CITY OF BALTIMORE

ONE HUNDRED AND THIRTY-SIXTH

ANNUAL REPORT

OF THE

DEPARTMENT OF HEALTH

1950

To the Mayor and City Council of Baltimore for the Year Ended December 31, 1950

Somewhat more than three-quarters of the world's population, covering vast areas in all regions, are still the victims of diseases resulting from improper excreta disposal, unsafe water supplies, uncontrolled insects and inadequate protection of milk and food.

DR. BROCK CHISHOLM
Director-General
World Health Organization

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Biostatistics ..... MATTHEW L. TABACK
Vital Records ..... SIDNEY M. NORTON

Learn to Do Your Part in the Prevention of Disease

THE SUN

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

BALTIMORE, SATURDAY, SEPTEMBER 9, 1950

As The Polio Season Draws To A Close

Poliomyelitis, or infantile paralysis, is a hot-weather disease. The number of cases is usually at its peak in the middle of summer. It generally disappears with the first cool weather.

Last year, during the first five months, only three cases were reported in Baltimore city. This year the first case was not reported until June. Since really cool weather is now only a few weeks off, the chances of an extensive outbreak of polio this season is relatively small.

In Maryland official reports of incidence of the disease are confined to cases in which paralysis is present. Otherwise it is thought a good deal may be reported as polio which isn't polio. Authorities now believe also that many people have such mild cases of polio that they don't recognize it. The authorities say it is significant that the disease is predominant in the less settled areas of the country and in the less populated sections of the cities. This suggests the possibility that when people are crowded together they contact mild cases and thus build up an immunity against paralytic cases.

Nationally this year has seen a falling off of reported cases of polio. To August 1 there were 6,067 cases as compared with 8,202 cases in 1949. The only extensive outbreak was in southwest Virginia, and particularly in Wythe county. This brought the Virginia figure from 55 cases in 1949 up to 538 in 1950.

In Baltimore city polio has been more prevalent this year than last. Up to last week there were 56 cases this year as compared with 17 for the same period last year. The 21 cases reported in Baltimore county since January 1 also are more in number than last year. Yet health officials do not regard the threefold increase in the city as disturbing. It still is small in proportion to the population. The same is true of the increase in Baltimore county. Chief concern in the city is finding nurses to care for the cases now in City Hospitals.

The widespread fear of polio is, of course, due to the tragedy of children who develop severe paralytic cases of the disease. But the doctors tell us that, fortunately, such cases are relatively few. A study recently made in a community where there had been an extensive outbreak, or epidemic, revealed that the chance of a child under ten years of age developing such a severe case was 1 in 30,000.

Because there is no known method of prevention, health authorities advise only what might be called reasonable precautions to avoid the disease. For example they would not have encouraged the taking of children into the Wythe county area this summer. Nor do they approve of large assemblages of children where there is an outbreak. On the other hand they do not favor shutting children off from all association with their contemporaries through fear of their contacting polio. They assume that, soon or late, most children will get a mild case without even knowing it. They may have had one already.

POLIO WITHOUT PANIC

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Member, Maryland State Board of Health.

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Director of Public Works of Baltimore.

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Johns Hopkins School of Hygiene and Public Health.

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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, ho=health officer for communicable disease control and school hygiene, m=maternity hygiene, mi =medical investigator, t=tuberculosis clinic, v=venereal disease clinic.

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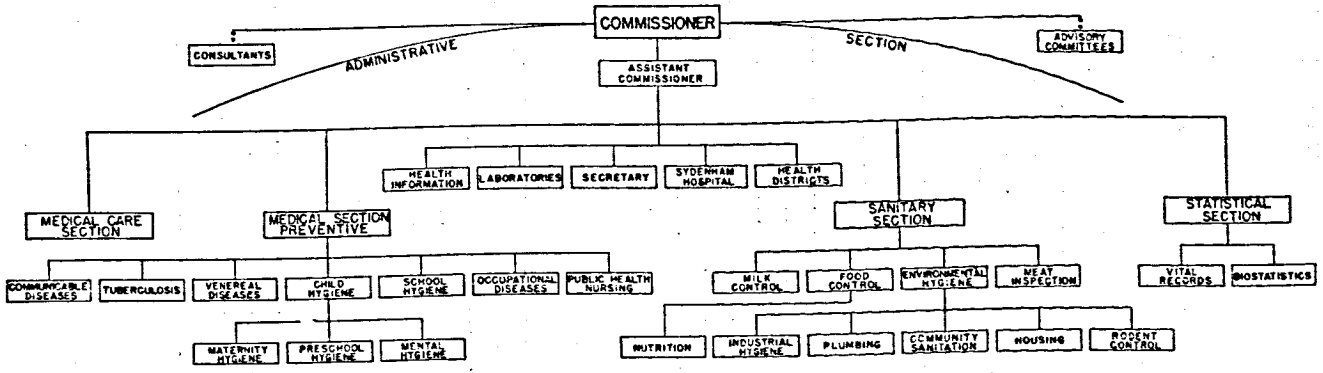
ORGANIZATION CHART
BALTIMORE CITY HEALTH DEPARTMENT



ONE HUNDRED AND THIRTY-SIXTH ANNUAL REPORT OF THE BALTIMORE CITY HEALTH DEPARTMENT

1950

REPORT OF THE COMMISSIONER OF HEALTH

The Honorable,

THE MAYOR AND CITY COUNCIL OF BALTIMORE

GENTLEMEN:

Pursuant to the provisions of Section 81 of the City Charter and also in accordance with a resolution adopted by the City Council in the year 1817, I have the honor to transmit to you a summary of the one hundred and thirty-sixth 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, 1950.

Introduction

Early in the year rules and regulations were adopted to inaugurate the use of City Ordinance No. 952 approved at the close of the prior year in order to make available for scientific investigating and teaching a part of the unclaimed impounded dogs found running at large within the city. The ordinance proved most useful and the people of the city voted 160,264 to 38,445 to continue it, in a referendum on the ballot on November 7.

Mayor Thomas D'Alesandro launched the newly expanded program for dental care of school children by opening the City Health Department's first clinic under the new plan at the Canton Elementary School, No. 230 on February 27. At the close of the year there were dental clinics in operation in eight public schools which had served 3,722 children who attended 22 public and parochial schools on a neighborhood basis.

During 1950 the Health Department efforts to control and rehabilitate the worst of the city's slums went forward with the active support of Mayor D'Alesandro. The Office of Housing and Law Enforcement in the Department carried on its work in 34 new blocks. A Pilot Program was prepared in order to put the so-called

"Baltimore Plan" in high gear with added official and nonofficial coordination of effort, and this was launched in mid-December in an East Baltimore area of blight. At the same time an ordinance was introduced in the City Council to create a new Housing Bureau in the Health Department.

Perhaps the best news in the vital statistics record of Baltimore in 1950 was the new record low figure established for the infant mortality rate, 27.2 per 1,000 live births. This most delicate general health index was never before below 28.7, the rate established for the city in 1948. For the second successive year also, Baltimore went without a death from typhoid fever during 1950.

The Department continued its studies with large industrial plants in the city for the purpose of controlling smog and atmospheric pollution. In April the Baltimore Association of Commerce established a special committee on this important matter and during the following month representatives of the Baltimore City Health Department and the Maryland State Department of Health attended the large U. S. Technical Conference on Atmospheric Pollution in Washington. The May-June issue of *Baltimore Health News* was devoted to this single topic.

On June 5 the new Southern Health District building at 1211 Wall Street was opened and the district public health nurses began using it for their headquarters. The first well baby clinic was held in this fine structure on July 6 and on August 15 Dr. Abraham M. Lilienfeld was appointed to serve as the first District Health Officer for the area which comprises Wards 23, 24, and most of 25, that is the water front portion of the city chiefly south of Pratt Street which includes Locust Point, Westport, Brooklyn and Curtis Bay. With this new health district in operation practically all the underprivileged areas in the city are now served by full-time district health administration.

Early in the year Dr. Walter D. Wise, Professor of Surgery at the University of Maryland School of Medicine and Dr. Ernest L. Stebbins, Director of the Johns Hopkins School of Hygiene and Public Health accepted appointment as Consultants to the City Health Department, and on July 31 Mrs. Jane B. Laib retired as Director of the Bureau of Public Health Nursing after forty years of continuous service with the Department. The Commissioner of Health took the oath of office on July 5 following reappointment for a new term of six years in accordance with the provisions of the City Charter. He served as a member of the American Public Health Association Committee on Public Health in the Defense

Program and during the summer made a series of short nonofficial visits to Ireland, England, Sweden and France. He was appointed Adjunct Professor of Public Health Administration at the Johns Hopkins School of Hygiene and Public Health, effective July 1.

The Health of the City

The preliminary figures from the Census give the population of the city as 948,100 on April 1, 1950. The estimated population of the city on July 1 which has been used for calculating the rates in this report was 950,000; the white population was 751,000 and the nonwhite population 199,000 or 21 per cent. When compared with population figures for 1940 the city has experienced a growth of 10.5 per cent in total population, the white segment increased 8.3 per cent and the nonwhite segment 19 per cent during the same period.

Population estimates for each year during the past decade have been adjusted on the basis of the 1950 census count, wartime estimates of the civilian population based on issuance of war ration books, data on the natural population increase and estimates of net migration based upon school admissions. The adjusted populations have been used throughout this report to correct birth and death rates as previously published in the reports for the intercensal years, 1941-1949.

The decline of 13.1 per cent in the infant mortality rate from the prior year, a continuation of the birth rate at a high level and an unexpected rise in marriages constituted the principal vital events for the year.

During 1950 there were 21,382 resident births or a rate of 22.5 per 1,000 population compared with a rate of 22.7 for 1949. The white birth rate was 18.9 compared with 19.4 for 1949 and the nonwhite birth rate increased from 35.2 to 36.1. The decline in the city birth rate is not expected to continue, for the Korean crisis has already resulted in an upswing in the marriage rate.

The infant mortality rate reached 27.2 per 1,000 live births, a new record low for this sensitive index of the state of the public health in Baltimore. The rate during 1950 among white babies was 21.7 per 1,000 live births as compared with 38.0 for colored babies.

The practical conquest of typhoid fever was once again reflected in the complete absence of any mortality from this disease in 1950. Such a record was obtained first in 1947 and again in 1949. Diphtheria continued at a low level of incidence with a total of 60 cases and 3 resident deaths for the year, slightly higher than the 1949

incidence of 46 cases and 2 deaths. A localized outbreak of this disease in the Curtis Bay area accounted in part for this difference.

The control of poliomyelitis continued as an unsolved public health problem. During 1950 a total of 225 resident cases of paralytic poliomyelitis were reported. This is the largest yearly total on the city records. There were 9 fatal cases.

Principal Causes of Death

The mortality rate for 1950 was 11.2 per 1,000 population as compared with 11.4 for 1949. Tuberculosis, the chief mortality force among the communicable diseases, was responsible for 536 deaths during 1950 with a rate of 56.4 per 100,000 population as compared with the rate of 63.0 for 1949. The tuberculosis rate for the white segment was 31.3 and the colored segment experienced a rate of 151.3. For both elements of the population, the tuberculosis rate was higher than in nearby cities of comparable size.

In the accompanying table showing the death rates for the seven leading causes of death for 1949 and 1950 there are certain changes from the listing in prior years that have resulted chiefly from the adoption of the Sixth Revision of the International Lists of Diseases and Causes of Death. Nephritis and diabetes no longer appear, chiefly because of changes in coding or classification. Now we find "vascular lesions of the central nervous system" which is a more satisfactory term than cerebral hemorrhage, and "certain diseases of early infancy" which item includes Nos. 760-776 in the new International Lists. Diseases of the heart, and cancer remain unchallenged as the leading men of death. Vital statistics tables in greater detail will be found at the close of this report.

RESIDENT DEATH RATES PER 100,000 POPULATION FOR THE SEVEN LEADING CAUSES OF DEATH: TOTAL, WHITE AND COLORED POPULATION: BALTIMORE 1949-1950

Total Population			White Population			Colored Population		
Cause	Death Rate per 100,000		Cause	Death Rate per 100,000		Cause	Death Rate per 100,000	
	1950	1949		1950	1949		1950	1949
Diseases of heart	482.5	456.0	Diseases of heart	489.4	464.4	Diseases of heart	455.8	424.2
Cancer, all forms	170.8	169.1	Cancer, all forms	174.6	177.0	Cancer, all forms	156.8	139.0
Vascular lesions of central nervous system	77.2	87.0	Vascular lesions of central nervous system	69.3	81.3	Tuberculosis, all forms	151.3	176.9
Tuberculosis, all forms	56.4	63.0	Accidental causes	46.6	48.9	Vascular lesions of central nervous system	108.0	108.3
Accidental causes	48.2	52.0	Tuberculosis, all forms	31.3	32.9	Certain diseases of early infancy	80.9	91.6
Certain diseases of early infancy	37.4	43.9	Diseases of arteries & veins	27.5	28.5	Pneumonia, all forms	56.8	55.9
Diseases of arteries & veins	27.1	28.0	Certain diseases of early infancy	26.0	31.3	Accidental causes	54.8	63.5

Administration

There follows a financial statement for the Baltimore City Health Department for the fiscal year ended December 31, 1950.

FINANCIAL STATEMENT

As of December 31, 1950

Total City Appropriations		$1,717,435.99
Total City Expenditures		1,597,790.78
Appropriations by Ordinance of Estimates, January 1, 1950	$1,606,206.00	
Appropriation for Transportation	42,788.51	
Supplementary Appropriations for Building Maintenance and Special Projects	68,441.48	
		$1,717,435.99

Expenditures of the Baltimore City Health Department

ADMINISTRATIVE SECTION

Administration	$37,235.13	
Health Information	33,219.85	
Laboratories	130,916.24	
Eastern Health District	93,438.55	
Western Health District	56,584.97	
Southeastern Health District	72,254.00	
Druid Health District	109,825.57	
Southern Health District	26,286.81	
		$559,761.12

MEDICAL SECTION—PREVENTIVE

Communicable Diseases	$28,763.82	
Tuberculosis	44,860.91	
Venereal Diseases	104,154.25	
Child Hygiene	74,081.81	
School Hygiene	13,470.34	
Mental Hygiene	5,239.70	
Dental Care	28,123.23	
Occupational Diseases	23,004.36	
Public Health Nursing	201,288.20	
		$522,986.62

MEDICAL CARE SECTION

Administration	$14,573.11*	
		$14,573.11

SANITARY SECTION

Administration	$20,196.30	
Milk Control	65,384.56	
Food Control	53,849.58	
Environmental Hygiene	90,031.66	
Housing	72,150.75	
Meat Inspection	67,112.28	
Rodent Control	44,626.22	
		$413,351.35

STATISTICAL SECTION

Administration	$16,835.42		
Biostatistics	19,603.23		
Vital Records	50,679.93		
		$87,118.58	
Total, Salaries and Expenses			$1,597,790.78

Receipts

Vital Records	$25,504.38	
Child Hygiene Licenses	78.00	
Milk Permits	13,882.00	
Plumbing Permits	30,739.50	
Meat Permits	24,261.00	
Rooming House Permits	726.00	
Sydenham Hospital, county patients, 1949	1,562.00	
Miscellaneous Revenue	3,172.60	
Total		$99,925.48

Additional Non-Health Department Expenditures

There follow certain tabulations of expenditures for health work in Baltimore in 1950 which was closely related to or a part of the work of the City Health Department:

* See also under State Department of Health Funds, $476,700.33, below.

I OFFICIAL EXPENDITURES

City Department of Education—high school medical services	$ 85,035.00
City Department of Welfare	
Tuberculosis hospital service	
Baltimore City Hospitals	445,295.95
Mt. Pleasant Sanatorium—city cases	5,785.89
Eudowood Sanatorium—city cases	80,630.04
Communicable disease hospital service	96,514.00†
State Department of Health Funds	
State Tuberculosis Sanatoria–city cases	953,649.00
Mt. Pleasant Tuberculosis Sanatorium—city cases	20,000.00
City venereal disease control	4,805.16
Services for city crippled children	69,305.57
Medical care—public assistance clients	476,700.33
U. S. Public Health Service Funds	
General	23,033.20
The Johns Hopkins Hospital—venereal disease control	54,978.84
Tuberculosis control	55,247.18
Southern Health District Building equipment	54,273.33
U. S. Children's Bureau Funds	
Services for crippled children	32,496.33
Services for cerebral palsy project	16,847.23
The Johns Hopkins University rheumatic fever project	10,626.59
The Johns Hopkins University training program in audiology and speech	25,000.00
	$2,460,223.64

II NONOFFICIAL EXPENDITURES

Baltimore City Chapter—National Foundation for Infantile Paralysis	$ 62,059.92
Baltimore Hearing Society	16,851.57
Baltimore League for Crippled Children and Adults, Inc.	72,180.98
Eudowood Sanatorium—city cases	9,556.58
Food Establishments—sanitary control	40,000.00†
Instructive Visiting Nurse Association	122,643.16
Johns Hopkins University—Eastern Health District	12,900.00
Laboratory services—hospital or private	125,000.00†
Maryland Division, Inc.—American Cancer Society	80,000.00†
Maryland Rheumatic Fever and Heart Association	28,913.53
Maryland Society for the Prevention of Blindness	13,055.21
Maryland Tuberculosis Association	109,550.00
Mt. Pleasant Sanatorium—city cases	95,234.46
Pasteurization plants—farm and laboratory control	159,500.00
Venereal disease control—hospital dispensaries	100,000.00†
	$1,047,445.41†
Total	$3,507,669.05†

This $3,507,669.05 added to the City Health Department expenditures of $1,597,790.78 gives an estimated total of $5,105,459.83 or $5.37 per capita. This does not include large expenditures for water purification or sewerage, or for general hospital and medical care services rendered by the City Welfare Department. The decrease in City Health Department appropriations by the Ordinance of Estimates for 1950 as compared with 1949 resulted from the closing of Sydenham Hospital for communicable diseases on December 31, 1949 and the transfer of this Sydenham Service to Baltimore City Hospitals in the City Welfare Department on that date.

† Approximate figure.

Personnel

Mr. Joseph Gordon was appointed Director of the Bureau of Health Information on April 20. As noted previously the City Health Department lost a devoted worker with the retirement of Mrs. Jane B. Laib, Director of the Bureau of Public Health Nursing on July 31 after completing forty years of continuous Department service. The vacancy made by Mrs. Laib's retirement was filled by the promotion of Miss Alice M. Sundberg who had been Assistant Director of the bureau, and on August 21 Miss M. Elizabeth Pickens was appointed to the latter post. Dr. Katharine V. Kemp was appointed Associate Director of the Bureau of Child Hygiene on a part-time basis on July 5. Dr. Abraham M. Lilienfeld became Health Officer of the Southern Health District on August 15. Dr. Royd R. Sayers, formerly Medical Director in the U. S. Public Health Service and a national leader in industrial hygiene joined the Department staff on September 26 as Senior Medical Supervisor of Occupational Diseases. On October 13 Dr. Charlotte Silverman was appointed Director of the Bureau of Tuberculosis, and on November 1 Dr. William J. Gallagher became Director of the Bureau of Meat Inspection.

Health Information

In a community such as Baltimore a vigorous program of spreading health information is essential to producing the high standards necessary for healthful living. Wherever possible all Health Department administrative units participated in this task which reached into many segments of the city's life from the large industrial plant to the small rented home in the blighted areas. Every medium for getting health information to the public was utilized,—conferences with industry, discussions and talks with business, professional, student and civic groups large and small; literature, leaflets, posters, exhibits, radio and television; and the 180 public health nurses constituted a field army for this purpose.

Outstanding among the health campaigns was the continued effort to bring the "Baltimore Plan" of housing and slum rehabilitation through education and law enforcement to the attention of the people of the city and into proper focus for the many officials and others who write or come to Baltimore to study it. Closely related to it is the work of the Housing Authority of Baltimore and that of the Baltimore Redevelopment Commission. Another successful education campaign resulted in the referendum victory on Novem-

ber 7 to preserve the ordinance for the use of stray dogs for medical research and teaching.

The weekly television and radio health programs, both jointly sponsored by the City Health Department and the Medical and Chirurgical Faculty of Maryland, continued throughout the year. The end of the year saw the 105th Monday evening telecast of "Your Family Doctor" and the 591st performance of the "Keeping Well" radio drama series, also broadcast each Monday evening. Not only

THE CLASS AT THE TV STATION

In this photograph, taken on May 22, 1950, are shown (left to right): Mr. Edwin B. Mick (seated), *Production Manager, Sunpapers Station WMAR-TV;* the Commissioner of Health; Dr. Neil G. MacEachern of Ohio; Dr. Rema M. Lapouse of Washington, D. C.; Dr. George A. Silver, *Health Officer of the Eastern Health District;* Dr. Donald J. Roop, *Assistant Health Officer of Baltimore County;* Miss Zilda Alneida Carvalho of Sao Paulo, Brazil; Mr. Joseph Gordon, *Director of the Bureau of Health Information;* Dr. William H. F. Warthen, *Health Officer of Baltimore County.* In the September-October, 1941 issue of *Baltimore Health News* there is a similar illustrated report of School of Hygiene students at work in Radio Station WFBR.

do these programs serve as a means of public health education in Baltimore but many of the health dramas have been adapted for use by health departments in other sections of the United States and in some foreign countries. The City Health Department has also contributed to the education of public health officials interested in radio and television by collaborating with the Johns Hopkins University School of Hygiene and Public Health in its course in Health Education. As part of this study students, chiefly physicians, were taken

on a tour of the studios and given instruction in the latest techniques of these two broadcasting media.

On August 9 a newly organized Advisory Service for the Correction of Birth Records was inaugurated under the joint auspices of the City Health Department's Bureau of Vital Records and the Legal Aid Bureau of Baltimore. The service proved particularly advantageous to those persons who wished to correct the birth certificates of children particularly in connection with problems of adoption and legitimation. As a result of an increasing demand the service was continued indefinitely.

Other health information activities of importance during 1950 included the following:

1. The *Baltimore Health News* was distributed monthly both within and without the state and to many foreign countries reaching approximately 10,000 persons or organizations. In addition to a special issue devoted to atmospheric pollution other feature articles were published on the new dog ordinance, the new dental program, the mid-century report of Baltimore's health advances and the revised health district boundaries.
2. The 1949 ANNUAL REPORT of the Department and its summary, GUARDING THE HEALTH OF BALTIMORE, were published and distributed. The weekly "Saturday Letter to the Mayor" and the "Weekly Statistical Report" were printed and issued to the press and a mailing list of approximately 300 individuals or organizations who found this information useful. Other press releases bringing health messages to the city's residents were published throughout the year. The distribution of a periodic news letter to day nurseries and nursery schools was inaugurated by the Division of Nutrition during the year and the "Quarterly Statistical Report," begun by the Statistical Section in 1949, was continued in 1950. Some of the more important reprints of articles published by members of the Department staff were also distributed to all city physicians.
3. Forty-six exhibits were prepared and placed on show during 1950. A new exhibit "Publications of the Baltimore City Health Department" which displayed the City Health Department's free literature proved to be particularly effective and was used repeatedly. Additional exhibits were related to the Second Baltimore Conference on Rodent Control, The

State Safety Health Conference, The Workshop on the Social and Health Components in Nursing, The Tenth Annual Manufacturers' Products Exhibit, and National Negro Health Week. These were used by many community groups in connection with health projects.

4. New Health Department leaflets and other informational literature were made available for distribution during the year. Two leaflets considered especially important in public health work, "Lead Poisoning in Children" and "Fight the Rat" were originated by the Bureau of Child Hygiene and the Division of Rodent Control, respectively.
5. Members of the Department participated in conferences and public health meetings on the national, regional and local levels. Public health talks reached an estimated 34,856 persons including public health workers, physicians, nurses, medical students, members of industrial and community organizations as well as college and public school students.
6. In cooperation with the Films Department of the Enoch Pratt Free Library and other film sources, the bureau arranged for 168 showings both for health meetings in the community and for in-service training groups. Many Health Department members participated as guest speakers along with the film showings.
7. Library, editorial, duplicating and photographic services were made available and utilized constantly by the Department staff.

The success of the health information work in Baltimore can be attributed largely to the fine teamwork of the City, State and County Health Departments with the City and State medical societies, the City Department of Education and many official and nonofficial community agencies.

Laboratories

A total of 247,105 examinations of 135,628 specimens and samples was made for medical-diagnostic and sanitary enforcement purposes during the year. Physicians in the South Baltimore area were provided with more adequate laboratory services with the opening of the new Southern Health District building.

Results obtained in the 1949-1950 Maryland State-Wide Syphilis Serology Survey were very satisfactory. The three standard tests used in the routine and special serologic laboratories were found to

be 100 per cent specific in not giving any false positive results. On the basis of sensitivity, the Eagle flocculation test was 100 per cent sensitive, the Kline diagnostic test 99 per cent sensitive and the Eagle complement fixation test 90.5 per cent sensitive.

