Inspection service provided to out-of-state shippers	95
Inspection service inaugurated at establishments	1
Supervision maintained over Federal establishments	10
Establishments discontinuing business	10
Establishments changing classification	2

One vacancy existing in the bureau by the resignation of Dr. Theodore list was filled by the temporary appointment of Dr. Eddie P. Yager.

Personnel

William Brenner, D.V.S., Chief
Charles D. Skippon, D.V.M., Veterinary Inspector
John R. Saunders, D.V.M., Veterinary Inspector
Franklin C. Herndon, D.V.S., Veterinary Inspector
Robert M. Cory, D.V.M., Veterinary Inspector
Edward J. Moylan, D.V.M., Veterinary Inspector
Edward P. Roberts, D.V.M., Veterinary Inspector
William J. Gallagher, D.V.M., Veterinary Inspector
Edmund H. James, D.V.M., Veterinary Inspector
Charles W. Smith, Meat Inspector
Matthew N. Bean, Meat Inspector
Henry A. Miller, Meat Inspector
Lawrence Stettmeier, Meat Inspector
Philip A. Ottenritter, Meat Inspector
Thomas J. Morris, Meat Inspector
Ernest H. Smith, Meat Inspector
Lewis A. List, Meat Inspector
Adolph Wobbeking, Jr., Meat Inspector
Elmer Frederick, Meat Inspector
Helen B. Siemers, Senior Clerk
Marie E. Cerney, Senior Stenographer

TABLE NO. 1
LIVESTOCK INSPECTED, CONDEMNATION OF ANIMALS, PRIMAL AND EDIBLE PARTS

YEAR	CATTLE			CALVES			SHEEP			SWINE			GOATS		
	Inspected	Condemned		Inspected	Condemned		Inspected	Condemned		Inspected	Condemned		Inspected	Condemned	
		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts		Carcasses	Parts
1943	35,008	68	1,969	80,387	38	649	75,803	68	11,007	93,694	136	34,285	410	1	9
1942	41,600	104	2,492	92,838	75	382	83,587	120	10,819	96,625	229	34,001	89		
1941	35,579	83	2,111	91,174	101	352	90,912	209	11,214	121,791	296	59,726	10		
1940	27,572	96	2,457	91,825	90	731	95,067	70	3,391	143,235	262	43,636	15		
1939	26,827	91	1,424	90,118	52	586	104,188	29	4,269	100,853	139	33,589	36		14
1938	20,346	18	1,010	87,854	68	756	106,594	36	4,945	81,103	129	28,256	33		
1937	22,472	28	1,907	97,372	82	543	94,834	22	5,142	86,769	179	26,004	18		
1936	23,211	38	2,303	95,987	74	717	97,275	19	4,946	81,739	126	24,558	15		
1935	27,707	90	4,939	95,017	36	1,158	117,284	23	7,290	81,569	474	28,077	92		
1934	27,355	175	5,448	94,002	56	1,302	97,854	39	5,773	138,116	870	44,105	10		
1933	16,632	68	3,125	83,278	53	2,211	114,782	30	8,783	148,960	320	49,179	41		
1932	21,028	101	3,269	85,618	42	2,328	134,380	23	13,363	167,782	384	51,813	14		
1931	22,403	159	3,286	87,117	57	1,287	130,494	55	10,161	162,312	525	45,344	12		
1930	27,131	248	5,629	89,420	76	825	129,185	47	12,827	153,755	551	34,145	6		
1929	22,837	154	4,119	78,400	44	915	105,548	63	17,827	137,374	774	41,990	13		
1928	10,885	81	1,141	31,857	13	430	51,616	54	8,292	122,939	893	36,232			

TABLE NO. 2
POUNDS OF MEAT CONDEMNED ON REINSPECTION

YEAR	TOTAL	PORK	BEEF	MUTTON	VEAL	MEAT PRODUCTS	MIXED PRODUCTS
1943	25,633	5,902	5,527	693	1,171	7,051	5,289
1942	39,261	7,261	22,984	2,167	851	2,949	3,049
1941	58,200	14,765	21,043	2,009	629	7,409	12,345
1940	37,799	20,316	7,564	677	791	3,054	3,357
1939	30,630	10,604	7,384	570	497	3,799	7,676
1938	41,021	7,243	11,704	1,926	3,726	8,685	7,727
1937	35,324	9,450	15,414	454	557	7,707	1,742
1936	41,413	10,628	16,413	443	588	2,885	10,458
1935	33,024	10,511	7,888	1,202	503	6,374	6,546
1934	86,038	49,139	16,094	1,884	877	4,332	12,712
1933	38,967	20,761	5,456	307	283	2,509	9,651
1932	60,306	21,155	10,196	278	250	4,154	27,273
1931	50,202	20,528	9,349	1,134	1,903	4,070	13,218
1930	58,467	30,383	5,937	485	116	5,738	15,808
1929	32,861	16,056	4,754	309	45	11,697	..
1928	42,270	15,147	6,617	1,272	161	19,073	..

TABLE NO. 3
POUNDS OF MEAT AND MEAT FOOD PRODUCTS PREPARED

TYPE OF MEAT PRODUCTS	CITY	COUNTIES
Total pounds	8,786,326	2,135,371
Meat products (fresh)	554,515	..
Meat products (smoked)	1,466,246	499,244
Meat food products (fresh)	1,219,300	417,085
Meat food products (smoked)	3,246,928	426,670
Meat food products (cooked)	1,017,155	178,580
Meat food products (boiled)	485,730	201,889
Lard	665,407	411,903
Lard Compound	131,045	..

BUREAU OF ENVIRONMENTAL HYGIENE

BUREAU OF ENVIRONMENTAL HYGIENE

Wilmer H. Schulze, Phar.D.

Acting Director

Industrial Hygiene

Three hundred and twenty industrial plants which employed a total of 10,619 persons were inspected. Forty-six studies were made of occupations where exposures to toxic materials existed in the workroom environment. Industrial plants made 459 improvements for the health and welfare of a total of 41,190 workers.

Toxic Dusts

An unusual case of poisoning due to exposure to ortho-dinitro-cresol in the manufacture of an insecticide was the cause for conducting a study of the working environment and subsequent institution of adequate control measures. In four plants exposures to lead in the form of dust or fumes were found to exceed the maximum allowable concentration. A former silica dust hazard in a large foundry was eliminated by the installation of control equipment after a study of the silica concentration in the workroom air was made. Manganese chloride in the form of dust was found to be a skin irritant and protective measures were provided for its manufacture.

Volatile Solvents

Carbon tetrachloride, trochlorethylene and benzene were more frequently used as solvents and degreasers and the amounts of these materials in the working environments were studied in several different plants. Where concentrations were found to be above health limits recommendations for making the operations safe were submitted to the plant managements and were promptly carried out.

Poisonous Gases

A fatal case of arsine poisoning lead to a study of the possibilities of additional exposures to this gas in a chemical plant and the submission of precautionary measures to be taken by the plant management. Carbon monoxide was responsible for the partial asphyxiation of sixteen workers in four plants. In every instance corrective measures were instituted after detailed studies were made and reports with recommendations were given to responsible plant officials.

Miscellaneous Activities and Studies

1. Precautionary measures were given for the prevention of dermatitis in connection with use of chlorinated phenolic compounds as an anti-mildew agent in paints.
2. Cooperation was given the Bureau of Occupational Diseases in encouraging the vaccination of industrial workers against smallpox.
3. The drinking water supplies in plants having auxiliary supplies of unknown sanitary quality were closely scrutinized for any cross connections and samples of the drinking water were submitted to the Bureau of Laboratories for examination.
4. Guidance was given to industrial officials in health problems brought about by the change over from male to female employment.

Gas Appliance Ordinance

Two war emergency models of gas water heaters were found to be hazardous and steps were taken to prevent their sale and installation in the city. One of these models was found installed in six different homes and was responsible for thirteen non-fatal poisonings by carbon monoxide. Over 575 of these heaters were located and were sent back to the manufacturer through the cooperation of local distributors.

Another carbon monoxide hazard studied and closely associated with war conditions was the overloading of gas supply lines in the conversion of dwellings for housing a number of families in small apartments. In such instances three asphyxiations occurred due to flame extinguishment on gas appliances because of insufficient gas pressure.

Other activities engaged in to enforce the Gas Appliance Ordinance are shown in the following summary:

GAS APPLIANCE ORDINANCE—ENFORCEMENT ACTIVITIES

Activities	1943	1942
Inspections	2887	2782
Violations	1429	117
Detention of unapproved appliances	1322	707
Hearings of violations	16	0
Gas appliances registered	87	309
Gas fitters registered	5	5

GAS APPLIANCE DEALERS

Licenses Issued	1943	1942
Total	454	288
New	2	0
Renewals	452	288

Community Sanitation

As a result of the disruption in the municipal garbage and rubbish collection services late in 1942 large accumulations of these materials were found in many yards and alleys throughout the city. With the cooperation of the Bureau of Street Cleaning the yards and alleys in 213 city blocks were cleaned. At the same time tenants and owners were notified to correct or discontinue insanitary practices and to eliminate rat infestation nuisances. This program included the removal of 160 rat infested hoppers from back yards.

Sanitation in Census Tract 6 of Ward 25

A study of environmental sanitation and housing in census tract 6 of Ward 25 which includes Fairfield, Masonville, Wagner's Point, was undertaken because of existing sanitation problems partly due to an increase in population in this highly industrialized area. Recent extension of the sanitary sewerage system made possible the connection of the houses in Masonville to the sewers and the discontinuance of privy and domestic waste drainage nuisances. In Fairfield eighteen houses were found to be unfit for habitation and were posted to be vacated. Where houses were found not to have an inside water supply owners were notified to install the necessary equipment. Efforts were made to have insanitary type privies replaced or made to conform with accepted sanitary standards. Cooperation was given by the Baltimore Housing Authority toward the improvement of sanitation in the Federal owned trailer camp which accommodates approximately 500 trailers.

Rodent Control

Members of the Civilian Mobilization Committee distributed over 200,000 copies of the new Health Department pamphlet "You Can Help Fight The Rat" in an effort to obtain the cooperation of every family in the control of rats in Baltimore. Additional educational efforts in rat control included the showing of the film "Keep 'Em Out" to civic groups and making surveys of rat infested premises and city blocks accompanied with instructions for the elimination of these rodents. The Board of Estimates provided Dr. Curt Richter of the Johns Hopkins Hospital with an additional sum of $25,000.00 for the continuation of a rat poisoning campaign. Under his direction a Rat Control Bureau was set up and a member of his staff was deputized to act as a special sanitary inspector. The Health Department and the Bureau of Street Cleaning continued to cooperate with Dr. Richter in field activities.

Trailer Camp Sanitation

Since the promulgation in April, 1942 of regulations governing trailer camp sanitation eighty-two such places have been investigated. Because of

inability or refusal to comply with sanitary standards sixty-eight of these camps have been discontinued. At the close of the year five camps were ordered to comply with the regulations or discontinue operation and nine were being operated satisfactorily.

Water Supplies

The sanitary quality of the city water supply as delivered to the consumers was evaluated by the collection and Health Department testing of 1,339 samples from taps throughout the distribution system. The percentage of 10 c.c. portions showing the presence of coliform bacteria was 0.23 as compared to 0.22 for 1942. Other water supplies inspected and sampled included public and semi-public springs and wells, private wells on request, commercial bottled waters and industrial plant supplies other than city water.

Swimming Pools

The swimming pools in the public city parks were opened during the summer months. Both indoor and outdoor pools were inspected periodically and samples of water were tested throughout the operating season. Although personnel and the procurement of materials were serious problems all of the pools were operated in a satisfactory manner.

Miscellaneous Activities

1. Warning signs were posted at various locations along streams throughout the city so as to guard against their use by children for recreational purposes.
2. Cooperation was given the Department of Public Recreation in providing drinking water and sanitary type toilet facilities at the Lake Roland recreational area.
3. Joint sanitary inspection with a representative of the U. S. Public Health Service were made of all local railroad watering points.
4. Inspection of all pet shops in the city showed no psittacine birds for sale in any of these establishments.
5. With the assistance of the Bureau of Street Cleaning a number of mosquito breeding nuisances were controlled.

Housing

The appointment of G. Yates Cook to the new classification, Chief of the Division of Housing, and the addition of three new inspectors to the housing inspection staff, together with the decision of the Court of Appeals of Maryland which approved the constitutionality of the Ordinance on the Hygiene of Housing strengthened the hygienic housing program. Al-

though scarcity of materials and labor shortages had some effect on retarding the correction of insanitary housing conditions, 275 dwellings composed of 1,042 dwelling units were improved to conform with the Housing Code and 189 yard frost-proof hoppers were removed.

Houses Unfit for Human Habitation

Because of the housing shortage due to war conditions the posting of dwellings to be vacated because of insanitary conditions and state of disrepair was limited to extreme cases. Ninety-four such houses were posted. Twenty-nine of these subsequently were approved for occupancy after extensive improvements were completed, several were demolished and a number are in the process of rehabilitation.

Rooming Houses and Lodging Houses

The number of applications filed for housing permits to operate rooming houses, lodging houses or hotels was 783 as compared with 1,331 in 1942. As a result of inspections 227 applications were approved and 460 were disapproved. In several instances sanitary conditions were so bad that the houses were posted to be vacated. In one such case a group of five adjoining houses operated as one unit and housed 107 persons. In addition to being in a general state of disrepair the sanitary facilities consisted of two inside toilets, two defective rat-infested yard hoppers and one bath tub.

Overcrowding

Of 578 dwellings inspected 125 or 21.6 per cent contained one or more overcrowded dwelling units. Structurally 50 per cent of these houses were in need of major repairs and 16 per cent were unfit for habitation. Gross overcrowding ranged from four to eight persons per room in dwelling units and from four to seven persons per sleeping room. With the cooperation of the War Housing Center, the Housing Authority of Baltimore and the Department of Public Welfare it was found possible to reduce most of these overcrowded conditions to safe numbers.

Insanitary Conditions and Structural Defects

In order of the frequency encountered on inspection some of the more important insanitary conditions found included rat infestation inside of dwelling, accumulations of rubbish, defective plumbing, improper garbage disposal, poor drainage, inadequate toilet facilities, poorly ventilated rooms and vermin infestation. Similarly the more important structural defects found were defective plastering, dilapidated doors or windows, floor defects, hazardous electric wiring, deteriorated steps and stairs, chimneys in a state of disrepair, and leaky structural walls.

Plans for Conversion of Dwellings

Opportunity for the review of 600 plans from the Bureau of Buildings for reconstruction or conversion of dwellings of the multiple family type made possible the assurance that the plans conformed with minimum sanitary housing standards. A close relationship was established with the War Housing Center in the review of plans for the conversion of dwellings for war workers under the Homes Use Program of the National Housing Authority.

Legal Procedures

Although every effort was made to obtain compliance with notices to correct unhealthful housing conditions, in 186 instances it was necessary to have summons issued to the police magistrate courts. Sixteen of these cases were sent to the Grand Jury where indictments resulted. In conjunction with the Buildings Engineer successful legal proceedings were completed in the Criminal Court against two owners involving ten properties which resulted in fines amounting to $9,200.00. Appeals were taken to these judgments and hearings by the Court of Appeals of Maryland were pending at the close of the year.

Plumbing

Properties connected to sewers in 1943 numbered 1,168 making a total of 173,485 properties in the city connected to sewers. There were 1,421 potential cross connections prevented or eliminated during the year. Studies of the plumbing systems were made of a number of institutions and industrial plants and steps were taken to have any defects corrected.

Demonstrations of cross connection hazards in plumbing systems and methods for their correction were given to a number of groups of interested persons and to several members of the Third Service Command of the U. S. Army.

Personnel

George W. Schucker, Director*
Charles E. Couchman, Chief, Division of Industrial Hygiene
G. Yates Cook, Chief, Division of Housing
Julius A. Messina, Chief, Division of Community Sanitation
Carroll H. Reynolds, Chief Inspector of Plumbing
Anne E. Alpert, Senior Clerk
Mary L. Rentz, Senior Stenographer
Irma E. Wehn, Principal Clerk
Marjorie Stuart, Junior Typist
Albert J. Grossman, Senior Sanitary Inspector

* On military leave.

Felix H. Pretsch, Senior Sanitary Inspector
John A. Zerhusen, Senior Sanitary Inspector
Jaque G. Ayd, Senior Sanitary Inspector
Phyllis C. Beck, Senior Sanitary Inspector
John F. Block, Senior Sanitary Inspector
Elbert H. Cohen, Senior Sanitary Inspector
Gerard W. McCaffrey, Senior Sanitary Inspector
C. Edward Sachs, Senior Sanitary Inspector
William F. Stettmeier, Senior Sanitary Inspector
Joseph H. Bunzel, Senior Sanitary Inspector
Howard R. Coggins, Food Inspector
Milton P. Friedman, Senior Sanitary Inspector
Joseph J. Micelli, Senior Sanitary Inspector
John H. Pike, Plumbing Inspector
Henry C. Rausch, Plumbing Inspector
Charles L. Sponseller, Senior Sanitary Inspector
Charles B. Creighton, Plumbing Inspector
Joseph B. Finnan, Senior Clerk
Joshua L. Norris, Plumbing Inspector
Joseph P. Reynolds, Plumbing Inspector
Benjamin F. Schwarzman, Plumbing Inspector
Donald A. Stockley, Senior Clerk
Walter Underwood, Plumbing Inspector
Jacob G. Vogtman, Principal Clerk

TABLE NO. 1

HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS

TYPE OF IMPROVEMENT	NUMBER	POPULATION
Total	459	41,190
Health-Occupational Hazards		
Atmospheric pollution corrected	14	215
Exposure to toxic materials controlled by:		
Materials discontinued	5	31
Protective clothing	1	5
Installation of local exhaust systems	14	340
Provision of masks or respirators	11	142
Segregation of operations	5	34
Substitution for harmful materials	3	85
Exposure to carbon monoxide controlled by:		
Approved draft-hood	2	16
Approved tubing	2	152
Approved venting	5	22
Exposure to radiant energy controlled by:		
Provision of salt tablets	2	610
Lighting improved:		
Artificial	27	1,724
Natural	3	95
Ventilation improved:		
Artificial	19	923
Natural	5	1,124
Sanitation:		
Drinking facilities improved	37	2,815
Cross connections eliminated	5	2,136
Insanitary premises cleaned	12	704
Insect, vermin and rodent control instituted	6	122
Janitor services provided	3	405
Lunch room provided	5	7,335
Lockers provided	15	2,489
Restroom provided	11	837
Toilet facilities provided or improved	86	5,383
Washing facilities provided or improved	51	4,222
Water provided on premises	3	19
Seats or rest-periods provided for females	4	238
Personnel services:		
First aid equipment provided	6	1,108
First aid attendants employed	6	965
Nurse employed	1	525
Medical examination instituted	1	185
Physician employed	2	253
Sickness record instituted	1	68
Accident hazards:		
Building defects corrected	3	67
Protective clothing provided	3	112
Fire hazards eliminated	3	464
Good housekeeping instituted	8	522
Goggles provided	7	124
Interiors painted or cleaned	1	60
Machinery guarded	6	256
Other improvements:		
New buildings and equipment	54	4,158
Heat provided on premises	1	100

TABLE NO. 2

DETAILED STUDIES MADE (NUMBER OF STUDIES)

Industries	Number of Studies	Dust										Vapors		Fumes		Gases			Miscellaneous		
		Arsenic	Cadmium	Chromic Acid	Citric Acid	Chlorinated Organic	Dinitro-Cresol	Iron	Lead	Manganese	Silica	Benzol	Chlorinated Hydrocarbons	Lead	Zinc	Arsine	Carbon Monoxide	Radon	Illumination	Urine Specimens	Ventilation
All industries studied	46	1	1	3	1	1	4	1	3	1	2	2	6	2	1	1	4	1	1	2	8
Chemical manufacturing	13	1	1	..	1	1	4	..	1	1	..	..	1	..	..	1	..	..	..	1	..
Clothing manufacturing	4	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	3
Electrical apparatus manufacturing	3	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..
Electroplating	4	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Furniture manufacturing	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Laundries	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Metal goods fabrication	13	..	..	1	..	..	..	1	2	..	1	..	4	..	..	..	3	..	..	..	1
Metallurgical plants	2	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
Paper goods manufacturing	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
Rubber goods manufacturing	2	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..
Shipbuilding industry	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
Woodworking plants	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..

TABLE NO. 3

SUMMARY OF INDUSTRIAL PLANTS SURVEYED, CLASSIFIED ACCORDING TO TYPE OF PLANT, AND POTENTIALLY HAZARDOUS MATERIALS

Type of Plant	Number of Plants	Number of Employees	Hazards																																
			Dusts			Gases							Vapors								Metals						Miscellaneous							
			Silica	Other Inorganic	Organic	Acetylene	Ammonia	Carbon Dioxide	Carbon Monoxide	Chlorine	Hydrogen Sulphide	Nitrogen Oxides	Sulphur Dioxide	Acetone	Alcohols	Aliphatic Hydrocarbons	Aromatic Hydrocarbons	Benzol	Halogenated Hydrocarbons	Petroleum Products	Phenol	Antimony	Chromium	Lead	Mercury	Zinc	Others	Acids	Alkalis	Dyes	Infections	Oils	Skin Irritants	Tars	Waxes
All plants surveyed	320	10,619	16	40	70	41	2	3	117	3	1	15	9	2	12	35	49	3	7	21	1	3	2	38	5	3	10	18	27	8	2	68	10	4	18
Automotive	53	450	1	6	1	22	..	..	33	..	..	5	..	..	1	1	18	..	1	3	..	..	..	6	..	..	..	2	2	..	..	19	..	..	..
Brick, clay, cement, & asphalt products mfg.	3	34	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..
Brush and broom manufacturing	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Chemical manufacturing	34	741	2	6	9	1	1	..	5	..	1	..	1	..	3	3	2	..	3	2	1	..	..	1	1	..	1	4	10	2	..	15	3	..	5
Cigar and cigarette manufacturing	2	33	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Clothing manufacturing	37	1,699	..	1	1	..	..	..	16	..	..	..	..	1	2	5	3	..	..	..	..	..	..	..	..	..	..	1	..	..	2	..	..	..	..
Dry cleaning plants	9	58	..	..	..	..	..	..	3	..	..	..	..	..	..	..	..	1	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Electrical apparatus manufacturing	11	125	1	4	..	3	..	..	8	..	..	..	1	..	..	..	4	..	..	1	..	..	..	2	4	..	5	..	..	..	..	..	..	..	1
Electroplating plants	1	3	..	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	1	..	..	..	1	..	..	..	..	..	..	..
Food industry	7	802	..	..	2	..	..	2	2	..	..	..	1	..	3	..	..	..	..	..	..	..	..	..	..	..	..	1	2	..	1	2	..	..	1
Foundry	2	628	2	2	..	..	..	..	2	..	..	..	1	..	..	..	1	..	..	..	..	..	..	1	..	..	2	1	..	..	..	..	..	..	..
Furniture manufacturing	5	76	..	..	5	..	..	..	..	..	..	..	..	..	1	4	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Glass and glassware manufacturing	5	54	..	1	..	..	1	..	3	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Grain and feed processing	2	105	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Laundries	11	425	..	..	1	..	..	..	4	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	1	1	..	1	..	..
Leather goods manufacturing	9	136	..	..	4	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	..	1	..	..	..
Metal goods fabrication	36	2,367	4	9	1	14	..	1	15	..	..	9	2	..	..	1	6	..	3	..	..	..	1	7	..	..	1	3	5	..	..	17	3	..	5
Paper goods manufacturing	7	216	..	..	3	..	..	..	4	..	..	..	1	..	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	..	..	..
Printing and allied trades	20	460	1	2	1	..	..	..	10	..	..	..	1	..	..	5	2	1	..	5	..	3	..	11	..	1	..	5	..	1	..	4	..	..	1
Shipbuilding	1	40	..	1	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	1	..	1	..	..	..	..	..	1	1	1	..
Shoe manufacturing	4	218	..	..	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Stone cutting and polishing	2	9	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Textile manufacturing	19	998	..	..	5	..	..	..	3	..	..	..	1	..	..	1	..	..	..	1	..	..	..	1	..	..	1	..	..	1	..	..	2	..	1
Upholstery and bedding manufacturing	13	291	..	1	12	..	..	..	1	..	..	..	..	..	..	4	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Woodworking plants	20	547	2	3	15	..	..	..	3	..	..	..	..	1	2	7	9	1	..	..	..	..	..	3	..	..	..	1	..	..	..	2	..	1	1
Wrecking and junk	1	9	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..
Other industries	5	94	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	1

TABLE NO. 4

ACUTE CASES OF CARBON MONOXIDE POISONING (ILLUMINATING GAS) 1923-1943

YEAR	TOTAL CASES	SUICIDES AND ATTEMPTED SUICIDES	ACCIDENTS
1943	178	66	112
1942	123	68	55
1941	137	95	42
1940	174	102	72
1939	202	77	125
1938	130	82	48
1937	114	71	43
1936	218	63	155
1935	130	80	50
1934	154	100	54
1933	157	100	57
1932	172	101	71
1931	152	93	59
1930	184	96	88
1929	142	78	64
1928	136	75	61
1927	154	81	73
1926	211	87	124
1925	130	60	70
1924	166	49	117
1923	241	75	166

TABLE NO. 5

NONFATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE APPLIANCES FROM 1930-1943

YEAR	TOTAL	ACCIDENTS FROM UNBURNED GAS		ACCIDENTS FROM INCOMPLETE COMBUSTION OF GASES		DEFECTIVE APPLIANCES CAUSING ACCIDENTS
		Nonfatal	Fatal	Nonfatal	Fatal	
1943	112	42	20	49	1	13
1942	55	28	9	16	2	8
1941	42	22	6	14	0	3
1940	72	45	6	19	2	5
1939	125	32	9	83	1	7
1938	48	30	12	6	0	0
1937	43	31	11	1	0	1
1936	155	131	22	2	0	0
1935	50	33	17	0	0	1
1934	54	41	13	0	0	3
1933	57	36	21	0	0	2
1932	71	36	29	5	1	6
1931	59	36	20	3	0	5
1930	88	55	28	2	3	9

TABLE NO. 6

COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

TYPE OF CONDITION	COMPLAINTS RECEIVED		PATROL AND SPECIAL INVESTIGATIONS MADE	
	1943	1942	1943	1942
Total	6,030	7,831	2,393	2,236
Complaints				
Ashes and garbage	764	734	25	7
Building defects	42	9	3	6
Choked sewers	77	81	21	12
Dead animals	13	13	20	2
Defective drainage	204	198	28	41
Defective plumbing	915	586	61	68
Defective toilet facilities	1,097	1,193	27	33
Fowls and animals	289	113	37	20
Grass and weeds	218	441	14	65
Insanitary conditions	1,001	1,958	291	338
Insects	147	249	9	10
Insufficient heat	1	39	2	0
Miscellaneous	133	208	43	173
Privies and cesspools	32	48	19	24
Rats	583	781	193	58
Water in cellar	514	1,090	30	67
Special Investigations				
Carnivals	..	..	1	3
City dumps	..	..	4	0
Color tests	..	..	190	247
Environmental survey inspections	.	..	318	..
*Housing inspections	..	..	..	288
*Housing reinspections	..	..	..	155
Incinerators	..	..	0	0
Moving picture houses	..	..	12	8
Pet shops	..	..	4	8
Private dumps	..	..	15	10
Railroad stations	..	..	7	5
Rat surveys	..	..	186	160
Rat resurveys	..	..	179	16
*Rooming houses				
New	..	..	..	44
Renewal	..	..	..	158
Refused permits on first inspection	..	..	..	7
Sanitary survey inspections	..	..	604	..
Schools	..	..	5	2
Trailer camps	..	..	19	191
Unsewered area surveys	..	..	4	8
Vacant building	..	..	13	2

* See Table No. 11, p. 246.

TABLE NO. 7

COMPLAINT, PATROL AND SPECIAL INSPECTIONS

TYPE OF INSPECTION	1943	1942
Total	16,775	13,380
Complaints	7,899	8,883
Patrol and special	2,393	2,236
Reinspection	6,483	2,261

TABLE NO. 8
COMPLAINTS

ACTION TAKEN	1943	1942
Handled by inspectors	6,403	7,631
Referred direct to other bureaus or departments	13	19
Investigated and referred to other bureaus or departments	1,603	1,934
Investigated and referred to police for follow-up	5,987	4,354
Notices issued to abate nuisances	6,011	4,173
Hearings for failure to comply with notices	411	350
Summonses issued for failure to comply with notices	43	28
DISPOSITION		
Total	6,416	7,650
Abatement by inspector	1,325	817
Cancelled (withdrawn or corrected before inspection)	2,866	4,248
Conditions of no health significance	609	632
Direct reference to other bureaus or departments	13	19
Investigated and referred to other bureaus or departments	1,603	1,934
Reported abated by police	4,337	3,807

TABLE NO. 9
DWELLING INSPECTIONS

	STATE OF REPAIR			
	Satisfactory	Minor Repairs Needed	Major Repairs Needed	Unfit for Habitation
1943				
Number of dwellings inspected	578	55	153	306	64
Maintenance Defects					
Overcrowding	125	9	34	62	20
Basement occupancies	38	9	12	15	2
Trash accumulations	373	14	86	218	55
Improper garbage disposal	205	6	83	125	51
Rat infestation	417	6	96	257	58
Vermin infestation	124	2	25	68	29
Plumbing defects	353	8	80	220	45
Inadequate toilet facilities	149	5	31	73	40
Inadequate washing facilities	107	8	20	45	34
Fire hazards	70	0	7	35	28
Defective drainage	201	1	33	123	44
Inadequate ventilation	129	15	40	55	19
1942					
Number of dwellings inspected	627	197	314	90	26
Maintenance Defects					
Overcrowding	162	43	97	21	7
Basement occupancies	61	23	30	6	2
Trash accumulations	403	73	221	86	23
Improper garbage disposal	318	46	177	75	20
Rat infestation	346	31	208	84	23
Vermin infestation	129	8	59	46	16
Plumbing defects	325	46	184	75	20
Inadequate toilet facilities	149	30	85	24	10
Inadequate washing facilities	148	38	75	24	11
Fire hazards	73	4	32	20	17
Defective drainage	197	23	100	55	19
Inadequate ventilation	167	72	66	21	8

TABLE NO. 10
HANDLING OF DWELLING INSPECTIONS

ACTION TAKEN	1943	1942
Notices issued		
To owners	696	498
To tenants	799	566
To vacate premises or dwelling units	94	42
Notice disposition		
Complied with	257	102
Housing permit applications approved	227	95
Housing permit applications disapproved	460	191
Hearings for failure to comply with notices	87	222
Summonses issued for failure to comply with notices	186	81
Cases tried in the Criminal Court	31	3
DISPOSITION		
No violations found	38	34
Dwelling units improved	1042	332
Dwellings vacated	94	42
Dwellings demolished	25	2
Referred to the Bureau of Buildings	0	2

TABLE NO. 11
HOUSING INSPECTIONS

TYPE OF INSPECTION	1943	1942
Total	3,564	2,376
Dwellings	578	627
Rooming houses	644	281
Homes for the aged	15	28
Special investigations	33	140
Reinspections	2,284	1,236
Trailer camps	10	64

TABLE NO. 12
METHODS OF SEWAGE DISPOSAL

METHOD OF DISPOSAL	TOTAL TO DECEMBER 1943	NEW CONNECTIONS	DISCONNECTED
Connections to sanitary sewers	173,485	1,168	100
Private drains to sanitary sewers	15,126	0	..
Connections to storm water outlets	12,169	382	..
Privies	..	..	50
Cesspools	..	..	63

TABLE NO. 13

PERMITS, PLUMBING INSPECTIONS AND PLUMBING FIXTURES INSTALLED

GROUP	1943	1942
Total permits issued	5,972	8,396
Permits for sanitary sewer connections	882	2,479
Permits for plumbing installations	5,090	5,917
Inspections of plumbing	16,877	28,041
Plumbing fixtures installed	22,768	50,138
Bathtubs	4,029	9,817
Miscellaneous	1,048	1,487
Sink	4,731	9,809
Slophoppers	28	72
Urinals	174	239
Wash basins	5,344	11,626
Water closets	6,012	13,482
Wash trays	1,403	3,606

TABLE NO. 14

CROSS CONNECTIONS PREVENTED OR CORRECTED

TYPE	1943	1942
Total	1,421	519
Frost proof closet	1,206	278
Drinking fountain	3	1
Bar and soda fountain	1	9
Bath tub	100	93
Wash basin	83	101
Dishwasher	4	3
Industrial	15	6
Wash tray	7	0
Sink	1	0
Potato peeler	1	0
Air conditioning unit	0	1
Water closet	0	15
Steam table	0	4
Cellar drainer	0	5
Washing machine	0	2
Sterilizers	0	1

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1943

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TABLE NO. 1

ESTIMATED POPULATIONS AND RECORDED DEATH RATES; TOTAL, WHITE, COLORED, BALTIMORE—1930-1943

YEAR	ESTIMATED POPULATION AS OF JULY 1			DEATH RATES PER 1,000 POPULATION		
	Total	White	Colored	Total	White	Colored
1943	930,000	748,000	182,000	13.90	13.23	16.67
1942	936,000	754,400	181,600	12.61	11.90	15.57
1941	866,000	698,000	168,000	13.40	12.46	17.32
1940	860,456	693,268	167,188	13.43	12.67	16.60
1939	855,033	690,318	164,715	12.72	12.13	15.21
1938	849,610	687,348	162,262	13.05	12.38	15.91
1937	844,187	684,361	159,826	13.97	13.09	17.72
1936	838,764	681,356	157,408	13.73	12.64	18.45
1935	833,341	678,332	155,009	13.38	12.31	18.04
1934	827,918	675,291	152,627	13.43	12.46	17.68
1933	822,495	672,232	150,263	13.13	12.26	17.00
1932	817,072	669,155	147,917	13.19	12.04	18.35
1931	811,649	666,059	145,590	14.20	12.91	20.07
1930	806,226	662,946	143,280	13.94	12.70	19.65

For corresponding figures from 1890 to 1929, see Annual Report of 1939, page 263.