Diagnostic and other services included the examination of 90,629 specimens of blood and spinal fluid for syphilis, 5,247 smears and 5,981 cultures for gonococcus infections, 11,386 specimens for tuberculosis, 1,533 cultures for diphtheria, 75 animals for rabies, 1,495 agglutination test specimens for infectious mononucleosis, and 17,752 samples of milk, food products and industrial or other materials.

In the Division of Chemistry 38,977 examinations were made of 12,305 samples. This is an increase over the previous year. A total of 5,959 samples of milk or other dairy products was examined by the phosphatase test and in only two samples was there evidence of faulty pasteurization. As part of investigations of possible exposure to lead of young children and adults, analyses were made of 653 blood specimens, 85 samples of air and 175 samples of paint scrapings.

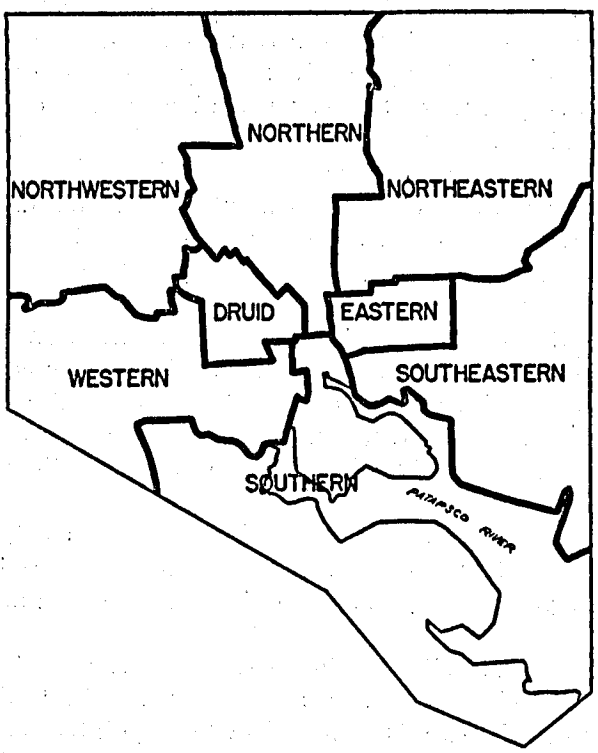
There were 25,493 packages of antitoxins, sera, vaccines and other biologicals dispensed to physicians and hospitals for use in the prevention or treatment of communicable diseases. A triple antigen consisting of diphtheria and tetanus toxoids combined with pertussis organisms was made available in May as a result of the interest of the medical profession, and by December 31 a total of 26,170 c.c. had been distributed. Increases in the distribution of biologicals over 1949 were experienced with diphtheria antitoxin and antipertussis rabbit serum. A marked decrease occurred in the dispensing of immune serum globulin.

A number of special studies were conducted during the year. Those considered as outstanding were related to: A suitable procedure for the detection of horse meat by the biologic-precipitin test and on this a report was prepared for publication, and two phosphatase test methods for the determination of improperly pasteurized cheese. In the latter, eight other laboratories cooperated.

As in previous years, the bureau participated in educational activities. Its services were described to over 300 visitors from schools and other local institutions and to representatives from 4 other states and 5 foreign countries. Lectures and demonstrations were also given to medical students at the University of Maryland by the bureau staff.

Eastern Health District

As a result of significant changes in the distribution of the city's population and in order to improve the neighborhood administration of health services, the health district boundaries were revised on September 1. The new district areas are shown on the accompanying map. The changes involved the designation of the former Druid Health Center area as a full health district unit, the incorporation of the former Southwestern Health District within the borders of the Western Health District and minor boundary changes in the three northern districts and the Southern Health District. No change was effected in the areas comprising the Eastern Health District or the Southeastern Health District.



BALTIMORE'S HEALTH DISTRICT BOUNDARIES—1950

Eastern Health District activities during the year included communicable disease control work, health supervision of public and parochial schools, administration of prenatal and well baby clinics,

and a basic educational and training program for district personnel and students of public health assigned to study in the district.

Among the chief communicable diseases reported in 1950 all save whooping cough, mumps, paralytic poliomyelitis and influenza showed decreases as compared with 1949. The greatest decrease was evidenced by measles which in an inter-epidemic year numbered only 17 cases in 1950 as compared with 949 cases in 1949. Of the illnesses which showed an increase, whooping cough numbered 278 cases as compared with 78 the prior year; mumps totaled 48 cases, an increase of 27; paralytic poliomyelitis reached 23 cases against only 5 in 1949; and influenza numbered 15 cases as compared with 4 during the prior year. It is also noteworthy that diphtheria declined from 16 cases in 1949 to 3 cases in 1950.

Routine district activities in tuberculosis control continued at approximately the same level as in 1949. The X-ray screening clinic took 5,472 X-rays of apparently healthy persons, of whom 191 needed follow-up. Among these suspects 7 new cases of tuberculosis previously unknown to the Health Department were found. Eastern Health District public health nurses supervised an average total of 512 active tuberculosis cases each month and made 4,275 visits in connection with this disease during the year. BCG vaccine was administered to 94 persons especially exposed to the risk of contracting tuberculosis.

In venereal disease control, total visits to the Somerset Health Center for diagnosis or treatment declined 13.2 per cent to 9,516, the probable combined result of ambulatory penicillin therapy and a reduction of more than thirty-five per cent in new cases of syphilis. The gonorrhea case incidence remained substantially the same as last year, 943 cases.

Public and parochial school examinations totaled 4,738. Clinic visits in the Eastern Health District clinics numbered about the same as last year—for prenatal clinics 4,158 visits and well baby clinics 15,421 visits.

Field training activities included the supervision of the various categories of students who are instructed in public health practice in the Eastern Health District. Newly appointed public health nurses of the City Health Department and nursing students of the Johns Hopkins and Sinai Hospital Schools of Nursing received two months of intensive work in the field as well as lectures, seminars and periods of observation. All senior medical students of the Johns Hopkins School of Medicine participated in the social case study

and seminar course in their training in preventive medicine. Graduate students in public health from the Johns Hopkins School of Hygiene and Public Health each received one hundred hours of study and observation with seminars and lectures in district health administration. In addition, senior students of the Patterson Park High School and Clara Barton Vocational School were introduced to health district activities in a four-hour course as part of the high school curriculum in Civic Experience.

Mrs. Winifred N. Palmer who for ten years had been the supervisor of Public Health Nursing in the Eastern Health District resigned in June, 1950 and was succeeded by Miss Gertrude V. Boquist. A change in office administration was made when Miss Edna E. Herget was assigned as Junior Administrative Officer to supervise all clerical and record work in the district. The district health officer visited Great Britain and Scandinavia as a World Health Organization travelling fellow during the fall of 1950 and studied public health administration and the teaching of preventive medicine in those countries.

Western Health District

The post of Health Officer of the Western Health District remained vacant during the whole of 1950 and the Assistant Commissioner of Health continued to act as temporary administrator. In September, as mentioned, the area of the district was enlarged by merging with it the greater part of the area formerly known as the Southwestern Health District. Two supervising nurses administered the public health nursing programs in the district which are carried on by a staff of twenty public health nurses.

Educational activities during the year included an in-service training course for members of the district nursing staff, conferences with the senior medical students of the University of Maryland in their work of preparing Home Survey Reports, and also instruction and supervision of field experience for students from the nursing schools of the University Hospital, Franklin Square Hospital and St. Joseph's Hospital.

Druid Health District

In September the status of the Druid Health Center as a portion of the Western Health District providing public health services for a large Negro population was changed to that of a completely independent health district embracing a population of 146,247. Bound-

aries were enlarged to include the following areas: All of Ward 17 and Census Tracts 3 and 4 of Ward 11; Census Tract 3 of Ward 13; Census Tracts 2 and 3 of Ward 14; Census Tracts 1 - 4 inclusive of Wards 15 and 16; Census Tracts 1 and 2 of Wards 18 and 19; and Census Tract 1 of Ward 20.

Additional personnel and clinics were provided. Three supervising nurses had groups of 12 public health nurses each under their supervision. Forty-one clinic sessions were held every week in the Druid Health District as follows: Adult venereal disease clinics 12, children's venereal disease 2, prenatal 5, chest 5, and well baby 17. Of these, 29 clinics were in the Druid Health Center building. Dr. Sibyl Mandell and Miss Eleanor L. McKnight conducted their programs of instruction in mental hygiene and nutrition, respectively, for the staff nurses; in addition they devoted time in certain clinics interviewing and advising the patients.

Eleven student nurses from Provident Hospital completed their affiliation in public health in the Druid Health District in 1950. Student nurses from Union Memorial, Henryton, Lutheran and Maryland General Hospitals visited the Druid Health Center and public school children from many schools in the city met there at intervals during the year. The Monumental City Medical Society conducted its monthly meetings in the auditorium for the eleventh consecutive year.

Southeastern Health District

Paralytic poliomyelitis was unusually prevalent in the district in 1950 with 27 cases and 1 death reported as compared with 6 cases and no death for the previous year. Three cases of diphtheria occurred, the same number as in 1949. As previously mentioned, the first dental clinic in the city under the new Dental Care Program was opened on February 27 in Public School No. 230, Highland Avenue and Hudson Street, and like clinics were opened in one additional public and three parochial schools subsequently during the year. These five clinics provide emergency dental treatment for four other public and five parochial schools located in the district.

An open house sponsored jointly by the Southeastern Health District and the Canton Area Council was held on Child Health Day, May 1, in the district building. The Health Department assisted by the Maryland Tuberculosis Association, the Eastern Community Council and the Canton Area Council held community mass chest X-ray surveys in April and September and a total of 3,202 persons

were X-rayed. In June the district took part in the intensive city-wide educational campaign on the prevention of lead poisoning in children originated by the Bureaus of Communicable Diseases and Industrial Hygiene.

Educational activities included an in-service training course for the district staff nurses and affiliate instruction in public health nursing for student nurses from St. Joseph's and the University of Maryland hospitals. Individual instruction in mothercraft was given to expectant mothers. The East Baltimore Medical Society held regular monthly meetings in the district building for the ninth consecutive year.

Southern Health District

Report has been made of the opening of the new Southern Health District building on June 5 when the public health nursing staff made the first use of the newly completed structure. The well baby clinics began there on July 6 and on August 15 Dr. Abraham M. Lilienfeld became the first district health officer. During the remainder of the year equipment for the clinics and offices continued to become available.

An outbreak of diphtheria occurred in the Curtis Bay area in January. Thirty-eight cases with 3 deaths of this disease were reported in the district. Due to cooperative community effort, special immunization clinics were held in this area and during January 629 diphtheria inoculations were administered in the district. There was a decline of reported cases of measles and an increase in cases of whooping cough as compared with 1949. Thirteen cases of paralytic poliomyelitis were reported in the district during the year.

The number of reported cases of syphilis and gonorrhea decreased but despite this there was a slight increase in the number of visits to the Calvert Street clinic from 13,927 in 1949 to 14,416 in 1950. The fifteen public health nurses supervised an average of 247 active cases of tuberculosis each month and made 1,810 visits in connection with this disease during the year.

A total of 1,360 visits was made to the two prenatal clinics in the district. In the prenatal clinic in Cherry Hill a series of discussions concerning pregnancy, childbirth and the care of the infant were inaugurated for the expectant mothers. A dental clinic which provided services to kindergarten and first grade school children in four schools was opened in Elementary School No. 76 in September. Five hundred and forty-one children were inspected and fifty-four chil-

dren received treatment for dental defects at this clinic. A total of 4,064 children was examined in the public and parochial schools of the district. Well baby clinic visits numbered 9,177 during the year.

The Bureau of Food Control conducted classes for 189 food handlers in the district building. In cooperation with the South Baltimore General Hospital and the Sanitary and Statistical Sections of the Department, a study of home accidents was conducted and public health nurses from the district staff were assigned to investigate the accidents in the homes where they had occurred.

Communicable Diseases

A total of 17,677 cases of communicable diseases was reported during 1950. Increases were noted in diphtheria, meningococcus meningitis, mumps and paralytic poliomyelitis, and decreases were evident in typhoid fever, scarlet fever and measles as compared with 1949. The reported cases of typhoid fever dropped from 12 in 1949 to 8 in 1950.

Diphtheria and Meningococcus Meningitis

The increase in the number of reported cases of diphtheria during 1950 over the number recorded during 1949 was due chiefly to the outbreak in Curtis Bay. A total of 60 cases of diphtheria with 3 deaths was reported during the year as compared with 46 cases and 2 deaths recorded during 1949.

A total of 31,744 persons was recorded as having received protective diphtheria toxoid inoculation in 1950. Of these, 13,408 received booster doses.

CHILDREN RECORDED AS RECEIVING DIPHTHERIA TOXOID INOCULATION
BALTIMORE, 1946-1950

AGENCY	1950	1949	1948	1947	1946
Physician's Practice	9,970	10,346	11,909	12,582	8,309
Preschool Clinics	11,245	12,650	11,716	12,859	12,747
School Clinics	10,529	8,523	19,643	14,938	7,340
Total	31,744	31,519	43,268	40,379	28,396

The reported cases of meningococcus meningitis increased from 14 cases and 2 deaths for 1949 to 26 cases and 9 deaths during 1950. The duration of illness in those patients that died was from less than 1 day to 8 days with an average duration of 3 days.

Other Communicable Diseases

There were 225 cases of paralytic poliomyelitis and 9 deaths reported during 1950, an increase of 164 cases over the total of 61 cases recorded during 1949. The number of reported cases of measles was 357 with no fatalities. Whooping cough increased from 945 cases in 1949 to 1,425 cases in 1950 with one fatality. Scarlet fever decreased from 466 cases in 1949 to 303 cases during 1950. There has not been a fatal case of scarlet fever in the city since 1946. For the twenty-second consecutive year there was no smallpox in Baltimore. The last recorded case was reported on March 9, 1928.

Tuberculosis

During 1950 the total number of deaths from all forms of tuberculosis among residents of Baltimore was 536 of which 235 occurred among white persons and 301 among Negroes. Fifty-six per cent of all tuberculosis fatalities occurred among Negroes who constitute only 21 per cent of the city's population, a general ratio that has obtained for many years.

The tuberculosis death rate for all Baltimore residents was 56.4 per 100,000 population. For white residents the rate was 31.3 and for Negroes 151.3. Comparable figures for 1949 were 63.0 per 100,000 for the total tuberculosis death rate, 32.9 for the white race and 176.9 for Negroes. The 1950 tuberculosis mortality rates are the lowest ever recorded in Baltimore for both races, but despite this encouraging downward trend the death rate among Negroes remained five times greater than among white residents.

During the year there were 1,346 new cases of tuberculosis reported, of which 682 were in white persons and 664 in Negroes. Of the total number, 99 were reported after death, 47 of them for white persons and 52 for Negroes. The reports which were made up from death certificates constituted 7.3 per cent of the total number of new registrations.

In 1950, case-finding programs of various types were responsible for chest X-ray examinations of 103,575 persons in Baltimore. The City Health Department with the assistance of the Maryland Tuberculosis Association X-rayed 48,804 apparently healthy persons with a mobile 70 millimeter photoroentgen unit. Of this group, 27,576 were white persons and 21,228 were Negroes. At the Eastern Health District 5,472 apparently well persons were examined by means of 4 x 5 inch films. Similar X-ray equipment was used at the Druid Health Center to examine over 600 prenatal

patients. In the three largest general hospitals in Baltimore, 36,547 examinations were made with 70 millimeter photofluorographic units provided several years ago by the City Health Department. The Baltimore City Hospitals took 7,366 chest microfilms, the Johns Hopkins Hospital X-rayed 18,729 persons and the University of Maryland Hospital made 10,452 examinations. The Maryland Tuberculosis Association took 35 millimeter chest films of 11,908 individuals in its central office.

BCG vaccination against tuberculosis was used more extensively than during 1949 for groups most likely to suffer unusual risk from tuberculosis. Monthly vaccination clinics were held at the Eastern Health District and 94 persons received the vaccine during the year. Those receiving BCG were 72 uninfected children who were contacts of known cases, two Health Department nurses, 13 nurses and one physician from one of the general hospitals and six other hospital employees. In November and December the Bureau of Tuberculosis in cooperation with the Department of Education conducted a BCG program in three Negro vocational high schools and gave the vaccine to 395 students. In November the Bureau of Tuberculosis and the Johns Hopkins Hospital initiated a program of giving BCG, with parental consent, to all Negro babies born at the hospital. During the seven weeks of operation of this program in 1950, 119 newborns received BCG.

As in previous years, the shortage of hospital beds for the tuberculous was very grave and made excessively long waiting periods unavoidable before sanatorium admission could be secured. This year was notable, however, in that three separate tuberculosis hospital construction projects were begun: The new 300-bed wing for the Baltimore City Hospitals, the 300-bed addition to the Mount Wilson State Hospital and a new hospital in Baltimore designed to accommodate 300 tuberculous veterans. It is anticipated that all will be ready for occupancy in 1952.

Venereal Diseases

This year 2,982 cases of syphilis, 6,944 cases of gonorrhea and 120 cases of chancroid were reported. Only 361 cases of primary and secondary syphilis were reported in 1950 as compared with 2,053 in the peak year of 1946, and 616 in 1940, the last of the prewar years. Reported cases of gonorrhea continue to increase steadily due to the increasing use of free treatment facilities at the Health Department clinics and to the rapid rate of reinfection.

One patient, for example, had been treated in a Health Department clinic for eleven separate gonococcal infections in the last three years.

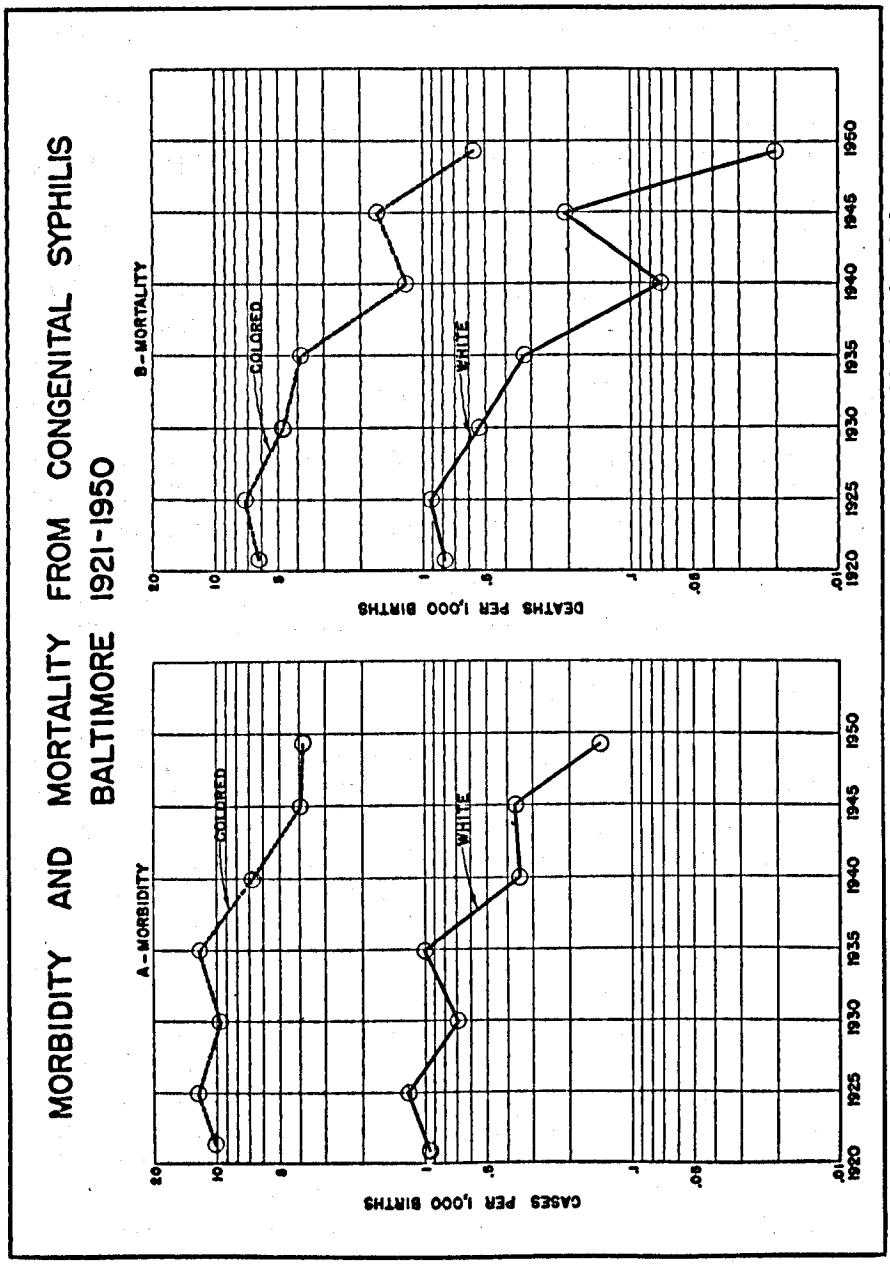
Both the morbidity and mortality rates for congenital syphilis continued to decline, a trend they have shown during recent years as can be seen in the accompanying chart. A study of the mothers of the last 26 infants reported during 1949 or 1950 as having been born with syphilis disclosed that 18 had had no prenatal care, 2 had had reinfections or relapses just before the birth of their infants and 6 had been permitted to go without treatment for syphilis although its presence was known in ample time for adequate treatment to have been given. The resident death rate from syphilis was 10.8 per 100,000 population; the lowest on record in Baltimore.

Approximately 47 per cent of the 5,526 contacts investigated by the Health Department were examined or found to be already under treatment or observation for infection. Of those examined 44 per cent were found to have a venereal disease. Of those not examined 73 per cent could not be found and 27 per cent refused to report for examination. The nurses and social workers made 7,452 visits during the year in the investigation of contacts and the follow-up of delinquent patients.

The Health Department venereal disease clinics admitted 11,506 patients during the year, a decrease of 290 compared with the admissions in 1949. Admissions for syphilis continued to decrease while those for gonorrhea continued to increase. These patients, together with those previously admitted, made 47,893 visits to the clinics as compared with 53,688 visits in 1949. The decline was due entirely to the decrease in admissions for syphilis.

Since the closing of the Rapid Treatment Center at the Baltimore City Hospitals in December, 1949 the Health Department venereal disease clinics have treated certain patients for syphilis for physicians and for selected medical agencies. During the year 109 such patients were treated. Of these 100 were pregnant women. The patients were all returned to the referring agencies and physicians for post-treatment observation.

City Ordinance No. 217 was invoked in 23 instances of failure of persons with infectious syphilis to take treatment. Sixteen of the 23 patients went to the Baltimore City Hospitals as the result of such action, 3 returned to the clinics for treatment and 4 could not be found. Only 5 had to be brought into court. As the result



Note: Each circle in this chart represents a three-year average rate plotted at midpoint of period.

of collaboration between the Health Department and the Juvenile Court 13 infants born to mothers with syphilis were examined during the year after their mothers had first refused to have them examined. Three of the mothers had to be brought into court before they would agree to the examination of their infants.

The Health Department and the armed forces collaborated in the investigation of 345 contacts of infected military personnel, and in the examination and treatment of 281 selectees found to have positive serologic tests for syphilis at the time of examination at the induction stations. The Director of the Bureau of Venereal Diseases continued to serve as a member of the Civilian Advisory Board of the Armed Forces Disciplinary Control Board. The Baltimore Venereal Disease Council held one meeting during the year, its 31st since it was organized in December, 1942, and thus continued to participate in the development of the venereal disease control program in the city.

The prevention of congenital syphilis continues to be a difficult and discouraging problem. Although both the infant morbidity and mortality rates from syphilis have declined during the past ten years, both rates are still too high, particularly when it is considered that congenital syphilis should be completely preventable through detection and treatment of the mother's infection during pregnancy.

Except that some few cases occur as the result of neglect of the mothers' infections while they are under prenatal care, most infections in infants are the result of the lack of prenatal care, so that no opportunity is provided either for the detection or treatment of their infections. This seems to be a universal problem and probably accounts for the fact that only slow progress is now being made in the control of congenital syphilis in the country as a whole, after an initial and considerable decline. It is probable that little further progress will be made, except as the incidence of infection with syphilis itself declines, until provision can be made for prenatal care for all prospective mothers. At the close of the year plans were being made to provide more adequate prenatal care for all women in need of it.

Child Hygiene

It is gratifying that there has been a reduction in the infant mortality for the city which in 1950 set a new all-time low record for deaths in children under one year of age. This rate for the

year was 27.2 per 1,000 live births. Approximately three out of every four infant deaths occurred during the first month of life. Further progress, therefore, will derive from more effective control of some of the factors associated with early infant mortality. Essentially, these factors are immaturity in the newborn, birth injuries and congenital malformations. The maternal mortality rate for the year was 0.8 per 1,000 live births while that of the previous year was 0.5 per 1,000 live births. Never before 1949 had this rate been below 1.1.