TABLE NO. 2

ESTIMATED POPULATION, MARRIAGES, RECORDED AND RESIDENT BIRTHS AND DEATHS BY RACE AND CORRESPONDING RATES PER 1,000 POPULATION, 1930-43

YEAR	TOTAL		WHITE		COLORED	
	Number	Rate	Number	Rate	Number	Rate
Estimated population as of July 1, 1943	930,000	..	748,000	..	182,000	..
MARRIAGES RECORDED						
1943	17,171	18.5	12,383	16.6	4,788	26.3
1942	19,595	20.9	15,167	20.1	4,428	24.4
1941	15,966	18.4	12,256	17.6	3,710	22.1
1940	11,305	13.1	8,658	12.5	2,647	15.8
1939	8,501	9.9	6,569	9.5	1,932	11.7
1938	8,521	10.0	6,578	9.6	1,943	12.0
1937	8,849	10.5	6,763	9.9	2,086	13.0
1936	8,134	9.7	6,208	9.1	1,926	12.2
1935	7,254	8.7	5,695	8.4	1,559	10.0
1934	7,235	8.7	5,494	8.1	1,741	11.4
1933	5,804	7.0	4,278	6.4	1,526	10.2
1932	5,345	6.5	4,069	6.1	1,276	8.6
1931	6,116	7.5	4,720	7.1	1,396	9.6
1930	6,557	8.1	5,159	7.8	1,398	9.8
BIRTHS						
RESIDENT						
1943	21,054	22.6	16,077	21.5	4,977	27.3
1942	19,720	21.2	15,076	20.1	4,644	25.6
1941	15,995	18.5	11,886	17.0	4,109	24.4
1940	13,712	15.9	10,105	14.6	3,607	21.6
1939	12,525	14.6	9,211	13.3	3,314	20.1
1938	13,208	15.5	9,892	14.4	3,316	20.4
1937	12,516	14.8	9,370	13.7	3,146	19.7
1936	11,801	14.1	9,956	13.1	2,845	18.1
1935	12,332	14.8	9,363	13.8	2,969	19.2
1934	12,201	14.7	9,196	13.6	3,005	19.7
1933	12,189	14.8	9,130	13.6	3,059	20.4
1932	12,785	15.6	9,737	14.6	3,048	20.6
RECORDED						
1943	25,934	27.9	20,649	27.6	5,285	29.0
1942	24,144	25.8	19,224	25.5	4,920	27.1
1941	19,406	22.4	14,992	21.5	4,414	26.3
1940	16,478	19.2	12,582	18.1	3,896	23.3
1939	14,887	17.4	11,350	16.4	3,537	21.5
1938	15,275	18.0	11,763	17.1	3,512	21.6
1937	14,272	16.9	10,921	16.0	3,351	21.0
1936	13,277	15.8	10,272	15.1	3,005	19.1
1935	13,641	16.4	10,521	15.5	3,120	20.1
1934	13,453	16.2	10,308	15.3	3,145	20.6
1933	13,409	16.3	10,211	15.2	3,198	21.3
1932	14,007	17.1	10,833	16.2	3,174	21.4
1931	14,166	17.4	11,012	16.5	3,154	21.7
1930	14,948	18.5	11,696	17.6	3,252	22.7
DEATHS						
RESIDENT						
1943	12,530	13.5	9,315	12.5	3,215	17.7
1942	11,347	12.1	8,397	11.1	2,950	16.2
1941	11,160	12.9	8,132	11.7	3,028	18.0
1940	11,096	12.9	8,243	11.9	2,853	17.1
1939	10,386	12.1	7,907	11.4	2,479	15.0
1938	10,618	12.5	8,034	11.7	2,584	15.9
1937	11,244	13.3	8,415	12.3	2,829	17.7
1936	11,058	13.2	8,134	11.9	2,924	18.6
1935	10,707	12.8	7,917	11.7	2,790	18.0
1934	10,764	13.0	8,049	11.9	2,715	17.8
1933	10,505	12.8	7,923	11.8	2,582	17.2
1932	10,309	12.6	7,622	11.4	2,687	18.2
RECORDED						
1943	12,929	13.9	9,895	13.2	3,034	16.7
1942	11,803	12.6	8,976	11.9	2,827	15.5
1941	11,609	13.4	8,700	12.7	2,909	17.3
1940	11,557	13.4	8,782	12.7	2,775	16.6
1939	10,879	12.7	8,374	12.1	2,505	15.2
1938	11,091	13.0	8,509	12.4	2,582	15.9
1937	11,700	14.0	8,958	13.1	2,832	17.7
1936	11,516	13.7	8,612	12.6	2,904	18.4
1935	11,149	13.4	8,352	12.3	2,797	18.0
1934	11,116	13.4	8,417	12.5	2,699	17.7
1933	10,797	13.1	8,243	12.3	2,554	17.0
1932	10,775	13.2	8,060	12.0	2,715	18.4
1931	11,522	14.2	8,600	12.9	2,922	20.1
1930	11,238	13.9	8,422	12.7	2,816	19.6

TABLE NO. 3

MONTHLY DISTRIBUTION OF RESIDENT LIVE BIRTHS AND STILLBIRTHS CLASSIFIED ACCORDING TO COLOR AND SEX—1943

Month	Live Births							Stillbirths						
		White			Colored				White			Colored		
	Total	Total	Male	Female	Total	Male	Female	Total	Male	Female	Unknown sex	Male	Female	Unknown sex
Total	21,054	16,077	8,203	7,874	4,977†	2,530	2,447	740*	224	187	38	138	120	19
January	2,036	1,607	849	758	429	214	215	76	30	17	3	12	13	1
February	1,721	1,319	660	659	402	187	215	47	16	15	5	6	5	..
March	1,760	1,375	702	673	385	190	195	74	24	14	4	15	11	2
April	1,686	1,301	646	655	385	202	183	73	21	24	3	15	10	..
May	1,625	1,261	641	620	364	189	175	61	19	13	1	13	9	5
June	1,700	1,294	646	648	406	217	189	65	17	17	4	9	14	1
July	1,942	1,429	717	712	513	255	258	66	17	17	7	14	9	2
August	1,841	1,403	748	655	438	229	209	50	16	9	1	12	5	4
September	1,780	1,333	649	684	447	225	222	66	17	14	1	14	18	1
October	1,758	1,343	692	651	415	205	210	63	13	21	3	11	10	3
November	1,513	1,155	607	548	358	193	165	40	15	11	3	6	5	..
December	1,692	1,257	646	611	435	224	211	59	19	15	3	11	11	..

* Stillbirth total includes 14, color unknown.

† Included in colored total are: 5 male, 3 female Chinese.
4 male, 1 female Filipino.

TABLE NO. 4

LIVE AND STILLBIRTHS CLASSIFIED ACCORDING TO ATTENDANCE, HOSPITALIZATION, TERM, PLURALITY AND NATIVITY OF PARENTS—1943

GROUP	RECORDED			RESIDENT		
	Total	White	Colored	Total	White	Colored
PLACE OF BIRTH, ATTENDANCE AND PERIOD OF GESTATION						
Live Births						
Total	25,934	20,649	5,285	21,054	16,077	4,977
Physician	25,346	20,428	4,918	20,464	15,855	4,609
Home	4,428	2,550	1,878	4,401	2,529	1,872
Hospital	20,918	17,878	3,040	16,063	13,326	2,737
Midwife	588	221	367	586	219	367
Other	..	..	..	4	3	1
Born in hospital	20,918	17,878	3,040	16,063	13,326	2,737
40 weeks or more	19,440	16,854	2,586	14,903	12,557	2,346
36–39 weeks	805	555	250	602	389	213
28–35 weeks	454	287	167	368	221	147
Less than 28 weeks	61	52	9	55	46	9
Unspecified	158	130	28	135	113	22
Born at home	5,016	2,771	2,245	4,991	2,751	2,240
40 weeks or more	4,228	2,417	1,811	4,212	2,405	1,807
36–39 weeks	527	231	296	518	223	295
28–35 weeks	113	57	56	110	55	55
Less than 28 weeks	23	14	9	22	14	8
Unspecified	125	52	73	129	54	75
Stillbirths						
Total*	890	580	296	740	449	277
Physician	850	568	282	701	438	263
Home	257	109	148	250	104	146
Hospital	593	459	134	451	334	117
Midwife	8	1	7	7	..	7
Foundlings*	32	11	7	32	11	7
PLURAL BIRTHS						
Sets of twins	262	201	61	219	159	60
Both born alive	233	184	49	192	144	48
One born alive, 1 stillborn	11	6	5	10	5	5
Both stillborn	18	11	7	17	10	7
Sets of triplets	1	..	1	1	..	1
All born alive	1	..	1	1	..	1
NATIVITY OF PARENTS						
Live births, total	25,934	20,649	5,285	21,054	16,077	4,977
Both parents native-born	24,368	19,368	5,000	19,744	15,024	4,720
One parent native-born, one parent foreign-born	934	906	28	757	730	27
Both parents foreign-born	235	234	1	207	206	1
One or both parents' birthplace unknown	397	141	256	346	117	229
Stillbirths, total*	890	580	296	740	449	277
Both parents native-born	762	516	246	630	400	230
One parent native-born, one parent foreign-born	23	21	2	17	15	2
Both parents foreign-born	4	4	..	2	2	..
One or both parents' birthplace unknown	101	39	48	91	32	45

* Total stillbirths include 14 foundlings, color unknown.

TABLE NO. 5

RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1943

Age	Grand Total	Entire Year						Jan.		Feb.		Mar.		April		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	12,530	9,315	5,105	4,210	3,215	1,754	1,461	892	283	758	267	791	281	797	252	701	273	786	293	639	220	658	259	635	228	747	244	756	225	1,155	390
Under one month	553	388	219	169	165	88	77	43	10	26	14	35	16	33	10	23	13	27	12	32	15	30	23	28	15	36	15	32	8	43	14
1 to 2 months	136	87	50	37	49	29	20	10	10	6	2	4	3	5	4	2	2	7	..	5	4	6	3	10	8	8	7	14	1	10	5
3 to 11 months	284	144	74	70	140	73	67	16	9	10	13	10	13	13	6	4	11	18	11	10	11	16	15	15	14	12	15	10	8	10	14
Total under 1 year	973	619	343	276	354	190	164	69	29	42	29	49	32	51	20	29	26	52	23	47	30	52	41	53	37	56	37	56	17	63	33
1 year	78	44	23	21	34	21	13	1	2	4	1	8	6	1	4	1	1	3	5	3	1	3	4	3	2	9	4	5	2	3	2
Total under 2 years	1,051	663	366	297	388	211	177	70	31	46	30	57	38	52	24	30	27	55	28	50	31	55	45	56	39	65	41	61	19	66	35
2 to 4 years	91	56	33	23	35	18	17	7	2	4	3	2	3	5	4	5	2	7	5	3	..	5	3	2	4	5	2	4	1	7	6
Total under 5 years	1,142	719	399	320	423	229	194	77	33	50	33	59	41	57	28	35	29	62	33	53	31	60	48	58	43	70	43	65	20	73	41
5 to 9 years	78	52	27	25	26	13	13	5	1	5	1	4	3	6	3	2	5	6	2	5	2	3	2	4	2	2	2	3	..	7	3
10 to 14 years	62	31	21	10	31	12	19	3	2	4	1	1	5	4	2	2	5	2	4	1	2	4	1	2	2	3	3	2	2	3	2
15 to 19 years	148	69	42	27	79	39	40	8	4	6	6	2	6	4	5	6	4	9	11	4	9	6	9	4	6	3	5	6	3	11	11
20 to 24 years	253	121	66	55	132	70	62	5	9	12	12	11	12	13	11	5	12	11	18	10	7	8	7	10	10	11	9	8	11	17	14
25 to 29 years	232	109	65	44	123	67	56	10	7	12	13	8	10	11	14	13	8	11	8	8	11	8	10	8	8	6	12	6	7	8	15
30 to 34 years	308	152	105	47	156	83	73	14	16	12	15	14	15	14	12	12	8	15	16	9	10	11	18	11	15	12	12	12	8	16	11
35 to 39 years	445	235	158	77	210	116	94	19	18	19	16	20	16	27	15	20	18	16	14	22	20	19	18	16	13	19	16	18	15	20	31
40 to 44 years	635	365	235	130	270	138	132	33	25	30	23	33	19	29	14	34	31	41	22	22	19	22	29	16	16	21	23	39	22	45	27
45 to 49 years	790	513	329	184	277	146	131	56	28	47	28	46	27	42	22	31	21	40	23	31	18	40	20	44	14	44	22	28	17	64	37
50 to 54 years	1,027	698	485	213	329	199	130	66	34	47	30	47	27	59	29	62	30	61	24	52	16	59	22	45	16	54	18	68	25	78	58
55 to 59 years	1,085	797	483	314	288	174	114	70	28	62	24	59	25	65	17	70	34	63	19	49	20	63	14	65	23	70	21	66	28	95	35
60 to 64 years	1,282	1,020	585	435	262	150	112	96	22	71	18	87	25	85	30	77	30	83	28	85	14	85	17	83	15	95	20	70	18	103	25
65 to 69 years	1,333	1,096	615	481	237	129	108	128	24	98	14	94	13	88	20	84	15	84	28	78	18	62	20	77	18	74	16	96	18	133	33
70 to 74 years	1,285	1,105	545	560	180	92	88	87	11	83	18	102	20	91	16	93	14	93	22	72	11	86	8	64	14	93	10	88	16	153	20
75 to 79 years	1,110	1,013	446	567	97	54	43	88	11	83	6	106	8	93	8	65	4	79	12	65	4	62	12	59	5	83	5	84	5	146	17
80 to 84 years	741	688	307	381	53	26	27	75	7	59	3	48	4	61	1	58	2	73	7	41	3	33	3	42	4	47	5	57	7	94	7
85 to 89 years	401	379	146	233	22	9	13	41	2	35	3	36	3	35	2	21	3	28	..	26	4	19	..	18	2	32	1	25	..	63	2
90 to 94 years	148	134	43	91	14	6	8	10	1	23	2	13	1	9	2	10	..	7	1	5	1	7	1	9	..	7	1	13	3	21	1
95 to 99 years	19	16	..	16	3	1	2	1	..	..	1	1	1	3	..	1	..	2	1	1	..	..	..	..	..	1	..	1	..	5	..
100 years and over	4	2	2	..	2	..	2	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..
Age not specified	2	1	1	..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..

TABLE NO. 6

INSTITUTIONAL DEATHS OCCURRING IN BALTIMORE CLASSIFIED ACCORDING TO COLOR AND SEX—1943

INSTITUTION	GRAND TOTAL	WHITE			COLORED		
		Total	Male	Female	Total	Male	Female
Hospital and Institutional deaths	6,972	5,315	3,244	2,071	1,657	1,004	653
Baltimore City Hospitals							
Residents	901	583	384	199	408	245	163
Non-residents	33	31	26	5	2	2	..
Sydenham Hospital							
Residents	47	34	21	13	13	10	3
Non-residents	12	10	5	5	2	2	..
Other Hospitals							
Residents	4,148	3,057	1,900	1,157	1,091	661	430
Non-residents	1,250	1,134	730	404	116	68	48
City Jail and State Penitentiary							
Residents	14	4	3	1	10	10	..
Non-residents	5	1	1	..	4	4	..
Other Institutions							
Residents	409	400	149	251	9	2	7
Non-residents	63	61	25	36	2	..	2

TABLE NO. 7

RESIDENT DEATHS UNDER ONE YEAR FROM CERTAIN CAUSES ACCORDING TO AGE AND MONTH OF DEATH—1943

International List Number	Cause of Death	Color	Total Under 1 Year	Age Groups						Month of Death											
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months	January	February	March	April	May	June	July	August	September	October	November	December
	All Causes	T	973	209	177	167	136	140	144	98	71	81	71	55	75	77	93	90	93	73	96
		W	619	145	122	121	87	68	76	69	42	49	51	29	52	47	52	53	56	56	63
		C	354	64	55	46	49	72	68	29	29	32	20	26	23	30	41	37	37	17	33
6	Meningococcus meningitis	W	6	..	..	1	1	2	2	2	..	1	..	2	1	..	..	..	..	..	..
		C	4	..	..	1	1	1	1	1	..	1	..	..	..	..	..	1	..	..	1
9	Whooping cough	W	5	..	..	..	1	2	2	..	1	..	2	..	..	..	1	1	..	..	..
		C	3	..	..	..	..	..	3	..	..	..	..	..	..	..	..	2	..	..	1
12	Tetanus	C	1	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
13	Tuberculosis of the respiratory system	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
		C	5	..	..	..	..	2	3	..	1	2	..	..	..	..	1	..	1	..	..
14	Tuberculosis of the meninges	C	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
22a	Acute miliary tuberculosis	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
		C	3	..	..	..	..	1	2	..	..	1	..	..	..	1	1	..	..	..	..
24a	Septicemia	W	3	..	..	..	..	2	1	1	..	..	1	..	..	..	1	..	..	..	..
27a	Dysentery, bacillary	C	3	..	..	..	..	1	2	..	..	..	..	..	..	1	1	..	..	1	..
27c	Dysentery, unspecified	W	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
30f	Syphilis, congenital	W	3	..	..	..	1	2	..	..	..	..	..	..	1	..	1	..	..	1	..
		C	6	2	1	2	1	..	..	..	..	..	..	1	2	..	..	..	..	..	3
33	Influenza	W	5	..	..	1	..	1	3	..	..	..	..	..	1	1	..	..	..	..	3
		C	3	..	..	..	..	2	1	1	..	..	2	..	..	..	..	..	..	..	..
38e	Chickenpox	C	1	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
55a	Cancer of adrenal gland	W	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
64	Diseases of the thymus gland	W	4	..	..	1	1	1	1	..	..	..	2	..	..	..	..	..	1	1	..
		C	5	..	..	..	2	3	..	..	..	..	1	3	..	..	..	..	..	..	1
66b	Other general diseases	W	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
73d	Anemia, unspecified	W	1	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..
		C	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..
74a	Leukemia	C	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
80b	Other encephalitis (nonepidemic)	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
		C	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..
81a	Simple meningitis	W	4	..	..	1	1	1	1	1	1	1	..	..	..	..	..	..	..	..	1
		C	4	..	..	..	2	1	1	..	..	..	..	1	..	..	..	..	1	1	1
83a	Cerebral hemorrhage	W	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..
84a	Mental deficiency	W	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
87e	Other diseases of the nervous system	W	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
88	Diseases of the organs of vision	W	1	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
89a	Otitis and other disease of the ear	W	5	..	..	..	..	4	1	..	1	1	..	..	2	..	..	..	..	1	..
		C	2	..	..	..	1	1	..	..	..	..	..	..	..	1	..	..	1	..	..
90b	Other pericarditis	C	1	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
91b	Acute endocarditis	W	1	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
		C	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..

TABLE NO. 7—Continued

RESIDENT DEATHS UNDER ONE YEAR FROM CERTAIN CAUSES ACCORDING TO AGE AND MONTH OF DEATH—1943

International List Number	Cause of Death	Color	Total Under 1 Year	Age Groups						Month of Death											
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months	January	February	March	April	May	June	July	August	September	October	November	December
93a	Acute myocarditis	W	1	..	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..
104a	Disease of the nasal fossae	W	5	..	..	..	3	..	2	..	..	..	..	1	1	1	..	..	1	1	..
		C	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
104b	Diseases of the accessory sinuses	C	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..
105	Diseases of larynx	W	1	..	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..
106	Bronchitis	W	5	..	..	1	2	1	1	2	..	1	..	1	..	..	..	..	..	..	1
		C	2	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	1
107	Bronchopneumonia	W	50	..	1	18	10	6	15	14	4	6	2	..	2	1	4	1	4	6	6
		C	54	..	4	8	11	15	16	10	2	10	3	5	2	2	4	4	2	1	9
108	Lobar pneumonia	W	15	..	..	3	2	4	6	3	3	1	2	..	1	2	..	..	1	..	2
		C	20	..	1	1	2	4	12	1	5	3	1	2	1	1	..	..	..	4	2
109	Pneumonia, unspecified	W	3	..	1	..	..	..	2	..	..	..	2	..	..	1	..	..	..	..	..
111c	Congestion of lungs	W	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..
114e	Other diseases of respiratory system	W	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..
		C	4	..	..	1	..	1	2	..	..	1	..	..	..	..	1	1	1	..	..
115b	Septic sore throat	W	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..
115c	Other diseases of pharynx and tonsils	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..
		C	1	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..
116	Diseases of esophagus	W	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
117b	Ulcer of duodenum	W	1	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..
119	Diarrhea and enteritis	W	98	..	1	34	28	18	17	4	5	6	1	..	7	8	11	22	7	15	12
		C	54	..	..	5	17	20	12	3	2	..	..	..	1	5	12	13	14	..	4
121	Appendicitis	W	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..
122a	Hernia	W	2	..	..	..	1	1	..	..	1	..	..	..	..	..	..	1	..	..	..
		C	2	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	1	..	1
122b	Intestinal obstruction	W	8	..	..	2	1	1	4	1	..	..	1	..	3	..	..	1	1	..	1
		C	2	..	..	..	1	..	1	..	1	..	1	..	..	..	..	..	..	..	..
127b	Other diseases of gall-bladder and biliary ducts	W	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
130	Acute nephritis	W	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
133a	Pyelitis, pyelonephritis, and pyelocystitis	W	2	..	..	..	2	..	..	..	..	..	..	..	1	..	..	..	..	..	1
		C	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
133b	Other diseases of kidneys and ureters	W	1	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..
		C	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
153	Other diseases of the skin and cellular tissues	C	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
154a	Osteomyelitis and periostitis, acute	W	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..
157a	Congenital hydrocephalus	W	7	..	..	..	3	2	2	1	..	..	..	2	..	2	1	..	1	..	..
		C	4	..	1	..	1	1	1	..	1	..	..	1	..	..	1	1	..	..	..
157b	Spina bifida and meningocele	W	5	1	1	..	1	1	1	..	1	1	1	..	..	..	..	..	1	..	1
		C	1	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
157c	Anencephalus	W	3	3	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	1
157d	Other congenital malformation of central nervous system	W	2	1	..	..	..	..	1	..	..	..	..	..	1	..	1	..	..	..	..
157e	Congenital malformations of the heart	W	33	6	8	6	6	3	4	2	3	1	4	..	..	7	6	2	3	..	5
		C	5	1	1	..	1	1	1	1	..	..	..	..	..	..	..	1	2	1	..

TABLE NO. 7—Continued

RESIDENT DEATHS UNDER ONE YEAR FROM CERTAIN CAUSES ACCORDING TO AGE AND MONTH OF DEATH—1943

International List Number	Cause of Death	Color	Total Under 1 Year	Age Groups						Month of Death											
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months	January	February	March	April	May	June	July	August	September	October	November	December
157g	Congenital malformations of digestive system	W	11	..	2	7	2	..	..	1	..	1	1	..	2	..	..	2	..	1	3
157h	Congenital malformations of the genito-urinary system	C	1	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..
157m	Other and unspecified congenital malformations	W	5	3	1	1	..	..	..	..	..	2	..	..	1	1	..	..	1	..	..
		C	2	..	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	1	..
158	Congenital debility	W	4	1	..	..	2	1	..	1	..	..	1	..	1	..	..	..	1	..	..
		C	6	..	1	2	1	2	..	..	..	..	1	..	1	1	..	1	2	..	..
159	Premature birth	W	168	86	56	21	4	1	..	19	10	12	19	16	10	13	16	16	15	11	11
		C	83	41	26	13	3	..	..	1	8	7	6	6	6	12	9	10	6	7	5
160a	Intracranial or spinal hemorrhage	W	47	17	18	10	2	..	..	5	3	5	3	1	6	3	2	4	5	3	7
		C	17	8	8	1	..	..	..	2	2	3	1	1	2	1	3	1	..	1	..
160b	Other intracranial or spinal injuries	W	1	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
160c	Other injuries at birth	W	11	5	6	..	..	..	..	2	..	1	..	3	1	1	1	..	1	1	..
		C	5	3	..	2	..	..	..	..	1	..	1	1	1	..	..	..	1	..	..
161a	Asphyxia, atelectasis	W	32	15	13	4	..	..	..	3	2	5	1	2	3	3	1	1	4	6	1
		C	15	7	5	2	..	1	..	1	3	2	..	4	..	1	2	..	2	..	..
161b	Infection of the umbilicus; pemphigus	W	2	..	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
		C	4	..	1	2	..	1	..	2	..	..	..	..	..	..	2	..	..	..	..
161c	Other diseases peculiar to the first year of life	W	14	4	7	2	1	..	..	2	1	..	1	..	2	..	3	..	3	2	..
		C	5	1	3	..	..	1	..	..	1	..	..	..	..	1	1	1	1	..	..
168	Infanticide	W	1	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..
180	Conflagration	C	3	..	..	..	..	2	1	..	..	..	..	..	2	..	..	..	1	..	..
181	Accidental burns	W	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1
182	Accidental mechanical suffocation	W	13	..	3	2	3	4	1	2	3	..	2	..	..	..	..	..	1	3	2
		C	5	..	..	1	1	2	1	..	..	1	..	1	1	..	1	..	..	..	1
186a	Accidental fall	W	1	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..
190	Excessive cold	W	1	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
191	Excessive heat	W	2	..	..	..	1	..	1	..	..	..	..	..	1	1	..	..	..	..	..
		C	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..
195c	Lack of care of newborn	W	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
195d	Accidental obstruction, suffocation or puncture by ingested objects	W	4	..	..	1	1	2	..	..	1	1	1	..	1	..	..	..	..	..	..
		C	5	..	..	..	2	2	1	2	1	..	..	..	..	..	..	1	1	..	..
195e	Other and unspecified accidents	W	1	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..
200a	Ill-defined cause	W	1	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..
200c	Unknown cause	C	2	1	1	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..

TABLE NO. 8
RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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	12,530	W	9,315	M	5,105	343	23	15	11	7	27	21	42	66	65	105	158	235	329	485	483	585	615	545	446	307	191	1
					F	4,210	276	21	7	10	6	25	10	27	55	44	47	77	130	184	213	314	435	481	560	567	381	340	....
			C	3,215	M	1,754	190	21	8	7	3	13	12	39	70	67	83	116	138	146	199	174	150	129	92	54	26	16	
					F	1,461	164	13	9	2	6	13	19	40	62	56	73	94	132	131	130	114	112	108	88	43	27	25	.. 1
I	Infectious and parasitic diseases	1,219	W	636	M	437	15	4	3	1	...	3	1	4	8	19	23	33	51	47	53	53	47	38	19	9	4	2	....
					F	199	10	4	1	2	3	2	4	2	14	17	9	13	17	15	9	11	14	14	12	9	10	7	....
			C	583	M	373	19	1	3	5	...	6	2	22	28	26	30	47	50	37	30	27	20	12	2	2	2	2	....
					F	210	11	3	3	...	1	1	7	23	32	23	26	20	11	19	11	9	3	4	2	...	1	....	....
1	Typhoid fever	1	W	1	F	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
6	Meningococcus meningitis	63	W	44	M	30	5	3	2	1	...	2	...	1	3	...	1	1	3	3	3	1	...	...	...	1	...	...	....
					F	14	1	2	1	1	1	1	1	...	...	...	...	...	...	...	2	1	...	2	1	...	...	...	....
			C	19	M	13	2	1	1	...	...	2	1	2	...	1	2	1	...	...	...	...	...	...	...	...	...	...	....
					F	6	2	...	1	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	....
8	Scarlet fever	1	W	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....
9	Whooping cough	10	W	6	M	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	4	M	2	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
10	Diphtheria	3	W	2	M	2	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	1	M	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
11	Erysipelas	2	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	....
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	....

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
12	Tetanus	7	W	2	F	2	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	5	M	4	1	...	...	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13–22	Tuberculosis, all forms	805	W	402	M	301	1	1	...	...	...	...	...	2	5	15	20	27	40	30	41	39	29	29	13	5	2	2	...
					F	101	1	...	...	...	...	...	1	1	14	16	7	11	12	8	4	7	7	5	3	2	2	...	...
			C	403	M	254	7	...	1	4	...	2	1	18	27	23	23	36	33	25	17	16	11	7	1	1	...	1	...
					F	149	2	3	1	...	...	1	5	22	31	17	24	15	5	11	4	5	1	1	...	...	1	...	...
13	Tuberculosis of the respiratory system	755	W	387	M	292	...	...	...	...	...	...	...	2	4	15	20	27	38	30	40	39	28	28	13	5	1	2	...
					F	95	1	...	...	...	...	...	1	1	13	15	7	11	11	7	4	7	7	4	3	1	2	...	...
			C	368	M	234	4	...	...	2	...	2	...	17	21	21	23	36	33	23	17	15	11	6	1	1	...	1	...
					F	134	1	...	1	...	...	...	3	22	28	16	23	14	4	10	4	5	1	1	...	...	1	...	...
14	Tuberculosis of the meninges and central nervous system	18	W	6	M	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
					F	4	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	1	...	1	...	...	...
			C	12	M	5	1	...	1	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
					F	7	...	3	...	...	...	1	1	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
15	Tuberculosis of the intestines and peritoneum	7	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
			C	6	M	4	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
16	Tuberculosis of the vertebral column	8	W	2	M	2	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
			C	6	M	5	...	...	...	...	...	...	1	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
17	Tuberculosis of the bones and joints (except vertebral column)	3	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
			C	2	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...

20	Tuberculosis of the genito-urinary system	2	W	1	M	1																		1									
			C	1	M	1											1																
21a	Tuberculosis of the adrenal glands	1	C	1	M	1															1												
21b	Tuberculosis of other organs	1	W	1	F	1															1												
22a	Acute (generalized) miliary tuberculosis	7	W	2	M	2	1																	1									
			C	5	M	2	2																										
					F	3	1						1								1												
22b	Other and unspecified generalized tuberculosis	3	W	1	F	1														1													
			C	2	M	1																	1										
					F	1									1																		
24a	Septicemia (non-puerperal)	5	W	5	M	2	2																										
					F	3	1				1										1												
27a	Dysentery, bacillary	5	W	1	F	1						1																					
			C	4	M	3	3																										
					F	1			1																								
27b	Dysentery, amebic	1	W	1	F	1															1												
27c	Dysentery, other and unspecified forms	2	W	2	M	1	1																	1									
					F	1																											
30	Syphilis, all forms	181	W	76	M	53												1	3	6	8	3	11	12	5	3	1						
					F	23	3			1							1	1	1	2	2	2		2	2	2	2	2					
			C	105	M	77	4							1		1	3	8	14	11	11	10	8	4			2						
					F	28	2									3	1	4	4	5	3	2		3	1								
30a	Syphilis: locomotor ataxia (tabes dorsalis)	4	W	3	M	3															1	1		1									
			C	1	M	1														1													
30b	Syphilis: general paralysis of the insane	35	W	12	M	9											1			3	1		1	2	1								
					F	3														1		1		1									
			C	23	M	20											2	4	3	3	4		2	2									
					F	3															1	1	1										
30c	Syphilis: other syphilis of the central nervous system	21	W	12	M	9												1	1		2	2	1		2								
					F	3												1	1				1										
			C	9	M	7												2	1	1	1	2											
					F	2													1	1													

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
30d	Syphilis: aneurysm of the aorta	55	W	20	M	15												1		3		5	2	3	1			
					F	5																		1	1	1	2		
			C	35	M	25											1	2	7	2	2	5	4	1			1		
					F	10										1			1	2	1	1		3	1				
30e	Syphilis: other syphilis of the circulatory system	41	W	17	M	12													2	2		2	5			1			
					F	5														1	1			1	1	1			
			C	24	M	18													2	5	4	3	2	1			1		
					F	6										2	1	1	1		1								
30f	Syphilis: congenital	12	W	5	F	5	3			1										1									
			C	7	M	5	4							1															
					F	2	2																						
30g	Syphilis: other and unspecified forms	13	W	7	M	5												1		1		1	2						
					F	2										1	1												
			C	6	M	1										1													
					F	5												3	1	1									
32a	Weil's disease	1	C	1	F	1										1													
33a	Influenza with respiratory complication specified	68	W	45	M	16	1									2		1	1		2	1	2	2	3	1			
					F	29													1	1	1	3	1	3	3	4	6	6	
			C	23	M	12	1								1	1		2	2		1	1	1		1			1	
					F	11	1											1	2	1	4	1			1				
33b	Influenza, without respiratory complication specified	34	W	27	M	15	2										1		1	3	1	1	3			1	2		
					F	12	2							1					1	1			2	1	2	1		1		
			C	7	M	4													1	1	1					1			
					F	3	1										1						1							
35	Measles	1	W	1	F	1					1																		

37a	Acute infectious encephalitis (lethargic)	1	W	1	M	1							1																		
37b	Sequelae of encephalitis lethargica	5	W	5	M	2														1	1										
					F	3												1					1	1							
38e	Chickenpox	1	C	1	F	1	1																								
43	Mycoses	1	C	1	M	1							1																		
44a	Venereal diseases (except gonorrhea and syphilis)	3	C	3	F	3								1	1				1												
44b	Lymphogranulomatosis (Hodgkin's disease)	18	W	13	M	10							1		2		1		2	2		1	1								
					F	3										1			1					1							
			C	5	M	2										1							1								
					F	3							1		1						1										
II	Cancer and other tumors	1,429	W	1,214	M	589	1				2	5	2	1	1	2	4	13	18	37	58	64	93	101	82	60	31	14			
					F	625		1		1		3	2	4	3		10	9	32	52	67	74	85	87	79	59	39	18			
			C	215	M	98						1		1			2	5	9	4	14	15	16	16	10	3	2				
					F	117				1		1	1		2		5	6	21	13	12	16	25	10	3			1			
45–55	Cancer and other malignant tumors	1,393	W	1,189	M	584	1				2	5	2	1	1	2	4	13	18	37	55	64	92	100	82	60	31	14			
					F	605		1				2	1	4	3		10	9	28	50	65	74	83	86	77	58	38	16			
			C	204	M	97						1		1			2	5	9	4	13	15	16	16	10	3	2				
					F	107						1	1		2		5	4	19	10	12	16	24	10	3						
45a	Cancer of the lip	2	W	2	M	2																				1		1			
45b	Cancer of the tongue	12	W	9	M	9														1	2	1	3		1		1				
			C	3	M	3																1	1				1				
45c	Cancer of the mouth	9	W	9	M	5																1	1	3							
					F	4																	1	1	2						
45d	Cancer of the jaw bone	6	W	6	M	5																	1	1		3					
					F	1																	1								
45f	Cancer of the pharynx	16	W	13	M	11														2	2	1	1	2	2	1					
					F	2															1		1								
			C	3	M	3															1		1	1							
46a	Cancer of the esophagus	23	W	16	M	13													2		2	1	2	1	4		1				
					F	3															1				1	1					
			C	7	M	7														1	1	3	1		1						

TABLE NO. 8—Continued
RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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				
46b	Cancer of the stomach	220	W	182	M	109	...	...	...	...	...	...	...	...	...	...	...	1	...	5	12	12	20	17	20	12	6	4	....			
					F	73	...	...	...	...	...	...	...	...	...	...	...	1	3	4	4	8	9	13	14	10	5	2	....			
			C	38	M	28	...	...	...	...	...	...	...	...	...	...	...	1	2	1	6	4	5	4	4	...	1	....	....			
					F	10	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	2	5	1	...	...	...	...	....	....			
46c	Cancer of the duodenum	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	....	....			
46d	Cancer of the rectum and anus	83	W	75	M	42	...	...	...	...	...	...	...	...	...	...	1	...	1	1	4	5	6	5	9	6	3	1	....			
					F	33	...	...	...	...	...	...	...	...	...	...	1	...	1	5	2	2	5	5	4	4	3	1	....			
			C	8	F	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	1	1	...	...	....	....			
46e	Cancer of the intestines (except duodenum and rectum)	120	W	115	M	48	...	...	...	...	1	...	...	...	...	...	...	1	1	1	1	4	6	12	7	11	2	1	....			
					F	67	...	...	...	...	...	...	...	...	...	...	1	...	5	5	5	3	8	10	10	6	7	7	....			
			C	5	M	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	....	....			
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	....	....			
46f	Cancer of the liver and biliary passages	80	W	68	M	29	...	...	...	...	...	...	...	...	...	...	...	1	3	3	6	3	2	5	4	1	1	...	....			
					F	39	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	8	4	8	5	5	4	2	....			
			C	12	M	5	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	1	...	1	...	...	....			
					F	7	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	2	...	1	...	...	...	...	....	....			
46g	Cancer of the pancreas	40	W	36	M	19	...	...	...	...	...	...	...	...	...	...	...	...	2	4	...	3	4	3	1	...	2	...	....			
					F	17	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	4	...	5	2	...	3	...	....			
			C	4	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	....			
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	....	....			
46h	Cancer of the mesentery and peritoneum	12	W	11	M	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	1	...	...	...	....			
					F	7	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	2	1	1	...	...	1	...	....	....			
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....			

46m	Cancer of unspecified digestive organs	16	W	14	M	8	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	2	1	...	...	...
					F	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	1	...	...	...	...	...
			C	2	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...
47a	Cancer of the larynx	22	W	19	M	17	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	1	3	5	1	1	1	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
			C	3	M	3	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...
47b	Cancer of the trachea	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
47c	Cancer of the bronchus	30	W	28	M	25	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2	2	10	4	...	2	...	1	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...
			C	2	M	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
47d	Cancer of the lung	81	W	68	M	58	...	...	...	...	...	...	...	...	...	...	1	3	4	2	7	11	8	14	4	3	1	...	...
					F	10	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	1	1	2	...	1	...	...
			C	13	M	11	...	...	...	...	...	...	...	...	...	...	1	1	3	...	1	1	2	2	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...
47e	Cancer of the pleura	2	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
47f	Cancer of the mediastinum and unspecified sites of respiratory system	4	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
			C	3	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
48a	Cancer of the cervix (of uterus)	50	W	37	F	37	...	...	...	...	...	...	...	...	...	...	3	1	5	2	5	8	4	3	3	1	2	...	...
			C	13	F	13	...	...	...	...	...	...	...	...	1	...	...	1	3	1	2	2	2	1	...	...	...	...	...
48b	Other cancer of the uterus	76	W	52	F	52	...	...	...	...	...	...	...	...	...	...	1	2	2	5	9	6	9	7	4	7	...	...	...
			C	24	F	24	...	...	...	...	...	...	...	...	1	...	2	...	7	3	2	2	4	2	1	...	...	...	...
49a	Cancer of the ovary	33	W	32	F	32	...	...	...	...	...	...	1	...	1	...	...	...	...	3	4	4	8	3	5	3	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
49c	Cancer of the vagina	2	W	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
49d	Cancer of the vulva	3	W	2	F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
50	Cancer of the breast	163	W	138	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...
					F	136	...	...	...	...	...	...	...	...	...	4	2	8	13	18	15	18	17	18	16	6	1	...
			C	25	F	25	...	...	...	...	...	...	...	...	...	1	1	5	3	4	4	5	2	...	...	...	...	...
51b	Cancer of the prostate	51	W	41	M	41	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	5	9	10	6	7	3	...
			C	10	M	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	4	2	...	...	...	...
51c	Cancer of the testes	4	W	4	M	4	...	...	...	...	...	...	...	1	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...
51d	Cancer of the penis	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
52a	Cancer of the kidney	26	W	25	M	13	...	...	...	...	...	1	...	...	...	...	...	...	...	4	2	...	1	2	1	2	...	...	...
					F	12	...	...	...	...	...	...	...	1	...	...	...	3	...	...	1	3	1	1	1	1	...	...	...	...
			C	1	F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..
52b	Cancer of the bladder	66	W	57	M	39	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	7	5	9	8	2	3	...	...
					F	18	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	2	2	3	2	2	2	1	...
			C	9	M	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	2	1	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
53	Cancer of the skin (except vulva and scrotum)	18	W	17	M	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	2	1	2	...
					F	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	2	1	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
54a	Glioma	17	W	17	M	12	...	...	...	...	...	...	...	...	1	...	1	4	1	4	...	1	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	1	...	...	...	...	...	...	1	1	1	1	...	...	...	...	...	...	...	...
54b	Other and unspecified cancers of the brain and central nervous system	15	W	14	M	8	...	...	...	...	...	1	1	...	...	...	1	1	...	...	3	...	1	...	...	...	...	...	...
					F	6	...	1	...	...	...	...	...	...	...	...	...	...	...	2	2	...	1	...	...	...	...	...	...
			C	1	M	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
55a	Cancer of adrenal glands	2	W	2	M	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...

55b	Cancer of bones (except jaw bone and accessory sinuses)	6	W	5	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...
					F	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
55c	Cancer of the thyroid gland	4	W	4	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...
55d	Cancer of the nasal cavity and accessory sinuses	4	W	4	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
55e	Cancer of other and unspecified organs	72	W	62	M	38	...	...	...	...	1	3	1	...	...	...	...	...	2	2	4	4	8	6	1	6	...	...	...
					F	24	...	...	...	...	...	1	...	1	...	...	...	...	...	2	4	3	3	4	2	1	2	1	...
			C	10	M	6	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	1	1	1	...	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	1	...	...	...	...
56a	Nonmalignant tumors of the ovary	6	W	5	F	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	1	...	1	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
56b	Nonmalignant tumors of uterus	10	W	4	F	4	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...
			C	6	F	6	...	...	...	...	...	...	...	...	...	...	...	2	2	1	...	...	...	...	...	...	...	1	...
56d	Nonmalignant tumors of brain and other parts of the central nervous system	8	W	6	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...
					F	3	...	...	...	1	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
			C	2	F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
56e	Nonmalignant tumors of other and unspecified organs	5	W	3	F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...
			C	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
57d	Tumors of the brain and other parts of the central nervous system, nature unspecified	5	W	5	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	4	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...
57e	Tumors of other and unspecified organs, nature unspecified	2	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
III	Rheumatism, diseases of nutrition and of the endocrine glands, other general diseases and avitaminoses	396	W	330	M	96	2	...	1	...	...	3	...	1	1	1	...	2	1	6	10	7	18	20	14	6	2	1	...
					F	234	3	...	...	...	...	1	2	3	3	2	2	2	6	8	14	19	55	36	43	21	8	6	...
			C	66	M	23	5	...	2	...	1	...	...	1	...	...	...	1	1	2	3	1	2	2	1	1	...	...	...
					F	43	...	...	...	...	1	2	...	2	...	...	1	4	7	2	4	4	7	4	3	...	2	...	...
58a	Acute rheumatic pericarditis	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
58b	Acute rheumatic endocarditis	11	W	8	M	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	7	...	...	...	...	...	1	1	2	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...
			C	3	F	3	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
58c	Acute rheumatic myocarditis	2	C	2	M	1					1																			
					F	1						1																			
58d	Other acute rheumatic heart diseases	4	W	2	M	1						1																			
					F	1							1																		
			C	2	M	1								1																
					F	1						1																			
58e	Other forms of acute rheumatic fever	2	W	2	M	1								1																	
					F	1													1												
59a	Rheumatoid arthritis	3	W	3	F	3														1					2						
59b	Other chronic articular rheumatism	9	W	5	M	2															1		1							
					F	3																1			1		1				
			C	4	F	4												1	1				1				1				
61	Diabetes mellitus	332	W	286	M	84						1			1	1		2	1	5	9	7	15	19	14	6	2	1			
					F	202								1	1			1	4	6	13	18	52	34	39	20	7	6			
			C	46	M	13												1	1	1	3	1	2	2	1	1					
					F	33								1			1	2	5	2	4	4	6	4	3		1				
62	Diseases of the pituitary gland	1	W	1	F	1									1																
63b	Exophthalmic goiter	12	W	11	F	11										1	2			1	1		3	1	1	1					
			C	1	F	1													1												
63c	Myxedema and cretinism	2	W	2	F	2										1								1							
64	Diseases of the thymus gland	10	W	4	M	2	2																								
					F	2	2																								
			C	6	M	6	5		1																						
65a	Addison's disease	1	C	1	M	1														1											

65b	Other diseases of the adrenal glands	1	W	1	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
66b	Other general diseases	3	W	3	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
67	Scurvy	1	C	1	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69	Pellagra (except alcoholic)	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
IV	Diseases of the blood and blood-forming organs	56	W	46	M	19	...	1	...	...	...	...	...	2	2	1	1	1	...	...	3	1	1	3	3	...	...	...	...
					F	27	1	...	...	...	...	4	...	1	...	1	...	3	1	...	...	3	4	6	1	2	...	...	...
			C	10	M	6	...	2	...	...	...	1	...	...	...	1	...	...	...	...	...	1	...	1	...	...	...	...	...
					F	4	2	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
72a	Primary purpuras	6	W	4	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	3	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...
			C	2	M	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
72b	Hemophilia	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
73a	Pernicious anemia	11	W	10	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...
					F	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	1	1	...	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
73b	Other hyperchromic anemias	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
73d	Other and unspecified anemias	5	W	1	F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	4	M	2	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	2	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
74a	Leukemias	27	W	25	M	10	...	1	...	...	...	...	...	2	2	...	...	...	...	...	1	1	1	2	...	...	...	...	...
					F	15	...	...	...	...	...	3	...	...	...	1	...	3	...	...	...	1	2	4	...	1	...	...	...
			C	2	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
74b	Aleukemias	2	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
					F	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
75b	Splenomegaly (of undetermined nature)	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
75c	Other diseases of the spleen	1	W	1	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
76a	Agranulocytosis	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	Totals					Age Groups																							
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V	Chronic poisoning and intoxication		W	16	M	11	...	...	...	...	...	...	...	...	...	...	1	...	1	4	2	1	2	...	...	...	...	...	...
					F	5	...	1	1	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	...	...	...	...	...
			C	13	M	11	...	...	1	...	...	...	...	...	...	1	1	1	2	2	2	1	...	...	...	...	...	...	...
					F	2	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
77c	Acute alcoholism	4	C	4	M	3	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
77d	Chronic alcoholism	19	W	12	M	10	...	...	...	...	...	...	...	...	...	...	1	...	1	3	2	1	2	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
			C	7	M	7	...	...	...	...	...	...	...	...	...	1	1	1	1	1	1	1	...	...	...	...	...	...	...
77e	Other and unspecified alcoholism	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
78b	Lead poisoning, not specified as occupational	4	W	2	F	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	2	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
79b	Chronic poisoning by other mineral or organic substances, not specified as occupational	1	W	1	F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
VI	Diseases of the nervous system and sense organs	1,021	W	757	M	340	8	3	2	2	...	...	1	3	5	4	2	1	12	22	24	21	34	42	55	50	25	24	...
					F	417	6	3	1	...	1	1	...	...	1	1	1	7	6	21	18	27	47	57	62	77	41	39	...
			C	264	M	104	2	1	...	...	...	1	...	2	1	1	...	3	8	11	20	13	17	15	5	3	1	...	...
					F	160	5	1	...	...	...	...	2	...	...	3	2	9	15	18	12	20	14	28	14	9	6	2	...
80a	Intracranial abscess	6	W	5	M	4	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	1	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
80b	Other encephalitis (nonepidemic	9	W	8	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	7	1	...	1	...	1	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...
			C	1	F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

81a	Simple meningitis	29	W	20	M	13	2	1	1	...	...	...	...	1	2	...	...	...	1	2	1	1	1	...	...	...	...	...	...
					F	7	2	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	...
			C	9	M	4	1	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	5	3	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
81b	Acute cerebrospinal meningitis (not due to meningococcus)	1	W	1	F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
82	Diseases of the spinal cord (except locomotor ataxia and disseminated sclerosis)	17	W	14	M	11	...	...	...	...	...	...	...	...	1	...	...	1	1	5	...	...	1	...	1	1	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...
			C	3	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
83a	Cerebral hemorrhage or effusion (excluding birth injuries)	800	W	582	M	241	1	...	...	...	...	...	...	...	...	1	1	...	6	10	18	18	29	33	40	41	22	21	...
					F	341	...	...	...	...	...	...	...	...	1	...	1	2	4	16	15	25	37	52	52	68	35	33	...
			C	218	M	81	...	...	...	...	...	...	...	...	...	...	...	1	4	8	18	13	16	14	3	3	1	...	...
					F	137	...	...	...	...	...	...	...	...	...	1	1	7	13	15	12	19	12	27	13	9	6	2	...
83b	Cerebral embolism and thrombosis	57	W	50	M	23	...	1	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	5	7	4	1	2	...
					F	27	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	5	1	3	6	2	6	...
			C	7	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	1	...	...	...	...
83c	Cerebral softening	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
83d	Hemiplegia and other paralysis of unspecified origin	26	W	23	M	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	4	4	3	1	1	...
					F	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	...	2	...	...
			C	3	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
84a	Mental deficiency (except general paralysis of the insane)	4	W	3	M	2	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	M	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
84b	Schizophrenia (dementia praecox)	5	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
			C	4	M	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
84c	Manic-depressive psychosis	2	W	2	F	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
84d	Other mental diseases	2	C	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
85	Epilepsy	6	W	2	M	2	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	4	M	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
86	Convulsions (under 5 years of age)	1	W	1	M	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
87b	Neuritis (except rheumatic and alcoholic)	2	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
87c	Paralysis agitans (except result of encephalitis)	11	W	11	M	6	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	2	1	...	...	...	...
87d	Disseminated sclerosis	15	W	13	M	7	...	...	...	1	...	...	...	...	...	...	1	...	2	1	...	...	...	1	1	...	...	...	...
					F	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	1	...	...	...	...
			C	2	M	2	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
87e	Other diseases of the nervous system	8	W	5	M	3	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...
			C	3	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
88	Diseases of the organs of vision	1	W	1	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
89a	Otitis and other diseases of the ear	17	W	12	M	7	2	...	1	...	...	...	...	1	...	2	...	...	...	1	...	...	...	...	...	...	...	...	...
					F	5	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
			C	5	M	3	1	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
					F	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
89b	Diseases of the mastoid process	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
VII	Diseases of the circulatory system	4,161	W	3,416	M	1,902	...	...	...	...	...	1	1	3	3	9	20	46	64	95	210	221	260	262	227	217	167	96	...
					F	1,514	2	...	...	...	...	...	...	3	10	4	7	19	32	44	60	105	140	185	251	273	195	184	...
			C	745	M	399	1	...	...	...	...	...	3	...	5	5	11	12	23	34	62	55	52	42	47	28	12	7	...
					F	346	1	...	...	...	...	...	1	3	4	5	9	20	34	36	45	29	50	33	38	15	9	14	...
90–95	Diseases of the heart	3,964	W	3,251	M	1,830	...	...	...	...	...	1	1	3	3	9	19	46	64	95	207	217	260	254	220	196	149	86	...
					F	1,421	2	...	...	...	...	...	...	3	9	4	7	16	30	41	58	103	136	180	240	253	176	163	...
			C	713	M	380	1	...	...	...	...	...	3	...	5	5	11	12	23	34	62	53	48	39	42	25	12	5	...
					F	333	1	...	...	...	...	...	1	3	4	5	9	19	32	35	45	29	49	30	37	15	9	10	...

90b	Pericarditis (except acute or chronic rheumatic)	6	W	4	M	3											1		1		1								
					F	1												1											
			C	2	M	1	1																						
					F	1														1									
91a	Bacterial endocarditis (acute, subacute or unspecified)	20	W	13	M	7												2	1		1	1	2						
					F	6									3			1			1		1						
			C	7	M	4												3					1						
					F	3									1	1	1												
91b	Other acute or subacute endocarditis	2	W	1	F	1	1																						
			C	1	F	1	1																						
91c	Endocarditis (not specified as acute, chronic, or rheumatic, under 45 years of age)	2	W	2	M	1									1														
					F	1											1												
92a	Diseases of the aortic valve (without mention of diseases of mitral valve or rheumatic fever)	52	W	28	M	18											2	2	3	1	1	1	3		3		1	1	
					F	10											1				1	1	2	1		4			
			C	24	M	15											1	1	2	2	1	3	2	1	1	1			
					F	9											1	1	3	1		1	1	1					
92b	Diseases of the mitral valve (whether or not specified as rheumatic)	125	W	101	M	51							1			1	4	4	1	4	6	6	4	5	5	6	3	1	
					F	50								1	1	1			3	4	2	4	7	4	6	10	4	3	
			C	24	M	11							1		1				1		3		1	1		3			
					F	13								2		1		1	2	4	1	1					1		
92c	Diseases of other and unspecified valves and chronic endocarditis, specified as rheumatic	18	W	14	M	7										1	1	2			1	1	1						
					F	7												1			2	1	1			1	1		
			C	4	M	3							1		1						1								
					F	1															1								
92d	Diseases of other and unspecified valves and chronic endocarditis, not specified as rheumatic	114	W	83	M	41						1						1	1	3	1	3	8	5	5	6	5	2	
					F	42									1		1	1		2	4	1	3	7	6	7	5	4	
			C	31	M	15										2	1			3	1	4		1	1	2			
					F	16											1	1	3		3	2	1	2	3				
92e	Endocarditis (not specified as acute, chronic, or rheumatic, 45 years of age and over)	22	W	14	M	9															1		2	2	2	1	1		
					F	5														1		1		1		2			
			C	8	M	2																		2					
					F	6														2		1	3						
93a	Acute myocarditis (except rheumatic)	17	W	9	M	3																1	1				1		
					F	6	1												1			1	1					2	
			C	8	M	3										1		1			1								
					F	5														1	3	1							

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
93b	Myocarditis (not specified as acute, chronic, or rheumatic under 45 years of age)	2	C	2	M	2											1	1										
93c	Chronic myocarditis and myocardial degeneration, specified as rheumatic	39	W	31	M	21										1	3	3	2	2	1	4	1	1	1	2		
					F	10												3	1	2	2				1	1		
			C	8	M	5											1	2	1	1								
					F	3									1			1		1								
93d	Chronic myocarditis and myocardial degeneration, not specified as rheumatic	2,353	W	1,915	M	968										1	3	7	16	32	84	90	132	147	142	141	111	62	
					F	947									2		3	4	16	18	33	60	88	117	171	184	126	125	
			C	438	M	231											5	1	12	18	42	30	33	25	35	16	11	3	
					F	207									1	3	5	9	15	18	24	17	35	22	31	13	6	8	
93e	Other myocarditis (not specified as acute, chronic or rheumatic)	121	W	82	M	39									1		1		1	3	2	1	8	6	7	4	3	2	
					F	43														1	1	1	1	4	6	9	12	8	
			C	39	M	20												2		3	1	4	5	2	1	2			
					F	19												1	1	3	6		3	2	3				
94a	Disease of the coronary arteries	887	W	808	M	588										2	2	19	36	44	102	102	88	79	49	31	19	15	
					F	220												2	4	9	10	28	27	39	39	32	21	9	
			C	79	M	50									2	1	1	1	4	7	9	12	6	5	1		1		
					F	29									1			1	6	4	4	6	3	1			1	2	
94b	Angina pectoris	18	W	17	M	11													1		2	1	1	2	4				
					F	6																		2	3			1	
			C	1	F	1																					1		
95a	Functional diseases of the heart (without mention of organic lesion)	15	W	15	M	7														1		1		3			2	
					F	8																	3	1	1		2	1	

95b	Other diseases of the heart, specified as rheumatic	64	W	52	M	26	...	...	...	...	...	...	...	3	...	3	2	5	1	3	4	2	3	...	...	...	...	...	...
					F	26	...	...	...	...	...	...	...	1	2	3	1	3	4	2	1	4	1	2	1	...	1	...	...
			C	12	M	7	...	...	...	...	...	...	1	...	1	1	1	...	1	...	...	...	...	1	1	...	...	...	...
					F	5	...	...	...	...	...	...	1	1	...	...	1	...	...	...	1	...	1	...	...	...	...	...	...
95c	Other diseases of the heart, not specified as rheumatic	87	W	62	M	30	...	...	...	...	...	...	...	...	1	...	...	1	...	2	...	3	6	4	2	5	3	3	...
					F	32	...	...	...	...	...	...	...	1	...	...	...	...	1	2	1	1	1	2	6	3	4	10	...
			C	25	M	11	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	...	...	1	2	1	...	2	...
					F	14	...	...	...	...	...	...	...	...	...	...	...	4	2	...	2	...	2	2	...	2	...	...	...
96	Aneurysm (except of the heart and aorta)	9	W	9	M	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	2	...	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	...	...	...	...	...	...	...	...
97	Arteriosclerosis (except coronary or renal sclerosis)	161	W	138	M	58	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	7	20	17	10	...
					F	80	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	5	11	20	19	21	...
			C	23	M	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	5	3	...	2	...
					F	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	4	...
98	Gangrene	3	W	3	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
99	Other diseases of the arteries	6	W	5	M	5	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	1	1	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
100a	Varices	2	W	1	F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
100b	Other diseases of the veins	7	W	6	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	...	1	...	...	...	...	2	1	...	1	...	...	...	...	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
102	High blood pressure (idiopathic)	8	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
			C	6	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	1	...	...	...	...	...	...
103	Other diseases of the circulatory system	1	W	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	Totals					Age Groups																							
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VIII	Diseases of the respiratory system	928	W	558	M	330	45	8	2	4	...	2	1	4	4	6	7	10	22	30	29	24	19	33	32	17	14	17	....
					F	228	36	6	2	2	...	5	1	2	6	1	3	7	8	6	10	17	10	17	24	25	18	22	....
			C	370	M	217	45	10	...	...	...	...	...	2	5	10	9	18	21	25	23	19	7	12	6	3	1	1	....
					F	153	37	4	1	1	1	1	1	5	9	7	8	9	12	13	7	10	4	7	6	5	2	3	....
104a	Diseases of the nasal fossae	8	W	6	M	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	2	M	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
104b	Diseases of the accessory sinuses	3	W	1	M	1	..	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....
			C	2	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	1	..	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
105	Diseases of the larynx	4	W	4	M	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	....
					F	1	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	....
106a	Bronchitis, acute	8	W	6	M	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	3	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....
			C	2	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	1	..	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
106b	Bronchitis, chronic	14	W	11	M	7	...	1	...	...	...	...	...	1	...	...	1	...	1	1	...	...	...	...	...	1	1	...	....
					F	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	...	1	....
			C	3	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	....
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....
106c	Bronchitis, unspecified	4	W	3	M	3	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	....
			C	1	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
107–109	Pneumonia, all forms	834	W	493	M	290	35	5	...	4	...	2	1	2	4	5	6	9	20	25	28	22	17	31	30	15	13	16	....
					F	203	33	5	2	2	...	5	...	2	5	1	3	7	5	4	8	15	8	16	23	22	18	19	....
			C	341	M	200	39	9	...	...	...	...	...	2	5	10	9	16	18	25	19	19	6	12	6	3	1	1	....
					F	141	35	3	1	1	1	1	1	3	7	7	7	9	8	13	7	10	4	7	6	5	2	3	....