Well baby clinics were conducted at 42 locations with 81 weekly sessions at which 71,066 visits were made. Prenatal clinics were held at six locations with 12 sessions each week at which 12,203 visits were made. At the prenatal clinics 1,703 new patients were registered in 1950. Of these, 394 were referred by midwives.

The Bureau of Public Health Nursing was assigned 20,311 records of infants for neonatal home visits and delivery of the "Notification of Birth Registration." Six-month greeting cards were mailed to 19,590 infants for the purpose of urging diphtheria toxoid inoculation.

Preventive diphtheria toxoid was given to 11,245 children in the City Health Department well baby clinics where 8,675 children were also vaccinated against smallpox. There were 61 cases of ophthalmia neonatorum assigned by the Bureau of Child Hygiene to the Bureau of Public Health Nursing for treatment with penicillin. Of these only 2 proved to be gonorrheal. A total of 835 home visits were made to these cases by the public health nurses.

Upon the request of 13 agencies 517 boarding homes were issued licenses following a thorough inspection by the Sanitary Section of the Health Department. Seventy day nurseries and nursery schools having a maximum capacity of 2,388 children and an average daily attendance of 1,938 were supervised during the year.

Mental Hygiene

The program of the Division of Mental Hygiene continued as an essentially educational one, oriented toward maintaining the emotional health of the citizens of Baltimore. The in-service training program for public health nurses was carried on through two fifteen-hour series of basic seminars for newly appointed nurses and six hours of follow-up seminar work in small groups of fifteen or less for the balance of the nursing staff in the various health districts. Two hours of lecture by a psychiatrically oriented pedia-

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The "Scare" Campaigns To Raise Medical Funds

The reluctance of most medical authorities to discuss openly their private opinions of medical fund-raising campaigns wore a bit thin toward the end of the week-long mental hygiene conference in Frederick. A panel of nine doctors, mainly representing medical schools and research centers, came right out and admitted that the research money coming from the activities of professional fund raisers was most welcome but that the use of "fear and emotional anxiety" to solicit contributions may be having an adverse effect.

The high-pressure "scare" campaigns to win public support for the study and treatment of cancer, polio, tuberculosis, diabetes and other human ailments, the doctors agreed, may well create just that emotional factor which causes a sick person to stay away from a doctor. And in this they concurred with the opinion of a British doctor, James F. Brailsford, who spent six months in this country last year and, upon returning home, reported to *The Spectator* his amazement at the "propaganda of fear which is being pounded into the [American] people." Here, in part, is how the Britisher saw it:

> The enthusiasts use every means of scaring the people which has appeared to be successful in former drives, and any additional appeal to sentiment, pity, charity or fear which they can devise, no matter how extravagant it may be. An element of truth is usually included, but strained beyond all reason.
>
> Microphones blast streets so loudly that ordinary conversation is impossible, and shout propaganda which might be thought to harrow the feelings of those already distressed by the sufferings and loss of their loved ones. Many public vehicles have spectacular posters with extravagant statements and searching questions to attract and disquiet the minds of the occupants, so that it is impossible for any person to go through the day without being reminded of the horrors and death-dealing properties of cancer; tuberculosis, heart disease, etc. The hoardings are filled with posters; the radio screeches its news; every paper and journal has its announcements that X-rays, radium and surgery cure cancer. . . .

The conclusion that the Britisher came to, confining himself to one disease only, was that we in this country were unwittingly creating a mass cancer phobia. Could there be anything to this? A local doctor was queried from this office and the following, somewhat impatient reply resulted:

> Naturally, people get scared by so much propaganda. Just this morning I had a woman in for the ninth or tenth time. She found a lump, weeks ago, and is convinced it is cancer. I've explained to her that the lump is a small but essential muscle. I've shown it to her on medical charts. I've given her every conceivable test for cancer, with negative results. But still she is worrying herself sick for fear it is getting bigger. All because a pamphlet has assured her that a lump is a tell-tale "danger signal," like a fingernail test for dandruff or something.

Thus it may be gathered from the standpoint of some doctors that "scare" campaigns force some persons into unnecessary anxieties and keep others, afraid of learning the worst, from seeking treatment until it is too late. But the panel of doctors at the Frederick conference did not offer any constructive alternative. For this one must go back to the Britisher again:

> Once a certain cure [for cancer] has been found there will be no need for extravagant propaganda; all will seek the treatment at the earliest sign. Until we have this cure let us, therefore, adopt reasonable medical measures in a quiet manner—that least likely to disturb the public. For its members are not foolish. They have experienced, from watching the sufferings of their friends and relatives, the horrors of the disease.

This has all the earmarks of being sensible and soothing advice.

HOW FAR IS TOO FAR?

trician preceded the basic seminars. The program for the follow-up seminars for 1950 consisted of the presentation of mental hygiene films followed by evaluative discussion of each film.

Consultation work continued in the well baby clinics. Individual anticipatory counseling was carried on with approximately 230 mothers in addition to like work for group meetings. One goal of this activity was the education of the participating nurses. Motion picture programs for mothers of children enrolled in well baby clinics and for other interested members of the community were provided at the Western, Southeastern and Druid Health Districts and in the latter district they were unusually well attended. Dramatic mental hygiene performances were conducted both on the Department's radio and television programs.

In the fall, counseling services were extended to a well baby clinic in the new Southern Health District building and the division chief cooperated with the health officer of that district in planning and taking part in an educational program in a Cherry Hill prenatal clinic. In addition, she functioned as mental hygiene consultant in two prenatal clinics in the Druid Health District and carried on group discussions and individual interviews especially with primiparas who were making first visits to the clinic, and with other patients who presented special problems. In this connection a letter to expectant mothers was prepared which was issued over the signatures of the chiefs of the Divisions of Maternal Hygiene and Mental Hygiene. This is the first of a series of letters, colloquially worded and appropriately illustrated, which it is planned to have for more general distribution. There were also continued activities in the field of community education through lectures, discussion groups and the showing of motion pictures as the mental hygienist met with sixty-five lay groups during the course of the year.

School Hygiene

School physicians examined 31,590 pupils in the elementary public and parochial schools and found 12,813 to have one or more physical defects. As in previous years defective teeth was the most prevalent defect. Of the 7,580 children with tooth defects 2,382 had them corrected. Enlarged tonsils and adenoids were found in 5,035 children and 1,444 had them removed. Defective vision was found in 1,350 children; 1,128 of these had their eyes refracted and obtained glasses. Pediculosis was the main cause for excluding children from

school. A total of 897 were sent home until this condition was corrected.

Children who had not had a booster dose of diphtheria toxoid within three years were urged to go to their family physician for this treatment. The parents of 8,900 children requested this inoculation be given in the schools and brought in an additional 409 preschool children for the same treatment. The State law requiring smallpox vaccination before a child may be enrolled in school explains the small number of vaccinations done in schools; 100 school children and 229 preschool children were vaccinated by the school physicians.

The Health Department eye clinic was attended by 1,032 pupils who made 2,587 visits; 895 had their eyes refracted under a mydriatic and 559 pairs of glasses were secured through the clinic. The ear clinic was attended by 1,087 pupils who made 1,537 visits; 1,428 audiometric tests were given and 143 radium treatments were administered. Physically handicapped children were recommended for admission to special classes maintained by the Department of Education and home teaching was recommended for children confined to their homes due to prolonged illness.

Dental Care

The year 1950 marked the beginning of operation of two new programs of dental care recommended by the Baltimore City Medical Care Committee in 1948. One, a constructive and preventive treatment program for children attending the public and parochial schools of Baltimore, was launched February 27 by Mayor Thomas D'Alesandro, Jr., who on that date officially opened the program's first dental clinic in the Canton Elementary School, No. 230. The other was a program which also began early in the year in which hospitals under contract supplied emergency dental treatment for persons receiving public assistance.

With the active teamwork of the public and parochial schools, local community organizations and the dentists of Baltimore, the new school dental program expanded steadily through the year. Colored children were first included on April 17 with the opening of the second dental clinic in Public School No. 139 in Oldtown. Altogether six clinics, located in areas of the city where the need was most evident, were in operation at the beginning of the school term in September. Each contained a single modern dental unit and chair fully equipped and supplied for the use of a dentist and an assistant

Evening Sun Photograph

MAYOR D'ALESANDRO LAUNCHES THE NEW DENTAL CARE PROGRAM AT SCHOOL NO. 230

Evening Sun Photograph

THE LINE-UP FOR BETTER TEETH
FEBRUARY 27, 1950

engaged primarily in prophylactic and constructive dentistry.

Children included in the new school program were inspected for dental defects. If found in need of treatment, the parents were advised accordingly and motivated to take the youngster to a private dentist. Treatment in a school clinic was provided only when follow-up disclosed that the child would not otherwise receive the necessary attention.

Children admitted to the school program were limited to those of the first grade or younger in order to provide a maximum preventive effort, but with provision for continuing the benefits of annual dental inspection and treatment as they advance into higher grades. At the end of 1950 these benefits had been extended to 3,722 prekindergarten, kindergarten and first grade children attending 22 public and parochial schools. Of the 3,722 children whose teeth were inspected, 941 received dental treatment in the Health Department clinics. In an educational effort, parents were invited to attend inspection sessions, and the response was excellent. An additional 1,538 children of all ages referred from 26 scattered elementary schools received dental services under the older Health Department program.

The Bureau of Dental Care, working with the Medical Care Section, assisted in the administration of a program under which persons receiving public assistance through the Department of Public Welfare were given access to emergency dental services. These were given in hospital dental clinics on a contract basis. Altogether 1,648 clients received 5,213 emergency dental treatment services in the six hospital clinics during 1950.

A program of topical fluoride treatment for the reduction of tooth decay in school children, organized with the aid of the U. S. Public Health Service, the Maryland State Department of Health, the Baltimore City Dental Society, the Public Schools and the Bureau of Catholic Education, and begun November 28, 1949, was completed March 15, 1950. This program, designed to demonstrate the technique of applying sodium fluoride to the teeth of children as a public health measure, was conducted in five schools serving widely varying economic and social levels of the population. Two schools were for white children, two for colored, and one was a parochial school. The treatment, consisting of four applications of a two per cent aqueous solution to the teeth in a two-week period, was given to 2,242 children between 6 and 15 years of age. Children, parents and teachers were told of the limited nature of the expected bene-

fits of treatment and instructed on the necessity for subsequent fluoride treatment and daily care of the teeth.

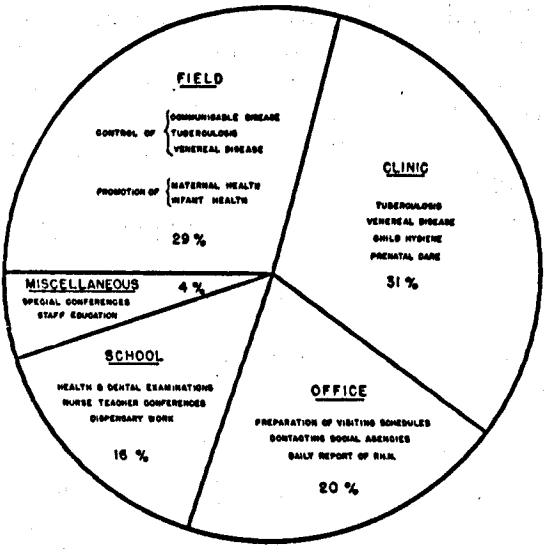
In 1950 accumulated evidence of a substantial effect against tooth decay by fluoride in domestic water prompted serious consideration of the addition of fluoride to attain one part per million in the Baltimore City water supply. Following approval of this method of caries control by the American Dental Association early in November, a favorable report prepared by the dental director was submitted to Mayor D'Alesandro at his request. At the same time the Bureau of Water Supply and the Health Department were requested in a resolution of the City Council to study the advisability of adding fluoride to the public water supply and to do so if the results of the study supported it.

Public Health Nursing

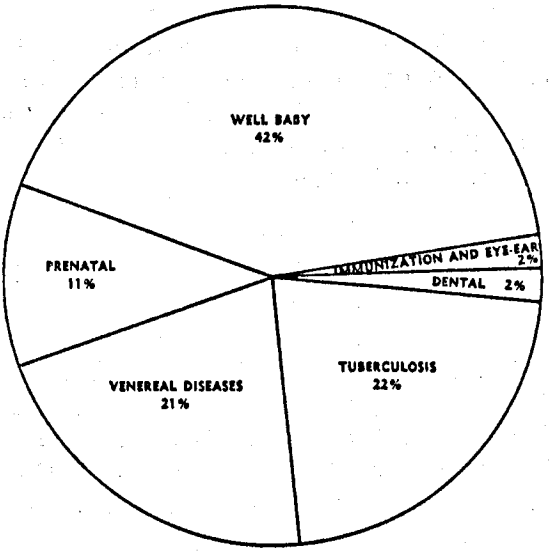
Seldom has a bureau of public health nursing had the privilege of having one director for thirty-one continuous years of service and it was a distinct loss when Mrs. Jane B. Laib retired on July 31 after being a Health Department staff member a total of forty years. Under her interest and guidance the program was greatly expanded and changed from a specialized nursing service to a generalized nursing service in keeping with modern concepts of public health. Miss Alice M. Sundberg was promoted to the position of director and Miss M. Elizabeth Pickens was selected to fill the position of assistant director.

Changes in personnel, the introduction of new staff and students, program changes, continuous in-service education, and participation in other bureau activities kept the public health nurses extremely busy. The opening of six new dental clinics gave the public health nurses an opportunity to assist in the dental program through education and follow-up service, with emphasis on preventive dental hygiene. Selected public health nurses assisted in the Home Survey Reports of the senior medical students at the University of Maryland, and in a Morbidity Survey of families in housing projects and applicants for housing projects, and in a BCG program for students in three vocational schools.

Miss Margaret Galbreath was assigned to the Bureau of Industrial Hygiene and visited industrial plants to interest them and their nurses in the use of Health Department facilities for adult education. She made two hundred and forty-six visits in behalf of thirty-one diagnosed lead poisoning cases in children. A number of



DISTRIBUTION OF NURSING TIME BY MAJOR TYPES OF ACTIVITIES—1950



DISTRIBUTION OF CLINIC NURSING TIME BY TYPE OF CLINIC—1950

these visits were related to the preventive aspects of this important health problem. Miss Galbreath also attended the institute on the "Nursing Aspects of Atomic Warfare" sponsored by the Atomic Energy Commission and the National Security Resources Board from November 13 to 17 in Rochester, New York.

The field visits of the public health nurses during 1950 are shown in the accompanying table.

FIELD VISITS OF PUBLIC HEALTH NURSES—1950

Service	Total	White Homes	Colored Homes
All field visits	153,562	81,538	72,024
Maternity hygiene	17,525	3,255	14,270
Infant health supervision	54,340	34,695	19,645
Preschool health supervision	27,270	13,685	13,585
School health supervision	14,230	12,940	1,290
Tuberculosis	20,695	9,490	11,205
Venereal disease	7,452	438	7,014
Communicable disease	7,405	4,125	3,280
Other morbidity	3,310	2,080	1,230
All others	1,335	830	505

The public health nurses spent approximately 31 per cent of their time in clinic activity in 1950, in relation to the one hundred and eighty-two clinic sessions that were conducted weekly. Twelve prenatal clinics, eighty-one well baby clinics, twenty-two venereal disease clinics, twenty-four chest clinics, five immunization clinics, five eye and ear clinics, and thirty-three dental clinics brought medical and nursing supervision and health education to the individuals attending these clinics. A total of 153,562 public health nursing home visits was made during the year.

Medical Care

The first three-quarters of the year was a period of continued rapid growth for the Baltimore City Medical Care Program. At the first of the year there were 20,617 persons assigned to the six special medical care clinics. By the first of October that number had grown to 29,291. The October figure exceeded the total number of recipients of public assistance due to carry-overs, and at that time all persons certified to the Health Department by the City Department of Public Welfare were assigned to clinics. This condition, however, could not be sustained with the State appropriations that had been provided, and early in October 6,000 persons who had failed to go to their medical care clinics were dropped from the lists. This decrease was in unfavorable relation to the welfare rolls which showed an

increase from 26,219 persons at the first of the year to 28,296 persons at the year's close.

The six medical care clinics continued in operation throughout the year, and were able to provide adequate facilities for the care of registered persons. Expenditures of Maryland State appropriations for this work in Baltimore City in 1950 were in the sum of $476,700.33. In addition the city provided expenditures of $14,573.11 for administration. These sums provided for each relief client for the year $10 for hospital medical care clinic service, $7 for personal physician's home and office care, an average of $5.64 for drugs, $1.33 for administration and one dollar for emergency dental care.

The degree of cooperative participation of physicians in the program continued to be a source of great satisfaction to the City Health Department. At first there were 285 physicians prepared to provide home and office medical care to individuals who selected them. At the end of the year the number of participating physicians had increased to 325. The number of physicians who discontinued participation in the program throughout the year was small, and was confined almost without exception to those who had entered military service, or who were forced to discontinue this work due to physical disability.

During the year there were 98,964 prescriptions for drugs and medical supplies paid for under the medical care program. They were filled by 248 different pharmacists. The emergency dental treatment services established at the six hospitals having medical care clinics were continued throughout the year.

Milk Control

Activities were as usual directed toward an air-tight control over the safety of the city milk supply through rigid enforcement of the City Milk Code and Health Department milk regulations. Constant supervision over pasteurization plants and administration of a closely coordinated Health Department-Dairy Industry over-all milk sanitation program combined to attain, it is believed, a new standard of performance in milk sanitation by the local milk industry. Noticeable improvements were made in equipment and general sanitation on dairy farms; milk transportation facilities from farms to city plants were improved and additional safeguards were included in pasteurization methods.

In addition to more than 12,000 inspections made of dairy farms

and milk plants by the Bureau of Milk Control, thousands of inspections were made by the Health Department approved inspection staffs of the milk plants. Approximately 9,000 samples were submitted to the Bureau of Laboratories for bacteriologic and chemical examination and out of a total of 5,959 phosphatase tests made on city-wide random samples of pasteurized milk or other dairy products, only two tests indicated faulty pasteurization.

Another factor in the tightened control of the milk supply was the continued decline in the amount of emergency milk needed from sources outside of the milkshed to supplement the local supply. Larger herds, greater production per cow and decreased consumption reduced the volume of such emergency milk from the peak of 12,000,000 gallons in 1944 to 3,000,000 gallons in 1950.

Labor disputes which temporarily paralyzed milk deliveries in nearby cities threatened to spread to Baltimore. One pasteurization plant was closed pending labor union negotiations and by the end of the year processors of more than half of the city milk supply were unionized.

Sparks High School in Baltimore County was the winner in the Health Department's Sanitary Milk Production Contest for the first time during the nineteen years in which the contest has been held. This year's group of 328 contestants raised the total number of high school students trained under Bureau of Milk Control supervision to 6,452.

Food Control

Food establishments of all types, including retail, wholesale, manufacturing and institution food departments, showed improvement in general sanitation, and there was a continued low incidence of illness reported as caused by food. The effectiveness of instruction of food handlers in organized classes and during inspection activities, the alertness of sanitarians, the cooperation of a large majority of food establishment owners and a desire by a sanitation-minded public for improvement all contributed to the progress made by the bureau.

Sixty-eight classes for food handlers were held and these were attended by 2,129 individuals. Over 20,000 inspection visits were made by sanitarians to all types of food establishments. New equipment and remodeling of bakeries and restaurants totaled several hundred and there was an increase in the number of complaints or information received from patrons concerning food establishments.

More than 3,800 corrections were made, and the practice of illegally coloring poultry and meat was fought down by combined educational and regulatory procedures. In addition, prosecutions in court reached a peak in fines with assessments totaling over $3,000 which were levied by a public-health-minded judge who would not tolerate filthy food establishments nor impure food. A cooperative press materially assisted in aiding the correction of undesirable conditions by publicizing practically all instances of court prosecutions relating to food violations.

In order to render a more effective service the bureau integrated its activities with that of the Bureau of Meat Inspection as recommended during 1949. Other noteworthy activities included a study of handwashing procedures which indicated the need for using a germicidal soap or disinfectant after washing and a survey of the food storage facilities in the city which was made in conjunction with civil defense activities.

Nutrition

During 1950 the Division of Nutrition continued to provide a variety of nutrition advisory and educational services to the community, as well as to integrate its activities with those of other bureaus in the Health Department. In-service training was expanded to include the personnel of the Sanitary Section and the division chief organized monthly nutrition conferences for public health nurses. Another new function of the division was the inauguration of a food consultation service for the managers of nursery schools and day nurseries licensed by the Health Department. This service included a conference with each new applicant concerning plans for food service, monthly releases to provide helpful suggestions and visits to nurseries when food problems had arisen. The nutritionist was also available for discussions with parents of the nursery school children. Other division activities included participation in radio and television programs, promotion of nutrition education in the public and parochial schools, preparation and procurement of printed and visual aid materials and participation in community programs.

For the first time the division planned a month's supervised field training for a graduate public health nutrition student from Simmons College in Boston, Mass. A complete month of experience in one location gave this student the opportunity to observe the Health Department as a coordinated unit.

Nutrition education activities in the schools included conferences with teachers, and talks before adult education classes, parent-teacher associations, and groups of public and parochial school children. Group instruction was continued in the prenatal and chest clinics.

The nutritionist was the guest instructor in one university class, participated in the programs for the annual meeting of four State organizations, and distributed approximately 30,300 pamphlets, leaflets and posters. Because of limited personnel, consultant methods of program participation were emphasized rather than direct service. The nutritionist served also as an active member of several advisory committees interested in the promotion of better nutrition in Baltimore.

Meat Inspection

During the year 232,070 inspections of cattle, calves, sheep, swine and goats resulted in the condemnation of 334 carcasses, and 33,189 parts of carcasses as being unfit for human consumption. The most frequent diseases encountered during inspection which caused carcass condemnation were: Hog cholera, pyemia, traumatic pericarditis, immaturity, septicemia and sarcoma; and for parts of carcasses: parasites, abscess, tuberculosis, actinomycosis and cirrhosis.

Supervision was maintained daily in ninety-eight plants processing and manufacturing over 14,000,000 pounds of meat food products. This included sanitation of the plants and environs.

In addition, service was rendered to the federal and state institutions in the slaughtering of cattle reacting to Bang's disease, Johne's disease and tuberculosis. Other activities included the examination of dogs for rabies done in cooperation with the Bureau of Communicable Diseases, and the giving of advice concerning diseases of poultry to the Bureau of Food Control.

Environmental Hygiene

Community Sanitation

Activities pertaining to foster homes, rooming houses, lodging houses and hotels and all housing complaints not in Housing Law Enforcement Areas were transferred to the Division of Community Sanitation in order to provide more efficient and economical handling.

Five of the outdated and generally unsatisfactory types of public park swimming pools were replaced with modern recirculating pools

by the City Department of Parks and Recreation. Unfortunately the pools were opened for use before completion and adjustment of equipment and results obtained were not entirely satisfactory, but the Health Department cooperated actively with the Park Department in this work.

Improvements in the sewerage system and sewage disposal accomplished or undertaken during the year included: Better conditions at the Back River sewage treatment works; the starting of construction of the Brooklyn pumping station; beginning of work on the Jones Falls interceptor, force main and pumping station; and the connection of the Dundalk sewerage system to the Broening Highway pumping station.

The Health Department for the first time actively entered the study-field of home accidents. Initially all fatal home accidents occurring in the city were investigated and as this was too ambitious an effort the emphasis was changed to the investigation of home accidents among residents of the Southern Health District who received treatment at the accident room of the South Baltimore General Hospital. The study was carried on in conjunction with the South Baltimore General Hospital, the Statistical Section and the Southern Health District.

Other activities in Community Sanitation included: Evaluation of the sanitary quality of the city water supply through the analysis of 1,594 samples collected from consumers' taps throughout the distribution system; cooperation with the Baltimore County Health Department, Baltimore County Metropolitan District and the Bureau of Sewers in the investigation and approval of sewering a section in Baltimore County through a septic tank pending the extension of the city sewerage facilities; inspection of water points for common carriers in cooperation with the U. S. Public Health Service; and continuation of the policy of maintaining "polluted water" signs along streams carrying sewage pollution.

Housing

During the year 1950 every effort was made to carry out the directive of Mayor D'Alesandro who, in creating the Office of Housing and Law Enforcement, and in appointing the Mayor's Citizens Advisory Council on the Baltimore Plan late in 1949, requested broader operation of law enforcement under the Baltimore Plan and integration of effort in the best manner among all city departments working in the field of housing.

A Pilot Program of the Baltimore Plan, recommended by the Mayor's Citizens Advisory Council and submitted for the Mayor's approval on March 23, 1950, was well received. The pilot program was designed to demonstrate the Baltimore Plan under clearly observable conditions in order to help develop and expand the Baltimore Plan for rehabilitating slum and blighted areas and for preventing their formation or recurrence. The program was officially inaugurated on December 14, 1950 during a meeting in one of the neighborhood churches. The following organizational structure was developed to carry out the program: A neighborhood committee; a social service committee; an education committee; a law enforcement committee; a project analysis committee; a steering committee; Fight Blight, Inc., a nonprofit group established to procure $15,000 to match the funds allocated by the Encyclopaedia Britannica Films, Inc. for the purpose of documenting the entire project with a sound film; Brotherhood Service, Inc., a nonprofit organization formulated through the interest of the Church of the Brethren for the purpose of purchasing a slum house to be rehabilitated and used as an information and referral center.

An ordinance, Introductory No. 2527, was introduced in the City Council at the request of the Mayor on December 11, 1950. This ordinance called for the formal establishment of a new Housing Bureau in the City Health Department so that maximum effectiveness might be achieved from a vigorous housing law enforcement program. At the end of the year the ordinance had been approved by the Board of Estimates, had successfully passed the second reading, and was awaiting approval by the City Council Ways and Means Committee.

The program of slum and blighted area rehabilitation was carried out in 34 additional blocks during 1950. This made a total number of 133 blocks since the inception of the program in 1945. During the year 10,416 investigations were made and 1,772 dwelling units were improved to conform with the requirements of the City Housing Code.

The educational program reached 4,198 persons through 58 illustrated housing lectures and 63 field trips. Feature articles on the Baltimore Plan appeared in *Practical Builder, Journal of Housing, Architectural Forum—The Magazine of Building* and Issue No. 43 of *Amerika,* the State Department's overseas Russian language magazine.

The Baltimore Plan program of housing law enforcement con-

tinued to attract widespread interest. Sixty-five visitors observed the work in operation and 92 requests for information were received from 58 cities in 28 states

In 68 instances it was necessary to have summonses issued for failure to correct unhealthful conditions. Fifty-nine of these were issued to owners and nine to tenants. Four owners were summonsed to the Criminal Court; two were found guilty and fined a total of $350. Fifty-one or 75 per cent of the total number of cases were found guilty and fined a total of $1,085.

The Office of Housing and Law Enforcement reviewed 1,390 sets of dwelling plans submitted by the Bureau of Building Inspection in the City Department of Public Works. Of this number 144 were disapproved because they failed to meet the requirements of the City Housing Code.

Plumbing

For the first time the Department in cooperation with the Sewerage Engineer permitted the installation of domestic type garbage grinders in commercial establishments and approved the installation of a large industrial type grinder in a canning factory. Cooperation was given the U. S. Public Health Service and the Maryland State Department of Health in presenting the subject "Plumbing and Cross Connections" in their field training schools for sanitarians. A total of 2,288 potential cross connections was prevented or eliminated which included 2,134 hazardous yard hopper-type toilets. There were 3,449 properties connected to the sanitary sewerage system in 1950 which made a total of 189,093 connected properties in the city.

Rodent Control

The Second Baltimore Conference on Rodent Control sponsored jointly by the Baltimore City Health Department and the Fish and Wildlife Service of the U. S. Department of the Interior was held October 9, 10 and 11 and was deemed a success from every point of view. Health and Wildlife officials and representatives from private industry from seventeen states and Washington, D. C. attended. In all 174 persons registered from 45 municipalities and included in this group were state and county health officials, pest control operators, representatives from the Pan-American Sanitary Bureau, the U. S. Public Health Service, the Chemical and Drug Industry, the Army and Navy. The Conference was devoted entirely to recent

developments in rodent control.

In the program of controlling rats by controlling their environment and preventing feeding and breeding, inspections were completed in 15 additional city blocks. The value of this program was clearly demonstrated in the 10 blocks containing 310 properties and 415 dwelling units completed during the year. Since the inception of the program in 1948, thirty-one blocks containing 1,276 dwelling units have been improved. Environmental control procedures were used in the handling of 1,899 complaints and in the investigation and corrective action taken in connection with 80 rat bites which were reported to the division. Two cases of Weil's disease, one suspected case of typhus and a suspected case of rickettsialpox occurred in Baltimore and were cause for immediate action to determine and eliminate the cause in each instance. The tentative diagnoses of typhus and of rickettsialpox were not confirmed.

A new pamphlet entitled "Fight the Rat" was completed and over 30,000 copies were distributed locally. Many requests for this pamphlet were received from cities throughout this country and one request was received for 2,000 copies from Kodiak, Alaska.

Industrial Hygiene

During 1950 the activities of the Bureau of Industrial Hygiene and particularly those relating to atmospheric pollution were brought to public attention in a forceful manner mainly through the press and by radio releases. The ever-increasing service demanded by the public for the control of atmospheric pollution in Baltimore extended the bureau work which was designed primarily for preventing occupational diseases. With the limited staff available, it was possible to study only those problems of atmospheric pollution which did not seriously interfere with in-plant activities.

During 1950 known industrial exposures to hazardous materials caused 1 fatality from ammonia gas, 9 nonfatal cases of carbon monoxide poisoning, 3 nonfatal cases of adult lead poisoning, 3 nonfatal cases of brucellosis, 2 nonfatal cases of silicosis and 1 nonfatal case each due to anthrax and parathion poisoning. In addition to these diseases a number of cases of perforated nasal septa occurred from chrome dust, and the studies of cancer from chrome poisoning were extended.

For the most part, there was a general reduction in domestic exposures to hazardous materials. The conversion of the gas supply in Baltimore from manufactured to natural gas was a significant

public health advance. Usually a hundred or so fatal cases of carbon monoxide poisoning resulted annually from manufactured gas but with natural gas no fatalities occurred during the last four months of the year when the conversion had been completed.

Although 31 child lead poisoning cases occurred, only 2 died. This has been the best ratio of fatal to nonfatal cases obtained in the twenty years of City Health Department interest and study of this disease. Undoubtedly, the improvement was due mainly to the wide publicity given the subject by the Health Department, with the result of earlier recognition and more effective treatment of the cases.

An accidental exposure to carbon tetrachloride caused a domestic fatality. The use of such toxic industrial solvents in homes where adequate protection is practically nonexistent was strongly discouraged.

Biostatistics

The Bureau of Biostatistics concentrated its efforts during 1950 towards the goal of providing operating programs with sound statistical controls and guidance. The close relationship established previously with the Bureau of Child Hygiene was continued. Quarterly summaries of well baby clinic activities were prepared, and plans were made for the streamlining of record-keeping in the Division of Maternity Hygiene. Assistance was given to the Bureau of Tuberculosis in the development of a procedure which provided for rapid processing of mass X-ray report forms.

In cooperation with the Medical Care Section a study was initiated to document and evaluate the experience of persons covered by the Baltimore Medical Care Program. Additional analytical projects included a study of the epidemiology of poliomyelitis, a historical study of public health advances in Baltimore during the past fifty years, and completion of an investigation into the relation of birthweight and length of gestation, a contribution to the literature on the subject of prematurity. These analyses were published in several issues of the bureau's "Quarterly Statistical Report."

The bureau continued its efforts to obtain additional sources of data as a basis for assessing accurately the health status of the community. A joint morbidity project was initiated in cooperation with the Housing Authority of Baltimore City to study the incidence of disease in low income groups. In addition to working with this

organization statistical consultation was provided to other official and voluntary community groups interested in specific phases of the health of the city. The director served as a member of the Subcommittee on Nursing Needs of the State Committee on Medical Care. In this capacity he advised the committee in the matter of survey procedure and will assist in the interpretation of the data collected. On request of the Urban League a report on the problem of the unmarried mother was prepared.

Vital Records

Every activity of the bureau was affected by a greater demand for service than had been previously experienced. In particular, this demand related to problems of birth registration and correction of certificates and to the issuance of both transcripts and verifications of birth and death records. Emphasis was placed on the confidential nature of vital records and every effort was made to assist with the correction of birth certificates which involved the legitimacy status of children. The consistent cooperation given by hospital superintendents, private physicians and midwives, funeral directors and public health nurses aided immeasurably in improving the quality of birth and death registration in the city.

The bureau participated in the 1950 Birth Registration Test in cooperation with the U. S. Bureau of the Census and the National Office of Vital Statistics of the U. S. Public Health Service. The purpose of the test was to determine the extent of underenumeration of the infant population and the reasons for failure to register the births of newborn children.

A Birth Record Correction Advisory Service sponsored by the bureau in cooperation with the Legal Aid Bureau, Inc., began operating August 9. The service was designed to assist in the correction of birth certificates of children particularly in cases involving adoption, legitimation and paternity. A representative of the Legal Aid Bureau staff was present to assist the Director of the Bureau of Vital Records at the sessions held on the second and fourth Wednesday of each month from 5:00 to 7:00 P.M. The advisory service represented an innovation in birth record correction practices in this country; it was predicated on the concept that a birth certificate is not only a personal and legal document but that it also has status as a social document.

The director of the bureau compiled and edited a 63 page booklet, "Handbook of Information for Maryland Funeral Directors" which

was published by the Maryland State Funeral Directors Association, Inc., and distributed by the latter organization on a state-wide basis. The National Office of Vital Statistics noted that this booklet was very complete and useful.

A combined total of 50,149 birth and death transcripts was issued during the year. Verification of births for accredited official and private agencies reached a five-year high mark with a total of 8,825, the majority of which were related to recruiting services of the several branches of the armed forces. This latter activity assumed an unusual proportion in the second half of the year. In addition, the bureau issued 1,010 verifications of death; 2,783 statement-of-age cards; and 2,222 search certificates. Of major interest was the number of new birth certificates completed in order to replace earlier records, of which 486 were the result of legal adoption and 215 the result of legitimation. This latter figure was the same as the total number of similar replacements effected in 1944 which was the highest recorded number for any prior year. Another significant addition to replaced cases relates to the adjudication of paternity, in which category 11 certificates were substituted for their corresponding originals. For the first time in five years a new high was reached in the activities relating to the delayed registration of births. A total of 331 delayed births and 146 unreported births was filed during the year. The sudden upsurge of activity in this phase of the bureau's work was attributed to the increased demands for birth certification required in connection with enlistments in the armed forces and with increased subsistence allowances for veterans' families.

Conclusion

This concludes the twentieth consecutive Annual Report of the Commissioner of Health which has been published separately under the title GUARDING THE HEALTH OF BALTIMORE for each year beginning with 1931 as a summary of the more extensive City Health Department's Annual Report. During 1950 the Health Department work has continued to grow in scope and complexity. The Southern Health District building was completed and opened for service and plans were advanced for providing new buildings for the Southeastern and Eastern Health Districts. These should greatly expand the effectiveness of Health Department activity on a neighborhood basis.

By the close of the year it became obvious that the City Health

Department would be expected to assume a major responsibility in the medical and health aspects of Civil Defense in our atomic era. This will call for ever closer integration of effort between the medical profession, the hospitals of Baltimore, many other community agencies and the Health Department. Fortunately strong bonds of friendly relationship have been forged over the years that should make this teamwork satisfactory for all the participants, in the best interest of the people of the city.

Respectfully submitted,

Huntington Williams, M.D.

Commissioner of Health.

Baltimore, Maryland
May 1, 1951

BIBLIOGRAPHY FOR THE YEAR 1950

Breitstein, M. L. ..... Advances in the Field of Hearing. *The Councillor*, Baltimore Council of Social Agencies, September, 1950, Vol. 15, No. 2, pp. 10-16.

Chandler, Caroline A. and Hodes, Horace L. ..... Aureomycin in the Treatment of Experimental and Clinical Infections with H. Influenzae, Type B. *Pediatrics*, February, 1950, Vol. 5, No. 2, pp. 267-275.

Couchman, Charles E. ..... Baltimore Plant Seeks Solution to Tank Car Illness. *Industrial Hygiene Newsletter*, U. S. Public Health Service, August, 1950, Vol. 10, No. 8, p. 9.

Couchman, Charles E. and Schulze, Wilmer H. ..... Atmospheric Pollution Control Work of the Baltimore City Health Department. *Baltimore Health News*, May-June, 1950, Vol. 27, Nos. 5-6, pp. 33-37.

Atmospheric Pollution Control by a Local Industrial Hygiene Unit. *Industrial Hygiene Newsletter*, U. S. Public Health Service, July, 1950, Vol. 10, No. 7, p. 11.

Crosby, Edwin L. and Fales, W. Thurber ..... Nosologia para Administradores, *Estadistica*, December, 1950, Vol. 8, No. 29, pp. 530-536.

Davis, David E. and Fales, W. Thurber ..... The Rat Population of Baltimore, 1949. *American Journal of Hygiene*, September, 1950, Vol. 52, No. 2, pp. 143-146.

Ennis, Julius M. and Harrison, Harold E. ..... Treatment of Lead Encephalopathy with BAL (2.3-Dimercaptopropanol). *Pediatrics*, May, 1950, Vol. 5, No. 5, pp. 853-868.

Gordon, Joseph ..... Birth Record Correction Advisory Service. *The Councillor*, Baltimore Council of Social Agencies, December, 1950, Vol. 15, No. 3, pp. 17-18.

Guralnick, Lillian and Fales, W. Thurber ..... Family Studies in the Eastern Health District. V. Job Stability for White Men, 1939-1947. *The Milbank Memorial Fund Quarterly*, October, 1950, Vol. 28, No. 4, pp. 355-406.

Hodes, Horace L. and Livingston, Samuel ..... Electroencephalographic Findings in Measles Encephalitis. *Journal of Pediatrics*, May, 1950, Vol. 36, No. 5, pp. 577-582.

Korff, Ferdinand A. — Education in the Food Control Program. *Proceedings of the 1950 Annual Meeting of the Southern Branch of the American Public Health Association*, April, 1950.

The Need for Supervision of Caterers. *Modern Sanitation*, September, 1950, Vol. 2, No. 9, pp. 30-31.

Lilienfeld, Abraham M. and Korns, Robert F. — Some Epidemiological Aspects of Cirrhosis of the Liver. A Study of Mortality Statistics. *American Journal of Hygiene*, July, 1950, Vol. 52, No. 1, pp. 65-81.

Mandell, Sibyl — In-Service Training in Mental Hygiene. *Public Health Nursing*, November, 1949, Vol. 41, No. 11, pp. 576-579.

McCauley, H. Berton and Leonard, Richard C. — The Sodium Fluoride Way to Less Tooth Decay. *The Maryland Teacher*, November, 1950, Vol. 8, No. 3, pp. 8-9.

Nelson, Nels A. — Modern Venereal Disease Control. *American Journal of Nursing*, February, 1950, Vol. 50, No. 2, pp. 75-77.

Norton, Sidney M. — Handbook of Information for Maryland Funeral Directors. Published by The Maryland State Funeral Directors Association, Inc., August, 1950.

Taback, Matthew — Tuberculosis Mortality Changes Resulting from New Coding Procedures. *Baltimore Health News*, April, 1950, Vol. 27, No. 4, pp. 29-32.

Treptow, E. and Lilienfeld, A. M. — A Method of Isometric Pelvimetry with Accurate Outlet Measurements. *American Journal of Obstetrics and Gynecology*, January, 1950, Vol. 59, No. 1, pp. 125-132.

Williams, Huntington — Baltimore's Medical Care Program. *American Journal of Public Health*, June, 1950, Vol. 40, No. 6, pp. 728-730.

Some Health Comparisons—Baltimore, 1900-1950. *Baltimore Health News*, September-October, 1950, Vol. 27, Nos. 9-10, pp. 60-63.

Williams, Huntington and Hodes, Horace L. — Smallpox. *Current Therapy, 1950*. Edited by Howard F. Conn, M.D. Published by W. B. Saunders Co., Philadelphia, Pennsylvania, pp. 41-43.

HEALTH DEPARTMENT PUBLICATIONS

BALTIMORE HEALTH NEWS, Monthly, 1950; and bound volume of issues 1948-1949 with index.

A GUIDE TO COMMON CAN SIZES

A LETTER TO EXPECTANT MOTHERS (Mental Hygiene)

BCG PROGRAM

1200 CALORIC DIET FOR PREGNANCY

CARE OF THE TEETH (Revised)

CHILDREN'S FOOD REQUIREMENTS IN DAY NURSERIES AND NURSERY SCHOOLS

CONTROL OF BED BUGS

CONTROL OF MICE

CONTROL OF ROACHES

CONTROL OF SUBTERRANEAN TERMITES

DEAR PARENT (Lead Poisoning)

DIPHTHERIA (Revised)

FIGHT THE RAT

LABORATORY SERVICES (Revised)

LEAD POISONING IN CHILDREN

LOW SALT DIET

NOTICE TO FOOD HANDLERS—WASH YOUR HANDS. (A Poster, in Greek)

POLIOMYELITIS (Revised)

RULES AND REGULATIONS GOVERNING THE USE AND DISPOSITION OF UNCLAIMED AND IMPOUNDED DOGS

SANITARY FOOD EQUIPMENT

SCARLET FEVER (Revised)

SIX MONTHS OLD TODAY (Revised)

TEN RULES FOR HEALTH

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
Royd R. Sayers, M.D., Senior Medical Supervisor—
Occupational Diseases
Reed Gaither, Principal Administrative Officer
Sadie E. Figg, Senior Stenographer
Helen von Wachter, Senior Stenographer
———————— Clerk-Stenographer

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, 1950.

ASSISTANT COMMISSIONER OF HEALTH

ASSISTANT COMMISSIONER OF HEALTH

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

Many administrative duties were carried on during 1950 which did not vary greatly from prior years and were planned and executed in close cooperation with the Commissioner of Health. In addition, a great variety of problems and assignments which occurred from day to day were presented for solution and required a considerable amount of time for settlement. Many of these were referred directly from the office of the Commissioner of Health.

Conferences with administrators of the health districts were continued throughout the year in each district headquarters; this activity was expanded in 1950 by the opening of the new Southern Health District Building on June 5. The schedule for these conferences was arranged on a monthly basis for all health district buildings with a full staff, and on a fortnightly basis to any district having a vacancy in the health officer position.

Many persons from other cities, states or countries visited the Department for periods of time varying from several hours to several weeks to observe and study certain phases of Baltimore's public health program. Considerable time was spent in arranging schedules and appointments for these visitors. Among the representatives from foreign lands were those who came from Brazil, Canada, Colombia, Finland, Germany, Iceland, Japan, Lebanon, Okinawa, the Philippines, and Thailand.

The recurring problem of inadequate office space for the Health Department sections and bureaus in the Municipal Office Building presented itself again. With the expansion of programs to meet more adequately the public health needs of the growing city it is essential and inevitable that more space be provided. The only possible solution to this problem at present, until more adequate quarters are provided, is to relocate certain units of the Department in other buildings as close to the main administrative offices as possible.

Lecture schedules for junior students at the University of Maryland Medical School were prepared for classes in hygiene and public health and examinations were prepared and graded for both the junior and senior medical classes in public health subjects. During the year a course of eight lectures in public health was given to the senior students in the Sinai and Franklin Square Hospital Schools of Nursing.

BUREAU OF HEALTH INFORMATION

BUREAU OF HEALTH INFORMATION

Joseph Gordon

Director

Conforming to the philosophy that an informed and educated public is one which is better able to meet and solve its problems, the Bureau of Health Information continued to expand its program in order to bring essential health information to the people of the city of Baltimore. Public health, generally, is concerned with two basic principles—the protection of the health of the individual stressing primarily the prevention of disease in its many varying aspects and the promotion of good health practices which involves a program both informative and educative. The success with which the above objectives was met was in large measure due to the cooperative efforts of all functioning Health Department units and the numerous official and nonofficial community agencies. Especially to be noted for their assistance in making the program of the Bureau of Health Information a more effective and meaningful one are the State and County Health Departments, the Medical and Chirurgical Faculty of Maryland, and the Department of Education of Baltimore City.

Publications

The *Baltimore Health News* was published monthly completing twenty-seven years of presenting vital health information to more than 10,000 individuals and agencies. This periodical is distributed to all city physicians, school teachers, health agencies such as schools of public health, medical, dental, pharmacy and nursing schools, hospitals, public health organizations and to a selected mailing list of individuals and agencies both within and without the State. The interest in the material printed is attested to by requests from countries all over the world for copies of this publication. The article "Colds and the Anti-Histaminic Drugs" by Dr. Perrin H. Long, Professor of Preventive Medicine, The Johns Hopkins University School of Medicine, which appeared in the December, 1949 *Baltimore Health News* was reprinted in the Hudson County, New Jersey, Health Record of March, 1950, issued by its Board of Health and Vital Statistics, and excerpts from the article "Some Health

Comparisons—Baltimore 1900-1950" by the Commissioner of Health in the September-October, 1950 issue were reprinted in the New York State Department of Health weekly bulletin of December 25, 1950. Other published articles were concerned with the new dog ordinance, venereal diseases, the inauguration of a new dental program for school children, new coding procedures in vital statistics and Baltimore's revised health district boundaries. A complete issue was devoted to atmospheric pollution including the control work of the Baltimore City Health Department. This particular issue elicited much interest among local industrialists.

The daily press contributed largely to the successful dissemination of health information by printing a total of 350 articles. News releases took the form of reports on vital statistics, messages on disease prevention, warnings of unsatisfactory health conditions; or they gave general information on the city medical care program and general community health. The "Saturday Letter to the Mayor," a combination press release and report to the Mayor on the vital statistics and any outstanding health events of the week, was prepared uninterruptedly during the year. Included in the contributions made by the press were several noteworthy editorials on housing, poliomyelitis and "scare campaigns."

The "Quarterly Statistical Report," a publication of the Statistical Section begun in 1949, was published periodically during 1950. The Report included analyses of statistical information on marriages, births, mortality and morbidity; also special related articles of current interest. This Health Department publication had a wide distribution particularly to statistically-minded individuals and organizations.

The distribution of a periodic newsletter to day nurseries and nursery schools was inaugurated by the Division of Nutrition during the year. The newsletter contained helpful information on the operation of day nurseries and nursery school food services.

The Health Department issued two new leaflets—"Lead Poisoning in Children" and "Fight the Rat." Both were designed to aid in sanitation and the prevention of disease. Four leaflets were revised to accord with latest developments in the field of medicine. These were "Care of the Teeth," "Diphtheria," "Poliomyelitis," and "Scarlet Fever." In addition to these, other literature prepared for distribution included "Rules and Regulations Governing the Use and Disposition of Unclaimed and Impounded Dogs," "Ten Rules for Health," "Laboratory Services," "Six Months Old Today"

(revised), "BCG Program," "A Letter to Mothers" (mental hygiene), "Lead Poisoning Letter to Parents" (industrial hygiene), "Duties and Responsibilities of the Nurse in Industry," "Sanitary Food Equipment," "A Guide to Common Can Sizes," "1200 Caloric Diet for Pregnancy," "Low Salt Diet," "Control of Roaches" and the "Control of Mice." Included also was a handwashing poster in Greek, for use in selected restaurants.

During the year a total of 727,906 leaflets, pamphlets and other miscellaneous health literature was distributed. Not included in this number were 350,000 copies of "What Does Your Family Eat?" a City Health Department publication which was reprinted and distributed by one of the large milk pasteurization plants, and 100,000 copies of the City Health Department venereal disease leaflets "Syphilis and What It Can Do to You," "Gonorrhea and Syphilis and Your Job," "A New Case of V. D. Can Be Prevented with Your Help!" and "Syphilis and Your Baby" which were reprinted and distributed in large numbers by the State Department of Health in the counties of Maryland.

The Bureau of Health Information edited, prepared for publication and distributed the 1949 ANNUAL REPORT and its yearly summary, *Guarding the Health of Baltimore.* Both reports are used for reference and information by Health Department units, by other health educational and library agencies, by the city schools and by others interested in general public health and in the work of the City Health Department. In addition to the regular publications of the Health Department, 21 articles written by staff personnel were accepted for publication in scientific and professional journals, magazines and other periodicals. Reprints of most of these were distributed to all the physicians in the city.

Television and Radio

The production of weekly television and radio health programs continued throughout the year. Both are considered essential to a good public health information program since no other medium can reach such a large proportion of the city's residents so effectively. December 25 saw the 105th telecast of "Your Family Doctor," with the program "The Best Gift of All" in which the Commissioner of Health stressed the basic rules for good health. Radio's last program of the year marked the 591st performance in the Dr. Richard C. Ashley "Keeping Well" health drama series. The television and radio programs were offered under the joint auspices

of the Medical and Chirurgical Faculty of Maryland and the Baltimore City Health Department, and were broadcast as a public service by WMAR-TV and radio station WFBR, respectively.

The television series constituted a virtual and constant challenge for the production of programs which would combine the elements of entertainment and information in the happy proportion that would keep its audience attentive from week to week. By the end of the year it was estimated that the television series held an audience of 15,000-20,000 people. The programs offered stressed prevention as a way to health. A number of programs were held in conjunction with various local and national health drives such as the March of Dimes, National Children's Dental Health Day, National Heart Month, Negro Health Week, Child Health Day, National Hearing Week, and the Tuberculosis Seal Sale. Other programs were prepared with the assistance of the Department of Education, the Society for the Prevention of Blindness, the American Cancer Society and other community agencies. Guest speakers on the program, in addition to City Health Department staff included members of the Medical and Chirurgical Faculty of Maryland, members of the City Department of Education, scientists from the local medical schools, and other outstanding personalities in the field of health. An unusually effective television program on the subject of school lunches was telecast at the State Fair at Timonium before a large audience of Fairgoers. Dr. George A. Silver, Health Officer of the Eastern Health District continued in the role of "Dr. John Worthington" until July when he was succeeded by the Director of the Bureau of Health Information. In November the role was accepted by Dr. H. Berton McCauley, Director of the Bureau of Dental Care.