107	Bronchopneumonia (including capillary bronchitis)	357	W	231	M	122	26	3	...	2	...	2	1	...	1	3	1	3	4	5	7	7	4	10	14	9	9	11	...
					F	109	24	4	2	2	...	3	...	1	3	...	...	5	1	2	1	7	2	9	10	11	10	12	...
			C	126	M	58	25	5	...	...	...	...	...	...	...	1	1	...	3	2	4	4	1	4	4	2	1	1	...
					F	68	29	2	1	1	1	1	1	1	1	2	1	1	1	2	3	4	2	3	3	3	2	3	...
108	Lobar pneumonia	455	W	244	M	157	6	1	...	2	...	...	...	2	3	2	5	6	16	19	21	13	13	19	14	6	4	5	...
					F	87	9	1	...	...	...	2	...	...	2	1	3	1	4	2	7	8	6	7	9	11	7	7	...
			C	211	M	141	14	4	...	...	...	...	...	2	5	8	8	16	15	23	15	15	5	8	2	1	...	...	...
					F	70	6	1	...	...	...	...	...	2	5	5	6	8	6	11	4	5	2	4	3	2	...	...	...
109	Pneumonia (unspecified)	22	W	18	M	11	3	1	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	2	...	...	...	...
					F	7	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	4	...	1	...	...
			C	4	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...	...
110a	Empyema	5	W	3	M	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
			C	2	M	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...
110b	Other and unspecified forms of pleurisy	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
111a	Hemorrhagic infarction and thrombosis of the lungs	4	W	3	F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
111b	Acute edema of the lungs	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
111c	Chronic and unspecified congestion of the lungs	5	W	4	M	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...
			C	1	F	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
112	Asthma	10	W	4	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...
			C	6	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	...	2	...	1	...	2	...	...	...	...	...	...	...	...	...	...
113	Pulmonary emphysema	2	W	2	F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
114a	Silicosis	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
114c	Gangrene of lung	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
114d	Abscess of lung	17	W	13	M	10							1		1				4	1		1	2					
					F	3							1		1					1								
			C	4	M	4											1	1		2								
114e	Other and unspecified diseases of the respiratory system	6	W	2	M	1	1																					
					F	1															1							
			C	4	M	2	2																					
					F	2	2																					
IX	Diseases of the digestive system	616	W	475	M	286	62	3	2		1	1	2	1		1	4	10	20	26	25	30	31	31	23	8	4	1	
					F	189	52	3	1			3	1		4	2	2	4	12	10	6	16	21	15	10	15	9	3	
			C	141	M	77	31	5	1					1	1	2	4	4	3	7	5	5	3	2	3				
					F	64	28	1	1				1	1	2	4	3	5	7	3	3	1		1	1	2			
115a	Diseases of the teeth and gums	1	C	1	F	1															1								
115b	Septic sore throat	4	W	3	M	1					1																		
					F	2	1																	1					
			C	1	M	1		1																					
115c	Diseases of the pharynx and tonsils	8	W	7	M	3	1					2				2													
					F	4									1						1								
			C	1	M	1	1																						
115d	Diseases of other and unspecified parts of the buccal cavity and adnexa	1	W	1	F	1																			1				
116	Diseases of the esophagus	3	W	2	M	2	1																1						
			C	1	M	1														1									

117a	Ulcer of the stomach	55	W	47	M	45													2	3	5	7	4	10	5	7	1	1		
					F	2																		2							
			C	8	M	6										1	1	2			1			1							
					F	2														2											
117b	Ulcer of the duodenum	16	W	14	M	11										1			1	2	1	5		1						
					F	3	1																	1		1					
			C	2	M	1															1										
					F	1																				1					
118	Other diseases of the stomach (except cancer)	3	W	3	M	1																				1					
					F	2															1						1				
119a	Diarrhea and enteritis, under 2 years of age	162	W	104	M	54	51	3																							
					F	50	47	3																							
			C	58	M	30	27	3																							
					F	28	27	1																							
120a	Diarrhea and enteritis, 2 years of age and over	15	W	10	M	1																				1					
					F	9									1			1	1	1		1	1	1	1	1				
			C	5	M	3			1						1								1								
					F	2			1							1															
120b	Ulceration of the intestines, 2 years of age and over (except duodenum)	3	W	2	F	2														1			1							
			C	1	M	1																	1								
121	Appendicitis	39	W	32	M	20	1		1			1	2						2	5		3	1	2	2					
					F	12			1			1	1							2	1		2	3				1			
			C	7	M	5														1	2	1	1							
					F	2							1					1													
122a	Hernia	47	W	40	M	24	2		1					1				1		1	1	2	4	6	2		2	1		
					F	16													1	1		2	3	2	2	2	2	1		
			C	7	M	6	1	1								1						1		1	1					
					F	1	1																								
122b	Intestinal obstruction	65	W	47	M	29	5											1	2	2	7	3	5	4					
					F	18	3											1	1		1	2	1	3	2	3	1			
			C	18	M	10	2							1			1	1	1		2	1		1						
					F	8								1				2	1	1	2				1						
123	Other diseases of the intestines	15	W	9	M	5													1						1	1	2				
					F	4									1			1					1	1							
			C	6	M	3											1	1						1							
					F	3													1				1				1				

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
124a	Cirrhosis of the liver, with mention of alcoholism	18	W	18	M	13	...	...	...	...	...	...	...	...	...	...	1	1	3	2	2	1	1	...	1	1	...	...	...
					F	5	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	1	...	...	...	...	...	...	...
124b	Cirrhosis of the liver, without mention of alcoholism	93	W	81	M	53	...	...	...	...	...	...	...	...	...	...	...	4	3	11	5	7	9	8	5	...	1	...	...
					F	28	...	...	...	...	...	...	...	...	...	...	1	...	3	3	3	5	3	5	2	1	1	1	...
			C	12	M	8	...	...	...	...	...	...	...	...	...	1	...	...	1	2	1	1	1	...	1	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	...	...	...	...	...	...	...
125a	Acute yellow atrophy of the liver (non-puerperal)	8	W	3	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
					F	2	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
			C	5	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...
125b	Other diseases of the liver	10	W	7	M	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	...	...	...
			C	3	F	3	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...
126	Biliary calculi	16	W	15	M	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	2	...	...	...
					F	11	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	3	1	3	1	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
127a	Cholecystitis (without mention of biliary calculus)	15	W	13	M	6	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	2	1	...	...	...	...
					F	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	2	...	...	1	...	...	...
			C	2	F	2	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...
127b	Other diseases of the gallbladder and biliary ducts	9	W	8	M	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
128	Diseases of the pancreas (except diabetes mellitus)	4	W	4	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...

129	Peritonitis (cause not stated)	6	W	5	M	3	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	....
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	....	....
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....	....
X	Diseases of the genito-urinary system	1,164	W	796	M	424	2	...	1	...	...	...	...	3	2	1	7	4	13	22	34	37	45	63	68	60	37	25	....
					F	372	2	...	...	1	...	...	...	...	2	2	2	6	6	16	18	32	41	45	57	64	39	39	....
			C	368	M	173	1	...	...	...	...	...	...	...	1	2	4	7	9	12	23	23	26	25	15	12	7	6	....
					F	195	1	...	...	...	...	1	1	...	3	3	10	13	19	22	34	21	9	18	20	8	7	5	....
130–132	Nephritis, all forms	1,054	W	713	M	359	1	...	1	...	...	...	...	2	2	...	5	3	11	15	33	32	40	51	59	51	31	22	....
					F	354	...	...	...	...	...	...	...	...	...	1	2	5	3	16	17	31	38	44	57	63	38	39	....
			C	341	M	156	...	...	...	...	...	...	...	...	1	1	3	7	6	11	19	21	25	24	14	12	7	5	....
					F	185	...	...	...	...	...	1	...	...	3	2	7	12	18	22	34	21	8	18	20	7	7	5	....
130	Acute nephritis	20	W	11	M	9	1	...	...	...	...	...	...	1	1	...	3	...	1	...	...	...	...	...	...	1	...	1	....
					F	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...		...	...	...	1	....
			C	9	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	....	....
					F	7	...	...	...	...	...	...	...	...	...	...	...	2	2	1	1	1	...	...	...	...	...	....	....
131a	Arteriosclerotic kidney	869	W	594	M	298	...	...	...	...	...	...	...	...	...	...	1	2	8	11	25	28	38	44	50	43	30	18	....
					F	296	...	...	...	...	...	...	...	...	...	...	2	5	1	11	15	25	27	36	48	57	33	36	....
			C	275	M	128	...	...	...	...	...	...	...	...	1	1	3	6	2	9	15	17	20	21	13	10	5	5	....
					F	147	.	...	...	...	...	...	...	...	2	2	4	10	13	16	28	18	6	14	18	5	6	5	....
131b	Other chronic nephritis	154	W	103	M	51	...	...	1	...	...	...	...	1	1	...	1	1	2	4	7	4	2	7	9	7	1	3	....
					F	52	...	...	...	...	...	...	...	...	...	...	...	...	1	5	2	6	10	8	8	6	5	1	....
			C	51	M	23	...	...	...	...	...	...	...	...	...	...	...	1	4	1	4	2	5	2	1	1	2	....	....
					F	28	...	...	...	...	...	1	...	...	1	...	3	...	2	4	5	2	2	3	2	2	1	....	....
132	Nephritis, unspecified (10 years of age and over)	11	W	5	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	....	....
					F	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	1	...	...	1	....
			C	6	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	....	....
					F	3	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	....	....
133a	Pyelitis, pyelonephritis and pyelocystitis	16	W	12	M	7	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	1	...	...	1	...	1	1	....
					F	5	2	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	...	...	...	...	....	....
			C	4	M	3	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	....	....
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....	....
133b	Other diseases of the kidneys and ureters	15	W	10	M	6	1	...	...	...	...	...	...	1	...	1	...	...	...	2	...	1	...	...	...	...	...	....	....
					F	4	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	...	....	....
			C	5	M	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	....	....
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	....	....

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
134a	Calculi of the kidneys and ureters	11	W	11	M	7											1		1	2				3					
					F	4										1			1		1		1						
134b	Calculi of the bladder	2	W	2	M	2																	2						
135a	Cystitis	2	W	2	M	1																		1					
					F	1																					1		
136a	Stricture of the urethra	5	W	3	M	3												1				1	1						
			C	2	M	2										1			1										
137a	Hypertrophy of the prostate	42	W	35	M	35														1	1	2	2	8	8	8	3	2	
			C	7	M	7													1		2	2			1			1	
137b	Other diseases of the prostate	3	W	3	M	3																				1	2		
138	Diseases of other male genital organs (except venereal)	2	W	1	M	1													1										
			C	1	M	1													1										
139a	Diseases of the ovaries, fallopian tubes, and parametria	10	W	3	F	3									1								1	1					
			C	7	F	7										1	3	1	1				1						
139b	Diseases of the uterus	2	W	1	F	1												1											
			C	1	F	1							1																
XI	Diseases of pregnancy, childbirth and the puerperium	34	W	17	F	17								1	6	4	2	3	1										
			C	17	F	17							1	4	3	2	3	3	1										
140b	Abortion, spontaneous, therapeutic or unspecified (with mention of infection)	2	W	1	F	1									1														
			C	1	F	1											1												
140c	Abortion, self-induced (with mention of infection)	1	W	1	F	1										1													

141c	Abortion, spontaneous, therapeutic or unspecified (with mention of toxemia)	1	W	1	F	1												1															
141d	Abortion, spontaneous, therapeutic or unspecified (without mention of infection)	1	C	1	F	1							1																				
141e	Abortion, self-induced (without mention of infection)	1	W	1	F	1								1																				
142a	Ectopic gestation (with mention of infection)	1	W	1	F	1												1																
143c	Other and unspecified hemorrhage of pregnancy	1	C	1	F	1												1																
144d	Other toxemias of pregnancy (death before delivery)	3	W	2	F	2							1		1																		
			C	1	F	1								1																				
145	Other diseases and accidents of pregnancy (death before delivery)	1	W	1	F	1												1																
146b	Premature separation of placenta (with childbirth)	1	C	1	F	1									1																		
146c	Other and unspecified hemorrhages of childbirth and the puerperium	4	W	3	F	3								2	1																		
			C	1	F	1													1															
147b	General or local puerperal infection (except pyelitis)	4	W	1	F	1												1																
			C	3	F	3								1	1	1																		
147d	Puerperal embolism and sudden death	1	C	1	F	1												1																
148a	Puerperal eclampsia	1	C	1	F	1							1																				
148b	Puerperal albuminuria and nephritis	1	W	1	F	1								1																				
148d	Other puerperal toxemias	2	W	1	F	1										1																		
			C	1	F	1							1																					
149a	Laceration, rupture or other trauma of pelvic organs and tissue	3	W	1	F	1								1																				
			C	2	F	2							1					1																
149b	Other specified conditions of childbirth	2	W	2	F	2									1	1																		
150c	Other and unspecified conditions of childbirth and the puerperium	3	C	3	F	3							1	1		1																		

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
XII	Diseases of the skin and cellular tissue	13	W	8	M	3												1				1			1			
					F	5									1				1	1	1	1							
			C	5	F	5	1						1				1			1					1			
152	Phlegmon and acute abscess	2	W	2	M	1																1						
					F	1																1						
153	Other diseases of the skin and cellular tissue	11	W	6	M	2												1							1			
					F	4									1				1	1	1							
			C	5	F	5	1						1			1				1					1			
XIII	Diseases of the bones and organs of movement	6	W	6	M	5	1						1			1				1		1						
					F	1									1													
154a	Acute osteomyelitis and periostitis	1	W	1	M	1	1																					
154b	Chronic or unspecified osteomyelitis and periostitis	3	W	3	M	3							1			1				1								
156a	Diseases of the joints (except tuberculosis and rheumatism)	1	W	1	M	1															1							
156b	Diseases of other and unspecified organs of movement	1	W	1	F	1									1													
XIV	Congenital malformations	91	W	73	M	39	35	1				1		2														
					F	34	31	1		2																		
			C	18	M	10	8	1				1																
					F	8	5	1	1						1													
157a	Congenital hydrocephalus	12	W	7	M	3	3																					
					F	4	4																					
			C	5	M	2	2																					
					F	3	2		1																			

157b	Spina bifida and meningocele	6	W	5	M	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
157c	Anencephalus	3	W	3	F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
157d	Other congenital malformations of the central nervous system	4	W	4	M	2	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	2	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
157e	Congenital malformations of the heart	44	W	36	M	23	22	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	13	11	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	8	M	4	3	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	4	2	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
157g	Congenital malformations of the digestive system	13	W	13	M	5	3	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
157h	Congenital malformations of the genito-urinary system	2	C	2	M	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
157m	Other and unspecified congenital malformations	7	W	5	M	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	2	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XV	Diseases peculiar to the first year of life	414	W	279	M	159	159	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	120	120	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	135	M	70	70	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	65	65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
158	Congenital debility (cause not stated)	10	W	4	M	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	6	M	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
159	Premature birth (cause not stated)	251	W	168	M	95	95	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	73	73	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	83	M	48	48	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	35	35	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
160a	Intracranial or spinal hemorrhage	64	W	47	M	22	22	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	25	25	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	17	M	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	10	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

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160b	Other intracranial or spinal injuries	1	W	1	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
160c	Other injuries at birth	16	W	11	M	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	5	M	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
161a	Asphyxia (cause not specified), atelectasis	47	W	32	M	21	21	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	11	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	15	M	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	11	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
161b	Infection of the umbilicus; pemphigus and other infections (nonsyphilitic)	6	W	2	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	4	M	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
161c	Other specified diseases peculiar to the first year of life	19	W	14	M	11	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	5	M	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
XVI	Senility	12	W	11	M	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	1	...	...
					F	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	3	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
162a	Senility, with mention of senile dementia	1	W	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
162b	Senility, without mention of senile dementia	11	W	10	M	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	3	1	...	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	2	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...

XVII	Violent or accidental deaths	929	W	670	M	454	12	2	4	4	4	11	12	18	40	19	36	36	33	38	37	22	34	22	21	18	20	10	1
					F	216	13	2	1	2	2	6	...	11	4	9	9	4	7	11	10	10	16	19	19	21	21	19	....
			C	259	M	189	8	1	1	2	1	3	7	10	29	18	22	18	12	12	16	14	7	2	3	2	...	....	1
					F	70	6	3	2	...	3	6	4	1	6	8	5	4	5	4	2	4	...	3	1	3	...	....	....
163–164	Suicide	123	W	118	M	77	...	...	...	...	...	...	...	2	5	2	5	8	9	8	8	7	6	8	4	2	2	1	....
					F	41	...	...	...	...	...	...	...	2	4	6	5	1	3	3	3	4	3	4	...	3	...	....	....
			C	5	M	4	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	2	...	...	...	...	....	....
					F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	....	....
163b	Suicide by barbituric acid and derivatives	4	W	4	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	....	....
					F	3	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	....	....
163c	Suicide by cresol compounds	3	W	3	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	....	....
					F	2	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	....	....
163d	Suicide by mercury and compounds	5	W	5	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	....	....
					F	4	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	...	....	....
163g	Suicide by other solid or liquid poisons	6	W	6	M	2	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	....	....
					F	4	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	1	...	...	...	...	...	....	....
163h	Suicide by illuminating gas	39	W	38	M	17	...	...	...	...	...	...	...	...	...	...	1	1	1	2	3	1	1	2	4	...	1	....	....
					F	21	...	...	...	...	...	...	...	...	...	3	4	...	2	3	2	2	...	2	...	3	...	....	....
			C	1	F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	....	....
163m	Suicide by motor vehicle exhaust gas	4	W	4	M	4	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	1	...	...	...	...	....	....
164a	Suicide by hanging or strangulation	20	W	19	M	19	...	...	...	...	...	...	...	...	2	...	...	4	2	1	2	2	2	2	...	1	...	1	....
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	....	....
164b	Suicide by drowning	5	W	4	M	3	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	....	....
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....	....
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	....	....
164c	Suicide by firearms and explosives	27	W	26	M	23	...	...	...	...	...	...	...	1	2	1	1	1	2	5	2	3	1	3	...	...	1	....	....
					F	3	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	....	....
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	....	....
164d	Suicide by cutting or piercing instruments	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	....	....
164e	Suicide by jumping from high places	5	W	5	M	3	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...	....	....
					F	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	....	....

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164g	Suicide by other or unspecified means	4	W	3	M	2									1		1								1			
					F	1																						
			C	1	M	1									1													
165–168	Homicide	99	W	27	M	21								1	1		3	5		1	2	2	2	3	1			
					F	6	1							1						3			1					
			C	72	M	54							2	2	17	7	7	9	2	5	2		1					
					F	18					1			1	5	2	4	2	1			1		1					
166	Homicide by firearms	46	W	11	M	9								1	1			4			1		1	1				
					F	2								1						1								
			C	35	M	27							2	2	10	4	3	3		1	1		1					
					F	8									3	2	1	1				1							
167	Homicide by cutting or piercing instruments	31	W	5	M	3											2					1						
					F	2														2								
			C	26	M	20									6	3	3	6		2								
					F	6								1	1		2		1				1					
168	Homicide by other means	22	W	11	M	9											1	1		1	1	1	1	2	1			
					F	2	1																1					
			C	11	M	7									1		1		2	2	1							
					F	4					1				1		1	1										
169–195	Accidental deaths	702	W	525	M	356	12	2	4	4	4	11	12	15	34	17	28	23	24	29	27	13	26	11	16	16	18	9	1
					F	169	12	2	1	2	2	6		8		3	4	3	4	5	7	6	12	15	19	18	21	19	
			C	177	M	126	8	1	1	2	1	3	5	7	9	10	14	9	9	7	14	14	4	2	3	2			1
					F	51	6	3	2		2	6	4		1	5	1	2	4	4	2	3		2	1	3			
169	Railway accidents (except collisions with motor vehicles)	22	W	18	M	17						1	3			1	3	2	2	2	2		1					
					F	1												1										
			C	4	M	4										1	1				1	1						

170a	Collisions between automobiles and trains	1	W	1	M	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
170b	Collisions between automobiles and streetcars	3	W	3	M	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
170c	Automobile accidents (except collisions with trains or streetcars)	170	W	124	M	102	...	...	1	2	1	7	4	2	12	5	7	6	7	5	6	6	11	5	6	6	1	2	...
					F	22	...	1	...	...	2	2	...	2	...	1	2	2	...	1	1	2	4	1	1	...	...	...	...
			C	46	M	40	...	...	...	1	...	...	2	1	5	2	8	4	4	2	5	2	1	...	1	1	...	...	1
					F	6	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	1	...	1	1	...	...	...	...
170d	Motorcycle accidents (except collisions with automobiles)	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
171a	Streetcar accidents (except collisions with trains or motor vehicles)	36	W	24	M	17	...	...	...	...	...	...	...	...	1	...	1	2	1	1	3	...	2	1	1	3	1	...	...
					F	7	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	2	1	1	...	...
			C	12	M	8	...	...	...	...	...	...	...	...	1	...	...	2	...	...	2	2	...	1	...	...	...	...	...
					F	4	...	1	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
172	Water-transport accidents	24	W	21	M	21	...	...	...	...	...	...	...	...	2	1	2	4	5	2	2	...	...	2	...	...	...	...	1
			C	3	M	3	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...
173	Air-transport accidents	15	W	15	M	15	...	...	...	...	...	...	...	1	10	2	1	1	...	...	...	...	...	...	...	...	...	...	...
175b	Injury by animals in agriculture	1	C	1	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
176	Other accidents involving machinery	15	W	11	M	10	...	...	...	...	...	...	...	3	...	1	1	2	...	1	2	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
			C	4	M	4	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	1	1	...	...	...	...	...	...
178a	Accidental absorption of illuminating gas	18	W	18	M	12	...	...	...	...	...	...	...	...	1	...	...	...	2	4	...	...	3	...	...	...	2	...	...
					F	6	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	3	...	1	...	...	...
178c	Accidental absorption of other carbon monoxide gas	2	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
178x	Accidental absorption of other poisonous gases	2	C	2	F	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
179a	Acute accidental poisoning by arsenic and compounds	2	W	1	M	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
179b	Acute accidental poisoning by barbituric acid and derivatives	2	W	2	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
179x	Acute accidental poisoning by other and unspecified substances	4	W	3	F	3	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
			C	1	F	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 8—Continued

RESIDENT DEATHS CLASSIFIED BY CAUSE, SEX, COLOR AND AGE—1943

International List No.	Cause	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
180	Conflagration	40	W	7	M	6											1	1	1						1	2		
					F	1																						
			C	33	M	15	2		1	1		1					1		1	1	1	2		1	2	1		
					F	18	1	1	1		1	2	3			1	1	2	2		2					1		
181	Accidental burns (except conflagration)	41	W	30	M	17	1	1	1	1	3	1			1	2	2		1				1		1	1		
					F	13				1		3							2	1		2		1	1	1	1		
			C	11	M	7		1				1		1			2	1					1					
					F	4						1							1	1		1						
182	Accidental mechanical suffocation	19	W	13	M	6	6																					
					F	7	7																					
			C	6	M	4	3														1							
					F	2	2																					
183	Accidental drowning	49	W	31	M	27			1			1	1	4	3	1	5	1	1	3	3		2			1		
					F	4								4														
			C	18	M	18						1	3	5	3	1				2	2	1						
184	Accidental injury by firearms	4	W	3	M	3							2								1							
			C	1	F	1										1												
185	Accidental injury by cutting or piercing instruments	1	C	1	M	1					1																	
186a	Accidental injury by fall	176	W	157	M	65						1	1	2		2	4	1	2	4	6	6	4	2	8	3	12	7	
					F	92	1		1	1						1			1	2	3	2	8	9	12	14	19	18	
			C	19	M	11										3		1	2		1	3	1		1				
					F	8						1				1			1	2				1		2			
188	Injury by animals (except in agriculture and forestry)	2	W	2	M	2												1						1				
190	Excessive cold	3	W	2	M	1	1																					
					F	1															1							
			C	1	M	1													1									

191	Excessive heat	14	W	12	M	8	1	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	2	...	...	1	...	...	...
					F	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...
			C	2	M	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
192	Lightning	1	C	1	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
193	Accidents due to electric current (except lightning)	4	W	4	M	4	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
195c	Lack of care of the newborn	1	W	1	F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
195d	Obstruction, suffocation or puncture by ingested objects	13	W	7	M	4	2	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	6	M	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	4	3	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
195e	Other and unspecified accidents	16	W	13	M	13	1	...	...	...	...	...	...	...	2	2	...	2	1	3	1	1	...	...	...	...	...	...	...
			C	3	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
198	Legal executions	5	C	5	M	5	...	...	...	...	...	...	...	1	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...
XVIII	Ill-defined and unknown causes	12	W	7	M	6	1	1	...	...	...	...	...	...	...	1	...	1	...	1	...	1	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
			C	5	M	3	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
					F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
200a	Ill-defined cause	8	W	5	M	5	1	1	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...
			C	3	M	3	...	...	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...
200c	Unknown or unspecified cause	4	W	2	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
			C	2	F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

NOTE:—Deaths by color, include the following non-Negro races:

Tuberculosis of the respiratory system—1 male Chinese, 55 years of age.
Cancer of the stomach—1 male Chinese, 64 years of age.
Cancer of the intestines (except duodenum and rectum)—1 male East Indian, 33 years of age.
Cancer of the bronchus—1 male Chinese, 41 years of age.
Cerebral hemorrhage or effusion (excluding birth injuries)—1 male Chinese, 50 years of age.
Diseases of the aortic valve (without mention of diseases of the mitral valve or rheumatic fever)—1 male Chinese, 61 years of age.
Arteriosclerosis (except coronary or renal sclerosis)—1 male Chinese, 71 years of age.
Bronchopneumonia—1 male Hindu, 44 years of age.
Ulcer of stomach—1 male Chinese, 30 years of age.
Other chronic nephritis—1 male Chinese, 60 years of age.
Suicide by firearms and explosives—1 male Chinese, 60 years of age.
Streetcar accidents (except collisions with trains or motor vehicles)—1 male East Indian, 38 years of age.

TABLE NO. 9

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION* FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1943

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	12,929	9,895	3,034	13.9	13.2	16.7	12,530	9,315	3,215	13.5	12.5	17.7
Typhoid fever (1)	2	2	..	0.2	0.3	..	1	1	..	0.1	0.1	..
Scarlet fever (8)	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Whooping cough (9)	15	10	5	1.6	1.3	2.7	10	6	4	1.1	0.8	2.2
Diphtheria (10)	7	6	1	0.8	0.8	0.5	3	2	1	0.3	0.3	0.5
Erysipelas (11)	2	1	1	0.2	0.1	0.5	2	1	1	0.2	0.1	0.5
Tetanus (12)	8	3	5	0.9	0.4	2.7	7	2	5	0.8	0.3	2.7
Tuberculosis, all forms (13-22)	527	279	248	56.7	37.3	136.3	805	402	403	86.6	53.7	221.4
Pulmonary tuberculosis, (13)	*474*	*257*	*217*	*51.0*	*34.4*	*119.2*	*755*	*387*	*368*	*81.2*	*51.7*	*202.2*
Gonococcus infection (25)	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (27)	8	4	4	0.9	0.5	2.2	8	4	4	0.9	0.5	2.2
Malaria (28)	..	..	..	..	..	..	..	..	..	..	..	..
Syphilis (30)	141	64	77	15.2	8.6	42.3	181	76	105	19.5	10.2	57.7
Influenza (33)	106	76	30	11.4	10.2	16.5	102	72	30	11.0	9.6	16.5
Smallpox (34)	..	..	..	..	..	..	..	..	..	..	..	..
Measles (35)	3	3	..	0.3	0.4	..	1	1	..	0.1	0.1	..
Typhus fever (39)	..	..	..	..	..	..	..	..	..	..	..	..
Rocky Mountain spotted fever (39c)	5	5	..	0.5	0.7	..	..	..	..	..	..	..
Other infectious diseases	114	83	31	12.3	11.1	17.0	98	68	30	10.5	9.1	16.5
Meningococcus meningitis (6)	*80*	*60*	*20*	*8.6*	*8.0*	*11.0*	*63*	*44*	*19*	*6.8*	*5.9*	*10.4*
Acute poliomyelitis (36)	..	..	..	..	..	..	..	..	..	..	..	..
Epidemic encephalitis (37)	*3*	*3*	..	*0.3*	*0.4*	..	*6*	*6*	..	*0.6*	*0.8*	..
Cancer (45-55)	1,586	1,378	208	170.5	184.2	114.3	1,393	1,189	204	149.8	159.0	112.1
Non-malignant tumors (56, 57)	54	42	12	5.8	5.6	6.6	36	25	11	3.9	3.3	6.0
Acute rheumatic fever (58)	24	16	8	2.6	2.1	4.4	20	13	7	2.2	1.7	3.8
Chronic rheumatism, gout (59, 60)	11	8	3	1.2	1.1	1.6	12	8	4	1.3	1.1	2.2
Diabetes (61)	357	313	44	38.4	41.8	24.2	332	286	46	35.7	38.2	25.3
Alcoholism, acute and chronic (77)	26	16	10	2.8	2.1	5.5	24	13	11	2.6	1.7	6.0
Avitaminosis, other general diseases and chronic poisonings (62-76, 78, 79)	127	103	24	13.7	13.8	13.2	93	72	21	10.0	9.6	11.5
Simple meningitis and spinal cord diseases (81, 82)	56	45	11	6.0	6.0	6.0	47	35	12	5.1	4.7	6.6
Intracranial lesions of vascular origin (83)	886	660	226	95.3	88.2	124.2	884	656	228	95.1	87.7	125.3
Other diseases of the nervous system and sense organs (80, 84-89)	99	81	18	10.6	10.8	9.9	90	66	24	9.7	8.8	13.2

* Except that death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 9—Continued

RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION* FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1943

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
Diseases of the heart (90-05)	3,953	3,272	681	425.1	437.4	374.2	3,964	3,251	713	426.2	434.6	391.8
Other diseases of the circulatory system (96-103)	188	164	24	20.2	21.9	13.2	197	165	32	21.2	22.1	17.6
Arteriosclerosis (95)	*144*	*128*	*16*	*15.5*	*17.1*	*8.8*	*161*	*138*	*23*	*17.3*	*18.4*	*12.6*
Bronchitis (106)	32	25	7	3.4	3.3	3.8	26	20	6	2.8	2.7	3.3
Pneumonia, all forms (107-109)	892	551	341	95.9	73.7	187.4	834	493	341	89.7	65.9	187.4
Bronchopneumonia (107)	*384*	*255*	*129*	*41.3*	*34.1*	*70.9*	*367*	*231*	*126*	*38.4*	*30.9*	*69.2*
Lobar pneumonia (108)	*482*	*274*	*208*	*51.8*	*36.6*	*114.3*	*455*	*244*	*211*	*48.9*	*32.6*	*115.9*
Other respiratory diseases except tuberculosis (104-105, 110-114)	87	63	24	9.4	8.4	13.2	68	45	23	7.3	6.0	12.6
Diarrhea and enteritis (119, 120)	203	140	63	21.8	18.7	34.6	180	116	64	19.4	15.5	35.2
Diarrhea and enteritis under 2 years (119)	*185*	*127*	*58*	*19.9*	*17.0*	*31.9*	*162*	*104*	*58*	*17.4*	*13.9*	*31.9*
Appendicitis (121)	44	37	7	4.7	4.9	3.8	39	32	7	4.2	4.3	3.8
Hernia, intestinal obstruction (122)	134	107	27	14.4	14.3	14.8	112	87	25	12.0	11.6	13.7
Cirrhosis of the liver (124)	121	109	12	13.0	14.6	6.6	111	99	12	11.9	13.2	6.6
Other diseases of the liver and biliary passages (125-127)	71	59	12	7.6	7.9	6.6	58	46	12	6.2	6.1	6.6
Other digestive diseases (115-118, 123, 128, 129)	148	122	26	15.9	16.3	14.3	116	95	21	12.5	12.7	11.5
Nephritis, all forms (130-132)	1,066	714	352	114.6	95.5	193.4	1,054	713	341	113.3	95.3	187.4
Other diseases of the urinary and genital systems (133-139)	148	112	36	15.9	15.0	19.8	110	83	27	11.8	11.1	14.8
Puerperal causes (140-150)	41	21	20	1.6	1.0	3.8	34	17	17	1.6	1.1	3.4
Puerperal septicemia (140, 142a, 147)	*11*	*5*	*6*	*0.4*	*0.2*	*1.1*	*9*	*4*	*5*	*0.4*	*0.2*	*1.0*
Puerperal toxemias (141a, c, 144, 148)	*10*	*5*	*5*	*0.4*	*0.2*	*0.9*	*8*	*5*	*3*	*0.4*	*0.3*	*0.6*
Diseases of the skin and bones (151-156)	26	20	6	2.8	2.7	3.3	19	14	5	2.0	1.9	2.7
Diseases of early infancy (157-161)	629	462	167	67.6	61.8	91.8	505	352	153	54.3	47.1	84.1
Congenital malformations (157)	*122*	*104*	*18*	*13.1*	*13.9*	*9.9*	*90*	*72*	*18*	*9.7*	*9.6*	*9.9*
Senility (162)	13	12	1	1.4	1.6	0.5	12	11	1	1.3	1.5	0.5
Suicides (163, 164)	119	115	4	12.8	15.4	2.2	123	118	5	13.2	15.8	2.7
Homicides (165-168)	108	32	76	11.6	4.3	41.8	99	27	72	10.6	3.6	39.6
Violent and accidental deaths (169-198)	733	555	178	78.8	74.2	97.8	707	525	182	76.0	70.2	100.0
Home accidents	*298*	*232*	*66*	*32.0*	*31.0*	*36.3*	*275*	*212*	*63*	*29.6*	*28.3*	*34.6*
Occupational accidents	*89*	*69*	*20*	*9.6*	*9.2*	*11.0*	*90*	*66*	*24*	*9.7*	*8.8*	*13.2*
Automobile accidents (170)	*186*	*143*	*43*	*20.0*	*19.1*	*23.6*	*175*	*128*	*47*	*18.8*	*17.1*	*25.8*
Other public accidents	*154*	*111*	*43*	*16.6*	*14.8*	*23.6*	*162*	*119*	*43*	*17.4*	*15.9*	*23.6*
Other violent deaths (196-198)	*6*	..	*6*	*0.6*	..	*3.3*	*5*	..	*5*	*0.5*	..	*2.7*
Cause not known or ill-defined (199, 200)	8	4	4	0.9	0.5	2.2	12	7	5	1.3	0.9	2.7

* Except that death rates for all causes are per 1,000 population and for puerperal causes are per 1,000 live births.

TABLE NO. 10

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1943

International List No.	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*	9,895	3,034	8,587	2,906	968	113	340	15	575	276	153	33	9,315	3,215
	I—Infectious and Parasitic Diseases														
1	Typhoid fever	2	..	1	..	1	..	..	..	..	..	..	..	1	..
6	Meningococcus meningitis	60	20	41	19	18	1	1	..	1	..	2	..	44	19
8	Scarlet fever	1	..	1	..	..	..	..	..	..	..	..	..	1	..
9	Whooping cough	10	5	6	4	4	1	..	..	..	..	..	..	6	4
10	Diphtheria	6	1	2	1	4	..	..	..	..	..	..	..	2	1
11	Erysipelas	1	1	1	1	..	..	..	..	..	..	..	..	1	1
12	Tetanus	3	5	2	5	1	..	..	..	..	..	..	..	2	5
13	Tuberculosis of the respiratory system	257	217	239	212	15	4	3	1	133	147	15	9	387	368
14	Tuberculosis of the meninges and central nervous system	7	12	6	12	1	..	..	..	..	..	..	..	6	12
15	Tuberculosis of the intestines and peritoneum	2	4	1	4	..	..	1	..	..	2	..	..	1	6
16	Tuberculosis of the vertebral column	3	4	2	4	1	..	..	..	..	2	..	..	2	6
17	Tuberculosis of bones and joints (except vertebral column)	2	3	1	2	1	1	..	..	..	..	..	..	1	2
20	Tuberculosis of the genito-urinary system	2	..	1	..	1	..	..	..	..	1	..	..	1	1
21a	Tuberculosis of the adrenal glands	1	1	..	1	1	..	..	..	..	..	..	..	..	1
21b	Tuberculosis of other organs	1	..	1	..	..	..	..	..	..	..	..	..	1	..
22a	Acute (generalized) miliary tuberculosis	4	5	2	5	1	..	1	..	..	..	..	..	2	5
22b	Other and unspecified generalized tuberculosis	..	2	..	2	..	..	..	..	1	..	..	..	1	2
24a	Septicemia (nonpuerperal)	6	..	5	..	1	..	..	..	..	..	..	..	5	..
	Dysentery														
27a	Bacillary	1	4	1	4	..	..	..	..	..	..	..	..	1	4
27b	Amebic	1	..	1	..	..	..	..	..	..	..	..	..	1	..
27c	Other and unspecified forms of dysentery	2	..	2	..	..	..	..	..	..	..	..	..	2	..
	Syphilis														
30a	Locomotor ataxia (tabes dorsalis)	2	1	2	1	..	..	..	..	1	..	..	..	3	1
30b	General paralysis of the insane	2	..	2	..	..	..	..	..	10	22	..	1	12	23
30c	Other syphilis of the central nervous system	5	5	3	5	1	..	1	..	9	4	..	..	12	9
30d	Aneurysm of the aorta	26	35	20	34	5	..	1	1	..	1	..	..	20	35
30e	Other syphilis of the circulatory system	15	22	13	21	2	..	..	1	3	2	1	1	17	24
30f	Congenital syphilis	6	7	5	6	1	1	..	..	..	1	..	..	5	7
30g	Other and unspecified forms of syphilis	8	7	6	6	1	1	1	..	..	..	1	..	7	6
32a	Weil's disease	1	1	..	1	1	..	..	..	..	..	..	..	..	1
	Influenza														
33a	With respiratory complications specified	49	23	44	23	4	..	1	..	1	..	..	..	45	23
33b	Without respiratory complications specified	27	7	26	7	1	..	..	..	1	..	..	..	27	7

35	Measles	3	..	1	..	1	..	1	..	..	..	..	..	1	..
37a	Acute infectious encephalitis (lethargic)	1	..	1	..	..	..	..	..	..	..	..	..	1	..
37b	Sequelae of encephalitis lethargica	2	..	2	..	..	..	..	..	3	..	..	..	5	..
38e	Chickenpox	..	1	..	1	..	..	..	..	..	..	..	..	..	1
39c	Rocky Mountain spotted fever	5	..	..	..	5	..	..	..	..	..	..	..	..	..
43	Mycoses	..	1	..	1	..	..	..	..	..	..	..	..	..	1
44a	Venereal diseases (except gonorrhea and syphilis)	..	3	..	3	..	..	..	..	..	..	..	..	..	3
44b	Lymphogranulomatosis (Hodgkin's disease)	13	5	10	5	3	..	..	..	..	..	3	..	13	5
	II—CANCER AND OTHER TUMORS														
	Cancer of the buccal cavity and pharynx														
45a	Lip	2	..	2	..	..	..	..	..	..	..	..	..	2	..
45b	Tongue	11	4	9	3	1	1	1	..	..	..	..	..	9	3
45c	Mouth	10	..	9	..	..	..	1	..	..	..	..	..	9	..
45d	Jawbone	5	..	5	..	..	..	..	..	..	..	1	..	6	..
45f	Pharynx	16	3	12	3	1	..	3	..	1	..	..	..	13	3
	Cancer of the digestive organs and peritoneum														
46a	Esophagus	25	7	16	7	2	..	7	..	..	..	..	..	16	7
46b	Stomach	193	39	177	38	11	..	5	1	5	..	..	..	182	38
46c	Duodenum	..	1	..	1	..	..	..	..	..	..	..	..	..	1
46d	Rectum and anus	88	8	73	8	11	..	4	..	..	..	2	..	75	8
46e	Intestines (except duodenum and rectum)	129	8	108	4	15	4	6	..	4	1	3	..	115	5
46f	Liver and biliary passages	77	12	68	12	8	..	1	..	..	..	..	..	68	12
46g	Pancreas	46	4	36	4	7	..	3	..	..	..	..	..	36	4
46h	Mesentery and peritoneum	15	1	10	1	3	..	2	..	..	..	1	..	11	1
46m	Other and unspecified sites	14	2	13	2	1	..	..	..	1	..	..	..	14	2
	Cancer of the respiratory system														
47a	Larynx	22	3	19	3	1	..	2	..	..	..	..	..	19	3
47b	Trachea	1	..	1	..	..	..	..	..	..	..	..	..	1	..
47c	Bronchus	38	2	26	2	7	..	5	..	2	..	..	..	28	2
47d	Lung	75	12	65	12	5	..	5	..	3	1	..	..	68	13
47e	Pleura	2	..	2	..	..	..	..	..	..	..	..	..	2	..
47f	Mediastinum and unspecified sites	5	2	1	2	3	..	1	..	..	1	..	..	1	3
	Cancer of the uterus														
48a	Cervix	38	13	37	13	1	..	..	..	..	..	..	..	37	13
48b	Other and unspecified sites	52	23	46	22	4	1	2	..	4	1	2	1	52	24
	Cancer of other female genital organs														
49a	Ovary	38	1	30	1	6	..	2	..	2	..	..	..	32	1
49c	Vagina	1	1	1	1	..	..	..	..	..	..	..	..	1	1
49d	Vulva	2	1	2	1	..	..	..	..	..	..	..	..	2	1
50	Cancer of the breast	145	23	132	23	8	..	5	..	5	2	1	..	138	25
	Cancer of the male genital organs														
51b	Prostate	47	12	38	10	7	2	2	..	1	..	2	..	41	10
51c	Testes	3	..	3	..	..	..	..	..	..	..	1	..	4	..
51d	Penis	..	1	..	1	..	..	..	..	..	..	..	..	..	1
	Cancer of the urinary organs (male and female)														
52a	Kidney	32	1	25	1	4	..	3	..	..	..	..	..	25	1
52b	Bladder	77	11	57	9	7	2	13	..	..	..	..	..	57	9
53	Cancer of the skin (except vulva and scrotum)	18	1	17	1	..	..	1	..	..	..	..	..	17	1

* There are no deaths from causes not listed in this table.

TABLE NO. 10—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1943

International List No.	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
	II—Cancer and Other Tumors—*Cont'd*														
	Cancer of the brain and other parts of the central nervous system														
54a	Glioma	33	..	16	..	8	..	9	..	1	..	..	..	17	..
54b	Other and unspecified cancers of the brain and central nervous system	23	1	14	1	3	..	6	..	..	..	..	..	14	1
	Cancer of other and unspecified organs														
55a	Adrenal gland	2	..	2	..	..	..	..	..	..	..	..	..	2	..
55b	Bone (except jawbone and accessory sinuses)	8	1	5	1	3	..	..	..	..	..	..	..	5	1
55c	Thyroid gland	4	..	4	..	..	..	..	..	..	..	..	..	4	..
55d	Nasal cavity and accessory sinuses	9	..	4	..	..	..	5	..	..	..	..	..	4	..
55e	Other and unspecified organs	72	10	58	9	9	1	5	..	3	..	1	1	62	10
	Nonmalignant tumors														
56a	Ovary	6	2	5	1	1	1	..	..	..	..	..	..	5	1
56b	Uterus	5	6	4	6	1	..	..	..	..	..	..	..	4	6
56d	Brain and other parts of the central nervous system	11	2	6	2	..	..	5	..	..	..	..	..	6	2
56e	Other and unspecified organs	11	2	3	2	3	..	5	..	..	..	..	..	3	2
	Tumors of unspecified nature														
57b	Uterus	1	..	..	..	1	..	..	..	..	..	..	..	..	..
57d	Brain and other parts of the central nervous system	6	..	4	..	1	..	1	..	1	..	..	..	5	..
57e	Other and unspecified organs	2	..	2	..	..	..	..	..	..	..	..	..	2	..
	III—Rheumatism, Diseases of Nutrition and of the Endocrine Glands, Other General Diseases and Avitaminoses														
	Acute rheumatic fever														
58a	Acute rheumatic pericarditis	1	1	1	..	..	1	..	..	..	..	..	..	1	..
58b	Acute rheumatic endocarditis	9	3	8	3	..	..	1	..	..	..	..	..	8	3
58c	Acute rheumatic myocarditis	..	2	..	2	..	..	..	..	..	..	..	..	..	2
58d	Other acute rheumatic heart disease	3	2	2	2	1	..	..	..	..	..	..	..	2	2
58e	Other forms of acute rheumatic fever	3	..	2	..	1	..	..	..	..	..	..	..	2	..
	Chronic rheumatism and other rheumatic diseases														
59a	Rheumatoid arthritis	3	..	3	..	..	..	..	..	..	..	..	..	3	..
59b	Other chronic articular rheumatism	5	3	5	3	..	..	..	..	..	1	..	..	5	4
61	Diabetes mellitus	313	44	273	44	31	..	9	..	9	2	4	..	286	46
62	Diseases of the pituitary gland	2	..	1	..	..	..	1	..	..	..	..	..	1	..
	Diseases of the thyroid and parathyroid glands														
63b	Exopthalmic goiter	17	1	11	1	4	..	2	..	..	..	..	..	11	1

63c	Myxedema and cretinism	2	..	2	..	..	..	..	..	..	..	..	..	2	..
64	Diseases of the thymus gland	5	6	4	6	..	..	1	..	..	..	..	..	4	6
	Diseases of the adrenal glands (not specified as tuberculous)														
65a	Addison's disease	1	1	..	1	1	..	..	..	..	..	..	..	..	1
65b	Other diseases of the adrenal gland	1	..	..	..	1	..	..	..	..	..	1	..	1	..
66	Other general diseases	4	..	3	..	1	..	..	..	..	..	..	..	3	..
67	Scurvy	1	1	..	1	1	..	..	..	..	..	..	..	..	1
69	Pellagra (except alcoholic)	..	..	..	..	..	..	..	..	1	..	..	..	1	..
	IV—Diseases of the Blood and Blood-forming Organs														
	Hemorrhagic conditions														
72a	Primary purpuras	5	2	4	2	..	..	1	..	..	..	..	..	4	2
72b	Hemophilia	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	Anemias (except splenic anemia)														
73a	Pernicious anemia	10	1	9	1	1	..	..	..	..	..	1	..	10	1
73b	Other hyperchromic anemias	..	1	..	1	..	..	..	..	..	..	..	..	..	1
73d	Other and unspecified anemias	3	4	1	4	2	..	..	..	..	..	..	..	1	4
74a	Lukemias	39	4	24	2	11	1	4	1	..	..	1	..	25	2
74b	Aleukemias	4	..	2	..	2	..	..	..	..	..	..	..	2	..
	Diseases of the spleen														
75b	Splenomegaly (of undetermined nature)	2	..	1	..	1	..	..	..	..	..	..	..	1	..
75c	Other diseases of the spleen	2	..	1	..	1	..	..	..	..	..	..	..	1	..
76a	Agranulocytosis	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	V—Chronic Poisoning and Intoxication														
	Alcoholism (ethylism)														
77c	Acute alcoholism	1	4	..	4	..	..	1	..	..	..	..	..	..	4
77d	Chronic alcoholism	14	6	11	6	1	..	2	..	1	1	..	..	12	7
77e	Other and unspecified alcoholism	1	..	1	..	..	..	..	..	..	..	..	..	1	..
78a	Lead poisoning specified as occupational	..	1	..	..	..	1	..	..	..	..	..	..	..	..
78b	Lead poisoning (non-occupational)	2	2	2	2	..	..	..	..	..	..	..	..	2	2
79b	Chronic poisoning by other mineral or organic substances not specified as occupational	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	VI—Diseases of the Nervous System and Sense Organs														
	Encephalitis (nonepidemic)														
80a	Intracranial abscess	8	1	5	1	1	..	2	..	..	..	..	..	5	1
80b	Other encephalitis (nonepidemic)	11	2	8	1	3	1	..	..	..	..	..	..	8	1
	Meningitis (not due to meningococcus)														
81a	Simple meningitis	25	8	20	8	4	..	1	..	..	1	..	..	20	9
81b	Acute cerebrospinal meningitis (not due to meningococcus)	3	..	1	..	1	..	1	..	..	..	..	..	1	..
82	Diseases of the spinal cord	17	3	12	3	3	..	2	..	1	..	1	..	14	3
	Intracranial lesions of vascular origin														
83a	Cerebral hemorrhage or effusion	594	217	545	211	40	5	9	1	31	7	6	..	582	218
83b	Cerebral embolism and thrombosis	42	7	41	7	1	..	..	..	8	..	1	..	50	7
83c	Cerebral softening	1	..	1	..	..	..	..	..	..	..	..	..	1	..
83d	Hemiplegia and other paralysis of unspecified origin	23	2	23	2	..	..	..	..	..	1	..	..	23	3

TABLE NO. 10—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1943

International List No.	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
	VI—Diseases of the Nervous System and Sense Organs—*Cont'd*														
	Mental diseases and deficiency														
84a	Mental deficiency	3	..	2	..	..	..	1	..	1	1	..	..	3	1
84b	Schizophrenia (dementia praecox)	1	..	..	..	..	..	1	..	1	4	..	..	1	4
84c	Manic-depressive psychosis	1	..	1	..	..	..	..	..	1	..	..	..	2	..
84d	Other mental diseases	..	1	..	1	..	..	..	..	..	1	..	..	..	2
85	Epilepsy	4	2	2	2	2	..	..	..	..	2	..	..	2	4
86	Convulsions under 5 years of age	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	Other diseases of the nervous system														
87b	Neuritis (except rheumatic or alcoholic)	3	..	2	..	1	..	..	..	..	..	..	..	2	..
87c	Paralysis agitans	11	..	10	..	1	..	..	..	1	..	..	..	11	..
87d	Disseminated sclerosis	15	2	13	2	2	..	..	..	..	..	..	..	13	2
87e	Other diseases of the nervous system	7	3	5	3	..	..	2	..	..	..	..	..	5	3
88	Diseases of the organs of vision	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	Diseases of the ear and mastoid process														
89a	Otitis and other diseases of the ear	15	5	12	5	3	..	..	..	..	..	..	..	12	5
89b	Diseases of the mastoid process	..	2	..	1	..	1	..	..	..	..	..	..	..	1
	VII—Diseases of the Circulatory System														
	Pericarditis (except acute rheumatic)														
90b	Other pericarditis	4	2	3	2	..	..	1	..	1	..	..	..	4	2
	Acute endocarditis (except rheumatic)														
91a	Bacterial endocarditis	16	7	11	7	4	..	1	..	2	..	..	..	13	7
91b	Other acute or subacute endocarditis	1	1	1	1	..	..	..	..	..	..	..	..	1	1
91c	Not specified as acute, chronic or rheumatic (under 45 years of age)	2	..	2	..	..	..	..	..	..	..	..	..	2	..
	Chronic affections of the valves and endocardium														
92a	Diseases of the aortic valve	24	23	23	23	1	..	..	..	4	1	1	..	28	24
92b	Diseases of the mitral valve	104	25	97	23	5	2	2	..	3	1	1	..	101	24
92c	Diseases of other and unspecified valves (rheumatic)	15	4	13	4	1	..	1	..	1	..	..	..	14	4
92d	Diseases of other and unspecified valves (non-rheumatic)	82	30	78	30	3	..	1	..	2	..	3	1	83	31
92e	Endocarditis (not specified as acute, chronic or rheumatic)	15	8	13	8	2	..	..	..	1	..	..	..	14	8
	Diseases of the myocardium														
93a	Acute myocarditis (except rheumatic)	8	6	8	6	..	..	..	..	..	2	1	..	9	8

93b	Myocarditis (not specified as acute, chronic, or rheumatic, under 45 years of age)	1	1	..	1	1	..	..	..	..	1	..	..	..	2
93c	Chronic myocarditis (rheumatic)	33	7	30	7	2	..	1	..	..	..	1	1	31	8
93d	Chronic myocarditis (non-rheumatic)	1,901	415	1,793	410	84	5	24	..	108	27	14	1	1,915	438
93e	Other myocarditis	82	38	79	37	2	1	1	..	3	1	..	1	82	39
	Diseases of the coronary arteries and angina pectoris.														
94a	Diseases of the coronary arteries	834	77	760	76	55	1	19	..	32	1	16	2	808	79
94b	Angina pectoris	16	1	15	1	1	..	..	..	1	..	1	..	17	1
	Other diseases of the heart														
95a	Functional diseases of the heart	14	..	13	..	1	..	..	..	..	..	2	..	15	..
95b	Other diseases of the heart, specified as rheumatic	57	12	52	12	5	..	..	..	..	..	..	..	52	12
95c	Other diseases of the heart, not specified as rheumatic	63	24	59	24	2	..	2	..	2	1	1	..	62	25
96	Aneurysm (except of the heart and aorta)	8	..	7	..	..	..	1	..	1	..	1	..	9	..
97	Arteriosclerosis	128	16	123	14	3	2	2	..	15	9	..	..	138	23
98	Gangrene	4	..	3	..	1	..	..	..	..	..	..	..	3	..
99	Other diseases of the arteries	7	..	5	..	2	..	..	..	..	1	..	..	5	1
	Diseases of the veins														
100a	Varices	1	1	1	1	..	..	..	..	..	..	..	..	1	1
100b	Other diseases of the veins	8	1	6	1	2	..	..	..	..	..	..	..	6	1
102	High blood pressure (idiopathic)	7	6	2	6	2	..	3	..	..	..	..	..	2	6
103	Other diseases of the circulatory system	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	VIII—DISEASES OF THE RESPIRATORY SYSTEM														
104a	Diseases of the nasal fossae	6	3	6	2	..	1	..	..	..	..	..	..	6	2
104b	Diseases of the accessory sinuses	5	2	1	2	3	..	1	..	..	..	..	..	1	2
105	Diseases of the larynx	4	..	4	..	..	..	..	..	..	..	..	..	4	..
	Bronchitis														
106a	Acute bronchitis	6	2	5	2	1	..	..	..	..	..	1	..	6	2
106b	Chronic bronchitis	13	4	10	3	2	..	1	1	1	..	..	..	11	3
106c	Bronchitis, not specified as acute or chronic	6	1	3	1	3	..	..	..	..	..	..	..	3	1
107	Bronchopneumonia	255	129	221	124	29	5	5	..	8	2	2	..	231	126
108	Lobar pneumonia	274	208	223	207	37	1	14	..	19	2	2	2	244	211
109	Pneumonia, unspecified	22	4	17	4	4	..	1	..	1	..	..	..	18	4
	Pleurisy (not specified as tuberculous)														
110a	Empyema	4	2	3	2	1	..	..	..	..	..	..	..	3	2
110b	Other and unspecified pleurisy	1	..	1	..	..	..	..	..	..	..	..	..	1	..
111a	Hemorrhagic infarction and thromobsis of the lungs	5	1	3	1	1	..	1	..	..	..	..	..	3	1
111b	Acute edema of the lungs	1	..	1	..	..	..	..	..	..	..	..	..	1	..
111c	Chronic and unspecified congestion of the lungs	4	1	4	1	..	..	..	..	..	..	..	..	4	1
112	Asthma	5	5	4	5	1	..	..	..	..	..	..	1	4	6
113	Pulmonary emphysema	3	..	2	..	1	..	..	..	..	..	..	..	2	..
	Other diseases of the respiratory system														
114a	Silicosis	..	1	..	1	..	..	..	..	..	..	..	..	..	1
114c	Grangrene of the lungs	1	..	1	..	..	..	..	..	..	..	..	..	1	..
114d	Abscess of the lungs	20	5	11	4	6	1	3	..	1	..	1	..	13	4
114e	Other and unspecified diseases of respiratory system	4	4	2	4	1	..	1	..	..	..	..	..	2	4
	IX—DISEASES OF THE DIGESTIVE SYSTEM														
115a	Diseases of the teeth and gums	1	1	..	1	1	..	..	..	..	..	..	..	..	1
115b	Septic sore throat	3	1	3	1	..	..	..	..	..	..	..	..	3	1

TABLE NO. 10—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1943

International List No.	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
	IX—Diseases of the Digestive System—*Cont'd*														
115c	Diseases of the pharynx and tonsils	9	1	7	1	2	..	..	..	..	..	..	..	7	1
115d	Diseases of other and unspecified parts of the buccal cavity and adnexa	1	..	1	..	..	..	..	..	..	..	..	..	1	..
116	Diseases of the esophagus	3	4	2	1	1	3	..	..	..	..	..	..	2	1
117a	Ulcer of the stomach	54	8	44	7	8	1	2	..	2	1	1	..	47	8
117b	Ulcer of the duodenum	23	3	13	2	7	1	3	..	1	..	..	..	14	2
118	Other diseases of the stomach	3	..	3	..	..	..	..	..	..	..	..	..	3	..
119a	Diarrhea and enteritis, under two years of age	127	58	103	58	23	..	1	..	1	..	..	..	104	58
120a	Diarrhea and enteritis, two years of age and over	8	4	8	4	..	..	..	..	2	..	..	1	10	5
120b	Ulceration of intestines, two years of age and over	5	1	2	1	2	..	1	..	..	..	..	..	2	1
121	Appendicitis	37	7	30	7	6	..	1	..	..	..	2	..	32	7
122a	Hernia	46	9	38	7	7	2	1	..	2	..	..	..	40	7
122b	Intestinal obstruction	61	18	46	17	10	1	5	..	1	..	..	1	47	18
123	Other diseases of the intestines	13	6	8	6	3	..	2	..	1	..	..	..	9	6
	Cirrhosis of the liver														
124a	With mention of alcoholism	18	..	18	..	..	..	..	..	..	..	..	..	18	..
124b	Without mention of alcoholism	91	12	76	12	11	..	4	..	2	..	3	..	81	12
125a	Acute yellow atrophy of the liver	4	5	3	5	1	..	..	..	..	..	..	..	3	5
125b	Other diseases of the liver	8	3	7	3	1	..	..	..	..	..	..	..	7	3
126	Biliary calculi	20	1	15	1	4	..	1	..	..	..	..	..	15	1
127a	Cholecystitis (without mention of biliary calculus)	18	2	13	2	5	..	..	..	..	..	..	..	13	2
127b	Other diseases of the gall bladder and biliary ducts	9	1	8	1	..	..	1	..	..	..	..	..	8	1
128	Diseases of the pancreas	7	1	4	..	3	..	..	1	..	..	..	..	4	..
129	Peritonitis (cause not specified)	5	1	5	1	..	..	..	..	..	..	..	..	5	1
	X—Diseases of the Genito-Urinary System														
130	Acute nephritis	11	9	10	9	1	..	..	..	1	..	..	..	11	9
	Chronic nephritis														
131a	Arteriosclerotic kidney	581	291	550	274	21	8	10	3	40	..	4	1	594	275
131b	Other chronic nephritis	114	46	103	51	8	1	3	..	..	..	..	..	103	51
132	Nephritis, unspecified (10 years of age and over)	8	6	5	6	2	..	1	..	..	..	..	..	5	6
133a	Pyelitis, pyelonephritis	13	5	10	4	2	1	1	..	1	..	1	..	12	4
133b	Other diseases of the kidneys and ureters	12	6	10	5	2	1	..	..	..	..	..	..	10	5
134a	Calculi of the kidneys and ureters	17	1	11	..	3	1	3	..	..	..	..	..	11	..
134b	Calculi of the bladder	2	..	2	..	..	..	..	..	..	..	..	..	2	..
135a	Cystitis	2	..	2	..	..	..	..	..	..	..	..	..	2	..
136a	Stricture of the urethra	3	4	3	2	..	2	..	..	..	..	..	..	3	2

136b	Other diseases of the urethra	1	1	..	..	1	1	..	..	..	..	..	..	..	..
137a	Hypertrophy of the prostate	52	10	35	7	13	3	4	..	..	..	..	..	35	7
137b	Other diseases of the prostate	3	..	3	..	..	..	..	..	..	..	..	..	3	..
138	Diseases of other male genital organs	1	1	1	1	..	..	..	..	..	..	..	..	1	1
	Diseases of the female genital organs														
139a	Ovaries, fallopian tubes	4	7	3	7	1	..	..	..	..	..	..	..	3	7
139b	Uterus	2	1	1	1	1	..	..	..	..	..	..	..	1	1
	XI—Diseases of Pregnancy, Childbirth and the Puerperium														
	Abortion with mention of infection														
140b	Spontaneous, therapeutic or unspecified (other infection)	1	1	1	1	..	..	..	..	..	..	..	..	1	1
140c	Self-induced	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	Abortion without mention of infection														
141c	With mention of toxemia (but not hemorrhage, trauma or shock)	1	..	1	..	..	..	..	..	..	..	..	..	1	..
141d	Without mention of hemorrhage, trauma or shock, toxemia	..	1	..	1	..	..	..	..	..	..	..	..	..	1
141e	Self-induced	1	..	1	..	..	..	..	..	..	..	..	..	1	..
141f	Induced by persons other than the woman herself (non-therapeutic)	1	..	..	..	1	..	..	..	..	..	..	..	..	..
	Ectopic gestation														
142a	With mention of infection	1	1	1	..	..	1	..	..	..	..	..	..	1	..
143c	Other and unspecified hemorrhage of pregnancy	..	1	..	1	..	..	..	..	..	..	..	..	..	1
	Toxemias of pregnancy (death before delivery)														
144b	Albuminuria and nephritis of pregnancy	..	1	..	..	..	1	..	..	..	..	..	..	..	..
144c	Acute yellow atrophy of liver (during pregnancy)	..	1	..	..	..	1	..	..	..	..	..	..	..	..
144d	Other toxemias	2	1	2	1	..	..	..	..	..	..	..	..	2	1
145	Other diseases and accidents of pregnancy (death before delivery)	1	..	1	..	..	..	..	..	..	..	..	..	1	..
	Hemorrhage of childbirth and the puerperium														
146a	Placenta praevia	1	..	..	..	1	..	..	..	..	..	..	..	..	..
146b	Premature separation of placenta	..	1	..	1	..	..	..	..	..	..	..	..	..	1
146c	Other and unspecified hemorrhages	4	1	3	1	1	..	..	..	..	..	..	..	3	1
	Infection during childbirth and the puerperium														
147b	General or local puerperal infection	2	3	1	3	1	..	..	..	..	..	..	..	1	3
147d	Puerperal embolism and sudden death	..	1	..	1	..	..	..	..	..	..	..	..	..	1
	Puerperal toxemias (excluding death before delivery)														
148a	Puerperal eclampsia	..	1	..	1	..	..	..	..	..	..	..	..	..	1
148b	Puerperal albuminuria and nephritis	1	..	1	..	..	..	..	..	..	..	..	..	1	..
148d	Other puerperal toxemias	1	1	1	1	..	..	..	..	..	..	..	..	1	1
	Other accidents and unspecified conditions of childbirth														
149a	Lacerations, Rupture or trauma	1	2	1	2	..	..	..	..	..	..	..	..	1	2
149b	Other specified conditions of childbirth	2	..	2	..	..	..	..	..	..	..	..	..	2	..
150c	Other and unspecified conditions of childbirth and the puerperium	..	3	..	3	..	..	..	..	..	..	..	..	..	3
	XII—Diseases of the Skin and Cellular Tissue														
152	Phlegmon and acute abscess	3	..	2	..	1	..	..	..	..	..	..	..	2	..
153	Other diseases of the skin and cellular tissue	10	6	6	4	3	2	1	..	..	..	..	1	6	5

TABLE NO. 10—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1943

International List No.	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
	XIII—Diseases of the Bones and Organs of Movement														
154a	Acute osteomyelitis and periostitis	1	..	1	..	..	..	..	..	..	..	..	..	1	..
154b	Chronic or unspecified osteomyelitis	3	..	3	..	..	..	..	..	..	..	..	..	3	..
156a	Diseases of the joints	1	..	1	..	..	..	..	..	..	..	..	..	1	..
156b	Diseases of other and unspecified organs of movement	2	..	1	..	..	..	1	..	..	..	..	..	1	..
	XIV—Congenital Malformations														
157a	Congenital hydrocephalus	14	5	7	5	5	..	2	..	..	..	..	..	7	5
157b	Spina bifida and meningocele	7	1	5	1	2	..	..	..	..	..	..	..	5	1
157c	Anencephalus	3	..	3	..	..	..	..	..	..	..	..	..	3	..
157d	Other congenital malformations of the central nervous system	4	..	3	..	1	..	..	..	1	..	..	..	4	..
157e	Congenital malformations of the heart	47	8	36	8	11	..	..	..	..	..	..	..	36	8
157g	Congenital malformations of the digestive system	20	..	13	..	7	..	..	..	..	..	..	..	13	..
157h	Congenital malformations of the genito-urinary system	1	2	..	2	1	..	..	..	..	..	..	..	..	2
157m	Other and unspecified congenital malformations	8	2	4	2	3	..	1	..	..	..	1	..	5	2
	XV—Diseases Peculiar to the First Year of Life														
158	Congenital debility (cause not stated)	5	6	4	6	1	..	..	..	..	..	..	..	4	6
159	Premature birth (cause not stated)	210	94	168	83	39	11	3	..	..	..	..	..	168	83
160a	Intracranial or spinal hemorrhage	67	18	47	17	19	1	1	..	..	..	..	..	47	17
160b	Other intracranial or spinal injuries	1	..	1	..	..	..	..	..	..	..	..	..	1	..
160c	Other injuries at birth	15	5	11	5	4	..	..	..	..	..	..	..	11	5
	Other diseases peculiar to the first year of life														
161a	Asphyxia (cause not specified), atelectasis	41	16	32	15	9	1	..	..	..	..	..	..	32	15
161b	Infection of the umbilicus; pemphigus and other infections	1	5	1	4	..	1	..	..	..	..	1	..	2	4
161c	Other specified diseases peculiar to the first year of life	18	5	14	5	3	..	1	..	..	..	..	..	14	5