The role of "Dr. Ashley" in the radio programs was portrayed throughout the year by Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases. The continued interest in this series was demonstrated by numerous requests from public health officials in the United States and abroad for copies of scripts and recordings. The radio dramas like the television series primarily stressed prevention and joined with local and national agencies in their health drives. Among the radio dramas of note were programs on the dangers of carbon monoxide poisoning, eye conservation in industry, hearing conservation, the work of the public health nurse, food handler training, rodent control and environmental sanitation, medical care, a series of two on the activities of the Chief Medical Examiner, a drama stressing the importance of animals in research, and several in conjunction with the health of school age children.

Exhibits

A total of 46 exhibits including 71 units was prepared and used by the Division of Publications during the year 1950. Not less than 9,200 people had the opportunity of viewing and studying such health informative displays.

A new exhibit entitled "Publications of the Baltimore City Health Department" approximately six feet wide and four feet high proved particularly arresting and was used repeatedly. The display was unique in that the City Health Department literature was so arranged that the cover of the publications, the inside pages and the back page, entirely flexotate covered, were easily read without turning a leaf.

Displays were planned and set up for the Second Baltimore Conference on Rodent Control, sponsored jointly by the Baltimore City Health Department and the Fish and Wildlife Service of the U. S. Department of the Interior; for the State Safety Health Conference held under the auspices of the State Industrial Accident Commission; for the "Workshop on the Social and Health Components in Nursing" conducted for one month in the Administration Building of the University Hospital and attended by graduate nurses of Baltimore and other parts of Maryland; for the Tenth Annual Manufacturers' Products Exhibit, sponsored by the Purchasing Agents' Association of Baltimore; for the Second Annual Mass Chest X-ray Survey in the Canton Area Project; for an "Open House" in the Southeastern Health District and for a similar activity in one of the public schools; for the annual local observance of National Negro Health Week; and for the Woman's City Club, Incorporated, at one of its regular meetings when the Italian Consul in Baltimore was the principal speaker. For the seventh consecutive year exhibits arranged on a monthly basis were set up in the entrance corridor of one of the municipal chest clinics. In cooperation with the Division of Mental Hygiene and the Division of Nutrition an unusually charming and colorful exhibit of Christmas toys, books and informational material concerning holiday "goodies" was displayed in the new Southern Health District Building.

The 8 x 8 x 4 foot exhibit, "What Does Your Family Eat?" planned and built during 1949 proved so popular that a similar but much more readily portable display, one-eighth as large, was designed in the Division of Publications and work on it was begun for use in health units of local public schools and as illustrative

material for nutritional talks given under the supervision of the Bureau of Food Control.

Projects planned for the year 1951 will include regularly placed exhibits in the Southern Health District and several three-dimensional panels in color for the Bureau of Public Health Nursing and for the Division of Mental Hygiene of the Bureau of Child Hygiene.

Meetings

Members of the Department continued to render effective public service by participating in conferences and health meetings on national, regional and local levels. Talks on both general and specialized phases of public health were given to 588 groups reaching an estimated 34,856 persons. These included dissertations at public health conferences, lectures and seminars for medical and public health students, talks to teachers and school children and parent-teacher associations, lectures to community groups at health forums and other civic organization meetings, special slum control talks and guided tours, and lecture-discussion sessions in Health Department clinics. Department members also contributed to effective in-service training of personnel at the regular staff and special meetings.

The Commissioner of Health, Dr. George A. Silver and the Director of Health Information participated in a study-tour of the studios of Station WMAR-TV at the Sunpapers Building with a group of students from the Johns Hopkins School of Hygiene and Public Health. The history and development of the Department's television program was discussed at that time.

The director participated in the three-day Second Baltimore Conference on Rodent Control held at the Emerson Hotel in which the City Health Department played host to public health officials from various sections of the country. The Conference, held October 9-11, was opened by the Commissioner of Health and an official welcome was tendered by Mayor D'Alesandro. General and technical sessions, including workshops and study-tours covered every phase of rodent control. The director spoke on the uses of leaflets and bulletins and gave an analysis of radio and television techniques in health information. The radio transcription on rodent control, a health drama broadcast October 9 was played and elicited much interest from the visitors. Members of the Bureau of Laboratories participated in the meeting of the Society of American Bacteriologists held in Baltimore May 14-18.

The director in collaboration with the Bureau of Laboratories arranged for numerous field trips by school groups through the Health Department laboratories. Prior to each tour the director explained the organization and function of the City Health Department. Public school teachers consider these field trips highly effective in giving students first hand information about one of the city's most important official agencies.

Film Services

During the year the bureau arranged for 168 film showings. Many of these included scheduling Health Department speakers as well as providing for a projectionist and movie equipment. The Enoch Pratt Free Library contributed greatly to this phase of Health Department work by continuing to make available its excellent library of health films. Health Department members participated in previewing films considered by the Library for possible purchase and aided in their evaluation. Two films important in Civil Defense previewed and recommended for purchase were "Pattern for Survival" and "You Can Beat the A-Bomb." It was anticipated that both films would be widely used throughout the city for they demonstrated very effectively how each person could protect himself in the event of atomic attack. The bureau participated in the Diabetes Week campaign by assisting in the procurement of the film "The Story of Wendy Hill" which was obtained for television showing. This picture released by the U. S. Public Health Service not only stressed the importance of examining everyone for diabetes but emphasized that diabetics can live a normal useful life.

In order to make the growing film service available on a wider basis several sessions were held for Health Department personnel interested in learning how to operate movie projection equipment. Representatives from each of the health districts attended the sessions. To meet the growing demand for audio-visual aids plans were considered for each Health District eventually to own and operate its own projection equipment. At the close of the year both the Southern and Eastern Health Districts were so equipped.

Other Community Health Programs

One of the community campaigns which had far-reaching effects in public health was the "Dogs for Medical Research" drive. The City Health Department joined with the medical profession and the newly organized Society for Medical Research to help defeat a pro-

posed referendum on November 7 which was designed to ban the use of stray dogs for research purposes by recognized institutions and thus retard medical progress in Baltimore.

The Office of Housing and Law Enforcement continued its program of education for better housing by giving numerous illustrated talks and conducting study-tours of Baltimore's blighted areas. These talks reached every level of society and were instrumental in starting an active public drive to expand the "Baltimore Plan" and to rehabilitate the city's slum areas at a more rapid pace.

The Bureau of Environmental Hygiene participated actively in the "Clean-Up, Fix-Up, Paint-Up" Week and aided citizens' groups in the drive for improving the city's living conditions. The Division of Rodent Control spearheaded the campaign in the war against rats and placed an exhibit cage of rats in front of the Baltimore Association of Commerce Building. Likewise a "Clean-Up, Fix-Up, Paint-Up" radio program was broadcast to give added impetus to the drive.

Services to the Department

The Bureau of Health Information continued to assist the Health Department staff with its editorial and library services. The Medical and Chirurgical Faculty of Maryland Library, the Enoch Pratt Free Library, the William H. Welch Medical Library of the Johns Hopkins University and the University of Maryland School of Medicine Library cooperated closely with the bureau to make the library service an effective one.

The duplicating service completed 542 requisitions for departmental forms, texts, and other literature. This involved the running of 753,817 pieces and represented an increase over last year in the amount of 308,959 pieces. The increase is indicative of the growth of Health Department units and the developing awareness by administrative units of the capabilities of vari-typer and multigraph machines. The bureau supervised the printing of 210 forms by the Municipal Duplicating Bureau. Its photographic service produced 2,548 photographic prints, 393 photostats and 126 slides. Many of these were made for bureau records, for illustrated lectures, for exhibits, for television and for general publicity purposes.

Personnel

Mr. Joseph Gordon was appointed as director of the bureau on

April 20. Mr. Gordon's appointment filled the vacancy made by the resignation of Mr. Isadore Seeman in August, 1949.

Personnel

Joseph Gordon, B.S., Director
Dorothy R. Yoe Kalben, R.N., B.S., Chief, Division of Exhibits and Publications
Lee S. Bowers, Sanitarian
Bessie K. Sothoron, Senior Stenographer
Margaret Shaver, Senior Typist
James J. Kiggins, Senior Clerk
Margaret Kaiser, Addressograph Operator
Betty M. Maier, Junior Stenographer

TABLE NO. 1
SUMMARY OF EDUCATIONAL WORK DONE BY THE HEALTH DEPARTMENT IN 1950

Section or Bureau	Publications	Newspaper Publicity		Printed Material Distributed		Articles in Baltimore Health News	Addresses Lectures and Seminars Led		Visual Education			Radio Broadcasts	Television Programs	Health Contests	Training of Department Personnel		Meetings Attended
		Articles	Column Inches	Requests	Pieces		Health Addresses	Persons Reached	Exhibits	Films, Slides	Persons Reached				Number of Meetings	Number of Persons	
Entire Department	21	350	2,557	20,161	727,906	46	588	34,856	46	168	35,251	53	67	1	1,104	10,173	1,969
Administrative Section																	
Commissioner of Health	3	68	591	50	2,000	7	75	3,000	..	..	..	3	4	..	50	500	600
Asst. Commissioner of Health	..	11	59	..	..	..	..	..	..	..	..	4	1	..	..	..	188
Health Information	1	22	83	686	219,962	10	6	245	37	..	18,914	8	8	..	13	575	83
Baltimore Health News	..	..	..	151	124,459	..	..	..	..	..	..	..	..	..	..	..	..
Rack Distribution	..	..	..	74	53,570	..	..	..	..	..	..	..	..	..	..	..	..
Miscellaneous	..	..	..	461	55,038	..	..	..	..	..	..	..	..	..	..	..	..
Laboratories	..	5	49	75	613	..	26	114	..	..	..	1	..	..	21	266	62
Eastern Health District	..	..	..	..	4,838	..	40	529	..	9	255	..	..	..	38	236	30
Western Health District	..	..	..	742	4,699	..	10	108	..	..	..	..	..	..	8	164	58
Druid Health District	..	1	3	1,292	4,644	..	18	238	..	6	109	1	1	..	34	600	21
Southeastern Health District	..	2	18	2,351	4,226	1	5	225	..	1	30	..	..	..	..	..	35
Southern Health District	2	5	33	873	3,632	..	..	..	..	..	..	..	..	..	33	205	13
Medical Section—Preventive																	
Communicable Diseases	..	9	38	383	22,851	1	1	30	..	..	..	4	2	..	8	240	2
Tuberculosis	..	25	172	..	..	1	22	1,075	..	..	..	1	2	..	12	100	57
Venereal Diseases	1	1	12	96	44,090	7	27	967	..	..	..	1	..	..	38	27	164
Child Hygiene	1	3	19	3	20,582	..	62	2,006	..	56	1,385	4	6	..	515	1,460	152
School Hygiene	1	5	13	..	..	..	..	..	..	..	..	3	5	..	..	..	..
Dental Care	1	21	130	2	41,087	1	17	1,471	..	..	..	2	21	..	..	..	18
Public Health Nursing	..	2	11	5,955	24,152	2	8	338	5	7	1,007	4	2	..	106	858	55
Medical Care Section																	
Administration	..	7	54	..	3,950	1	..	..	..	..	..	1	..	..	..	..	..
Sanitary Section																	
Administration	1	21	195	127	1,318	..	9	368	..	..	..	5	3	..	5	39	81
Milk Control	..	4	29	129	296	..	93	180	..	..	..	..	1	1	4	21	..
Food Control	2	16	120	4,785	32,599	..	64	17,396	3	21	7,226	4	2	..	143	3,979	49
Meat Inspection	..	7	64	..	..	..	..	..	..	..	..	..	..	..	..	..	10
Industrial Hygiene	3	22	177	305	19,305	5	4	560	1	..	1,500	4	3	..	..	..	17
Environmental Hygiene	..	14	129	943	36,353	..	33	1,339	..	12	1,283	2	2	..	53	490	12
Housing and Law Enforcement	..	47	434	673	2,642	..	57	4,242	..	56	3,542	..	2	..	8	83	164
Statistical Section	5	33	124	5	1,000	15	11	425	..	..	..	1	2	..	15	330	98

TABLE NO. 2
RADIO DRAMAS BROADCAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1950
"KEEPING WELL" SERIES
WFBR

Date		Title	Subject
January	5	In Retrospect	Review of the past
	12	Brother, Spare A Dime	March of Dimes
	19	Public Nuisance No. 1	Common cold
	26	Not A Smell In A Carload	Carbon monoxide
February	2	She Got It From Her Mother	Syphilis Control Day
	9	It Happened Fifteen Years Ago	Venereal diseases
	16	Handle With Care	Rheumatic fever
	23	You Have A Heart	Heart disease
March	2	To See Or Not To See	Eye conservation in industry
	9	The Nurse and Your Job	The public health nurse in industry
	16	Babies Beware	Whooping cough
	23	Growing Old Gracefully	Geriatrics
	30	Serve It With A Smile	Food handler training
April	6	Health For All	Negro Health Week
	13	Better Early Than Late	Cancer
	20	Keep 'Em Out	Rodent control
	27	Whole Health For Our Children	Child Health Day
May	4	Clean Up—Paint Up—Fix Up	Civic pride
	11	Oh! Say Can You Hear	National Hearing Week
	18	Keep 'Em Down	Weeds—poison ivy
	25	Our Displaced People	Licensing and inspection
June	1	Forward March	Medical care
	8	What Done It?	Chief Medical Examiner
	15	Case Closed	Chief Medical Examiner
	22	Flaming Youth	Sunburn and swimming
	26	Courtesy At The Wheel	Automobile accidents
July	3	Pickles And Ants	Picnic foods
	10	Thar She Blows!	Home canning
	17	Baby, It's Warm Outside	Heat exhaustion
	24	A Fool For A Patient	Self-medication
	31	Oh, Say Can You See	Eye conservation
August	7	Skin Deep	Acne
	14	So You're Going To Be A Grandmother	Maternity hygiene
	21	Time To Change	Infant care
	28	Here We Go!	Getting ready for school
September	4	Mother Packs A Lunch	School lunches
	11	Watch Out For Lead	Lead poisoning
	18	Position Is Everything In Life	Posture
	25	Crawling Dandruff	Pediculosis
October	2	How's Your Heater	Carbon monoxide
	9	Aw Rats!	Rodent control
	16	Coughs By The Carload	Colds, coughs and pneumonia
	23	Hear! Hear!	Hearing aids
	30	Parasite In The Pig	Trichinosis
November	6	Killing The Killers	Antibiotics
	13	Detect And Correct	Diabetes
	20	Mail It With A Seal	Tuberculosis Seal Sale
	27	Hey, Nurse!	The public health nurse
December	4	The Hunt Is On	Laboratory services
	11	Play Is Their Business	Christmas toys
	18	Look Out!	Holiday hazards
	25	Dr. Ashley's Christmas Party	

TABLE NO. 3
TELEVISION SERIES TELECAST UNDER THE JOINT AUSPICES OF THE BALTIMORE CITY HEALTH DEPARTMENT AND THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND, 1950
"YOUR FAMILY DOCTOR" SERIES
WMAR-TV

DATE		SUBJECT	GUEST
January	3	Food Handlers	Mr. Ferdinand A. Korff
	10	Fluoride Treatment To Reduce Tooth Decay	Dr. H. Berton McCauley Dr. John E. Frank
	17	Pediatric Round Table	Dr. Lucille Liberles Dr. J. Edmund Bradley Dr. Francis Schwentker
	24	Infantile Paralysis	Dr. Allen Voshell
	31	Antibiotics	Dr. Perrin H. Long Dr. Theodore Woodward
February	7	Children's Dental Health Day	Dr. H. Berton McCauley
	14	National Heart Month	Mrs. Margaret Seipp Miss Mary Madden
	21	Tuberculosis	Dr. Charlotte Silverman
	28	Water Sanitation	Mr. J. S. Strohmeyer Mr. George W. Schucker
March	7	Sewage Disposal	Mr. John J. Hunt Mr. George O. Motry
	14	Slum Clearance	Mr. G. Yates Cook
	21	Communicable Diseases	Dr. Myron G. Tull
	28	Environmental Sanitation	Dr. Wilmer H. Schulze Mr. Milton Friedman
April	4	Industrial Hygiene	Mr. Felix H. Pretsch
	11	Cancer	Dr. Emanuel Schoenbach
	18	Negro Health Week	Prof. Charles C. Key Dr. Gilbert Banfield Dr. Isaac Young Dr. H. Maceo Williams Miss Florence Roberts
	25	Child Health Day	Dr. Paul Harper
May	2	Obesity	Miss Eleanor McKnight
	9	Baltimore Comes Of Age	Dr. W. Thurber Fales
	16	Hearing Conservation	Dr. William G. Hardy Mrs. Violet Weber
	23	Sydenham Service	Dr. Harold E. Harrison
	30	School Registration	Miss Alice M. Sundberg Mrs. Rebecca Catlin
June	6	Cerebral Palsy	Dr. Winthrop Phelps Miss Elsie M. Saulsbury
	13	The Middle Years	Dr. Frank R. Smith, Jr.
	20	Safeguarding Our Milk Supply	Dr. Emanuel Kaplan Mr. Robert J. Gaddis
	27	Vacation And Health	
July	3	Swimming And Safety	Mr. Robert Gregson
	10	Beating The Heat	
	17	Uninvited Guests	Dr. Theodore Woodward
	24	Your Medicine Cabinet	
	31	Wounds And Their Care	Mr. Stephen Bugan
August	7	First Aid For Burns	Capt. William C. Brust
	14	Bandaging	Dr. Edwin Stewart, Jr. Miss Serena Walters
	21	Appendicitis	Dr. Harry C. Hull
	28	Opening Of School	Dr. H. Berton McCauley Miss Ruth Collier
September	4	School Lunches	Miss Eleanor McKnight
	11	Prevention Of Home Accidents	Mr. George W. Schucker Mr. Matthew Taback
	25	School Health Services	Dr. Henry F. Buettner
October	2	Conservation Of Hearing	Dr. M. L. Breitstein
	9	Feeding The Child	Dr. J. Edmund Bradley Dr. Lucille Liberles Dr. Francis Schwentker
	16	Conservation Of Eyesight	Dr. Angus McLean
	23	Rats and Health	Mr. William Sallow
November	6	Speech Education In The Public Schools	Mrs. Roberta Elliott
	13	Heart Attacks	Dr. John T. King
	20	Occupational Diseases	Dr. Wilmer H. Schulze Mr. Charles E. Couchman
	27	Tuberculosis	Dr. Leon Hetherington
December	4	Christmas Toys	Dr. Sibyl Mandell
	11	Medical Misinformation	Dr. Richard C. Shryock
	18	Teen-Age Problems	Miss Mazie Rappaport
	25	The Best Gift Of All	Dr. Huntington Williams

BUREAU OF LABORATORIES

BUREAU OF LABORATORIES

Clinton L. Ewing

Director

It has been said that one measurement is worth many opinions. This is especially true if the measurement has been made with accuracy. Laboratory work is a type of measurement and the results must be accurate. These results are used for various purposes, the most important of which is their application as an aid in the diagnosis of human illness.

In 1950, the bureau endeavored to provide an accurate and expeditious laboratory service to physicians, hospitals and other institutions and to other City Health Department bureaus. Personnel changes, which included the abolishment of one position and five resignations, made it necessary to confine the work to routine activities. Hence, there was not as much opportunity for investigative work as in past years.

Requests for routine services involved 247,105 examinations of 135,628 specimens and samples. Of these totals 190,608 examinations of 119,381 specimens were made to assist in the diagnosis, prevention and treatment of communicable diseases; and 17,520 bacteriologic and 38,977 chemical examinations were made of 17,752 samples of milk and food products and industrial or other materials. Total examinations increased by 3.3 per cent and specimens and samples decreased by 3.7 per cent in comparison with 1949 figures.

Several important personnel changes were effected. In August, Mrs. Melissa Mann was promoted from Senior Bacteriologist to Principal Bacteriologist and Miss Mary Jane McManus and Miss Evelyn Medwedeff were advanced from Junior to Senior Bacteriologists. The five resignations previously mentioned were as follows: Ruth Sullivan, Senior Bacteriologist, resigned January 13; Hugh Burgess, Laboratory Assistant, resigned March 17; Ruth Peterman, Laboratory Assistant, resigned June 1; Mary Moran, Laboratory Assistant, resigned August 31 and Lucia Pizzutelli, Laboratory Assistant, resigned November 24.

Division of Bacteriology

The principal activities of the Division of Bacteriology related to medical bacteriology, serology and sanitary bacteriology. The

serology laboratory and the approval service laboratory participated in the Sixth Annual Maryland State-Wide Syphilis Serology Survey which began in October, 1949 and was completed in May, 1950. In addition, 16 hospital and 3 private laboratories collaborated. Of the 21 laboratories only 12 were considered satisfactory by the State Laboratories. Results obtained by the bureau were as follows:

Name of Test	Sensitivity	Specificity
Eagle Flocculation	100 per cent	100 per cent
Kline Diagnostic	99 per cent	100 per cent
Eagle Complement-Fixation	99.5 per cent	100 per cent

Sensitivity = ability of test to detect positive specimens.
Specificity = no false positive results in testing negative specimens.

Although the new Southern Health District Building was opened in June, complete physicians' laboratory supplies and full-time messenger services were not provided until September. These facilities made possible a more convenient public health laboratory service to the physicians practicing in this area.

Over the years requests for examinations for *Clostridium tetani* are rare. In October, however, one of the local hospitals submitted a toe of a patient that had been obtained post mortem. The patient had had an ingrown toenail removed and during convalescence had visited a farm where she wore shoes with open toes. She developed tetanus and died. Tetanus bacilli were isolated from the toe.

Through the efforts of the medical bacteriology laboratory, three typhoid carriers were detected in 1950. One of these individuals was found to be a urinary as well as fecal carrier.

In spite of the localized diphtheria outbreak in Curtis Bay in the early part of the year there was little change in laboratory work involving examinations for diphtheria bacilli. Totals of 4,097 microscopic tests and 284 virulence tests were made on 1,533 specimens. In 1949, for comparison, 1,575 cultures were submitted upon which 3,927 microscopic studies and 276 virulence tests were made.

A total of 75 animals, including 62 dogs, 9 cats, 1 hamster and 3 squirrels was tested for rabies. This was 26 less than the number received in 1949. None was positive and 1950 is the third successive year in which no positives were found. The last rabid dog was reported in February, 1947.

The number of specimens submitted for testing purposes totaled 119,381. Increases were noted in specimens for tubercle bacilli, blood cultures, blood specimens for agglutination tests and fecal specimens as compared with 1949.

STS work showed a decrease in 1950. The total of 90,629 specimens of blood and spinal fluid submitted for syphilis serology represented a decrease of 6.8 per cent in comparison with the number submitted in 1949. Of the total received, 89,115 were blood and 1,514 were spinal fluid. Routine Eagle-Strauss flocculation tests revealed that 17.6 per cent of the blood specimens were positive.

In the special serologic, or approval services laboratory, there was an increase of 17.2 per cent in examinations for infectious mononucleosis and an increase of 23.3 per cent in the number of complement-fixation tests for viral and rickettsial infections. Fifty specimens of rat sera submitted by the Division of Rodent Control were tested for endemic typhus complement-fixing antibodies with negative results.

Routine gonococcus infection laboratory services involved the examination of 5,247 smears and 5,981 cultures, representing decreases of 67 smears and 946 cultures. These decreases seem to follow a downward trend in demands for laboratory work as a result of the increasing use of antibiotics in the treatment of gonorrhea.

Considerable effort was expended in the Sanitary Bacteriology Laboratory in the investigations of 23 alleged outbreaks of food poisoning. This work and other activities involved 17,520 examinations of 8,610 samples of milk and dairy products, water, food utensil swabbings, sea food and miscellaneous materials representing increases of 45.9 per cent in examinations and 1.9 per cent in samples as compared with work done in 1949.

Space does not permit a detailed discussion of the laboratory work associated with the 23 alleged food poison outbreaks. It was found, however, that in 10 of the investigations, the laboratories isolated bacteria which were believed to have been the causative organisms. In seven instances, *Staphylococcus aureus* was detected. *Shigella alkalescens* and members of the paracolon group were found in the other 3 cases.