	XVI—SENILITY														
162a	Senility, with mention of senile dementia	2	..	1	..	..	..	1	..	..	..	..	..	1	..
162b	Senility, without mention of senile dementia	10	1	10	1	..	..	..	..	..	..	..	..	10	1
	XVII—VIOLENT OR ACCIDENTAL DEATHS														
	Suicide by														
163b	Barbituric acid and derivatives	4	..	4	..	..	..	..	..	..	..	..	..	4	..
163c	Cresol compounds	2	..	2	..	..	..	..	..	1	..	..	..	3	..
163d	Mercury and compounds	5	..	5	..	..	..	..	..	..	..	..	..	5	..
163g	Other solid or liquid poisons	6	..	6	..	..	..	..	..	..	..	..	..	6	..
163h	Illuminating gas	39	1	38	1	1	..	..	..	..	..	..	..	38	1
163m	Motor vehicle exhaust gas	3	..	3	..	..	..	..	..	1	..	..	..	4	..
164a	Hanging or strangulation	16	1	15	1	..	..	1	..	3	..	1	..	19	1
164b	Drowning	3	1	3	1	..	..	..	..	1	..	..	..	4	1
164c	Firearms and explosives	27	1	24	1	2	..	1	..	2	..	..	..	26	1
164d	Cutting or piercing instruments	3	..	1	..	..	..	2	..	..	..	..	..	1	..
164e	Jumping from high places	5	..	4	..	1	..	..	..	1	..	..	..	5	..
164g	Other or unspecified means	2	..	2	..	..	..	..	..	1	1	..	..	3	1
	Homicide by														
166	Firearms	11	39	8	35	2	1	1	3	1	..	2	..	11	35
167	Crushing or piercing instruments	7	25	5	25	2	..	..	..	..	1	..	..	5	26
168	Other means	14	12	11	11	1	..	2	1	..	..	..	..	11	11
	Accidents														
169	Railway	18	2	14	2	2	..	2	..	4	2	..	..	18	4
	Motor-vehicle accidents														
170a	Collision between automobile and trains	2	..	..	..	2	..	..	..	1	..	..	..	1	..
170b	Collision between automobile and streetcars	3	1	3	..	..	1	..	..	..	..	..	..	3	..
170c	Automobile accidents (except collisions with trains or streetcars)	138	41	98	36	31	5	9	..	16	5	10	5	124	46
170d	Motorcycle accidents (except collisions with automobiles)	..	1	..	1	..	..	..	..	..	..	..	..	..	1
171a	Streetcar accidents	26	12	23	12	1	..	2	..	1	..	..	..	24	12
172	Water transport accidents	17	3	15	3	2	..	..	..	2	..	4	..	21	3
173	Air-transport accidents	..	..	..	..	..	..	..	..	..	..	15	..	15	..
175b	Injury by animals in agriculture	..	..	..	..	..	..	..	..	..	..	..	1	..	1
175d	Accidents involving forestry machinery and vehicles	1	..	..	..	1	..	..	..	..	..	..	..	..	..
176	Other accidents involving machinery	11	4	9	4	2	..	..	..	2	..	..	..	11	4
	Accidental absorption of poisonous gas														
178a	Illuminating gas	19	..	18	..	1	..	..	..	..	..	..	..	18	..
178b	Motor-vehicle exhaust gas	1	..	..	..	..	..	1	..	..	..	..	..	..	..
178c	Other carbon monoxide gas	4	..	1	..	..	..	3	..	1	..	..	..	2	..
178x	Other poisonous gas	..	2	..	2	..	..	..	..	..	..	..	..	..	2
	Acute accidental poisoning by														
179a	Arsenic and compounds	1	1	1	1	..	..	..	..	..	..	..	..	1	1
179b	Barbituric acid and derivatives	2	..	2	..	..	..	..	..	..	..	..	..	2	..
179d	Mercury and compounds	1	..	..	..	1	..	..	..	..	..	..	..	..	..
179x	Other and unspecified substances	3	1	3	1	..	..	..	..	..	..	..	..	3	1
180	Conflagration	10	34	7	33	2	1	1	..	..	..	..	..	7	33
181	Accidental burns (except conflagration	37	17	29	11	8	6	..	..	1	..	..	..	30	11
182	Accidental mechanical suffocation	13	5	13	5	..	..	..	..	..	1	..	..	13	6
183	Accidental drowning	26	14	18	14	1	..	7	..	10	3	3	1	31	18

TABLE NO. 10—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE, BALTIMORE—1943

International List No.	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
	Accidental injury by														
184	Firearms	4	2	3	1	1	1	..	..	..	..	..	..	3	1
185	Cutting or piercing instruments	..	1	..	1	..	..	..	..	..	..	..	..	..	1
186a	Falls	171	19	146	18	21	1	4	..	9	1	2	..	157	19
188	Injury by animals	2	..	2	..	..	..	..	..	..	..	..	..	2	..
190	Excessive cold	2	1	2	1	..	..	..	..	..	..	..	..	2	1
191	Excessive heat	11	2	11	2	..	..	..	..	1	..	..	..	12	2
192	Lightning	..	..	..	..	..	..	..	..	..	1	..	..	..	1
193	Accidents due to electric currents (except lightning)	5	..	2	..	3	..	..	..	2	..	..	..	4	..
195a	Sequelae of preventive immunization, inoculation, or vaccination	1	..	..	..	1	..	..	..	..	..	..	..	..	..
195b	Other accidents due to medical or surgical intervention	1	1	..	..	1	1	..	..	..	..	..	..	..	..
195c	Lack of care of the newborn	1	..	1	..	..	..	..	..	..	..	..	..	1	..
195d	Obstruction, suffocation or puncture by ingested objects	12	5	7	5	5	..	..	..	..	1	..	..	7	6
195e	Other and unspecified accidents	12	3	10	3	1	..	1	..	1	..	2	..	13	3
198	Legal executions	..	6	..	5	..	1	..	..	..	..	..	..	..	5
	XVIII—Ill-Defined and Unknown Causes														
200a	Ill-defined causes	3	2	3	2	..	..	..	..	..	1	2	..	5	3
200c	Unknown or unspecified cause	1	2	1	2	..	..	..	..	1	..	..	..	2	2

TABLE NO. 11

RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1933-1943

Year	Typhoid Fever						Measles						Scarlet Fever					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
Resident																		
1943	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
1942	1	1	..	0.1	0.1	..	1	..	1	0.1	..	0.5	..	..	..	..	..	..
1941	3	1	2	0.3	0.1	1.2	3	2	1	0.3	0.3	0.6	..	..	..	..	..	..
1940	1	..	1	0.1	..	0.6	..	..	..	..	..	..	2	1	1	0.2	0.1	0.6
1939	1	1	..	0.1	0.1	..	9	7	2	1.0	1.0	1.2	1	1	..	0.1	0.1	..
1938	8	5	3	0.9	0.7	1.8	..	..	..	..	..	..	3	3	..	0.4	0.4	..
1937	7	4	3	0.8	0.6	1.9	25	16	9	3.0	2.3	5.6	4	3	1	0.5	0.4	0.6
1936	8	2	6	1.0	0.3	3.8	7	6	1	0.8	0.9	0.6	5	5	..	0.6	0.7	..
1935	9	8	1	1.1	1.2	0.6	2	2	..	0.2	0.3	..	13	10	3	1.6	1.5	1.9
1934	10	4	6	1.2	0.6	3.9	91	70	21	11.0	10.4	13.8	10	10	..	1.2	1.5	..
1933	2	2	..	0.2	0.3	..	..	..	..	..	..	..	22	19	3	2.7	2.8	2.0
Recorded																		
1943	2	2	..	0.2	0.3	..	3	3	..	0.3	0.4	..	1	1	..	0.1	0.1	..
1942	3	3	..	0.3	0.4	..	1	..	1	0.1	..	0.5	..	..	..	..	..	..
1941	6	4	2	0.7	0.6	1.2	6	4	2	0.7	0.6	1.2	1	..	1	0.1	..	0.6
1940	3	2	1	0.3	0.3	0.6	..	..	..	..	..	..	2	1	1	0.2	0.1	0.6
1939	5	2	3	0.6	0.3	1.8	10	8	2	1.2	1.2	1.2	1	1	..	0.1	0.1	..
1938	13	8	5	1.5	1.2	3.1	..	..	..	..	..	..	3	3	..	0.4	0.4	..
1937	10	7	3	1.2	1.0	1.9	28	18	10	3.3	2.6	6.2	4	3	1	0.5	0.4	0.6
1936	8	2	6	1.0	0.3	3.8	8	7	1	1.0	1.0	0.6	8	8	..	1.0	1.2	..
1935	12	11	1	1.4	1.6	0.6	4	4	..	0.5	0.6	..	16	13	3	1.9	1.9	1.9
1934	11	5	6	1.3	0.7	3.9	97	75	22	11.7	11.1	14.4	12	12	..	1.4	1.8	..
1933	3	3	..	0.4	0.4	..	..	..	..	..	..	..	28	25	3	3.4	3.7	2.0
	Whooping Cough						**Diphtheria**						**Influenza**					
Resident																		
1943	10	6	4	1.1	0.8	2.2	3	2	1	0.3	0.3	0.5	102	72	30	11.0	9.6	16.5
1942	9	4	5	1.0	0.5	2.7	2	1	1	0.2	0.1	0.5	60	34	26	6.4	4.5	14.3
1941	30	3	27	3.5	0.4	16.1	3	2	1	0.3	0.3	0.6	67	38	29	7.7	5.4	17.3
1940	24	11	13	2.8	1.6	7.8	1	1	..	0.1	0.1	..	56	41	15	6.5	5.9	9.0
1939	9	4	5	1.0	0.6	3.0	3	3	..	0.4	0.4	..	63	37	26	7.4	5.4	15.8
1938	19	7	12	2.2	1.0	7.4	3	3	..	0.4	0.4	..	53	37	16	6.2	5.4	9.9
1937	35	17	18	4.1	2.5	11.3	7	5	2	0.8	0.7	1.2	104	68	36	12.3	9.9	22.5
1936	36	13	23	4.3	1.9	14.6	8	3	5	1.0	0.4	3.2	76	57	19	9.1	8.4	12.1
1935	8	3	5	1.0	0.4	3.2	2	2	..	0.2	0.3	..	103	65	38	12.4	9.6	24.5
1934	56	32	24	6.8	4.7	15.7	6	5	1	0.7	0.7	0.6	63	42	21	7.6	6.2	13.8
1933	39	15	24	4.7	2.2	16.0	6	4	2	0.7	0.6	1.3	112	90	22	13.6	13.4	14.6
Recorded																		
1943	15	10	5	1.6	1.3	2.7	7	6	1	0.8	0.8	0.5	106	76	30	11.4	10.2	16.5
1942	11	5	6	1.2	0.7	3.3	2	1	1	0.2	0.1	0.5	62	35	27	6.6	4.6	14.9
1941	34	7	27	3.9	1.0	16.1	5	3	2	0.6	0.4	1.2	72	41	31	8.3	5.9	18.4
1940	30	17	13	3.5	2.4	7.8	3	2	1	0.3	0.3	0.6	58	43	15	6.7	6.2	9.0
1939	11	5	6	1.3	0.7	3.6	9	9	..	1.0	1.3	..	69	40	29	8.1	5.8	17.6
1938	21	9	12	2.5	1.3	7.4	6	5	1	0.7	0.7	0.6	57	39	18	6.7	5.7	11.1
1937	42	24	18	5.0	3.5	11.3	11	9	2	1.3	1.3	1.2	112	78	34	13.3	11.4	21.3
1936	39	15	24	4.6	2.2	15.2	10	5	5	1.2	0.7	3.2	83	64	19	9.9	9.4	12.1
1935	9	4	5	1.1	0.6	3.2	6	6	..	0.7	0.9	..	103	66	37	12.4	9.7	23.9
1934	57	33	24	6.9	4.9	15.7	7	6	1	0.8	0.9	0.6	63	42	21	7.6	6.2	13.8
1933	41	16	25	5.0	2.4	16.6	6	4	2	0.7	0.6	1.3	118	95	23	14.3	14.1	15.3

TABLE NO. 11—Continued

RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1933-1943

Year	Tuberculosis, All Forms						Pulmonary Tuberculosis						Cancer					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
Resident																		
1943	805	402	403	86.6	53.7	221.4	755	387	368	81.2	51.7	202.2	1,393	1,189	204	149.8	159.0	112.1
1942	810	374	436	86.5	49.6	240.1	749	354	395	80.0	46.9	217.5	1,257	1,071	186	134.3	142.0	102.4
1941	811	355	456	93.7	50.9	271.4	760	339	421	87.8	48.6	250.6	1,368	1,162	206	158.0	166.5	122.6
1940	816	393	423	94.9	56.7	253.0	769	378	391	89.4	54.5	233.9	1,294	1,081	213	150.4	155.9	127.4
1939	673	336	337	78.7	48.7	204.6	631	316	315	73.8	45.8	191.2	1,237	1,060	177	144.7	153.6	107.4
1938	711	379	332	83.7	55.1	204.6	668	359	309	78.6	52.2	190.4	1,217	1,054	163	143.2	153.3	100.4
1937	861	452	409	102.0	66.0	255.9	810	427	383	96.0	62.4	239.6	1,205	1,034	171	142.7	151.1	107.0
1936	836	433	403	99.7	63.5	256.0	790	417	373	94.2	61.2	237.0	1,114	948	166	132.8	139.1	105.4
1935	808	416	392	96.9	61.4	252.9	757	400	357	90.8	59.0	230.3	1,146	984	162	137.5	145.1	104.5
1934	813	411	402	98.2	60.9	263.4	751	393	358	90.7	58.2	234.6	1,125	973	152	135.9	144.1	99.6
1933	816	453	363	99.2	67.4	241.6	755	431	324	91.8	64.1	215.6	1,084	940	144	131.8	139.8	95.8
Recorded																		
1943	527	279	248	56.7	37.3	136.3	474	257	217	51.0	34.4	119.2	1,586	1,378	208	170.5	184.2	114.3
1942	570	276	294	60.9	36.6	161.9	509	249	260	54.4	33.0	143.2	1,482	1,277	205	158.3	169.3	112.9
1941	547	247	300	63.2	35.4	178.6	490	230	260	56.6	33.0	154.8	1,593	1,370	223	183.9	196.3	132.7
1940	604	297	307	70.2	42.8	183.6	554	276	278	64.4	39.8	166.3	1,488	1,262	226	172.9	182.0	135.2
1939	561	267	294	65.6	38.6	178.5	512	244	268	59.9	35.3	162.7	1,400	1,207	193	163.7	174.8	117.2
1938	553	278	275	65.0	40.4	169.4	505	256	249	59.4	37.2	153.4	1,352	1,184	168	159.1	172.2	103.5
1937	678	335	343	80.3	48.9	214.6	620	304	316	73.4	44.4	197.7	1,376	1,182	194	163.0	172.7	121.4
1936	650	338	342	81.1	49.6	217.3	627	316	311	74.8	46.4	197.6	1,269	1,095	174	151.3	160.7	110.5
1935	676	326	350	81.1	48.1	225.8	617	305	312	74.0	45.0	201.3	1,284	1,114	170	154.1	164.2	109.7
1934	650	300	350	78.5	44.5	229.3	579	276	303	69.9	40.9	198.5	1,277	1,115	162	154.2	165.1	106.1
1933	647	342	305	78.6	50.8	203.0	581	315	266	70.6	46.8	177.0	1,185	1,035	150	144.1	154.0	99.8
	Heart Disease						Bronchopneumonia						Lobar Pneumonia					
Resident																		
1943	3,964	3,251	713	426.2	434.6	391.8	357	231	126	38.4	30.9	69.2	455	244	211	48.9	32.6	115.9
1942	3,556	2,946	610	379.9	390.5	335.9	373	243	130	39.9	32.2	71.6	334	190	144	35.7	25.2	79.3
1941	3,366	2,773	593	388.7	397.3	353.0	277	191	86	32.0	27.4	51.2	350	181	169	40.4	25.9	100.6
1940	3,331	2,761	570	387.1	398.3	340.9	308	211	97	35.8	30.4	58.0	320	203	117	37.2	29.3	70.0
1939	2,970	2,536	434	347.4	367.4	263.5	363	249	114	42.4	36.1	69.2	305	182	123	35.7	26.4	74.7
1938	2,916	2,461	455	343.2	358.0	280.4	405	278	127	47.7	40.4	78.3	359	217	142	42.2	31.6	87.5
1937	2,758	2,369	389	326.7	346.2	243.4	481	350	131	57.0	51.1	82.0	557	333	224	66.0	48.6	140.2
1936	2,602	2,145	457	310.2	314.8	290.3	474	316	158	56.5	46.4	100.4	549	289	260	65.4	42.4	165.2
1935	2,334	1,956	378	281.3	288.4	243.8	485	345	140	58.2	50.9	90.3	499	280	219	59.9	41.3	141.3
1934	2,297	1,933	364	277.4	286.2	238.5	456	306	150	55.1	45.3	98.3	524	325	199	63.3	48.1	130.4
1933	2,256	1,887	369	274.3	280.7	245.6	477	346	131	58.0	51.5	87.2	483	277	206	58.7	41.2	137.1

	Heart Disease						Bronchopneumonia						Lobar Pneumonia					
Recorded																		
1943	3,953	3,272	681	425.1	437.4	374.2	384	255	129	41.3	34.1	70.9	482	274	208	51.8	36.6	114.3
1942	3,546	2,961	585	378.8	392.5	322.1	377	246	131	40.3	32.6	72.1	371	223	148	39.6	29.6	81.5
1941	3,386	2,800	586	391.0	401.1	348.8	288	201	87	33.2	28.8	51.8	365	194	171	42.1	27.8	101.8
1940	3,357	2,785	572	390.1	401.7	342.1	319	225	94	37.1	32.5	56.2	347	232	115	40.3	33.5	68.8
1939	2.978	2,550	428	348.3	369.4	259.8	376	259	117	44.0	37.5	71.0	333	202	131	38.9	29.3	79.5
1938	2,910	2,463	447	342.5	358.3	275.5	424	297	127	49.9	43.2	78.3	391	246	145	46.0	35.8	89.4
1937	2,757	2,376	381	326.6	347.2	238.4	504	365	139	59.7	53.3	87.0	609	375	234	72.1	54.8	146.4
1936	2,608	2,154	454	310.9	316.1	288.4	498	340	158	59.4	49.9	100.4	592	324	268	70.6	47.6	170.2
1935	2,314	1,937	377	277.7	285.6	243.2	499	357	142	59.9	52.6	91.6	548	319	229	65.8	47.0	147.7
1934	2,297	1,925	372	277.4	285.1	243.7	485	328	157	58.6	48.6	102.9	544	340	204	65.7	50.3	133.6
1933	2,255	1,887	368	274.2	280.7	244.9	503	372	131	61.2	55.3	87.2	508	298	210	61.8	44.3	139.8
	Diarrhea and Enteritis Under Two Years						Chronic Nephritis						Premature Birth					
Resident																		
1943	162	104	58	17.4	13.9	31.9	1,023	697	326	110.0	93.2	179.1	251	168	83	27.0	22.5	45.6
1942	102	64	38	10.9	8.5	20.9	974	677	297	104.1	89.7	163.5	219	152	67	23.4	20.1	36.9
1941	144	66	78	16.6	9.4	46.4	1,008	713	295	116.4	102.1	175.6	219	131	88	25.3	18.8	52.4
1940	54	32	22	6.3	4.6	13.2	1,169	820	349	135.8	118.3	208.7	206	132	74	23.9	19.0	44.3
1939	45	24	21	5.3	3.5	12.7	1,017	790	227	118.9	114.4	137.8	163	105	58	19.1	15.2	35.2
1938	80	51	29	9.4	7.4	17.9	1,033	770	263	121.6	112.0	162.1	183	118	65	21.5	17.2	40.0
1937	69	51	18	8.2	7.4	11.3	1,087	828	259	128.8	121.0	162.0	198	128	70	23.4	18.7	43.8
1936	90	60	30	10.7	8.8	19.0	1,046	800	246	124.7	117.4	156.3	196	131	65	23.4	19.2	41.3
1935	65	41	24	7.8	6.0	15.5	1,042	793	249	125.0	116.9	160.6	223	150	73	26.8	22.1	47.1
1934	108	67	41	13.0	9.9	26.9	1,090	819	271	131.6	121.3	177.6	251	179	72	30.3	26.5	47.2
1933	60	38	22	7.3	5.6	14.6	1,187	911	276	144.3	135.5	183.7	252	157	95	30.6	23.4	63.2
Recorded																		
1943	185	127	58	19.9	17.0	31.9	1,032	695	337	111.0	92.9	185.2	304	210	94	32.7	28.1	51.6
1942	128	84	44	13.7	11.1	24.2	990	685	305	105.8	90.8	168.0	279	201	78	29.8	26.6	43.0
1941	192	95	97	22.2	13.6	57.7	1,019	715	304	117.7	102.4	181.0	276	178	98	31.9	25.5	58.3
1940	63	41	22	7.3	5.9	13.2	1,183	820	363	137.5	118.3	217.1	250	165	85	29.0	23.8	50.8
1939	56	32	24	6.5	4.6	14.6	1,052	805	247	123.0	116.6	150.0	196	131	65	22.9	19.0	39.5
1938	94	60	34	11.1	8.7	21.0	1,090	820	270	128.3	119.3	166.4	221	151	70	26.0	22.0	43.1
1937	91	67	24	10.8	9.8	15.0	1,121	853	268	132.8	124.6	167.7	238	163	75	28.2	23.8	46.9
1936	103	67	36	12.3	9.8	22.9	1,066	813	253	127.1	119.3	160.7	222	155	67	26.5	22.7	42.6
1935	70	45	25	8.4	6.6	16.1	1,042	791	251	125.0	116.6	161.9	242	167	75	29.0	24.6	48.4
1934	129	84	45	15.6	12.4	29.5	1,098	820	278	132.6	121.4	182.1	254	181	73	30.7	26.8	47.8
1933	75	50	25	9.1	7.4	16.6	1,210	920	290	147.1	136.8	193.0	254	158	96	30.9	23.5	63.9

TABLE NO. 12

RESIDENT AND RECORDED DEATHS UNDER ONE MONTH OF AGE, DEATHS UNDER ONE YEAR OF AGE, AND MATERNAL DEATHS WITH CORRESPONDING DEATH RATES—1933-1943

Year	Deaths Under One Month of Age						Deaths Under One Year of Age						Maternal Deaths					
	Number			Rate per 1,000 Live Births			Number			Rate per 1,000 Live Births			Number			Rate per 1,000 Live Births		
	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd	Total	White	Col'd
Resident																		
1943	553	388	165	26.3	24.1	33.2	973	619	354	46.2	38.5	71.1	34	17	17	1.6	1.1	3.4
1942	489	349	140	24.8	23.1	30.1	778	516	262	39.5	34.2	56.4	35	18	17	1.7	1.3	3.7
1941	422	271	151	26.4	22.8	36.7	794	451	343	49.6	37.9	83.5	36	21	15	2.3	1.8	3.6
1940	382	241	141	27.8	23.8	39.1	641	387	254	46.7	38.3	70.4	28	15	13	2.0	1.5	3.6
1939	300	194	106	24.0	21.1	32.0	511	302	209	40.8	32.8	63.1	45	28	17	3.6	3.0	5.1
1938	364	239	125	27.6	24.2	37.7	683	429	254	51.7	43.4	76.6	44	29	15	3.3	2.9	4.5
1937	348	223	125	27.8	23.8	39.7	664	393	271	53.1	41.9	86.1	42	28	14	3.4	3.0	4.4
1936	381	250	131	32.3	27.9	46.0	763	461	302	64.7	51.5	106.2	49	35	14	4.2	3.9	4.9
1935	392	273	119	31.8	29.2	40.1	673	432	241	54.6	46.1	81.2	67	40	27	5.4	4.3	9.1
1934	419	307	112	34.3	33.4	37.3	803	536	267	65.8	58.3	88.9	71	52	19	5.8	5.7	6.3
1933	429	286	143	35.2	31.3	46.7	749	484	265	61.4	53.0	86.6	59	39	20	4.8	4.3	6.5
Recorded																		
1943	674	495	179	26.0	24.0	33.9	1,168	792	376	45.0	38.4	71.1	41	21	20	1.6	1.0	3.8
1942	635	468	167	26.1	24.1	33.9	981	677	304	40.6	35.2	61.8	50	28	22	2.1	1.5	4.5
1941	536	365	171	27.6	24.3	38.7	987	600	387	50.9	40.0	87.7	44	27	17	2.3	1.8	3.8
1940	477	319	158	28.9	25.4	40.6	785	507	278	47.6	40.3	71.4	41	25	16	2.5	2.0	4.1
1939	367	251	116	24.7	22.1	32.8	640	401	239	43.0	35.3	67.6	59	38	21	4.0	3.3	5.9
1938	431	296	135	28.2	25.2	38.4	815	535	280	53.4	45.5	79.7	56	36	20	3.6	3.1	5.7
1937	427	289	138	29 9	26.5	41.2	817	512	305	57.2	46.9	91.0	64	43	21	4.5	3.9	6.3
1936	437	299	138	32.9	29.1	45.9	894	568	326	67.3	55.3	108.5	62	44	18	4.7	4.3	6.0
1935	440	315	125	32.3	29.9	40.1	775	519	256	56.8	49.3	82.1	82	47	35	6.0	4.5	11.2
1934	434	320	114	32.3	31.0	36.2	877	601	276	65.2	58.3	87.8	83	60	23	6.2	5.8	7.3
1933	441	295	146	32.9	28.9	45.7	824	544	280	61.5	53.3	87.6	75	54	21	5.6	5.3	6.6

TABLE NO. 13

CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1943

International Code 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
1	Typhoid fever	20	W	19	M	11	....	1	....	1	2	3	1	....	....	....	1	1	....	....	1	....	....	....	....	....	....	....	....
					F	8	....	....	....	....	....	1	2	3	....	1	1	....	....	....	....	....	....	....	....	....	....	....	....
			C	1	M	1	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
2	Paratyphoid fever	1	C	1	F	1	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
6	Meningococcus meningitis	389	W	280	M	164	16	11	7	6	6	12	15	20	14	19	7	5	10	7	6	1	1	....	....	1	....	....	....
					F	116	6	7	7	6	5	8	6	9	18	13	4	5	5	5	2	3	1	3	3	....	....	....	....
			C	109	M	67	5	2	2	4	3	12	8	8	4	4	5	6	1	2	....	....	....	1	....	....	....	....	....
					F	42	6	2	4	....	5	7	7	1	3	1	3	1	1	1	....	....	....	....	....	....	....	....	....
8	Scarlet fever	1,432	W	1,360	M	679	4	11	37	41	61	303	140	35	21	13	6	4	1	....	1	....	....	1	....	....	....	....	....
					F	681	1	16	25	54	65	339	114	20	17	10	8	5	6	....	1	....	....	....	....	....	....	....	....
			C	72	M	27	1	....	....	3	4	11	7	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....
					F	45	1	2	5	5	6	15	5	4	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....
9	Whooping cough	3,400	W	2,414	M	1,182	171	140	148	121	119	403	59	3	3	....	2	....	....	....	....	....	....	....	....	....	....	....	13
					F	1,232	133	124	139	149	147	459	39	3	4	5	1	6	1	....	2	....	....	....	....	....	....	....	20
			C	986	M	475	112	72	86	58	51	83	10	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	3
					F	511	97	89	76	67	59	103	11	3	....	1	....	....	1	....	....	....	....	....	....	....	....	....	4
10	Diphtheria	106	W	90	M	45	2	3	5	7	3	15	4	3	1	1	....	1	....	....	....	....	....	....	....	....	....	....	....
					F	45	....	1	1	2	1	21	7	1	4	2	2	1	2	....	....	....	....	....	....	....	....	....	....
			C	16	M	5	....	....	....	....	1	2	....	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....
					F	11	....	1	1	....	1	4	2	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....
11	Erysipelas	20	W	19	M	6	....	1	....	....	....	....	....	....	1	....	1	....	....	1	....	....	1	....	....	....	....	....	1
					F	13	1	....	....	....	1	....	....	....	....	....	....	2	2	2	....	3	....	....	1	....	1	....	....
			C	1	M	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....

TABLE NO. 13—Continued

CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1943

International Code No.	Disease	Totals					Age Groups																							
		Grand Total	By Color		By Sex		Under 1 Years	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
12	Tetanus	10	W	3	M	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....
					F	2	....	1	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
			C	7	M	6	1	....	....	....	....	2	1	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	1
					F	1	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
13	Pulmonary tuberculosis	1,901	W	1,043	M	766	1	4	1	2	1	5	3	52	74	100	118	109	53	62	55	40	39	27	12	4	2	1	1
					F	277	1	1	3	2	....	4	5	23	59	47	36	25	18	11	11	6	6	7	7	3	1	....	1
			C	858	M	568	10	8	6	6	5	8	3	47	74	80	76	67	53	38	32	24	13	12	4	....	....	1	1
					F	290	4	13	4	5	2	9	8	40	53	46	35	25	14	14	3	8	5	1	....	....	....	....	1
14-22	Tuberculosis, other forms	37	W	13	M	8	....	1	1	....	....	....	....	....	1	....	....	....	1	....	1	....	1	1	....	....	1	....	....
					F	5	....	....	....	....	1	....	....	....	1	1	....	....	....	1	....	....	....	1	....	....	....	....	....	....
			C	24	M	13	1	....	....	2	....	....	3	....	2	....	1	....	....	3	....	....	....	1	....	....	....	....	....	....
					F	11	....	3	....	....	....	2	....	2	1	1	....	1	1	....	....	....	....	....	....	....	....	....	....	....
24a	Salmonella infection	11	W	8	M	4	1	....	....	....	....	....	1	....	2	....	....	....	....	....	....	....	....	....	....	....	....	....	....	2
					F	4	....	....	1	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	
			C	3	M	2	....	....	....	....	....	....	....	....	1	....	1	....	....	....	....	....	....	....	....	....	....	....	....
					F	1	....	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....
25	Gonococcus infection	3,321	W	1,145	M	786	....	....	1	....	....	....	1	87	217	204	106	78	33	22	14	3	4	1	....	....	....	....	15
					F	359	1	....	1	2	....	17	10	77	118	52	42	11	4	2	2	3	....	....	....	....	....	....	17
			C	2,176	M	1,760	1	....	....	....	1	10	14	461	614	288	190	82	43	20	8	4	1	1	....	....	....	....	22
					F	416	4	9	7	7	2	34	19	108	103	46	25	9	5	2	....	....	....	....	....	....	....	....	36
25c	Gonococcic ophthalmia	28	W	10	M	5	4	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
					F	5	4	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
			C	18	M	12	7	....	....	....	2	....	1	....	1	....	....	1	....	....	....	....	....	....	....	....	....	....	....
					F	6	5	....	1	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
26a	Tularemia	1	C	1	M	1	....	....	....	....	....	....	....	....	....	....	....	1	....	....	....	....	....	....	....	....	....	....	....