A total of 150 samples of food products was examined during the year. In most instances the samples were satisfactory, but in a few cases certain organisms were isolated including *Staphylococcus aureus, Salmonella abortivo-equina* and *Proteus mirabilis.*

In October 1949, tests for coliform bacteria were instituted on samples of pasteurized cream, pasteurized chocolate milk and ice cream. Tests on pasteurized bottled milk have been made for many years. Results obtained in the examination of 3,419 samples are presented in the following tabulation:

Type of Sample	Number of Samples Tested	Per Cent Samples with Coliform Bacteria	Per Cent Samples with Escherichia coli
Pasteurized milk	1,992	29.4	7.9
Chocolate milk	238	39.1	8.9
Pasteurized cream	516	50.9	21.1
Ice cream	673	51.4	15.5

Division of Chemistry

The Division of Chemistry made 38,977 examinations of 12,305 samples submitted principally in connection with the activities of the Sanitary Section. These figures represent increases of 5.4 per cent in examinations and 10.6 per cent in samples when compared with the 1949 record.

A total of 8,187 samples of milk and dairy products was examined in 1950, an increase of 112 samples. Results obtained in the testing of these samples revealed certain deviations from chemical standards as follows: Added water in 149 samples; butterfat deficiency in 22 samples; skimming in 13 samples and excessive sediment in 9 samples. Only one sample of bottled pasteurized milk and one sample of bottled pasteurized cream were found improperly pasteurized in the examination by the phosphatase test of 5,227 samples of milk and 732 samples of dairy products.

Added water in quantities ranging up to 30 per cent was found in 20 per cent of 589 samples of raw milk collected from 52 producers shipping to 5 local plants. Most of the adulteration occurred in the last quarter of the year when the milk producer established his average or base-milk production upon which is fixed the maximum production he would be permitted for the year 1951. Excess milk is paid for at a lower or surplus price. Accordingly, there is a tendency for the unscrupulous producers to add water to increase the weight of milk shipped to market in the period when the base is fixed. The full extent of adulteration is only speculative, as it is impossible to check adequately the more than 2,700 individual milk producers in the Baltimore milkshed.

Microanalytical tests for filth were made of 63 per cent of 624 miscellaneous food samples submitted by the Bureau of Food Control. Filth such as insect fragments or rodent contamination was found in 41 per cent of 391 samples collected from 186 local establishments of which 61 per cent were bakeries.

Considerable attention was devoted to problems involving the detection of adulteration of meat and poultry. Laboratory evidence

figured prominently in the successful prosecution of 4 dealers accused of selling a mixture of ground meat trimmings and fat colored with a red dye in order to improve the appearance of the product. Laboratory tests also aided in the prosecution of 3 poultry dealers engaged in the artificial coloring of dressed chickens. To a large segment of the consuming public, a yellow skin color in dressed poultry is an index of wholesomeness. Chemical analysis integrated with field investigations revealed a variety of practices in poultry coloring. This survey required the examination for artificial color of 17 samples of dressed poultry and 46 samples of rinse water from processing plants. Tests made in the chemical laboratories also served in the prosecution of a local manufacturer using horse meat in the production of sausage. The Chief of the Division of Chemistry testified in 10 prosecutions during the year.

Field studies and surveys conducted by the Bureau of Industrial Hygiene on atmospheric pollution involved the examination of 15 samples of air from the Curtis Bay area for such contaminants as sulphur dioxide, sulfuric acid, fluoride, titanium and oxides of nitrogen. Ninety-six samples of caustic solution removed from air-scrubbing tanks at oxygen manufacturing plants were also tested for air contamination. Two samples of soot, derived from the incomplete combustion of oil, were examined in an investigation of a spectacular oil smog in Brooklyn. Dust collected from one complaint of atmospheric pollution was found to be fly ash from coal. In a second instance, dust which was alleged to have eaten the paint off automobiles was found to contain sodium carbonate and chromium oxide and was similar to a mixture fed into furnaces of a local manufacturer of chromate chemicals.

The Bureau of Industrial Hygiene submitted 266 samples of atmospheric dust and solvents which were examined for such toxic materials as lead, parathion, free silica, titanium, mercury, chromium, beryllium, fluoride, nitrate and sulfate. Eighty-five samples of air were tested for lead content in investigations of operations involving soldering of cans, fabrication of lead articles, lead recovery from scrap metal, insecticide manufacture, spray painting, printing and manufacture of lead-coated wire.

An important function of the Division of Chemistry is the laboratory assistance that is furnished in connection with the diagnosis of lead poisoning. This service has been available since 1934 and has expanded considerably in the ensuing years. The examination of 653 specimens of blood for lead in 1950 was an increase of 6 per cent in comparison with the number tested in 1949. The specimens ob-

tained from 240 adults and 253 children were submitted by 77 practicing physicians and 17 hospitals. Abnormal amounts of lead were found in specimens from 38 adults engaged principally in enamelware production, in the reclaiming of lead from scrap and in insecticide manufacture.

Excessive amounts of lead were detected in specimens from 59 children. As part of the investigation of lead poisoning in children, the Bureau of Industrial Hygiene submitted 175 samples of paint scrapings collected from the homes of 74 children. Fifty-six per cent of the samples were found to contain lead.

Biologicals

Requests for antitoxins, sera, vaccines and other biologicals decreased in 1950. A total of 25,493 packages was distributed. This was 17.7 per cent less than the amount for 1949. As a result of the increase in the number of cases of diphtheria there was a corresponding increase in the amount of diphtheria antitoxin requested by physicians. A total of 7,496,000 units was distributed or an increase of 2,468,000 units over 1949.

Toxoids

As a result of the interest of the medical profession in obtaining combined antigen for the prevention of diphtheria, tetanus and whooping cough, the bureau began the distribution of diphtheria and tetanus toxoids combined with pertussis vaccine on May 1, 1950. By the end of the year a total of 26,170 c.c. of this material had been given out. Distribution of alum-precipitated diphtheria toxoid decreased by 1,590 c.c. and diphtheria toxoid combined with pertussis vaccine decreased by 22,390 c.c. The total amount of combined and uncombined toxoid issued for immunization involved 67,520 c.c. or a net increase of 2,190 c.c. as compared with 1949. The concentration of pertussis organisms in the product distributed in 1949 was 40,000 million per c.c. The triple antigen used in 1950 contained only 20,000 million killed pertussis bacilli to conform with the specifications of the U.S. Public Health Service.

Immune Serum Globulin

A marked decrease occurred in the distribution of immune serum globulin. Only 1,338 c.c. were withdrawn in contrast to 17,354 c.c. in 1949 as a result of the relatively smaller number of cases of measles. This biological is a fraction or by-product of human blood and is

supplied free to the City Health Department by the American Red Cross.

Antipertussis Rabbit Serum

A total of 3,236 c.c. of antipertussis rabbit serum was distributed in the prevention and treatment of whooping cough. This amount was greater by 2,000 c.c. than the amount given out in 1949.

Special Investigations

A suitable procedure was worked out for the detection of horse meat by the biologic-precipitin test. Mr. Buck and Dr. Kaplan collaborated in the preparation and use of rabbit anti-horse serum. A paper describing this work was prepared and submitted for publication.

The Division of Chemistry collaborated in a study conducted by the Committee on Standard Methods for Dairy Products of the American Public Health Association on two phosphatase methods for the determination of pasteurization of cheese. These methods were the official Sanders-Sager and the Cornell modification. Nine nationally known laboratories participated and seven samples of several different types of cheese were tested. Results obtained in the Division of Chemistry were about average.

Most of the total of 535 samples of hand swabbings examined were connected with studies made in collaboration with the Bureau of Food Control on the efficiency of food handler hand-washing procedures. In one survey, special soap and disinfectant dispensers were installed and in another a commercial solution known as Rabidal was compared with ordinary soap.

As a result of the discovery of added water in raw milk it became necessary to control very carefully the chemical methods for detecting water. The most satisfactory method is that which is known as the freezing point or cryoscopic test. The Division of Chemistry designed a new and improved cryoscope thermometer for use in this test.

Other studies included work on: The determination of beryllium in fluorescent light tubing, the application of ultra-violet light to the detection of traces of uranine used as a tracer in the location of water seepage from sanitary plumbing, the sensitivity of the glycogen test for horse meat in sausage, the viability of coliform bacteria in sterilized and raw river water, coliform bacteria in pasteurized ice cream, the detection of artificial color in dressed poultry, the differ-

entiation of oleomargarine from butter by the critical temperature of dissolution, a rapid separatory funnel method for the detection of filth in food and the investigation of a modified sulfosalicylic acid test for albumin in urine.

Educational Activities

Services of the bureau were explained to over 300 visitors from various schools and other local institutions. Talks were presented before 3 groups consisting of about 225 persons and information on specific laboratory problems was provided 62 persons from 4 states and 5 foreign countries. Five lectures and one demonstration were given to the sophomore class of the School of Medicine of the University of Maryland. The lectures were on the bacteriology of milk and water and the laboratory diagnosis of rabies. The demonstration was on the phosphatase test. The work of the bureau was described on 2 television programs and 2 radio broadcasts.

Personnel

Clinton L. Ewing, Director
Theodore C. Buck, Jr., Assistant Director
Emanuel Kaplan, Sc.D., Chief, Division of Chemistry
Melissa P. Mann, A.B., Principal Bacteriologist
Katharine E. Welsh, A.B., Principal Bacteriologist
Mary J. McManus, B.A., Senior Bacteriologist
Evelyn M. Medwedeff, B.S., Senior Bacteriologist
Katherine E. Shea, B.A., Senior Bacteriologist
Rudolpha Turner, B.S., Senior Bacteriologist
Irmgard Wolf, A.B., Senior Chemist
Maurice E. Baker, B.S., Junior Bacteriologist
Mary Cooper, B.S., Junior Bacteriologist
Louise B. Hitchcock, B.S., Junior Bacteriologist
Byrd G. Wenke, Junior Bacteriologist
Robert S. Shaull, B.S., Junior Chemist
Jane F. Farber, B.A., Laboratory Assistant
Mary E. Gallagher, Laboratory Assistant
Nadine A. George, Laboratory Assistant
William Neill III, A.B., Laboratory Assistant
Harry L. Carman, Senior Administrative Officer
John A. Wheeler, Junior Administrative Officer
Kathryn Hiltner, Senior Stenographer
Helen Sudina, Senior Stenographer
Frieda Ernst, Senior Clerk
Laura B. Grim, Senior Clerk
Marie R. Guckert, Senior Clerk
Michael J. Doonan, Senior Storekeeper

James L. Mitchell, Stockhandler
Warren H. Barnes, Chauffeur
Raymond Buettner, Laborer
Thomas H. Hale, Laborer
George H. Johnson, Laborer
Michael Madigan, Laborer
Louis Svatora, Laborer

TABLE NO. 1

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

Type of Specimen and Test	Number of Specimens	Number of Tests
Total	119,381	190,608
Animal heads	75	
Animal inoculation	..	75
Microscopic	..	1,646
Blood	91,406	
Agglutination	..	8,850
Animal inoculation	..	2
Culture	..	7,521
Microscopic	..	862
Serologic	..	106,772
Direct culture	7,775	
Agglutination	..	8
Animal inoculation	..	284
Culture	..	13,677
Microscopic	..	5,452
Exudates	5,740	
Animal inoculation	..	64
Culture	..	577
Microscopic	..	5,814
Feces	1,070	
Animal inoculation	..	1
Culture	..	5,793
Macroscopic	..	6
Microscopic	..	2,879
Helminths	65	
Microscopic	..	70
Spinal Fluid	1,569	
Animal inoculation	..	9
Culture	..	263
Microscopic	..	150
Serologic	..	3,004
Sputum	10,336	
Animal inoculation	..	51
Culture	..	10,537
Microscopic	..	8,899
Stomach lavage	734	
Animal inoculation	..	28
Culture	..	4,077
Microscopic	..	530
Urine	611	
Animal inoculation	..	92
Culture	..	1,723
Microscopic	..	892

TABLE NO. 2

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

Type of Examination	Total	Positive	Negative	Doubtful	Unsatisfactory
Total	149,787	40,878	102,900	3,922	2,087
Brucellosis					
Total	1,602	8	1,423	42	129
Agglutination					
Blood	1,345	8	1,298	39	..
Culture					
Blood	11	..	9	2	..
Blood clot	246	..	116	1	129
Diphtheria					
Total	1,816	457	1,342	4	13
Animal inoculation					
Virulence test	283	72	211	..	..
Microscopic					
Diagnostic	765	175	580	..	10
Institution	78	26	49	2	1
Release	690	184	502	2	2
Enteric Infections					
Total	6,506	612	5,345	547	2
Agglutination					
Blood, H antigen	2,476	253	1,910	313	..
Blood, O antigen	1,281	27	1,020	234	..
Culture					
Blood	190	74	115	..	1
Blood clot	1,205	4	1,201	..	..
Feces	1,048	46	1,001	..	1
Pleural fluid	3	..	3	..	..
Urine	303	208	95	..	..
Gonococcus Infections					
Total	10,943	3,258	6,211	1,013	461
Exudate					
Culture	5,981	2,163	3,371	6	441
Microscopic	4,962	1,095	2,840	1,007	20
Infectious Mononucleosis					
Blood, agglutination	1,495	394	327	767	7
Intestinal Parasites					
Total	670	88	579	..	3
Microscopic					
Feces	600	72	526	..	2
N.I.H. Swabs	59	13	45	..	1
Worms	11	3	8	..	..
Malaria					
Blood, microscopic	10	..	10	..	..
Meningitis					
Spinal fluid, culture	1	1	..	..	..

TABLE NO. 2—Continued

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

Type of Examination	Total	Positive	Negative	Doubtful	Unsatisfactory
Metallic Poisoning					
Total	672	177	369	111	15
Biochemic					
Lead					
Blood	653	170	357	111	15
Stomach lavage	1	..	1	..	..
Urine	7	2	5	..	..
Arsenic					
Blood	4	1	3	..	..
Hair	1	..	1	..	..
Nail	1	..	1	..	..
Stomach lavage	1	1	..	..	..
Urine	4	3	1	..	..
Pneumonia					
Sputum					
Culture	1	1	..	..	..
Rabies					
Total	155	..	155	..	..
Animal inoculation					
Brain emulsion	80	..	80	..	..
Microscopic					
Animal brain	75	..	75	..	..
Rickettsial Infections					
Total	2,220	2	2,167	51	..
Agglutination					
Blood					
Proteus OX_2	1,070	1	1,043	26	..
Proteus OX_{19}	1,069	1	1,044	24	..
Complement-fixation					
Blood					
Endemic typhus	18	..	18	..	..
"Q" Fever	30	..	30	..	..
Rocky Mountain spotted fever	33	..	32	1	..
Streptococcus Infections					
Total	52	42	10	..	..
Culture					
Blood	15	10	5	..	..
Exudate	4	4	..	..	..
Sputum	10	10	..	..	..
Swab	21	16	5	..	..
Urine	2	2	..	..	..
Syphilis					
Total	111,281	33,720	75,790	1,222	549
Biochemic					
Gum mastic	1,511	184	1,327	..	..
Total protein	1,505	1,505	..	..	..
Complement-fixation					
Eagle					
Blood	989	160	730	99	..
Spinal fluid	1,493	130	1,313	36	14

TABLE NO. 2—Concluded

EXAMINATIONS FOR PHYSICIANS CLASSIFIED BY TYPE AND RESULT OF EXAMINATION

Type of Examination	Total	Positive	Negative	Doubtful	Unsatisfactory
Syphilis—Continued					
Flocculation					
Eagle-Strauss					
Blood	89,115	15,715	71,968	897	535
Kline diagnostic					
Blood	1,006	364	452	190	..
Titre	15,662	15,662	..	..	..
Trichomoniasis					
Exudate, microscopic	243	184	59	..	..
Tuberculosis					
Total	11,618	1,716	8,845	152	905
Animal inoculation					
Exudate	95	9	86	..	..
Sputum	84	6	78	..	..
Stomach lavage	62	4	58	..	..
Urine	103	8	95	..	..
Culture					
Exudate	47	4	41	..	2
Sputum	876	98	758	..	20
Stomach lavage	327	56	258	..	13
Urine	38	5	24	..	9
Microscopic					
Exudate	102	4	97	1	..
Sputum	9,372	1,487	6,886	141	858
Stomach lavage	345	28	306	9	2
Urine	167	7	158	1	1
Tularemia					
Blood, agglutination	114	7	103	4	..
Vincent's Infection					
Exudate, microscopic	35	16	13	4	2
Virus Infections					
Complement-fixation					
Blood					
Ornithosis-Psittacosis	78	2	71	5	..
Other Examinations					
Total	275	193	81	..	1
Biochemic	5	4	1	..	..
Culture	267	187	79	..	1
Microscopic	3	2	1	..	..

TABLE NO. 3

CLASSIFICATION OF ORGANISMS ISOLATED

LABORATORY TESTS	
Total tests	3,118
Positive results	691
Aerobacter aerogenes	27
Alcaligenes faecalis	50
Clostridium tetani	1
Corynebacterium enzymicum	4
Corynebacterium pseudodiphtheriticum	5
Corynebacterium xerose	1
Diplococcus (type undetermined)	2
Diplococcus pneumoniae (type 19)	1
Douglas & Colebrook #6*	2
Douglas & Colebrook #9*	2
Escherichia coli	62
Flavobacterium lutescens	1
Gaffkya tetragena	5
Hemophilis parainfluenzae	1
Micrococcus candicans (Flugge)	1
Micrococcus candidus	10
Micrococcus candidus (Cohn)	1
Micrococcus conglomeratus	1
Micrococcus epidermidis	3
Micrococcus epidermidis (Gordon)	18
Micrococcus freudenreichii	1
Micrococcus pyogenes	1
Micrococcus pyogenes, var. albus	6
Micrococcus pyogenes, var. aureus	9
Micrococcus saccatus migula	1
Micrococcus salivarius (Gordon)	1
Neisseria catarrhalis	20
Neisseria flavescens	1
Neisseria meningitidis	4
Neisseria sicca	1
Neisseria subflava	1
Paracolobactrum	3
Paracolobactrum, intermedium	3
Proteus (type undetermined)	4
Proteus mirabilis	1
Proteus morganii	18
Proteus rettgeri	2
Proteus vulgaris	2
Pseudomonas aeruginosa	18
Salmonella abortivoequina	2
Salmonella, species (type Stanley)	1
Salmonella typhimurium	1
Salmonella typhosa	27

TABLE NO. 3—Concluded

Shigella alkalescens	10
Shigella paradysenteriae	4
Shigella sonnei	4
Staphylococcus (type undetermined)	131
Streptococcus faecalis	11
Streptococcus pyogenes	4
Streptococcus salivarius	67
Unidentified Coliform organism**	71
Unidentified Gram-negative bacilli**	14
Unidentified Gram-negative diplococci**	3
Unidentified Gram-negative sporebearer**	3
Unidentified Gram-positive bacillus**	14
Unidentified Gram-positive sporebearer**	27
Unidentified Sporebearer**	2
Negative results	2,425
Unsatisfactory results	2

* Nomenclature adopted from *A System of Bacteriology*, British Medical Research Council, 1931.
** Organisms isolated but not identified as to species.
All others, nomenclature adopted from *Bergey's Manual of Determinative Bacteriology*, Sixth Edition, 1948.

TABLE NO. 4
BIOLOGICALS DISTRIBUTED TO PHYSICIANS, HOSPITALS AND INSTITUTIONS

Product	Number of Packages	Basic Content	Total Amount
Total	25,493		
Diphtheria biologicals			
Antitoxin	465	Unit	7,496,000 units
Toxin for Schick test	19	Test	190 tests
Toxoid, alum precipitated	2,396	Cubic centimeter	23,960 c.c.
Toxoid, fluid	16	Cubic centimeter	480 c.c.
Conjunctival tests			
Horse serum	58	Test	464 tests
Rabbit serum	257	Test	2,046 tests
Measles			
Immune serum globulin	669	Cubic centimeter	1,338 c.c.
Penicillin	3,017	Unit	7,942,900,000 units
Pertussis biologicals			
Pertussis vaccine and diphtheria toxoid	1,739	Cubic centimeter	17,390 c.c.
Antipertussis serum, rabbit	809	Cubic centimeter	3,236 c.c.
Rabies vaccine (human)	1,924	Dose	1,924 doses
Scarlet fever biologicals			
Toxin for Dick test	1	Test	50 tests
Toxin for permanent immunity	20	Skin test dose	370,000 s.t.d.
Silver nitrate solution, one per cent	366	Ampule	732 ampules
Smallpox vaccine	7,796	Tube	38,980 tubes
Tetanus biologicals			
Antitoxin	653	Unit	1,341,500 units
Toxoid, alum precipitated	494	Cubic centimeter	4,940 c.c.
Toxoid, fluid	181	Cubic centimeter	1,810 c.c.
Triple antigen			
Diphtheria and tetanus toxoids combined with pertussis vaccine	2,617	Cubic centimeter	26,170 c.c.
Tuberculin biologicals			
Koch's old	394	Cubic centimeter	1,970 c.c.
Patch test	900	Test	9,000 tests
Typhoid vaccine	291	Cubic centimeter	3,635 c.c.
Typhoid-paratyphoid vaccine	411	Cubic centimeter	4,285 c.c.

TABLE NO. 5

SUPPLY MATERIALS AND OUTFITS PREPARED AND DISTRIBUTED

Glassware and material cleaned (units)	1,088,867
Sterilized	575,029
Bottles	40,844
Petri dishes	94,407
Pipettes	199,515
Tubes	216,951
Vials	17,850
Miscellaneous	5,462
Media prepared	
Liters	1,715
Bottles	19,300
Petri dishes	19,145
Tubes	71,629
Outfits	
Prepared	123,703
Distributed	123,272
Culture stations	1,646
Health districts	92,418
Laboratory	35,483
Water distilled (gallons)	1,895

TABLE NO. 6

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

Type of Sample	Number of Samples	Number of Tests
Total	8,610*	17,520
Cream, pasteurized (plant, store, truck)	516	
Plate count	..	520
Microscopic count	..	4
Coliform count	..	925
Cream, raw	1	
Plate count	..	1
Microscopic count	..	2
Cream, chocolate (bottle)	1	
Plate count	..	1
Coliform count	..	1
Equipment for sterility (bottles, caps)	290	
Plate count	..	290
Food products	149	
Plate count	..	160
Microscopic count	..	34
Coliform count	..	155
Special tests	..	167
Food poisoning	52	
Culture tests	..	179
Plate count	..	60
Microscopic count	..	72
Special tests	..	72
Goat milk (pasteurized)	42	
Plate count	..	42
Coliform count	..	70
Special tests	..	3
Hand swabbings	535	
Plate count	..	535
Coliform	..	130
Microscopic tests	..	46
Special tests	..	153
Ice cream (plant, store)	676	
Plate count	..	673
Coliform count	..	1,221
Milk, pasteurized (plant, store, truck)	1,992	
Plate count	..	358
Coliform count	..	3,169
Milk, chocolate, pasteurized	238	
Plate count	..	238
Coliform count	..	414
Milk, raw (batch, shipper)	757	
Plate count	..	757
Microscopic count	..	111

* Of this number, 4,637 samples were submitted for bacteriologic examination only; the other samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 6—Continued

FOOD AND OTHER SAMPLES SUBMITTED FOR BACTERIOLOGIC ANALYSIS AND EXAMINATIONS PERFORMED

Type of Sample	Number of Samples	Number of Tests
Miscellaneous	21	
Identification (insects)	..	24
Swabbings from utensils and equipment	1,075	
Plate count	..	1,075
Water	2,193	
Plate count	..	1,006
Coliform count	..	2,193
Special tests	..	2,265
Inter-laboratory check work	72	
Plate count	..	66
Coliform	..	143
Special tests	..	184

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 Tests
Total	12,305*	38,977
Body fluids and excreta	2,180	
Lead test	..	1,971
Total protein	..	1,505
Unclassified biochemic tests	..	135
Dairy products (milk, cream, ice cream, etc.)	8,187	
Butterfat test	..	7,390
Refractive index (added water)	..	956
Phosphatase test	..	12,272
Sediment test	..	898
Unclassified tests	..	3,605
Food products	624	
Filth test (rodent and insect infestation)	..	1,088
Adulteration test	..	1,569
Decomposition tests	..	132
Unclassified tests	..	179
Miscellaneous samples (air, dusts, solvents, etc.)	561	
Industrial poison tests	..	3,765
Unclassified tests	..	1,037
Solutions and outfits	323	
Unclassified tests	..	1,964
Water samples	430	
pH	..	302
Sanitary analysis	..	209

* Of this number, 7,637 samples were submitted for chemical analysis only; the other 4,668 samples were submitted for bacteriologic and chemical analysis.