27a	Dysentery, bacillary	52	W	34	M	10	1	...	2	1	...	1	...	2	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...
					F	24	2	...	...	...	1	6	1	...	2	...	...	...	1	1	...	1	...	2	1	...	3	1	2
			C	18	M	12	3	2	...	2	1	2	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
					F	6	...	...	1	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
27b	Dysentery, amebic	2	W	2	M	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
27c	Dysentery, unspecified	62	W	19	M	8	2	1	...	2	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	11	2	1	1	1	2	...	...	1	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...
			C	43	M	22	11	5	3	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	21	5	9	3	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28	Malaria	8	W	7	M	7	...	...	...	...	...	...	...	2	3	...	...	1	...	...	...	1	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30	Syphilis	14,803	W	3,307	M	2,099	10	...	1	1	...	5	4	96	207	293	437	354	184	140	115	75	67	26	10	6	1	2	65
					F	1,208	5	...	...	1	...	1	7	89	218	185	210	152	116	73	50	33	12	8	5	1	2	...	40
			C	11,496	M	7,215	18	2	3	...	...	5	13	620	1,257	1,422	1,555	1,110	400	269	161	113	67	36	14	2	3	...	145
					F	4,281	16	3	2	3	3	4	63	600	974	869	627	436	263	149	85	38	17	10	7	4	...	...	108
32a	Weil's disease	4	W	3	M	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
32b	Vincent's angina	22	W	21	M	12	...	...	...	...	...	...	...	3	4	1	...	...	...	1	1	...	...	...	...	...	...	...	2
					F	9	...	...	...	...	...	1	...	1	4	1	2	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	M	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
33	Influenza	435	W	372	M	173	5	4	...	5	4	13	3	7	9	9	15	12	15	14	13	8	12	6	5	5	3	1	5
					F	199	5	2	3	3	...	7	8	6	13	15	15	12	17	11	16	8	10	9	9	7	11	7	5
			C	63	M	31	1	1	...	...	...	...	1	...	1	2	1	3	5	4	4	3	1	...	...	2	...	1	1
					F	32	1	2	1	...	...	2	...	1	2	...	1	1	4	5	8	1	2	1	...	...	...	...	...
35	Measles	2,213	W	2,101	M	977	38	74	83	66	123	418	57	54	24	16	5	5	1	1	...	...	...	...	...	...	...	...	12
					F	1,124	42	77	90	95	98	423	100	73	54	22	16	9	3	2	1	...	...	...	...	...	...	...	19
			C	112	M	50	1	5	9	8	5	13	5	...	1	1	1	...	...	...	...	1	...	...	...	...	...	...	...
					F	62	7	4	9	3	4	22	7	1	3	...	2	...	...	...	...	...	...	...	...	...	...	...	...
36	Poliomyelitis (paralytic cases)	8	W	7	M	3	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	4	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
37	Lethargic encephalitis	3	W	2	M	2	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 13—Continued

CASES OF REPORTABLE DISEASES CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIOD—1943

International Code 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
38d	German measles	3,199	W	3,146	M	1,491	17	33	21	50	46	644	306	118	136	52	25	16	7	..	..	1	..	..	..	..	..	..	19
					F	1,655	24	34	35	51	56	672	436	138	90	39	25	18	5	3	2	..	..	1	..	..	..	..	26
			C	53	M	21	5	4	..	3	..	5	..	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	32	..	3	3	2	1	10	8	1	..	3	1	..	..	..	..	..	..	..	..	..	..	..	..
38e	Chickenpox	3,182	W	2,945	M	1,511	60	67	82	92	111	956	99	11	7	4	3	2	1	1	..	..	..	..	..	..	..	..	15
					F	1,434	51	72	73	85	109	891	108	12	7	5	3	3	3	..	..	..	..	..	..	..	..	..	12
			C	237	M	123	8	9	15	15	8	51	11	3	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..
					F	114	15	8	12	8	11	48	6	..	2	4	..	..	..	..	..	..	..	..	..	..	..	..	..
39b	Typhus fever	1	W	1	F	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
39c	Rocky Mountain spotted fever	1	W	1	F	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
42	Trichinosis	1	W	1	F	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
44a	Chancroid	161	W	9	M	6	..	..	..	..	..	2	..	..	..	..	2	1	..	..	1	..	..	..	..	..	..	..	..
					F	3	..	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
			C	152	M	122	..	..	..	..	..	..	..	29	45	25	16	3	3	..	1	..	..	..	..	..	..	..	..
					F	30	..	..	..	..	..	..	1	6	7	6	3	4	..	2	1	..	..	..	..	..	..	..	..
44e, f & g	Other venereal diseases	84	W	3	M	3	..	..	..	..	..	..	..	..	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..
			C	81	M	39	..	..	..	..	..	..	..	6	15	4	7	4	1	2	..	..	..	..	..	..	..	..	..
					F	42	..	..	..	..	..	..	1	4	13	9	6	2	5	2	..	..	..	..	..	..	..	..	..
44c	Mumps	849	W	798	M	448	1	7	13	28	22	213	75	30	18	10	8	7	1	3	..	1	..	..	..	..	..	..	11
					F	350	3	3	9	13	11	177	66	20	12	12	9	3	5	..	..	2	2	..	..	..	..	..	3
			C	51	M	26	2	..	4	1	..	5	4	1	4	1	1	3	..	..	..	..	..	..	..	..	..	..	..
					F	25	..	1	..	1	1	8	3	3	2	2	1	..	2	..	..	1	..	..	..	..	..	..	..
58a	*Rheumatic fever	22	W	12	M	6	..	..	..	..	..	2	1	2	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	6	..	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
			C	10	M	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
					F	9	..	..	..	..	..	1	7	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..

* Made reportable by State regulation November 1, 1943.

58d	*Rheumatic heart disease	30	W	14	M	7	...	...	...	...	...	1	2	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	7	...	...	...	...	...	3	...	2	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...
			C	16	M	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	14	...	...	...	...	...	4	7	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
69	Pellagra	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
88	Acute conjunctivitis	75	W	30	M	12	10	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	18	13	...	1	...	...	1	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...
			C	45	M	28	27	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	17	16	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
88	Trachoma	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
107	Bronchopneumonia	711	W	426	M	220	30	13	7	4	2	7	6	5	9	6	11	6	9	13	10	9	11	12	17	12	11	10	...
					F	206	34	10	9	6	1	9	3	7	5	4	3	11	5	7	5	8	6	11	20	14	12	13	3
			C	285	M	151	49	32	12	6	3	5	...	2	1	2	2	2	4	2	3	8	2	4	6	2	3	1	...
					F	134	46	28	10	4	3	6	2	3	2	1	2	3	1	1	4	4	...	3	4	3	2	2	...
108	Lobar pneumonia	934	W	443	M	293	8	6	5	5	3	10	3	10	7	21	21	24	25	27	30	23	16	17	14	7	2	5	4
					F	150	12	5	2	1	...	13	1	8	10	6	8	5	3	8	11	8	7	10	10	13	4	4	1
			C	491	M	342	23	23	14	5	8	11	...	13	27	34	36	33	32	27	17	17	10	9	1	1	...	...	1
					F	149	15	14	11	7	7	10	...	4	8	8	11	9	10	11	5	7	2	3	3	2	...	1	1
109	Pneumonia, unspecified	431	W	234	M	157	10	6	4	2	...	11	4	6	9	9	5	14	10	13	13	11	5	9	6	1	1	...	8
					F	77	4	5	3	1	1	2	3	2	7	4	9	8	5	2	3	2	2	5	4	2	2	...	1
			C	197	M	144	22	19	5	2	2	2	2	11	11	9	16	12	5	7	6	3	2	4	1	...	1	...	2
					F	53	12	13	7	3	...	3	...	...	5	2	1	4	1	...	...	1	...	1	...	...	...	...	...
115b	Septic sore throat	66	W	49	M	22	...	2	2	...	3	3	3	4	3	...	...	...	1	...	1	...	...	...	...	...	...	...	...
					F	27	...	3	...	3	2	2	1	2	7	3	...	1	...	1	...	...	...	1	...	...	...	...	1
			C	17	M	4	...	...	1	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	13	...	1	1	1	...	1	4	1	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...
119 & 120	Diarrhea and enteritis	204	W	131	M	65	58	3	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	1	...	...	...	...
					F	66	47	4	...	...	...	1	...	...	1	...	1	1	1	1	...	1	1	1	1	1	...	...	4
			C	73	M	38	32	3	1	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	35	32	1	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
153	Impetigo contagiosa	4	W	3	M	2	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 14

REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED POPULATION—1930-1943

Disease	Year	Total Reported Cases	Rate per 100,000 Population	White		Colored	
				Reported Cases	Rate per 100,000 Population	Reported Cases	Rate per 100,000 Population
Typhoid Fever (not including paratyphoid fever)	1943	20	2.2	19	2.5	1	0.5
	1942	31	3.3	24	3.2	7	3.9
	1941	35	4.0	21	3.0	14	8.3
	1940	23	2.7	15	2.2	8	4.8
	1939	24	2.8	14	2.0	10	6.1
	1938	51	6.0	35	5.1	16	9.9
	1937	68	8.0	40	5.8	28	17.5
	1936	49	5.8	32	4.7	17	10.8
	1935	69	8.3	58	8.6	11	7.1
	1934	81	9.8	58	8.6	23	15.1
	1933	53	6.4	46	6.8	7	4.6
	1932	85	10.4	64	9.6	21	14.2
	1931	107	13.2	75	11.3	32	22.0
	1930	132	16.4	96	14.5	36	25.1
Measles	1943	2,213	238.0	2,101	280.9	112	61.5
	1942	6,445	632.6	6,155	815.9	290	159.7
	1941	4,458	514.8	3,572	511.7	886	527.4
	1940	88	10.2	76	11.0	12	7.2
	1939	11,833	1,383.9	10,663	1,544.6	1,170	710.3
	1938	1,119	131.7	861	125.3	258	159.0
	1937	9,227	1,093.0	8,140	1,189.4	1,087	680.1
	1936	4,361	519.9	4,050	594.4	311	197.6
	1935	533	64.0	453	66.8	80	51.6
	1934	18,612	2,248.0	16,307	2,414.8	2,305	1,510.2
	1933	128	15.6	100	14.9	28	18.6
	1932	165	20.2	150	22.4	15	10.1
	1931	15,019	1,850.4	13,654	2,050.0	1,365	937.6
	1930	451	55.9	400	60.3	51	35.6
Scarlet Fever	1943	1,432	154.0	1,360	181.8	72	39.6
	1942	826	88.2	724	96.0	102	56.2
	1941	857	99.0	689	98.7	168	100.0
	1940	571	66.4	459	66.2	112	67.0
	1939	598	69.9	477	69.1	121	73.5
	1938	1,092	128.5	954	138.8	138	85.0
	1937	810	96.0	737	107.7	73	45.7
	1936	1,046	124.7	979	143.7	67	42.6
	1935	1,699	203.9	1,595	235.1	104	67.1
	1934	1,358	164.0	1,258	186.3	100	65.5
	1933	2,075	252.3	1,948	289.8	127	84.5
	1932	2,094	256.3	2,011	300.5	83	56.1
	1931	1,245	153.4	1,171	175.8	74	50.8
	1930	1,777	220.4	1,700	256.4	77	53.7

TABLE NO. 14—Continued

REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES FOR TOTAL, WHITE AND COLORED POPULATION—1930-1943

Disease	Year	Total Reported Cases	Rate per 100,000 Population	White		Colored	
				Reported Cases	Rate per 100,000 Population	Reported Cases	Rate per 100,000 Population
Whooping Cough	1943	3,400	365.6	2,414	322.7	986	541.8
	1942	2,174	232.3	1,504	149.4	670	368.9
	1941	2,560	295.6	1,672	239.5	888	528.6
	1940	5,258	611.1	4,124	594.9	1,134	678.3
	1939	1,575	184.2	1,136	164.6	439	266.5
	1938	1,548	182.2	897	130.5	651	401.2
	1937	3,661	433.7	3,184	465.2	477	298.4
	1936	3,570	425.6	2,443	358.5	1,127	716.0
	1935	1,100	132.0	998	147.1	102	65.8
	1934	4,566	530.6	4,035	597.5	531	347.9
	1933	2,059	250.3	1,398	208.0	661	439.9
	1932	3,759	460.0	3,384	505.7	375	253.5
	1931	3,294	405.8	2,661	399.5	633	434.8
	1930	1,028	127.5	961	145.0	67	46.8
Diphtheria	1943	106	11.4	90	12.0	16	8.8
	1942	74	7.9	62	8.2	12	6.6
	1941	47	5.4	36	5.2	11	6.5
	1940	49	5.7	37	5.3	12	7.2
	1939	67	7.8	61	8.8	6	3.6
	1938	125	14.7	103	15.0	22	13.6
	1937	257	30.4	198	28.9	59	36.9
	1936	146	17.4	118	17.3	28	17.8
	1935	119	14.3	100	14.7	19	12.2
	1934	108	13.0	91	13.5	17	11.1
	1933	137	16.6	122	18.1	15	10.0
	1932	254	31.1	196	29.3	58	39.2
	1931	416	51.2	318	47.7	98	67.3
	1930	522	64.7	437	65.9	85	59.3
Pulmonary Tuberculosis	1943	1,901	204.4	1,043	139.4	858	471.4
	1942	1,631	174.3	865	114.7	766	421.8
	1941	1,842	212.7	885	128.5	957	569.6
	1940	1,474	171.3	755	108.9	719	430.0
	1939	1,430	167.2	678	98.2	752	456.5
	1938	1,613	189.8	875	127.3	738	454.8
	1937	1,755	207.9	1,012	147.9	743	464.9
	1936	1,497	178.5	862	126.5	635	403.4
	1935	1,708	205.0	982	144.8	726	468.4
	1934	1,372	165.7	811	120.1	561	367.6
	1933	1,375	167.2	880	130.9	495	329.4
	1932	1,187	145.3	720	107.6	467	315.7
	1931	1,391	171.4	903	135.6	488	335.2
	1930	1,254	155.5	803	121.1	451	314.8

APPENDIX

AMENDMENT TO THE ORDINANCE ON THE HYGIENE OF HOUSING

SECTIONS 156A AND 156C OF ARTICLE 16 OF THE BALTIMORE CITY CODE OF 1927 AS AMENDED BY ORDINANCE NO. 902, APPROVED MARCH 29, 1943

An ordinance to repeal and re-ordain, with amendments, Sections 156A and 156C of Article 16 of the Baltimore City Code (1927 Edition), title "Health," sub-title "Nuisances and Prevention of Diseases," sub-heading "Dwellings", as said sections were ordained by Ordinance No. 384, approved March 6th, 1941, conferring upon the Commissioner of Health the power to proceed forthwith to abate nuisances, under certain conditions.

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That Sections 156A and 156C of Article 16 of the Baltimore City Code (1927 Edition), title "Health", sub-title "Nuisances and Prevention of Diseases", sub-heading "Dwellings" as said sections were ordained by Ordinance No. 384, approved March 6th, 1941, be and they are hereby repealed and re-ordained, with amendments, to read as follows:

156A. Every dwelling and every part thereof shall be kept clean and free from any accumulation of dirt, filth, rubbish, garbage or similar matter, and shall be kept free from vermin or rodent infestation. All yards, lawns and courts shall be similarly kept clean and free from rodent infestation. It shall be the duty of each occupant of a dwelling unit to keep in a clean condition that portion of the property which he occupies or over which he has exclusive control. If the occupant shall fail to keep his portion of the property clean the Commissioner of Health may send a written notice to the occupant to abate such nuisance within the time specified in said notice; *provided, however, that when in the opinion of the Commissioner of Health such nuisance constitutes an actual menace to health he shall proceed forthwith to cause such nuisance to be abated.* Failure of the occupant to comply with such notice shall be deemed a violation of this ordinance and upon conviction the occupant shall be subject to the penalty or penalties herein provided.

It shall be unlawful for any person wilfully or maliciously to deposit any material in any toilet, bath tub, sink or other plumbing fixture which may result in the obstruction of any sanitary sewer. This liability on the part of the occupant shall not relieve the owner of the responsibility of cleaning any resultant chokage but shall subject the occupant to the penalties of this ordinance upon proper proof of such wilful or malicious act.

156C. Whenever any dwelling, or any building, structure, excavation, business pursuit, matter, condition or thing in or about a dwelling or the lot on which it is situated, or the plumbing, sewerage, drainage, light or ventilation thereof, is found by the Commissioner of Health to be dangerous or detrimental to life or health, the Commissioner of Health may order that the matter, condition or thing be removed, abated, suspended, altered or otherwise improved, as his order shall specify. If any such order of the Commissioner of Health, issued under the authority of the provisions of this section, is not complied with within ten days after the service thereof, or within such shorter time as he may designate as being necessary under the circumstances, then such order may be executed by said Commissioner of Health through his officers, agents, employees or contractors, and the expense incurred incident to said order shall be paid by the owner of said property, and until so paid shall be a lien upon the realty and recoverable as other liens on realty in Baltimore City, or he may order the premises vacated; *provided, however, that when in the opinion*

of the Commissioner of Health such matter, condition or thing is in a state of nuisance which constitutes an actual menace to health he shall proceed forthwith to cause such nuisance to be abated, but in no case shall a lien attach to the property unless a notice, as hereinbefore provided, has been issued.

SECTION 2. *And be it further ordained,* That this ordinance shall take effect from the date of its passage.

Approved March 29, 1943.

HOWARD W. JACKSON, *Mayor.*

MEAT INSPECTION REGULATIONS

Pursuant to the power conferred upon the Commissioner of Health by Ordinance 791, approved August 8, 1929 (Section 96A of Article 16 of the Baltimore City Code), the following rules and regulations* governing the inspection of meat and meat food products in Baltimore City have been adopted:

REGULATION 2. Inspection of Livestock. A careful examination shall be made by the Chief of the Bureau of Meat Inspection or his assistants at all public stock yards, cattle markets, or other places in this city where they may be found, of any cattle, swine, sheep, goats or calves. No person shall sell any animals judged to be diseased or otherwise unfit for human food to any butcher or other person slaughtering livestock, except by special permit given by Health Department Veterinarian and their removal to any slaughter house designated by the inspector, where a post mortem inspection can be conducted by the Health Department. (Adopted: August 12, 1929. Effective: September 1, 1929.)

REGULATION 3. Returned Meat and Meat Food Products. Meat products and meat food products shipped or delivered on consignment, or otherwise, to wholesale houses, retail houses, lunch rooms or other places for sale in the city, shall not be permitted to re-enter the establishment preparing such products for the reason that such products may have been exposed to dust, dirt, insects, odors, substances or insanitary handling that may have rendered it unwholesome or unclean, unless such product shall be in its original unbroken package. (Adopted: June 2, 1932.)

REGULATION 4. Inspection and Marking of Meat and Meat Food Products Shipped to the City of Baltimore. All meat products and meat food products shipped into the City of Baltimore for sale or offered for sale by means of motor vehicles, railroads or steamship lines shall be subject to inspection or reinspection by the Commissioner of Health or his duly authorized agent. Such inspection shall comprise careful examination of all meat products and meat food products as to soundness. All meat products or meat food products found sound and fit for human consumption shall be plainly stamped or marked by the inspector in a conspicuous place upon each article, container or package containing the product. Such marks shall indicate the day, month, year, and inspection station and that the articles so marked have been inspected and passed. All such meat products and meat food products as are unfit for human food shall be plainly marked or tagged by said inspector to show that they have been condemned. Inspection service shall be provided at such places as may be designated by the Commissioner of Health. Inspection shall be granted by the said Health Department between the hours of 6 A.M. and 4 P.M. Shippers shall be

* REGULATION 1, composed of 134 Sections, was adopted on April 20, 1928 and appears on pages 17–116 of the City Health Department publication *Laws and Regulations Governing the Inspection of Meat and Meat Food Products,* issued in 1931.

required to comply with all rules now in force or that shall hereafter be adopted in the regulation of the inspection service. (Adopted: August 8, 1933.)

REGULATION 5. Protection of meat and meat food products retailed from vehicles. No meat product or meat food product shall be retailed from any motor or other vehicle unless provided with proper refrigeration and display containers so that the meat product is not exposed to dust, flies or other contamination; nor unless the meat product shall have been previously sliced or cut and meat food product prepared in retail units and such units, slices or cuts wrapped or placed in clean sheets of parchment paper and meat food products in containers. The refrigerator and display containers shall be constructed of impervious material and shall be readily removable so as to facilitate proper cleaning and shall be kept clean and sanitary.

Each permittee shall, before engaging in such business, cause his name or his business name and the license number in letters of readable size, not less than 2″ in height, to be placed and remain on each outer side of all vehicles used in the conducting of the business. (Adopted: August 8, 1933.)

REGULATION 6. Control of Meat or Meat Food Products Not Slaughtered or Prepared Under Official Supervision. Any meat or meat food products of any cattle, calves, sheep, swine or goats that have not been slaughtered and prepared under the supervision of the Bureau of Animal Industry, U. S. Department of Agriculture, or under the Supervision of the Commissioner of Health in accordance with the city meat inspection ordinance, in the possession of any person in the city, may, at the discretion of the Commissioner of Health, be confiscated, destroyed or denatured by the Commissioner of Health for the better protection of the health of the city. (Adopted: April 12, 1943.)

STATE VENEREAL DISEASE DRUG LAW

CHAPTER NO. 724

AN ACT to add two new sections to Article 27 of the Annotated Code of Maryland (1939 Edition), title "Crimes and Punishments," to be under sub-title "Health—Venereal Diseases Remedies," said new sections to be known as Sections 366A and 366B and to follow immediately after Section 366 of said Article, making it unlawful to advertise certain drugs for treatment of venereal diseases or to sell, give or dispense certain drugs or preparations for treatment of such diseases except on prescription of physicians.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That two new sections be and they are hereby added to Article 27 of the Annotated Code of Maryland (1939 Edition), title "Crimes and Punishments," to be under sub-title "Health—Venereal Disease Remedies," said new sections to be known as Sections 366A and 366B, to follow immediately after Section 366 of said Article, and to read as follows:

366A. Advertising Cures. No person or persons, firm, company or corporation, shall advertise or permit to be advertised, or in any manner whatsoever call public attention to, any drug, medicine, preparation or substance for the treatment, alleviation or cure of gonorrhea, syphilis, chancroid or any other venereal disease or of any diseased condition of the human genitalia caused by, related to, or resulting from the aforesaid venereal diseases, or to any person from whom, or to any place at which, such drug, medicine, preparation or substance may be obtained, except that the provisions of this section shall not apply to any health department or other governmental agency, or to any health or medical agency approved under this section

by the State Board of Health, or to medical, pharmaceutical or other professional publications not subject to public sale or distribution, or to bona fide news items or bona fide articles, published in newspapers, magazine or books. Any person violating the provisions of this Section shall be guilty of a misdemeanor and, upon conviction thereof shall be fined not more than Five Hundred Dollars ($500.00) for each such violation.

366B. Sale of Remedies. No person or persons, firm, company or corporation, except as hereinafter provided, shall sell, dispense or give to any person any drug, medicine, preparation or substance for the treatment, alleviation or cure of gonorrhea, syphilis, chancroid or any other venereal disease or diseased condition of the human genitalia caused by, related to, or resulting from the aforesaid venereal diseases, or sell, dispense or give to any person any sulfonamide drug or preparation which contains such sulfonamide drug for the treatment or cure of the diseases mentioned in this Section, except upon the written prescription of a physician licensed to practice medicine. Such prescription shall bear the date upon which it was written, the signature and address of the physician by whom it was written, and the date upon which it was filled. Such prescription shall not be refilled, except on order of said physician, shall be open to the inspection of state and local health authorities, and shall be kept on file for at least two years after it was filled. The provisions of this section shall not apply to any physician licensed to practice medicine, to any health department or other governmental agency, or to the otherwise lawful conduct of business between commercial, medical, pharmaceutical, scientific or governmental agencies. Any person violating the provisions of this section shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not to exceed Fifty Dollars ($50.00) for the first offense and not more than Two Hundred and Fifty Dollars ($250.00) for each subsequent offense.

SECTION 2. *And be it further enacted*, That this Act shall take effect June 1, 1943.

Approved May 4, 1943.

AMENDMENT TO THE STATE POST MORTEM EXAMINERS LAW

CHAPTER 228

AN ACT to repeal and re-enact, with amendments, Section 8 of Article 22 of the Annotated Code of Maryland (1939 Edition), title "Post Mortem Examiners," to eliminate the provision exempting Cecil County from the provisions of said Article.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That Section 8 of Article 22 of the Annotated Code of Maryland (1939 Edition), title "Post Mortem Examiners", be and it is hereby repealed and re-enacted, with amendments, to read as follows:

8. The Chief Medical Examiner, the Assistant Medical Examiners and the Deputy Medical Examiners, shall have the power to administer oaths and affirmations, and take affidavits and make examinations as to any matter within the jurisdiction of their respective offices, but said Chief Medical Examiner, Assistant Medical Examiners and Deputy Medical Examiners shall not have the power or be required to summon a Jury of Inquisition.

SECTION 2. *And be it further enacted*, That this Act shall take effect June 1, 1943.

AMENDMENT TO THE STATE OCCUPATIONAL DISEASE LAW

CHAPTER 443

AN ACT to repeal and re-enact, with amendments Section 43 of Article 101 of the Annotated Code of Maryland (1939 Edition), title "Workmen's Compensation," sub-title "Occupational Diseases," to provide penalties for non-compliance with rules and regulations of the State Department of Health and the Commissioner of Health of Baltimore City.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That Section 43 of Article 101 of the Annotated Code of Maryland (1939 Edition), title "Workmen's Compensation", sub-title "Occupational Diseases" be and it is hereby repealed and re-enacted, with amendments, to read as follows:

43. It shall be the duty of the State Department of Health, and of the Commissioner of Health of Baltimore City, concurrently:

1. To receive reports of occupational diseases from physicians who have knowledge of such cases.

2. To study occupational diseases and ways and means for their control and prevention, and make the necessary rules and regulations for such control and prevention. Such rules and regulations for the control and prevention of occupational diseases shall have the force and effect of law. No such rule or regulation or any modification, amendment or repeal thereof, shall become effective until public notice of such proposed rule or regulation, modification, amendment, or repeal thereof shall have been given, and a public hearing thereon held before the State Board of Health. *Any person, firm or corporation failing, refusing or neglecting to comply with any rule or regulation made by the State Department of Health and the Commissioner of Health of Baltimore City, under the powers conferred upon them by this section, shall be guilty of a misdemeanor, and upon conviction, shall be fined not more than One Hundred Dollars ($100.00) for each day that such violation continues, provided that a written notice of such rule or regulation shall be served on some person in charge of the place where such violation exists prior to any prosecution for violation of any such rule or regulation.*

3. To investigate industrial conditions causing occupational diseases, or which may be suspected of causing occupational diseases, and make recommendations for the control of such condition.

4. To enforce regulations regarding occupational diseases.

5. To recommend to the Legislature for enactment such measures, including additions to the list of occupational diseases contained in Section 34 of this Article, as their studies and experience may demonstrate to be advisable.

But nothing in this section shall be construed to limit any powers given to the Mayor and City Council of Baltimore, by charter or amendment thereto.

SECTION 2. *And be it further enacted*, That this Act shall take effect June 1, 1943.

BALTIMORE'S HEALTH SERVICE 150 YEARS OLD*

With this issue of BALTIMORE HEALTH NEWS the City Health Department commemorates the 150th anniversary of the more formal founding of the public health service of the community. There is reproduced herewith from the State Library volume of the Laws of Maryland for 1793 the text in facsimile of Chapter LVI of that year which bears the title "An Act to appoint a health officer for the port of Baltimore-town, in Baltimore county." In the State Hall of Records in Annapolis the original engrossed manuscript of this law is preserved. It bears the signature of the then governor, Thomas Sim Lee, and the date of assent is December 28, 1793. It may be noted that Section VII of the Act authorizes the erection of a temporary quarantine hospital.

It was Governor Lee who had appointed Dr. John Ross and Dr. John Worthington as quarantine physicians for the town in 1792, the former by sea, the latter by land[1,2]. In that year yellow fever was reported in Philadelphia, and these early efforts to protect the public health were made in the face of a threat of pestilence and in an attempt to keep out infection that might be imported from neighboring or distant communities[3,4].

1793

Between July 9 and 22, 1793 fifty-three ships had brought into the port of Baltimore-town a total of 1500 refugees from St. Domingo, following the insurrection and massacre and sacking of Cap-François, metropolis of the French colony in the West Indies[5]. This mass arrival at Baltimore must have complicated the quarantine situation of the port and on September 12 and 17[6] Governor Lee is reported as having proclaimed quarantine against Philadelphia and all other infected places[7,8].

It must be remembered that from August 1 to November 9, 1793, as reported by Dr. Benjamin Rush[9], a total of 4044 persons perished of yellow fever among the 40,000 inhabitants of Philadelphia. One human being in ten died in that city in what is rightly called one of the most devastating outbreaks of pestilence ever recorded on this side of the Atlantic[10]. The situation created a panic in all the ports along the seaboard. The courage of Dr. Rush who visited as many as 125 patients in a day at the height of the epidemic, who saw three of his five pupil assistants and his own sister die of the fever and who though stricken himself fought the good fight and resolved as he writes[11] "to stick to my principles, my practice, and my patients, to the last extremity" constitutes an epic chapter in American medicine.

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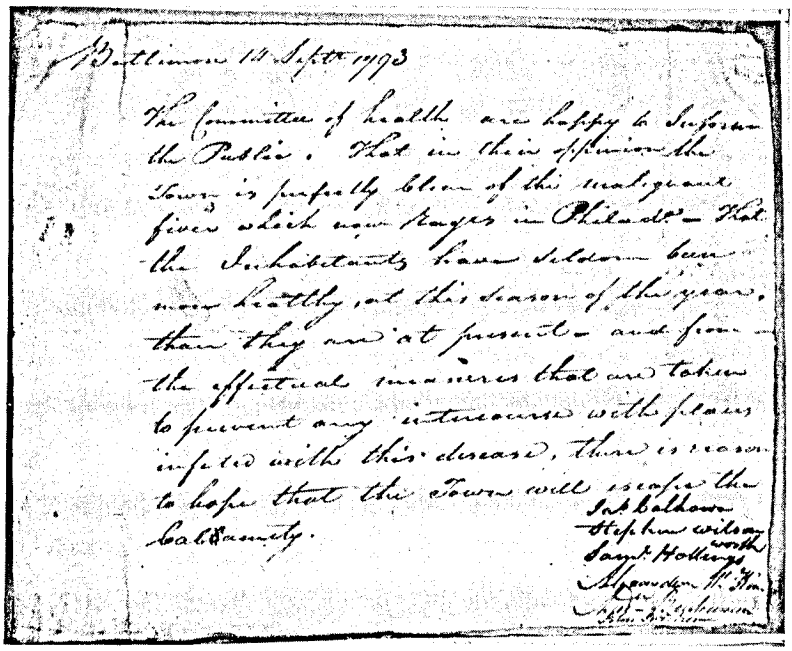
* Reprinted from the December, 1943 issue of *Baltimore Health News*.

Dr. John R. Quinan, in his *Medical Annals of Baltimore*[12], states that in the midst of this tragedy in Philadelphia the Board of Health of Baltimore on September 17, 1793 reports Baltimore is "free from the Yellow Fever." The source of Quinan's statement is not known but recent searchings in the archives of the Maryland Historical Society have brought to light what appears to be an original manifesto[13] of the Committee of Health of Baltimore on the matter, dated September 14, 1793. The manuscript which is here shown is signed by the six committee members, James

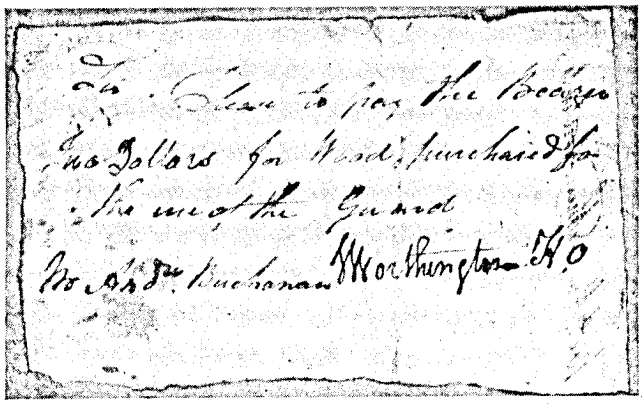


The Committee of Health of Baltimore
Informs the Public on 14 Septr. 1793

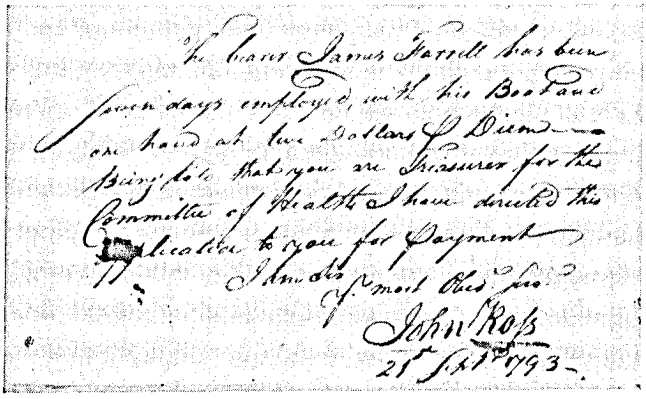
Calhoun (the City's first mayor in 1797), Stephen Wilson, Samuel Hollingsworth, Alexander McKim, Andrew Buchanan and John Stricker. The freedom from the "malignant fever" if present was not of long duration but the Committee of Health was in all probability the board of health for Baltimore-town regarding which James A. Tobey[14] states specifically "The first local health board was organized in Baltimore in 1793."

Tobey refers to earlier colonial statutes and regulations affecting public health and quarantine in Virginia, George C. Whipple[15] does likewise for Massachusetts, and Eugene F. Cordell[16] mentions similar early controls in Maryland, and indicates that there is also a board of health in

Hagerstown, Maryland, in 1793[17]. Tobey mentions the early organization of the Philadelphia, New York and Boston boards of health and apparently uses *Bulletin No. 54*[18] of the U. S. Public Health Service as source



Dr. John Worthington, H.O., Requests Mr. Buchanan To Pay an Expense Item for the Guard



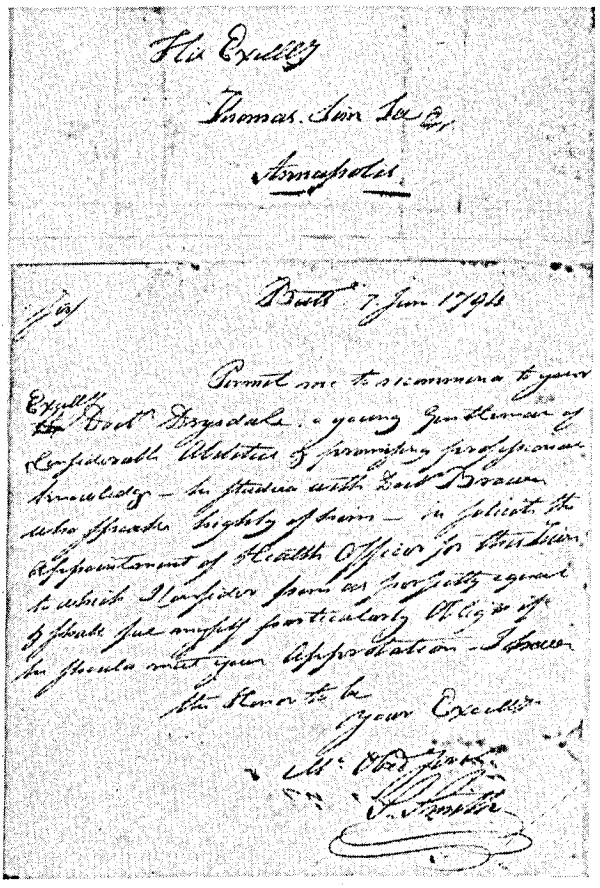
Dr. John Ross, Health Officer, Directs a Bill To the Committee of Health 21 Sept. 1793

material. It should not be forgot that the ffrst president of the Boston town board of health in 1799 was the renowned Paul Revere.

1794

Governor Lee in 1794 appointed Dr. Thomas Drysdale to serve with Dr. Ross and Dr. Worthington as an additional quarantine physician for Baltimore[19]. In this connection there is here reproduced a letter sent to the Governor by Samuel Smith, a veteran of Valley Forge and the

Revolutionary War and later Defender of Baltimore in 1814 and still later its Mayor, under date of June 7, 1794, in which Dr. Drysdale is recommended for the appointment as health officer for the Town of Baltimore. Yellow fever was present in 1794 in Philadelphia and in Baltimore[20]. The Baltimore Board of Health appears in Cordell's records for 1794



GENERAL SAMUEL SMITH

Writes to Governor Lee Recommending Dr. Thomas Drysdale for Appointment as "Health Officer for this Town."

and Governor Lee in that year ordered Dr. Ross, Dr. Worthington and Dr. Drysdale to stop all vessels at quarantine. The Board of Health of Baltimore is recorded as sending a report of the yellow fever epidemic to the New York Board on October 28.

In regard to Dr. Drysdale, Dr. Howard A. Kelly[21] states that he was born in 1770. He studied at St. John's College at Annapolis in 1790

and under the preceptorship of Dr. George Brown of Baltimore. He received his medical degree at the University of Pennsylvania on May 12, 1794 and returned to Baltimore to enter practice. Dr. Kelly states Drysdale observed the yellow fever in Baltimore during the summer and autumn of 1794 and published his observations in a series of letters to Dr. Rush, the last of which was dated December, 1794[22]. Dr. Drysdale died in 1798.

1795–1796

Cordell refers to new regulations for quarantine that were adopted by the Baltimore Board of Health which appealed to the citizens on May 7 in 1795 to aid in their enforcement. He shows that new quarantine hospital facilities were available and that on July 29 the rule was set that all vessels from South America or the West Indies should be quarantined. On the last day of the year of 1796 Baltimore was incorporated as a city[23]. This was in accordance with Chapter 68 of the State Laws of 1796, passed on December 31, in which the preamble reads in part as follows:

> Whereas it is found by experience that the good order, health, peace and safety, of large towns and cities cannot be preserved, nor the evils and accidents to which they are subject avoided or remedied, without an internal power, competent to establish a police and regulation fitted to their particular circumstances, wants and exigencies; therefore,
>
> Be it enacted, by the General Assembly of Maryland, That Baltimore-town in Baltimore county, shall be and is hereby erected into a city, by the name of The City of Baltimore, and the inhabitants thereof constituted a body politic and corporate, by the name of The Mayor and City Council of Baltimore . . .

Such a review as has been given of the early official public health endeavor in Baltimore and other localities is obviously incomplete. Further studies will make it possible to correct errors and to write new chapters that will aid in filling out the scattered record. Mention should be included here of the exhaustive treatise that deals with the Baltimore City record, which was published in 1924 by Dr. William Travis Howard, Jr. under the title "*Public Health Administration and the Natural History of Disease in Baltimore, Maryland, 1797–1920.*" Two other related articles on *The Early History of Vaccination in Maryland*[24] and *Baltimore City and State Health Department Relationships*[25] have also appeared in recent issues of BALTIMORE HEALTH NEWS.

H. W.

Bibliography and Reference Notes

1. Quinan, John R.....*Medical Annals of Baltimore from 1608 to 1880.* Baltimore, 1884, p. 18.
2. Cordell, Eugene F.....*The Medical Annals of Maryland, 1799-1899.* Baltimore, 1903, p. 666.
3. Simon, Sir John.....*English Sanitary Institutions.* Second Edition, London, 1897. 516 pp.

Simon (pronounced sea-moan, because of its French derivation) a great English sanitarian, was the Medical Officer of Health of the City of London from 1848 to 1855, and was later in the National Health Service. He tells us on pages 35-37 that (1) during the ten dark centuries which separate Attila the Hun and Gutenberg and Columbus nothing of importance in medical science was developed except the growth of popular apprehensions with regard to pestilential diseases; (2) with the Crusades came a greatly extended diffusion of leprosy in Europe; (3) the great epidemic pestilences of the Middle Ages created a terror which from the middle of the fourteenth century onward led to the establishment of quasi-military defenses and precautions that were known by the name of Quarantine. It was sought as a protection against the recurring threat of Levantine or Bubonic Plague; and (4) Venice because of its large eastern commerce was especially exposed to the risk of plague and took the lead in attempting permanent defenses against that disease by establishing the lazaretto or quarantine hospital in 1423 and by creating in 1485 a permanent health-magistracy which in all probability was the earliest municipal board of health in history, a board which enforced regulations that at the time were held in high repute in Europe.

Simon devotes the introductory chapter in his classic volume to public health from the dawn of civilization to the days of ancient Rome. He traces the earliest evidence of "Human Sanitary Endeavour" back into prehistoric times to the instinct of self-preservation. Doubtless these earliest efforts were related to needs in respect of pure food and water, to the physical evils of hunger and thirst, of extreme heat, cold or drought, and to floods. "Social acts of sanitary self-defense are of older date than Aesculapius," he says, and proceeds to show that with silent vitality social institutions began their destined growth. When at last they become defined enough for history, their stage of incipiency had become lost in myth. Men then live together in places of fixed residence; matters of their physical requirements are interests of joint concern to be dealt with by the community as a whole.

Early public health effort is evident in the days of the Chaldean cities of 3000 B.C. whose excavations and ruins show well-defined traces of community sewer and drainage systems, and the same is true of the ruins in Crete which date back to 2000 B.C.

In Homer's time we find a background for the idea of fumigation, an imperative that has only recently gone down since the days of Pasteur and Charles V. Chapin. Simon mentions here as very noteworthy the description at the end of the twenty-second book of the Odyssey, how Ulysses, when his vengeance on the suitors was complete, proceeded to cleanse and disinfect the place of slaughter by such washings and scrapings and especially by such burnings of sulphur, as might have been prescribed by any city health officer of the past generation.

Simon refers to the commands of hygiene in Deuteronomy and Leviticus which regulate minutely personal conduct in regard to diet, sexual relations, bodily cleanliness, and the like. Two of the most important sanitary principles here appear as of about the time of Homer; first, that ground which is to be dwelt upon must be free from accumulations of filth, and second, that persons who have contagious disease must be restricted from common intercourse (Deuteronomy XXIII, 12-14, and Leviticus XIII-XV). He also calls attention to Aesop's fable of about the same period where it is shown to be wise in going to fill the water buckets at the river to go above the town rather than below it.

Simon then devotes some space to Roman sanitary achievements including the sewers, the water supplies and the aqueducts and calls attention to the Roman nuisance abatement law which strictly prohibited the casting of filth or rubbish into the streets.

See also: *Report on the Sanitary Condition of the Labouring Population of Great Britain.* London, 1842. 457 pp., by Edwin Chadwick.

4. Eager, J. M.....*The Early History of Quarantine: Origin of Sanitary Measures Directed against Yellow Fever.* Yellow Fever Institute, Bull. No. 12. Treasury Department, Public Health and Marine-Hospital Service. Washington. 1903. 27 pp. Eager gives an excellent history of early quarantine efforts especially in the region of the Mediterranean Sea, with a bibliography. He was assisted in collecting his information by the librarians of the public libraries of Naples and Palermo and others.
5. Hartridge, Walter Charlton.....*The Refugees from the Island of St. Domingo in Maryland.* The Maryland Historical Magazine. June, 1943, p. 107.
6. See No. 1.....p. 18.
7. Rush, Benjamin.....*An Account of the Bilious remitting Yellow Fever as it Appeared in the City of Philadelphia in the Year 1793.* Second Edition, Philadelphia, 1794. On page 6 Dr. Rush states, "During the latter part of July, and the beginning of this month (August, 1793), a number of the distressed inhabitants of St. Domingo, who had escaped the desolation of fire and sword arrived in the city" (Philadelphia).

CAP. 7. III. And be it enacted, That in all petitions now depending, or hereafter to be commenced for freedom, either the petitioner or defendant may apply to the court for the benefit of a trial by jury, and that the court shall thereupon direct the jury thereof, attending the court to determine each and every the matters contained in the said petition, which may be controverted by the parties (custom to the contrary notwithstanding).

Trial by jury. IV. And be it enacted, That there shall be no appeal from the judgment of the county court upon such petition, except in matter of law, where the same shall have been tried by a jury, and in matter, whether of law or of fact, where the petitioner or the petitioners, at the election of either, shall have the right of appeal as to matter of law only, in full court to the general court, whose decision thereupon shall be final, any thing in this law contained to the contrary notwithstanding.

Matters of fact. V. And be it enacted, That either the matter, whether of law or fact, in the petitioner of the petitioners shall have the right and privilege of challenging peremptorily to the number of twelve jurors impannelled to try the same in the first instance, without assigning cause of challenge; and that in case a greater number of jurors, than upon the original panel, shall be required, the prayer of either party shall be awarded by the court, to the sheriff or other officer.

CHAP. LV.

An Act to appoint a health officer for the port of Baltimore-town, in Baltimore-county.

Preamble. WHEREAS no power, the object of the plague or other malignant contagious disease, is an object of great importance to the welfare and commerce of this province, all therefore proper precaution and establishment shall be made by consent in the present:

Governor, with advice of council, may appoint health officer. II. Be it enacted by the Lord Proprietary, by and with the advice of the council, that he be hereby authorized to appoint one or more persons, being able and skilful physicians, which duty it shall be to view and examine all foreign vessels and others coming from any place suspected, and where it shall appear necessary, to oblige the same to perform quarantine for not less than ten days nor exceeding twenty; and in all such cases the visiting physician shall give a certificate to the master or mate of the vessel, signed with his name, expressing the number of days such vessel is to perform quarantine, on or before the end of each quarantine the physician is hereby enjoined to make a second visit to the said vessel, and shall report to him the further quarantine (if any) necessarily, by him hereby authorized to enjoin, the time for any number of days not exceeding ten.

Masters of vessels, &c. III. Be it enacted, That if the master, or other person having charge of any vessel bound to the port of Baltimore, having on board altogether, when the said vessel departed from port, above thirty passengers, or shall have on board, disordered with contagious sickness, coming from any sickly port or place without a clean bill of health, shall bring his vessel or cause or permit the same to be brought, near to the port of Baltimore-town, Fawkiny's Point, or shall land, or bring on board or cause or suffer to be landed or brought on shore, any of such infected persons, or any part of the cargo or their goods or effects, or any other goods, until he shall have obtained a license or permit to do so from the physician, or his deputy or deputies, such master or other person having charge of such vessel shall forfeit and pay for every such offence the sum of one thousand dollars.

Physician, &c. may go on board vessels. IV. Be it enacted, That it any matter or other person having charge of any vessel, at the time of inquiry by the aforesaid physician or his deputy, shall hide on board any person infected or aforesaid, and shall knowingly conceal the same, or shall not make a full and true discovery to the physician or his deputy, of the sickly and disordered state and condition of all and every person on board, at the time of said vessel departed from the port or place from whence she

sail

CHAP. XVII.

AN ACT respecting the punishment of criminals.

WHEREAS it is represented to this general assembly, that the commission of burglary, robbery, horse-stealing, and other crimes, hath greatly increased in this state;

8. Winslow, C.-E. A.....*The Conquest of Epidemic Disease. A Chapter in the History of Ideas.* 1943. 411 pp. On page 198 Dr. Winslow records that the College of Physicians of Philadelphia on November 26, 1793 reported to the Governor of Pennsylvania that ". . .we are of opinion that this disease (yellow fever) was imported into Philadelphia, by some of the vessels which arrived in the port after the middle of July."
9. See No. 7.....p. 128.
10. See No. 8.....p. 193.
11. See No. 7.....p. 360.
12. See No. 1.....p. 18.
13. Maryland Historical Society.....*Manuscript Portfolio #12.* This portfolio is a scrap book in which the first 52 pages preserve 53 original manuscript sheets of varying sizes concerning the work and expenses of the Committee of Health of Baltimore relative to the yellow fever during the period from September 12, 1793 to April 26, 1794, but chiefly prior to December 15, 1793. Following the 53 manuscript sheets there is a 16 page manuscript ledger or account book of the Committee of Health. The portfolio was presented to the Society by John Berger in December, 1874. On page 25 is the manifesto of the Committee of September 14 that is here reproduced.

    The first of the manuscripts in the portfolio is a record of a public meeting of the citizens of Baltimore held apparently on September 12, 1793. This first manuscript reads as follows:

    At a numerous meeting of the Inhabitants of Baltimore Town, James Calhoun, Esq. in the chair the following resolution was unanimously assented to:

    Resolved, That no Citizen shall receive into his House any Person coming from Philadelphia, or other infected place, who does not produce a Certificate from the Health Officer, or officer of patrole, signifying that he may be received.

    And the following paper was unanimously proposed for subscription:

    We the Subscribers, Inhabitants of Baltimore Town, hereby promise to pay to Messrs. Stephen Wilson, Samuel Hollingsworth, John Stricker, James Calhoun, Andrew Buchanan & Alexander McKim, or order, on demand the sum, or any part of the sum, affixed to our names respectively, to be applied by the said Gentlemen, in the prosecution of such measures, as they may judge necessary to stop all intercourse by land between this Town and Philadelphia, and further engage to support them in all measures by them taken for that purpose during the continuance of the contagious disease that now exists in the said City of Philadelphia.

    There are then nine folio subscription lists, each dated 12 Septr. 1793 and headed by the paragraph just above, after which there appears on each the following:

    N.B. It is suggested to the committee as original measures

    1st. That they request in the name of the citizens of Baltimore detachments from the volunteer corps to be stationed on the Philadelphia & York roads under such orders as the committee may prescribe.

    2d. That they should engage Mr. Vanhorn and the new line of stages to stop running.

    The nine subscription lists are signed in all by 560 of the citizens of the Town who pledge varying sums in dollars for the use of the committee of gentlemen that are mentioned.

    In Manuscript Portfolio #12, following the nine subscription lists, there are 41 manuscript sheets which are for the most part orders from Dr. Worthington or Dr. Ross, Health Officers of the town, on Mr. Buchanan, Treasurer of the Committee of Health, for payment of members of the quarantine guards that had been stationed on the Philadelphia and York Roads. One is entitled "Estimates of Expenses Attending the Health Department" and deals with the per diem pay and expenses of a Captain David Porter and a Mr. Thomas "for their services as Assistant Health Officers" while on board the "Revenue Cutter." Another, signed by Dr. Worthington reads in part: "It will be unnecessary to render my acc't to the Committee yet as I am doing duty on board the Cutter, as Hlth officer. . . ."

    The last item in the Committee of Health series in Manuscript Portfolio #12, following the 41 manuscripts just mentioned, is the manuscript of the double entry ledger account book of the Committee of Health with items dating from September 16, 1793 to April 26, 1794. There are sixteen pages with entries, and all are made in pounds, shillings and pence! This is in keeping with a manuscript receipt signed by Dr. Worthington under date of 26 April 1794 which reads "Received of Mr. Alexander Ten Pounds, being the balance of the funds in his hands."
14. Tobey, James A.....*Public Health Law.* Baltimore, 1926, pp. 10-11. Tobey's statement is on page 11. It is repeated on pages 12 and 76 of the second edition of his book (N. Y.; 1939). In this connection there remains a bit of a puzzle to unravel as presented by the alleged organization of a local board of health of twelve members in Petersburg, Virginia, in 1780. Reference to this, based on a report by John M. Toner, M.D. in 1873, appears on page 15 in the volume entitled "Public Health Administration in the United States" (second edition, N. Y.; 1941) by Wilson G. Smillie, M.D.

    Tobey mentions the Virginia health legislation of 1639. Dr. Hugh S. Cumming, Director of the

Pan American Sanitary Bureau, states that the laws of 1639 were the first formal acts of the House of Burgesses of Virginia to regulate health in the colony. He notes that a hospital was erected in Virginia in 1610 or 1611 and guides the student of these matters to the volume published in 1930 entitled "Medicine in Virginia in the Seventeenth Century" and written by Wyndham B. Blanton, M.D. Blanton refers to W. B. Cridlin's "A History of Colonial Virginia" (1923), and more particularly to Volume III of Peter Force's "Tracts and Other Papers relating Principally to the Origin, Settlement, and Progress of the Colonies in North America" published in Washington, D. C., in 1844. In the latter, No. 2 is William Strachey's "For the Colony in Virginea Britannia. *Lavves Diuine, Morall and Martiall, &c.* London, 1612." This gives the martial law established by Sir Thomas Gates, Lieutenant General, on May 24, 1610, and amended on June 22, 1611 which includes what may be considered the earliest public health law in what is now the United States of America. It appears as Section 22 on page 15 as follows:

There shall no man or woman, Launderer or Launderesse, dare to wash any vncleane Linnen, driue bucks, or throw out the water or suds of fowle cloathes, in the open streete, within the Pallizadoes, or within forty foote of the same, nor rench, and make cleane, any kettle, pot, or pan, or such like vessell within twenty foote of the olde well, or new Pumpe: nor shall any one aforesaid, within lesse than a quarter of one mile from the Pallizadoes, dare to doe the necessities of nature, since by these vnmanly, slothful, and loathsome immodesties, the whole Fort may bee choaked, and poisoned with ill aires, and so corrupt (as in all reason cannot but much infect the same) and this shall they take notice of, and auoide, vpon paine of whipping and further punishment, as shall be thought meete, by the censure of a martiall Court.

On the following page, Section 25 reads:

Euery man shall haue an especiall and due care, to keepe his house sweete and cleane, as also so much of the streete, as lieth before his door, and especially he shall so prouide, and set his bedstead whereon he lieth, that it may stand three foote at least from the ground, as he will answere the contrarie at a martiall Court.

Dr. Cumming has also called attention to early Virginia laws governing parish registers, in William Waller Hening's Statutes, entitled "The Statutes at Large, being a Collection of all the Laws of Virginia from the First Session of the Legislature in the Year 1619" (Richmond, Va., 1809). On page 155 of Volume I is Act III, enacted by the General Assembly, holden at James City the 21st of February, 1631-2. This act requires the "mynisters" or churchwardens of every parish each year at "midsomer quarter cort" to present "a register of all burialls, christnenings, & marriages" and a record of their parish accounts. Act X on page 158 requires that "In every parrish church within this colony shall be kept by the mynister a booke wherein shall be written, the day and yeare of every christeninge, weddinge, and buriall." These provisions of 1631/2 are repeated in Act III of 1632 (page 180), again in Act I of 1642/3 (page 241), in Act I of 1657/8 (page 432) and also in Act XX of 1659/60 (page 542).

15. Whipple, George C.....*State Sanitation. A Review of the Work of the Massachusetts State Board of Health.* Two vols., Cambridge, 1917, Vol. I, pp. 3-5. Whipple gives the text of the well known First Order of the General Court of Massachusetts regulating the quarantine of vessels, of March, 1647 or 1648, which is as follows:

For asmuch as this Co^rte is credibly informed y^t y^e plague, or like grievos in (fectious) disease, hath lately exceed^gly raged in y^e Barbadoes, Christophers, & oth^rs i (slands) in y^e West Indies, to y^e great depopulat^g of those, it is therefore ord^red, y^t all (our own) or oth^r vessels come^g from any pts of y^e West Indies to Boston harbor shall stop and come to an anchor before they come at y^e Castle, und^r y^e poenalty of 100£, & that no pson comeing in any vesell from the West Indies shall go ashore in any towne, village, or farme, or come within foure rods of any oth^r pson, but such as belongs to the vessels company y^t hee or shee came in, or any wayes land or convey any goods brought in any such vessels to any towne, villag^e, or farme aforesaid, or any oth^r place w^thin this iurisdiction, except it be upon some iland where no inhabitant resides, w^thout license from y^e councell, or some three of them, und^r y^e aforesaid poenalty of a hundred pounds for ev^ry offence.

That no inhabitant, seaman, or other pson whatsoev^r, reciding w^thin this iurisdiction, shall go a board any such shipp or vessell comeing from the West Indies aforesaid, or buy or otherwise take into his possession any goods or marchandize brought in any such vessell, w^thout license as aforesaid, und^r y^e poenalty of 100£, & to be otherwise confined or restrained, as the said councell, or some three of them shall appoint; & to y^e end y^t all psons may have due information hereof, it is hereby agreed, y^t this ord^r shalbe forthw^th published, & a copy thereof sent to y^e Captaine of y^e Castle, togeth^r w^th commission to him to cause ev^ry ship or other vessell, belonging to y^e country or any oth^r place, y^t shall come from any pt of the West Indies aforesaid, to stop & come to an anchor before they shall passe y^e Castle, & then send unto them a coppy of this order, & there cause them to remaine till furth^r order from y^e

Councell, or some three of them, whose counsell is to be taken therein; this ordr to continue till this Corte or the Councell of ye comon wealth shall see cause to repeale ye same.

It is furthr ordred, yt a copy of this order shall beforthwth sent to the sevrall cunstables of evry port towne in this iurisdiction, wth warrant to give notice thereof, wth all possible speed, to any vessell comeing from ye West Indies aforesaid, upon ye first view thereof, and furthr to see to ye execution of this ordr, according to ye utmost of their ability, & yt ye Councell, or some three of them, shall have powr to appoint some convenient place, upon some of ye

Original Text of the Massachusetts Court Order Regulating Quarantine, 1647/8.

ilands, or other fit places, where such psons & goods shalbe sheltered for a time, & to do any thing of like nature yt shall be necessary for their preservation, and welfare of ye country.

Through the courtesy of Dennis A. Dooley, Massachusetts State Librarian, and James F. Ballard, Director of the Boston Medical Library, it is possible to reproduce here from a photostat the original of this early Massachusetts quarantine order in facsimile from Pages 199 and 200 of Volume 2 of the Court Records. The State Librarian in 1940 could find no earlier health regulations or statutes in the Massachusetts records.

See also: *Report of the Sanitary Commission of Massachusetts.* Boston, 1850, 544 pp., drafted by Lemuel Shattuck.

16. See No. 2.....Cordell on Pages 639-732 gives an excellent chronology of medicine in Maryland from 1608 to 1899. Under the year 1650 he refers to "An Act concerning the Registering of Births, Marriages and Burials" which was passed by the colonial legislature in 1650 according to Bozman's History of Maryland, Volume II, p. 406.

In Thomas Bacon's "Laws of Maryland . . . 1637-1763" (published in 1765) this Act appears as Chapter 33 of the Acts enacted by William Stone, Esq., Governor, with Consent of the Upper and Lower Houses of Assembly, at a General Session thereof, begun the sixth and ended the twenty-ninth day of April, 1650. The Act was apparently repealed in 1678 by Chapter 16 of the State Laws of that year.

The year 1694 has two entries of interest. The first refers to a Court Order for "the burial of cattle, which had died in large numbers during the previous winter, to prevent sickness." More interesting is the order of "their Majesties Court holden for Kent County" of November, 1694 which is probably the first official quarantine declared in the limits of Maryland. The text of the Order is taken from Page 338 of a volume published in Baltimore in 1876 by George A. Hanson entitled "Old Kent: The Eastern Shore of Maryland" and is as follows:

By reason of a great and dangerous mortalitie in the neighboring Province of Pennsilvania, it is by this Court ordered that no person inhabiting in the Countie doe entertaine any stranger, travelling from any part out of this Province. And that no person inhabiting in this Countie may Travel into any part of Pennsilvania or the Territories thereunto belonging untill January Court next upon pain and penaltie of being proceeded against according to Law in that case made and provided, and all Constables are hereby required to give notice to the inhabitants of their respective hundred.

While Cordell makes no mention of it, the earliest traceable health enactment relating to Baltimore-town (the town was established by statute in 1729) would appear to be Section 6 of Chapter 21 of the Maryland State Laws of 1747, passed on July 11 of that year. The law, entitled "An Act for the Enlargement of *Baltimore* Town in *Baltimore* County; and other Purposes therein mentioned" appears in Thomas Bacon's sumptuous volume printed at Annapolis in 1765 and known as the "Laws of Maryland . . . 1637-1763." Section 6 reads as follows:

And be it further Enacted, That the Commissioners for the said Town, or the major Part of them, from Time to Time, and at all Times, have Power to remove all Nusances that they shall find in any the Streets, Lanes, or Alleys of said Town.

Cordell records for the year 1750 that the earliest known local health ordinance of Baltimore-town was passed by the Town Commissioners as follows:

Whereas several persons permit stinking fish and dead creatures or carrion to lie on their lots, or in the street near their doors, which are a very offensive nuisance and contrary to Acts of Assembly, the Commissioners therefore order the clerk to put up advertisements to inform such persons that they are to remove the same. *Resolved*, That Dr. Wm. Lyon be a committee of one to enforce the same.

This rule, in almost identical language is also found on page 34 in the volume entitled "First Records of Baltimore Town and Jones' Town 1729-1797" published in 1905 by Wilbur F. Coyle, City Librarian. Here it appears as an order of the Town Commissioners under date of March 28, 1751. The rule likewise appears with slight variations in spelling and punctuation in both of the two manuscript record volumes that were long ago compiled from the original documents of the Town Commissioners.

Cordell records that the first State quarantine law was passed in 1766. This was chapter 25 of the Maryland Laws of 1766 and it was enacted on December 6, with the title: "An act to oblige infected ships and other vessels coming into this province to perform quarantine." The penalty clause apparently allows for a part of any money secured thereunder to be applied for the purchase of a site and the building of a "pest-house for the reception of the infected, as the general assembly for the time being shall direct. . . ."

The quarantine law of 1766 appears to have been reenacted as Chapter 4 of the Maryland Laws of 1769, as Chapter 2 of the Laws of 1773, as Chapter 17 of the Laws of 1777, as Chapter 83 of the Laws of 1784, as Chapter 77 of the Laws of 1785, as Chapter 77 of the Laws of 1792 and also as Chapter 34 of the laws of 1793.

Mention should also be made of Section 33 of the State Constitution of Maryland of 1776 (The Convention met at Annapolis, August 14, 1776, and completed its labors November 11, 1776). In this Section the Governor is authorized to "order and compel any vessel to ride quarantine, if such vessel, or the port from which she shall have come, shall, on strong grounds, be suspected to be infected with the plague. . . ."

17. See No. 2.....p. 667.

18. Kerr, J. W. and Moll, A. W.....*Organization, Powers, and Duties of Health Authorities.* Public Health Bulletin No. 54, U. S. Public Health Service, August, 1912, Washington, D. C.

See also: 1. *Report of the Council of Hygiene and Public Health of the Citizens' Association of New York, upon the Sanitary Condition of the City.* New York City, 1866. 360 pp.

2. Smith, Stephen, M.D. ..... *The City That Was.* New York City, 1911. 211 pp.

3. *The Life of Hermann M. Biggs, Physician and Statesman of the Public Health;* by C.-E. A. Winslow. 432 pp. 1929.

19. See No. 2 ..... p. 667.

20. See No. 2 ..... p. 667.

21. Kelly, Howard A. and Burrage, Walter L. ..... *American Medical Biographies.* Baltimore, 1920, p. 335.

22. Drysdale, Thomas ..... Letters to Dr. Benjamin Rush on the yellow fever in Baltimore in 1794. *The Philadelphia Medical Museum,* 1805, vol. I, pp. 22-42; 121-149; 241-266; 361-373.

23. Scharf, Col. J. Thomas ..... *The Chronicles of Baltimore.* 1874, p. 267. Scharf states "The subject of a city charter, which had generally occupied the writers in the papers and the citizens for nearly ten years, was taken up by the Legislature in 1793, and an Act passed on the 28th of December for consideration; but the inhabitants of the Point (Fell's Point), and the mechanics, the carpenters, and republican societies, then lately formed for other purposes, took part in opposition, and it was not carried into effect."

On the same page, under 1793 records, Scharf makes this comment: "Men of the present age, seeing the immense use of cigars, might think they were always so used; but not so. They began with the fevers which were very prevalent about this time (1793) and were first used along the streets, to keep off the yellow fever.

In this connection, there are some intriguing statements in a volume entitled *The Soverane Herbe—A History of Tobacco* by W. A. Penn (Second Edition, London and New York, 1902). Penn on page 180 states "Not until about 1790 were cigars introduced into Northern Europe, the first factory being established at Hamburg in 1796. The Peninsular War was the occasion of both French and English adopting the cigar from the Spaniards. The importation of cigars into England was prohibited, and for many years they could be obtained from ship captains only. . . .So little were they smoked, however—smoking then being under the ban of society—that in 1823 only 26 pounds of cigars were imported."

Penn indicates that pipe smoking was the usual if not the only method of smoking tobacco in England. He tells us on page 78 that the Great Plague in 1665 in London did much to increase the popularity and establish the use of tobacco. He states that doctors, nurses of the plague-stricken, and the collectors and buriers of the dead smoked freely to prevent infection. He then tells us that dear old Samuel Pepys, going down Drury Lane on June 7, 1665, saw some houses marked with the red cross and "Lord, have mercy upon us." He quotes Pepys at this point as saying, "It put me into an ill conception of myself and my smell, so that I was forced to buy some rolltobacco to smell to and chaw, which took away the apprehension."

24. Brooke, Helen C. ..... BALTIMORE HEALTH NEWS, April-May, 1936, pp. 18-22.

25. Williams, Huntington ..... BALTIMORE HEALTH NEWS, October, 1938, pp. 73-76.

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