TABLE NO. 8

BLOOD AND SPINAL FLUID SPECIMENS FOR STS BY SOURCE—1941-1950

Year	Number of Physicians Submitting Specimens	Number of Specimens					Percentage Distribution				
		Total	Source				Total	Source			
			Physicians	Clinics	Hospitals	Commercial Firms		Physicians	Clinics	Hospitals	Commercial Firms
1950	665	90,629	33,367	32,734	10,682	13,846	100.0	36.8	36.1	11.8	15.3
1949	700	97,213	38,865	36,315	11,565	10,466	100.0	39.9	37.3	12.0	10.8
1948	707	108,336	42,407	35,591	14,916	15,422	100.0	39.1	32.9	13.8	14.2
1947	701	110,770	46,680	32,131	16,140	15,819	100.0	42.1	29.0	14.6	14.3
1946	784	121,939	46,295	32,611	19,194	23,839	100.0	37.9	26.8	15.8	19.5
1945	526	102,214	38,118	21,412	16,767	25,917	100.0	37.3	20.9	16.4	25.4
1944	504	91,249	36,406	21,608	11,281	21,954	100.0	39.9	23.7	12.3	24.1
1943	565	99,508	38,181	17,872	4,798	38,657	100.0	38.4	17.9	4.8	38.8
1942	633	153,877*	32,522	15,551	6,583	48,098	100.0	21.1	10.1	4.3	31.3
1941	650	106,251	27,563	14,551	64,137		100.0	25.9	13.7	60.4	

* This total includes 51,123 specimens from Selective Service Registrants or 33.2 per cent.

EASTERN HEALTH DISTRICT

EASTERN HEALTH DISTRICT

George A. Silver, M.D., M.P.H.
Health Officer

Acute Communicable Diseases

Poliomyelitis and whooping cough showed the sharpest increases in reported communicable diseases in the Eastern Health District in 1950. Whereas only 5 cases of polio were reported in 1949, 23 cases were reported in 1950. It is interesting to note that the first case of poliomyelitis reported in the Eastern Health District in 1950 had probably contracted the disease in Wytheville, Virginia, where the disease was epidemic in the preceding weeks. However, no contact with this original case could be traced to the succeeding cases.

Whooping cough, in its usual cyclical fashion, went up to 278 cases in 1950, as compared with only 78 cases in 1949. This was the largest number reported since 1947 when there were 508 cases. However, there were no deaths from this cause in 1950.

Diphtheria declined to 3 cases without a death from 16 cases in 1949. Measles dropped to 17 cases as compared with 949 in 1949, an epidemic year for this disease. Three cases of meningococcus meningitis were reported.

Venereal Diseases

Somerset Health Center showed a continuing decline of clinic visits and patients. Only 9,516 visits were made there during the year. Syphilis was reduced to 271 new cases, 40 per cent less than the prior year's 408. However, gonorrhea ran along the same level as in 1949, with 943 new cases reported from Somerset in 1950.

Tuberculosis

Public health nurses made 4,275 tuberculosis visits in 1950. New cases taken on per month per nurse were reduced from 21 to 20 and the average nurse's load per month went down from 530 to 512. This reduction in active case load, new cases, and visiting probably resulted from a natural decline of the disease in our country as evidenced by the declining mortality, or it may have been due to the leveling off of case-finding efficiency.

The chest X-ray screening clinic continued to take films of large

numbers of contacts of active cases, volunteers, and persons sent for pre-employment examinations. There were 5,472 such films taken this year as compared with 5,253 in 1949. Of these films, 191 were suspicious, and from follow-up examination of the individuals labeled suspicious, 7 new cases previously unknown to the Health Department were found.

The BCG vaccination program for tuberculosis continued to look after those especially exposed to risk of the disease, and 94 persons were vaccinated in 1950. Of these, 70 were under 15 years of age, and 31 were colored.

School Hygiene

School health examinations were made in the first and third grades of all the public and parochial schools in the Eastern Health District except for the Astoria Plan (School No. 27). The continuing absence of sufficient funds and adequate school health suites made it impossible to carry on this desirable Astoria health plan in other schools. The cooperation of the Parent-Teacher Association in Schools No. 27 and No. 83 and their volunteer services was very helpful in adjustment of school health problems. During the year 4,738 children were examined and 2,048 defects found.

The dental care program operated in School No. 139 very satisfactorily. In 101 clinic sessions at that school, 525 children were examined and 227 treated. A total of 972 dental services was provided to children of this school and 3 other schools in the area. At School No. 83, the U. S. Public Health Service survey team provided fluoride treatment on a mass basis.

Other Services

The seventeen weekly clinic sessions and the four weekly prenatal clinic sessions were increasingly crowded in 1950. In the well baby clinics there were 15,421 visits made and there were 4,158 visits to the prenatal clinics. Space and personnel needs will have to be met not only to relieve the existing pressure but to accommodate people not receiving any services now.

The Mothers' Advisory Service admitted 53 new patients and continued supervision of 175 patients as a mental hygiene service under the guidance of Dr. Marcia Cooper of the Johns Hopkins School of Hygiene and Public Health.

Nursing, of course, dominated as well as permeated the full scale of services in the Eastern Health District. The public health nurses maintained a high level of enthusiasm despite increasing work loads

and responsibilities. Clinic participation and school health services required more time because of lack of clinic clerical staff.

Teaching

Nineteen candidates for the Master of Public Health degree from the School of Hygiene took the Public Health Administration 4A course in 1950 under the guidance of the Eastern Health District. Instruction in district health administration entailed 100 hours of observation, home visiting and lectures as well as case seminars. Senior medical students of the Johns Hopkins School of Medicine also were instructed in social and preventive medicine through case studies, lectures and seminars.

Twelve nurses newly appointed to the staff of the City Health Department, and 23 students from the Johns Hopkins and Sinai Schools of Nursing were instructed in an eight weeks course of observation, lectures and participation in the field.

The civic experience program of the Patterson Park High School and Clara Barton Vocational High School also involved district participation in a teaching program.

Community Organizations

Participation and interest of community groups in health problems this year was marked by the organization of a "Family Affairs" discussion group at the Chick Webb Memorial Recreational Center. The East Baltimore Mental Hygiene Society, the Pratt Library branches, the Parent-Teacher Associations, the Eastside Community Committee and the Eastern Community Council all cooperated in making a success of community health education activities. The Parent-Teacher Associations of Schools No. 27 and No. 83 particularly furnished volunteers and aided in the school health examinations and dental care programs.

As part of this health education activity, the health officer participated for eight months as "Dr. John Worthington" in the City Health Department's weekly television program "Your Family Doctor" telecast over WMAR-TV.

Personnel

Mrs. Winifred Palmer, supervisor of nursing in the Eastern Health District for ten years, resigned in June, 1950. During her term of service the quality of nursing standards came up to the present high level. She was of the group that planned and reorganized the educational and service pattern of public health nurs-

ing in the Eastern Health District, and the achievement of that group is their lasting tribute.

Miss Gertrude Boquist was promoted to supervisor of nursing in Mrs. Palmer's place. Miss Edna Herget was assigned as Junior Administrative Officer and supervised all clerical and record services in the Eastern Health District. Miss Marjorie Kvarnes resigned to become Nursing Educational Director at Spring Grove Hospital, and Miss Clara Plichta was promoted to assistant supervisor in her place. The District Health Officer was awarded a World Health Organization travelling fellowship and during the fall of 1950, visited England, Scotland, Northern Ireland, Eire, Denmark, Sweden, Finland and France, where he studied the teaching of social and preventive medicine.

Visitors

Guests of the district, visiting the City Health Department and the Johns Hopkins School of Hygiene and Public Health came from Argentina, Austria, Canada, Ceylon, Chile, Denmark, Finland, Germany, Greece, Holland, Japan, Northern Ireland, Norway, Peru, the Philippine Islands, Puerto Rico, Sweden, Switzerland, Thailand and from many areas in the United States.

Personnel

George A. Silver, M.D., M.P.H., Administrative Health Officer
Hugh P. Hughes, M.D., Health Officer
Thomas C. Webster, M.D., Medical Investigator
Gertrude V. Boquist, B.S., Supervisor of Public Health Nursing
Mary I. Streckfus, Supervisor of Public Health Nursing
Wilda Snyder, B.S., Acting Supervisor of Public Health Nursing
Clara C. Plichta, Acting Assistant Supervisor of Public Health Nursing

Public Health Nurses

Louise Emily Allman
Marian M. Crandell
Helene M. Delaney
Hilda Elliott
Theresa Endres
Edna J. Faith
Freda W. Fletcher
Ellen Foster
Mildred E. Foster, B.S.
Caroline S. Funderburk, B.S.
Mildred L. Gambrill
Annette Houck
Gladys R. Johnson
Juanita W. King
Mary B. Lanahan
Mary H. Merva
Bettymae Miller
Grace P. Orr
Elizabeth Quinlin
Anne M. Rogers, B.S.
Jeanette T. Schaub
Ruth L. Sponseller, A.B.
Martha Tacka
Marie T. Taneyhill
Annie Mae Teeter, B.A., B.S.
Pearl J. Winston

Edna E. Herget, Junior Administrative Officer
Helene Hankin, Junior Stenographer
Elaine E. Williams, Junior Stenographer
Lorraine D. Livingston, Junior Typist
Regina Spear, Secretary
Anna Jansky, Janitress
William Richardson, Janitor

TABLE NO. 1

RESIDENT BIRTHS, EASTERN HEALTH DISTRICT—1950

Place of Delivery and Attendant	Total	White	Colored
All Births	2,748	1,247	1,501
Hospital	2,502	1,190	1,312
Home	246	57	189
Private physician	146	35	111
Midwife	94	22	72
Other	6	..	6

TABLE NO. 2
RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR, WITH TOTAL DEATH RATE PER 100,000 POPULATION EASTERN HEALTH DISTRICT—1950

Cause of Death	White	Colored	Total	Rate Per 100,000 Population*
All Causes	766	526	1,292	11.7
Tuberculosis, all forms (001-019)	26	51	77	69.5
Respiratory tuberculosis (001-008)	*25*	*48*	*73*	*65.9*
Syphilis (020-029)	3	10	13	11.7
Other infective diseases of the intestinal tract (041-044, 049)	..	1	1	0.9
Scarlet fever and streptococcal sore throat (050-051)	..	1	1	0.9
Meningococcal infections (057)	1	1	2	1.8
Other infective diseases of bacterial origin (030-039, 052, 054, 058-064, 070-074)	..	4	4	3.6
Poliomyelitis, acute (080-081)	..	1	1	0.9
Malignant neoplasms (140-205)	115	58	173	156.3
Lymphatic and haemotopoietic (200-205)	*5*	*4*	*9*	*8.1*
Benign and unspecified neoplasms (210-239)	2	1	3	2.7
Diabetes (260)	18	3	21	19.0
Anemia (290-293)	2	1	3	2.7
Other diseases of the blood and blood-forming organs (294-299)	..	1	1	0.9
Vascular lesions of the central nervous system (330-334)	60	38	98	88.5
Rheumatic fever (400-402)	2	3	5	4.5
Diseases of heart (410-443)	361	179	540	487.7
Chronic rheumatic heart disease (410-416)	*12*	*15*	*27*	*24.4*
Arteriosclerotic and degenerative heart disease (420-422)	*241*	*65*	*306*	*276.4*
Other diseases of the heart (430-434)	*4*	*3*	*7*	*6.3*
Hypertensive heart disease (440-443)	*99*	*83*	*182*	*164.4*
Other hypertensive diseases (444-447)	5	13	18	16.3
Other diseases of the circulatory system (450-468)	17	8	25	22.6
Nephritis and nephrosis (590-594)	8	6	14	12.6
Influenza and pneumonia (480-483, 490-493)	15	17	32	28.9
Pneumonia (490-493)	*13*	*17*	*30*	*27.1*
Bronchitis (500-502)	2	..	2	1.8
Ulcer of the stomach and duodenum (540-542)	5	2	7	6.3
Intestinal obstruction and hernia (560-570)	4	3	7	6.3
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	1	1	2	1.8
Cirrhosis of the liver (581)	19	4	23	20.8
Puerperal causes (640-689)	1	1	2	0.7
Congenital malformations (750-759)	6	11	17	15.4
Certain diseases of early infancy (760-776)	19	43	62	56.0
Pneumonia of newborn (763)	*1*	*1*	*2*	*1.8*
Diarrhea of newborn (764)	..	*2*	*2*	*1.8*
Senility, ill-defined and unknown conditions (780-795)	3	..	3	2.7
All other diseases	32	36	68	61.4
Accidents, total (800-962, 965)	35	22	57	51.5
Motor vehicle accidents (810-835)	*10*	*9*	*19*	*17.2*
Suicides (963, 970-979)	8	1	9	8.1
Homicide (964, 980-985)	1	18	19	17.2

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

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE EASTERN HEALTH DISTRICT—1950

Disease	Total	White	Colored
Total	2,636	580	2,056
Chickenpox	220	154	66
Diphtheria	3	..	3
German measles	9	3	6
Gonococcus infections	974	80	894
Influenza	15	8	7
Measles	17	12	5
Meningococcal infections	3	2	1
Mumps	48	34	14
Pneumonia, all forms	132	37	95
Poliomyelitis (paralytic cases)	23	16	7
Rheumatic fever	9	3	6
Scarlet fever	43	32	11
Syphilis	558	47	511
Tuberculosis, all forms	204	73	131
Typhoid fever	..	..	..
Whooping cough	278	60	218
All others	100	19	81

TABLE NO. 4

RESIDENTS OF THE EASTERN HEALTH DISTRICT RECORDED AS HAVING RECEIVED DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1950

Age at Date of Inoculation	Diphtheria Toxoid			Pertussis Vaccine*		
	Total	White	Colored	Total	White	Colored
Total	4,442	2,071	2,371	2,275	1,036	1,239
Under 1 year	2,131	1,073	1,058	1,885	887	998
1 year	314	138	176	249	100	149
2 years	127	49	78	91	28	63
3 years	147	79	68	26	12	14
4 years	234	103	131	8	3	5
5 years	635	263	372	14	5	9
6 years	450	205	245	..	..	..
7 years	147	71	76	..	..	..
8 years	62	30	32	1	1	..
9 years	57	27	30	..	..	..
10 years and over	138	33	105	1	..	1

* Pertussis vaccine administered in combination with diphtheria toxoid.

WESTERN HEALTH DISTRICT

WESTERN HEALTH DISTRICT

Since the position vacated by Dr. Alfred C. Moore in 1949 had not been filled, Dr. Ross Davies, Assistant Commissioner of Health, continued to act as District Administrative Officer. On September 1, 1950 the Southwestern Health District became a part of the Western Health District adding one supervisor and ten nurses to the district. On that day one supervisor and ten nurses were assigned among three other health districts.

Educational Activities

A number of senior class members of the University of Maryland Medical School visited the district office to discuss field records of selected patients with the public health nurse. These patients were visited in their homes by the students and "Home Survey Reports" were prepared for presentation in their class on Hygiene and Public Health which is conducted by the Commissioner of Health.

Student nurses from St. Joseph's Hospital School of Nursing, and the University Hospital School of Nursing continued to affiliate in public health nursing for a two-month period. A total of fourteen student nurses came to the district in 1950 for this work. In addition to this program students from the University Hospital School of Nursing observed the activities of the immunization clinic and well baby clinics.

Other Activities

The medical care clinic at the University Hospital and the Baltimore Rh Typing Laboratory continued to utilize the services of the Health Department through the district office.

In-Service Training

Dr. Nels A Nelson, Director of the Bureau of Venereal Diseases, gave an orientation course in venereal disease control to the new staff in the district. Dr. Sibyl Mandell continued with her basic and follow-up seminars in mental hygiene. Miss Eleanor McKnight also followed through with her educational program on nutrition. Dr. Meyer Jacobson presented a lecture on the surgical and medical aspects of tuberculosis; Dr. N. J. Pulver one on pediatric care. Mrs. Katherine Long from the Department of Public Welfare discussed

the principles and techniques of interviewing. These and periodic group conferences were part of the nursing staff educational program.

During the year eight new nurses joined the staff, eleven public health nurses and one supervisor were transferred to other districts, two nurses resigned, and four were granted leave of absence.

Personnel

_____ Administrative Health Officer
Gilbert E. Rudman, M.D., Medical Investigator
Kay Kohara Edwards, M.D., Medical Investigator
Ola C. Early, Supervisor of Public Health Nursing
Henrietta L. Gintling, Supervisor of Public Health Nursing

Public Health Nurses

Mary J. Amos
Josephine F. Barnett, B.A.
Irene T. Barnhill
Grace Berger
Alice E. Brown, B.S.
Wilma Clear
Evelyn M. Cortez
Catherine Corzine
Stella S. DeWitt
Elise W. Graff
Ruth Guyton
Edna B. Kenney
S. Margaret King
Jean S. Lampson
Sarah S. Leach
Eva K. Lowry
Jeanne B. McDonnell
Margaret D. Miller
Mary B. Tewell
Elizabeth C. Waldron
Mildred Watson
Edna V. Yates

Marilyn Vein, Junior Stenographer

TABLE NO. 1

RESIDENT BIRTHS, WESTERN HEALTH DISTRICT*—1950

Place of Delivery and Attendant	Total	White	Colored
All Births	1,929	1,290	639
Hospital	1,696	1,180	516
Home	233	110	123
Private physician	180	101	79
Midwife	48	7	41
Other	5	2	3

* Exclusive of the Druid Health District.

TABLE NO. 2

RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR, WITH TOTAL DEATH RATE PER 100,000 POPULATION WESTERN HEALTH DISTRICT—1950

Cause of Death	Total	White	Colored
All Causes	962	250	1,212
Tuberculosis, all forms (001-019)	62	39	101
Respiratory tuberculosis (001-008)	*58*	*37*	*95*
Syphilis (020-029)	6	9	15
Whooping cough (056)	..	1	1
Meningococcal infections (057)	1	..	1
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	1	2	3
Other virus diseases (086-096)	1	..	1
Other infective and parasitic diseases (110-138)	..	1	1
Malignant neoplasms (140-205)	140	19	159
Lymphatic and haemotopoietic (200-205)	*5*	..	*5*
Benign and unspecified neoplasms (210-239)	..	1	1
Diabetes (260)	15	2	17
Anemia (290-293)	2	..	2
Other diseases of the blood and blood-forming organs (294-299)	1	..	1
Vascular lesions of the central nervous system (330-334)	57	16	73
Diseases of heart (410-443)	416	80	496
Chronic rheumatic heart disease (410-416)	*13*	*4*	*17*
Arteriosclerotic and degenerative heart disease (420-422)	*296*	*42*	*338*
Other diseases of the heart (430-434)	*9*	*2*	*11*
Hypertensive heart disease (440-443)	*98*	*32*	*130*
Other hypertensive diseases (444-447)	7	2	9
Other diseases of the circulatory system (450-468)	27	6	33
Nephritis and nephrosis (590-594)	10	5	15
Influenza and pneumonia (480-483, 490-493)	25	10	35
Pneumonia (490-493)	*25*	*10*	*35*
Bronchitis (500-502)	4	2	6
Ulcer of the stomach and duodenum (540-542)	5	1	6
Appendicitis (550-553)	2	..	2
Intestinal obstruction and hernia (560-570)	7	2	9
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	3	2	5
Cirrhosis of the liver (581)	20	2	22
Puerperal causes (640-689)	3	1	4
Congenital malformations (750-759)	9	3	12
Certain diseases of early infancy (760-776)	19	12	31
Pneumonia of newborn (763)	*3*	..	*3*
Senility, ill-defined and unknown conditions (780-795)	1	2	3
All other diseases	51	12	63
Accidents, total (800-962, 965)	44	10	54
Motor vehicle accidents (810-835)	*12*	*3*	*15*
Suicides (963, 970-979)	18	1	19
Homicide (964, 980-985)	5	7	12

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE WESTERN HEALTH DISTRICT—1950

Disease	Total	White	Colored
Total	1,836	751	1,085
Chickenpox	113	74	39
Diphtheria	3	3	..
German measles	3	3	..
Gonococcus infections	824	212	612
Influenza	12	12	..
Measles	29	21	8
Meningococcal infections	4	4	..
Mumps	27	22	5
Pneumonia, all forms	72	51	21
Poliomyelitis (paralytic cases)	13	10	3
Rheumatic fever	2	..	2
Scarlet fever	17	15	2
Syphilis	346	121	225
Tuberculosis, all forms	197	117	80
Typhoid fever	..	..	..
Whooping cough	122	52	70
All others	52	34	18

TABLE NO. 4

RESIDENTS OF THE WESTERN HEALTH DISTRICT* RECORDED AS HAVING RECEIVED DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1950

Age at Date of Inoculation	Diphtheria Toxoid			Pertussis Vaccine†		
	Total	White	Colored	Total	White	Colored
Total	2,685	1,735	950	1,198	727	471
Under 1 year	1,089	655	434	958	550	408
1 year	226	162	64	175	125	50
2 years	71	53	18	46	35	11
3 years	66	58	8	14	13	1
4 years	125	90	35	2	2	..
5 years	436	246	190	3	2	1
6 years	371	261	110	..	..	..
7 years	122	86	36	..	..	..
8 years	65	47	18	..	..	..
9 years	43	29	14	..	..	..
10 years and over	71	48	23	..	..	..

* Exclusive of Druid Health District.

† Pertussis vaccine administered in combination with diphtheria toxoid.

DRUID HEALTH DISTRICT

DRUID HEALTH DISTRICT

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

Health Officer

The most significant event in 1950 for the Druid Health Center was the change in its status from that of a portion of the Western Health District to that of a complete and independently-organized district, designated as the Druid Health District. From its beginning in 1939 to August 31, 1950 public health activities were confined to a large Negro population of nearly 90,000 persons in the northern half of the Western Health District. Beginning with September 1 the boundaries were enlarged to include the total population of the following areas: All of Ward 17 and Census Tracts 3 and 4 of Ward 11; Census Tract 3 of Ward 13; Census Tracts 2 and 3 of Ward 14; Census Tracts 1-4 inclusive of Wards 15 and 16; Census Tracts 1 and 2 of Wards 18 and 19; and Census Tract 1 of Ward 20. The population for the district as of that date was 146,247, which made the district the most populous of all the city's health districts.

To accommodate the increased population, additions in the personnel and the clinic schedule were made. Three nurse supervisors were named to have a staff of twelve nurses each. The nurses in the venereal disease clinics were placed under the supervision of Miss Virginia R. Struve, Supervisor of Public Health Nurses in the Bureau of Venereal Diseases. Forty-one clinic sessions were held each week in the Druid Health District as follows: Adult venereal disease clinics 12, children's venereal disease 2, prenatal 5, chest 5, and well baby 17. Of these, 29 clinics were held in the district building. The well baby clinic formerly conducted in the McCulloh Project was transferred to St. Mary's Protestant Episcopal Church, while the clinic held at St. James Protestant Episcopal Church was moved to the Gilmor Housing Project. The infant and preschool clinic from School No. 82 was transferred to the Druid Health District. Dr. Sibyl Mandell and Miss Eleanor McKnight continued their programs of instruction in mental hygiene and nutrition, respectively, with the staff nurses; in addition they devoted time in certain clinics interviewing and giving advice to certain patients. Dr. Nels A. Nelson, Director of the Bureau of Venereal Diseases, continued his monthly meetings with staff members of the Druid Health District.

During the year in order to determine the extent of antidiphtheria inoculations a toxoid survey was conducted in nine schools of the district. On the average it was noted that over 80 per cent of the pupils received one or more inoculations in these schools. The Massachusetts Vision Test was used in several schools of the district beginning in October. The program of fluoride application was inaugurated in two schools under the supervision of the Bureau of Dental Care.

Eleven student nurses of Provident Hospital completed their affiliation at Druid in 1950. Student nurses from Union Memorial, Henryton, Lutheran, and Maryland General Hospitals visited the district building during the year for the purpose of observing in clinics or in order to receive instruction in public health. Public school students from 14 schools as well as college students from Morgan State College met here at Druid during 1950. The Monumental City Medical Society conducted monthly meetings as has been their custom since the opening of the Druid Health Center.

Personnel

H. Maceo Williams, M.D., M.P.H., Administrative Health Officer
James B. Hawkins, M.D., Health Officer
George F. Phillips, M.D., Medical Investigator
Dorothea E. Tag, Supervisor of Public Health Nursing
Anita K. Henson, B.S., Supervisor of Public Health Nursing
Anna Persch, Supervisor of Public Health Nursing

Public Health Nurses

Marjorie B. Adams
Mary T. Brown
Theresa M. Byrne
Olga M. Chambers
Beatrice M. Daniels
Lelia F. Davage
Dorothy W. Davis
Ethelyn B. Dever
Anne D. Dobson
Katie W. Fernandis
Mary R. Fitchett
Geneva Gartside
Mamie D. Greene
Margaret S. Harper
Ella N. Hughes
Mildred W. Jones
Irene S. Kyler
Pearl M. Levering
Rose E. Lewis
Elizabeth E. Lingo
Cecelia E. Livingston
Margaret L. Lockerman
Dorothie W. Mills
Lillian B. Mills
Elizabeth A. Moore
Vivian R. Pendleton
Agnes Pilgrim
Colleen Richardson
Florence E. Roberts
Elnora Robinson
Estelle Roderick
Ruth W. Ruben, B.S.
Joyce G. Scott
Lilyan F. Slater
Jessica B. Taylor
Credella F. White
Eleanore S. Willis
Leah P. Winters

Iris E. Brown, Junior Stenographer
Vivian W. Roberts, Junior Stenographer
James C. Collins, Janitor
Bernard A. Smith, Janitor
Ethel Clark, Janitress
William Chavis, Elevator Operator

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE DRUID HEALTH DISTRICT—1950

Disease	Total
Total	5,630
Chickenpox	114
Diphtheria	3
German measles	12
Gonococcus infection	3,509
Influenza	4
Measles	36
Meningococcal infections	2
Mumps	14
Pneumonia, all forms	101
Poliomyelitis (paralytic cases)	19
Rheumatic fever	4
Scarlet fever	17
Syphilis	1,196
Tuberculosis, all forms	266
Typhoid fever	2
Whooping cough	229
All others	102

TABLE NO. 4

RESIDENTS OF THE DRUID HEALTH DISTRICT RECORDED AS HAVING RECEIVED DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1950

Age at Date of Inoculation	Diphtheria Toxoid	Pertussis Vaccine*
Total	4,580	2,046
Under 1 year	1,784	1,687
1 year	298	248
2 years	106	77
3 years	75	18
4 years	98	8
5 years	890	4
6 years	418	2
7 years	220	1
8 years	241	1
9 years	172	..
10 years and over	278	..

* Pertussis vaccine administered with diphtheria toxoid.

SOUTHEASTERN HEALTH DISTRICT

SOUTHEASTERN HEALTH DISTRICT

John A. Skladowsky, M.D.
Health Officer

There was an increase in the incidence of paralytic poliomyelitis with 27 cases and 1 death reported as compared with 6 cases and no death for the previous year. Only 3 cases of diphtheria with no death occurred, the same number as reported for 1949.

Educational Activities

The first dental care clinic established under the City Health Department's new Dental Care Program to provide constructive and preventive dental care for the public and parochial school children of Baltimore was officially opened on February 27 at Public School No. 230, Highland Avenue and Hudson Street, by Mayor Thomas D'Alesandro in the presence of representatives from the Eastern Community Council, Canton Area Council, Baltimore City Dental Society, Department of Education, City Health Department and the Bureau of Catholic Education. Similar clinics were established in Sacred Heart Parochial School, Foster and Highland Avenues, on March 1; in Public School No. 6, Aliceanna and Ann Streets, on September 11; in Holy Rosary Parochial School, Eastern Avenue near Broadway, on September 19; and in St. Stanislaus Parochial School, Aliceanna and Ann Streets, on September 20. Emergency dental treatment was provided in these five clinics for four other public and five parochial schools located in the district.

In order to afford an opportunity to the residents of the Canton section to observe the newly renovated district quarters and to learn of the preventive health services rendered there, an open house was held on Child Health Day, May 1, in the district building. It was sponsored jointly by the Southeastern Health District and the Canton Area Council, and the audience of 70 was addressed by Dr. Ross Davies, Assistant Commissioner of Health, five representatives of the Health Department bureaus who bring health services to the community and Mr. John Loeffler, President of the Canton Area Council. Two health movies "Children Growing Up with Others" and "Why Won't Tommy Eat?" were exhibited.

For the fifth consecutive year a neighborhood mass chest X-ray survey was held by the Eastern Community Council at Public School

No. 47 from April 10 to April 14 in collaboration with the City Health Department and the Maryland Tuberculosis Association. The Canton Area Council for the second year conducted a similar survey in its quarters at O'Donnell Street and Decker Avenue from September 18 to 21. In the two surveys a total of 3,202 persons over fourteen years of age were X-rayed. The Southeastern Health District participated in the lead poisoning prevention campaign held during the week of June 5 by the Bureau of Communicable Diseases and the Bureau of Industrial Hygiene. Letters to parents alerting them to this danger to their children especially during the months of July and August were distributed in six public and four parochial schools in the district.

Monthly movies on child development begun in November, 1949 were again presented to groups of mothers and members of the Canton Area Council in the district building in March, April and May by Dr. Sibyl Mandell, Chief of the Division of Mental Hygiene, who also continued with the monthly mental hygiene seminars for the staff nurses. In addition, Dr. Mandell devoted considerable time in certain well baby clinics interviewing and giving advice to many young mothers. In like manner, the Chief of the Division of Nutrition conducted seminars at various intervals for the nurses and gave talks on proper nutrition to parent-education classes and groups of teachers and students in several elementary and parochial schools in the district.

Miscellaneous Activities

The District Health Officer was the guest speaker at the second anniversary celebration of the Canton Area Council held on April 25 in the Council's quarters, O'Donnell Street and Decker Avenue, and continued active attendance at the monthly meetings of the School Health Council of the Public Schools of Baltimore.

As part of the in-service nurse training schedule monthly staff educational conferences were held during the year. At the December conference Miss Grace Volmar, Supervisor of Nurses in the Bureau of Child Hygiene spoke on the "Principles of Teaching." In addition, district nurses attended the following: A meeting arranged by the Eastern Health District at which Miss Grace Alt, of the United States Army Nursing Corps, spoke on the subject "Nursing in Japan"; the institute sponsored by the Maryland State League of Nursing; the meeting of the National Tuberculosis Association in Washington, D.C.; the Maryland State Conference of Social Welfare; the open house held by the Baltimore League for Crippled Children

and Adults; the Annual Meeting of the Maryland State Organization of Public Health Nurses; and the meeting on Medical Aspects of Atomic Bombing at the Baltimore City College. The group also made a field trip to the Henryton State Tuberculosis Hospital.

Eight undergraduate nurses from the University of Maryland and St. Joseph's Hospital Schools of Nursing were given eight-weeks courses in affiliation in public health nursing during the year. At the December meeting of the East Baltimore Medical Society, which held monthly meetings in the district building for the ninth consecutive year, Dr. Harold E. Harrison, Director of Sydenham Service at Baltimore City Hospitals, spoke on "Problems of Diagnosis and Treatment of Poliomyelitis." Ninety-nine expectant mothers who registered in the district prenatal clinics also received instruction in mothercraft.

Personnel

John A. Skladowsky, M.D., Administrative Health Officer
Sigmund R. Nowak, M.D., Medical Investigator
Ruth Collier, Supervisor of Public Health Nursing
Sylvia Miller, B.S., Acting Supervisor of Public Health Nursing

Public Health Nurses

Margaret H. Bell
Rita E. Cannon
Mary R. Carr
Blanche C. Craig
Mary L. Currid
Julia R. Hagenbuch
Mary R. Hammett
Alice E. Hennegan
Marceil R. Hidey
Mary E. Horney
Virginia S. Pendleton
Louisa S. Presson
Inez F. Radtke
Helen B. Reutter
Grace B. Ridgaway
Lucille P. Slavik
Lillian M. Staub
Geraldine S. Sweren
Celia Z. Trionfo
Edith M. Woodson
Florence Zinz

Angela S. Glorioso, Junior Stenographer
Bernadette J. Kasal, Junior Stenographer
Jerome N. Johnson, Janitor

TABLE NO. 1

RESIDENT BIRTHS, SOUTHEASTERN HEALTH DISTRICT—1950

Place of Delivery and Attendant	Total	White	Colored
All Births	2,132	1,937	195
Hospital	1,972	1,807	165
Home	160	130	30
Private physician	85	67	18
Midwife	73	61	12
Other	2	2	..

TABLE NO. 2

RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR, WITH TOTAL DEATH RATE PER 100,000 POPULATION SOUTHEASTERN HEALTH DISTRICT—1950

Cause of Death	White	Colored	Total	Rate Per 100,000 Population*
All Causes	888	99	987	9.9
Tuberculosis, all forms (001-019)	46	17	63	63.3
Respiratory tuberculosis (001-008)	*45*	*15*	*60*	*60.2*
Syphilis (020-029)	1	4	5	5.0
Poliomyelitis, acute (080-081)	1	..	1	1.0
Other infective and parasitic diseases (110-138)	1	..	1	1.0
Malignant neoplasms (140-205)	160	4	164	164.7
Lymphatic and haemotopoietic (200-205)	*8*	..	*8*	*8.0*
Benign and unspecified neoplasms (210-239)	1	..	1	1.0
Diabetes (260)	12	1	13	13.1
Other diseases of the blood and blood-forming organs (294-299)	1	..	1	1.0
Vascular lesions of the central nervous system (330-334)	47	3	50	50.2
Rheumatic fever (400-402)	1	..	1	1.0
Diseases of heart (410-443)	392	29	421	422.7
Chronic rheumatic heart disease (410-416)	*26*	*3*	*29*	*29.1*
Arteriosclerotic and degenerative heart disease (420-422)	*281*	*16*	*297*	*298.2*
Other diseases of the heart (430-434)	*6*	..	*6*	*6.0*
Hypertensive heart disease (440-443)	*79*	*10*	*89*	*89.4*
Other hypertensive diseases (444-447)	5	..	5	5.0
Other diseases of the circulatory system (450-468)	23	2	25	25.1
Nephritis and nephrosis (590-594)	14	1	15	15.1
Influenza and pneumonia (480-483, 490-493)	14	7	21	21.1
Pneumonia (490-493)	*13*	*7*	*20*	*20.1*
Bronchitis (500-502)	4	..	4	4.0
Ulcer of the stomach and duodenum (540-542)	1	..	1	1.0
Appendicitis (550-553)	1	..	1	1.0
Intestinal obstruction and hernia (560-570)	7	1	8	8.0
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	2	1	3	3.0
Cirrhosis of the liver (581)	17	1	18	18.0
Congenital malformations (750-759)	8	2	10	10.0
Certain diseases of early infancy (760-776)	23	6	29	29.1
Senility, ill-defined and unknown conditions (780-795)	3	1	4	4.0
All other diseases	38	7	45	45.2
Accidents, total (800-962, 965)	53	7	60	60.2
Motor vehicle accidents (810-835)	*16*	*1*	*17*	*17.1*
Suicides (963, 970-979)	7	..	7	7.0
Homicide (964, 980-985)	5	5	10	10.0

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

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE SOUTHEASTERN HEALTH DISTRICT—1950

Disease	Total	White	Colored
Total	1,309	876	433
Chickenpox	174	138	36
Diphtheria	3	2	1
German measles	5	5	..
Gonococcus infections	232	99	133
Influenza	3	3	..
Measles	15	10	5
Meningococcal infections	4	4	..
Mumps	65	55	10
Pneumonia, all forms	108	81	27
Poliomyelitis (paralytic cases)	27	22	5
Rheumatic fever	1	1	..
Scarlet fever	31	30	1
Syphilis	221	107	114
Tuberculosis, all forms	176	152	24
Typhoid fever	..	..	..
Whooping cough	215	148	67
All others	29	19	10

TABLE NO. 4

RESIDENTS OF THE SOUTHEASTERN HEALTH DISTRICT RECORDED AS HAVING RECEIVED DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1950

Age at Date of Inoculation	Diphtheria Toxiod			Pertussis Vaccine*		
	Total	White	Colored	Total	White	Colored
Total	3,774	3,427	347	1,701	1,521	180
Under 1 year	1,683	1,507	176	1,503	1,344	159
1 year	192	176	16	143	130	13
2 years	63	51	12	43	35	8
3 years	65	60	5	6	6	..
4 years	151	135	16	4	4	..
5 years	596	553	43	2	2	..
6 years	510	468	42	..	..	..
7 years	168	160	8	..	..	..
8 years	138	125	13	..	..	..
9 years	75	69	6	..	..	..
10 years and over	133	123	10	..	..	..

* Pertussis vaccine administered in combination with diphtheria toxoid.

SOUTHERN HEALTH DISTRICT

SOUTHERN HEALTH DISTRICT

Abraham M. Lilienfeld, M.D., M.P.H.
Health Officer

On June 5, the Southern Health District Building was completed, and the district staff of public health nurses moved into their new offices. On July 6, the well baby clinic, previously conducted at 1418 Light Street, began its sessions in the new district building. This was quickly followed on July 13 by the moving into the district building of another well baby clinic which had been conducted at Elementary School No. 121. On August 15, Dr. Abraham M. Lilienfeld was appointed District Health Officer.

During the remainder of 1950, equipment for the various clinics continued to arrive. There was some delay in the acquisition of this equipment due to shortages resulting from the war and from inadequate appropriations.

Acute Communicable Diseases

Diphtheria was the outstanding communicable disease during 1950 with an outbreak in the Curtis Bay area early in January. During the year thirty-eight cases with three deaths were reported in the district. The staff of the Department with the aid of community groups such as churches, held special immunization clinics in this area in order to prevent a spread of the outbreak. As a result of these efforts, a total of 629 immunizations with diphtheria toxoid was administered in the affected area during January, 1950. Measles showed a continued decline while whooping cough showed an increase to 192 cases. Thirteen cases of poliomyelitis were reported this year. Table No. 3 lists the cases of communicable diseases reported in the Southern Health District during 1950.

Adult Health Services

The year continued to witness the continuing decline of reported cases of syphilis and gonorrhea. Despite this, there was a slight increase in the number of visits to the Calvert Street clinic from 13,927 in 1949 to 14,416 in 1950.

Although there was a continuing decline of tuberculosis mortality this disease continued to occupy a major portion of public health

nursing activity. There were 1,810 home visits to cases and contacts during the year. Active caseloads for the nurses averaged 247 per month. The inadequacy of sanatorium beds with the resulting long wait for sanatorium admission increased the number of nursing visits.

Maternal and Child Health Services

There were 1,360 visits to the two prenatal clinics in the district. However, the large number of pregnant women delivered in hospitals who had not received prenatal supervision indicated the need for an increase in funds to permit the expansion of these clinics. In September the public health nurses in the prenatal clinic conducted at the Cherry Hill housing project inaugurated a series of discussions with the expectant mothers concerning pregnancy, childbirth and the care of the infant. These discussions were an educational service provided to the patients attending the clinic.

The opening of schools in the fall witnessed the start of a new dental clinic in Elementary School No. 76. This clinic provided service to children in the kindergarten and the first grade of four schools in the Southern Health District. Five hundred and forty-one children were inspected and 54 children received treatment during the year. The necessity for the continued expansion of this service to include all schools was noted from the fact that 25 per cent of the children examined in schools had carious teeth. There remained a definite need for providing facilities for the care of children with orthodontic defects severe enough to be considered a physically handicapping condition.

Other Services and Activities

There were 4,064 school children of the first and third grades in elementary public and parochial schools examined and 34 per cent were found to have defects. The lack of personnel, funds and organized community facilities particularly for child guidance did not permit the complete treatment and adjustment of all school health problems. There were 9,177 visits to the nine well baby clinics in the district.

The public health nursing service continued to be a major Health Department activity in the district. There were staff conferences on tuberculosis, venereal diseases, mental hygiene and records and procedures which were held during the year. In cooperation with the Sanitary and Statistical Sections and the South Baltimore General

Hospital, a home accident study was begun by a student from the Johns Hopkins School of Hygiene and Public Health. Nurses from the district staff were assigned to this project for home visiting of families where there had been accidents. In October the Bureau of Food Control initiated weekly classes for food handlers in the district building. During the year 189 food handlers received instruction in these classes.

Planning

In planning public health services for the newly established district it was essential to take into consideration some of the characteristics of the area. The Southern Health District had a total population in 1950 of 80,884. The following are the two outstanding demographic features of the district which are quite important in planning public health services:

(1) the location of many industries in the area, and
(2) the fact that approximately 30 per cent of the resident population is located within housing projects or closely allied communities.

One geographical feature of importance in the district is the close proximity of the district building to the South Baltimore General Hospital. It is hoped that through the cooperative endeavors of the practicing physicians in the area, the hospital and the district health office, mutual problems in the district will be approached jointly.

There exists a definite need for the expansion of educational activities in the various clinics conducted in the district. Many services in those fields such as prenatal care and school health in which the Health Department is already engaged require intensification and broadening. The changing pattern of disease requires planning and evaluation of the role of the Health Department in the field of chronic diseases. However, it is impossible to plan for this expansion of services without increased funds for clinic services and personnel.

Personnel

Abraham M. Lilienfeld, M.D., M.P.H., Administrative Health Officer
Marie E. Dandridge, B.S., Supervisor of Public Health Nursing

Public Health Nurses

Marie V. Buckless
Ophelia S. T. Coleman
Mary F. Jenkins
Clara M. Kushto

Inez P. Crispens
Joslyn L. Ferrell
Ethel V. Finneyfrock
Elisa Garcia, B.S.
Mary A. Goldberg
Doris McLean Gowans
Mary L. Monkhouse
Laura J. C. Phillips
Jean W. Skaggs
Marion Stromberg
Dena V. Valaco
Genevieve B. Zimmerman

Jean Gerstein, Senior Stenographer
Floyd G. Russell, Stationary Engineer
Rudolph Lee, Janitor

TABLE NO. 1

RESIDENT BIRTHS, SOUTHERN HEALTH DISTRICT—1950

Place of Delivery and Attendant	Total	White	Colored
All Births	2,001	1,497	504
Hospital	1,677	1,330	347
Home	324	167	157
Private physician	285	154	131
Midwife	36	12	24
Other	3	1	2

TABLE NO. 2

RESIDENT DEATHS FOR CERTAIN CAUSES AND GROUPS OF CAUSES CLASSIFIED BY COLOR, WITH TOTAL DEATH RATE PER 100,000 POPULATION SOUTHERN HEALTH DISTRICT—1950

Cause of Death	White	Colored	Total	Rate Per 100,000 Population*
All Causes	585	107	692	8.6
Tuberculosis, all forms (001-019)	21	16	37	45.7
Respiratory tuberculosis (001-008)	*19*	*13*	*32*	*39.6*
Syphilis (020-029)	1	4	5	6.2
Diphtheria (055)	3	..	3	3.7
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	..	1	1	1.2
Malignant neoplasms (140-205)	102	11	113	139.7
Lymphatic and haemotopoietic (200-205)	*6*	*1*	*7*	*8.7*
Benign and unspecified neoplasms (210-239)	3	..	3	3.7
Diabetes (260)	7	2	9	11.1
Anemia (290-293)	2	..	2	2.5
Vascular lesions of the central nervous system (330-334)	28	4	32	39.6
Rheumatic fever (400-402)	1	2	3	3.7
Diseases of heart (410-443)	254	26	280	346.1
Chronic rheumatic heart disease (410-416)	*7*	*1*	*8*	*9.9*
Arteriosclerotic and degenerative heart disease (420-422)	*190*	*10*	*200*	*247.3*
Other diseases of the heart (430-434)	*5*	*1*	*6*	*7.4*
Hypertensive heart disease (440-443)	*52*	*14*	*66*	*81.6*
Other hypertensive diseases (444-447)	4	..	4	4.9
Other diseases of the circulatory system (450-468)	8	2	10	12.4
Nephritis and nephrosis (590-594)	2	4	6	7.4
Influenza and pneumonia (480-483, 490-493)	14	10	24	29.7
Pneumonia (490-493)	*9*	*8*	*17*	*21.0*
Bronchitis (500-502)	1	..	1	1.2
Ulcer of the stomach and duodenum (540-542)	3	..	3	3.7
Appendicitis (550-553)	2	..	2	2.5
Intestinal obstruction and hernia (560-570)	7	..	7	8.7
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	1	..	1	1.2
Cirrhosis of the liver (581)	8	..	8	9.9
Congenital malformation (750-759)	5	4	9	11.1
Certain diseases of early infancy (760-776)	35	8	43	53.2
Pneumonia of newborn (763)	*1*	..	*1*	*1.2*
Diarrhea of newborn (764)	..	*1*	*1*	*1.2*
Senility, ill-defined and unknown conditions (780-795)	..	1	1	1.2
All other diseases	30	8	38	47.0
Accidents, total (800-962, 965)	35	3	38	47.0
Motor vehicle accidents (810-835)	*9*	..	*9*	*11.1*
Suicides (963, 970-979)	3	..	3	3.7
Homicide (964, 980-985)	5	1	6	7.4

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

TABLE NO. 3

COMMUNICABLE DISEASES REPORTED IN THE SOUTHERN HEALTH DISTRICT—1950

Disease	Total	White	Colored
Total	1,131	525	606
Chickenpox	88	73	15
Diphtheria	38	38	..
German measles	4	4	..
Gonococcus infection	315	26	289
Influenza	10	8	2
Measles	95	94	1
Meningococcal infections	1	1	..
Mumps	26	23	3
Pneumonia, all forms	27	16	11
Poliomyelitis (paralytic cases)	13	9	4
Rheumatic fever	4	2	2
Scarlet fever	20	19	1
Syphilis	174	34	140
Tuberculosis, all forms	100	47	53
Typhoid fever	1	1	..
Whooping cough	192	121	71
All others	23	9	14

TABLE NO. 4

RESIDENTS OF THE SOUTHERN HEALTH DISTRICT RECORDED AS HAVING RECEIVED DIPHTHERIA TOXOID OR PERTUSSIS VACCINE INOCULATION—1950

Age at Date of Inoculation	Diphtheria Toxoid			Pertussis Vaccine*		
	Total	White	Colored	Total	White	Colored
Total	4,942	4,029	913	1,575	1,048	527
Under 1 year	1,388	977	411	1,221	839	382
1 year	258	182	76	200	129	71
2 years	170	129	41	90	52	38
3 years	210	187	23	31	17	14
4 years	241	211	30	15	4	11
5 years	615	411	204	11	4	7
6 years	452	367	85	5	2	3
7 years	293	280	13	1	1	..
8 years	227	214	13	1	..	1
9 years	214	207	7	..	..	..
10 years and over	874	864	10	..	..	..

* Pertussis vaccine administered in combination with diphtheria toxoid.

MEDICAL SECTION—PREVENTIVE

BUREAU OF COMMUNICABLE DISEASES

BUREAU OF COMMUNICABLE DISEASES

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

A total of 17,677 cases of communicable diseases was reported during 1950. This number represents a decrease of 1,459 cases from the number recorded for 1949. Some diseases, notably diphtheria, meningococcus meningitis, mumps and paralytic poliomyelitis, showed increases in the total number of reported cases while typhoid fever and measles showed decreases. The number of reported cases of chickenpox was only slightly less than the number recorded for 1949.

Poliomyelitis and Diphtheria

There were 225 cases and 9 deaths from paralytic poliomyelitis reported during the year as compared with 61 cases and 3 deaths in 1949. This is the largest number of cases of the disease to be recorded in any year in the city records.

A total of 60 cases of diphtheria was reported during the year, an increase of 14 cases over the number recorded for the previous year when 46 cases were reported. Thirty-five of these cases of diphtheria occurred in one area of the southern part of the city. This outbreak began in one class of a public school; 13 children out of a class of 37 pupils developed the disease. Every child in the school and in other schools in the immediate neighborhood was given a dose of alum-precipitated diphtheria toxoid. A second phase of this outbreak of diphtheria was its appearance in adults and preschool children. Efforts were instituted through the cooperation of the public health nurses, the ministers in the area and the press to get diphtheria toxoid to all babies in this section of the city. The two deaths which occurred in this outbreak were in a child three years of age and a child five years old.

Meningococcus Meningitis

The number of reported cases of meningococcus meningitis increased from 14 cases and 2 deaths recorded for 1949 to 26 cases and 9 deaths during 1950, a mortality slightly in excess of 30 percent.

From the histories the duration of illness of these 9 patients who died was as follows:

1 day	1
2 days	3
3 days	4
10 days	1

Typhoid Fever

There were 8 cases of typhoid fever reported in the city for the year. This number of cases is 4 less than the number recorded for the previous year. There were no fatalities.

Three new typhoid carriers were found during the year. Of the 64 carriers on the list at the beginning of the year 1 died. There were thus 66 typhoid carriers on the list at the close of 1950.

Measles

The number of reported cases of measles dropped from 11,031 cases in 1949 to 357 cases during 1950. There was no resident death due to this disease recorded during the year.

Other Communicable Diseases

The number of cases of scarlet fever decreased from 466 cases and no death in 1949 to 303 cases and no death during 1950. The reported cases of whooping cough increased from 945 cases in 1949 to 1,425 cases and one death in 1950. This death from whooping cough occurred in a six-months-old colored child and was attributed to bronchopneumonia.

Typhoid Vaccine

The Bureau of Communicable Diseases continued the administration of typhoid vaccine to the laborers of the Bureau of Sewers. This service was begun in 1948 and each year booster doses of vaccine are given to those still in the program while any new laborer is given the initial series of 3 doses. The laborers employed by the Harbor Board are likewise inoculated each year. At the request of the Housing Authority of Baltimore the laborers employed by that organization who are responsible for the building, repairing and maintaining the sewers in certain of the housing projects were given typhoid vaccine. This was begun in December, 1950 and it is planned to continue this procedure on a yearly basis.

Personnel

Myron G. Tull, M.D., M.P.H., Administrative Health Officer, Acting Director
A. L. Rettaliata, M.D., Medical Investigator
Roscoe Z. G. Cross, M.D., Health Officer
Howard H. Warner, M.D., Health Officer
J. Emmett Queen, M.D., Medical Investigator
William R. Lumpkin, M.D., Medical Investigator
Reuben Hoffman, M.D., Medical Investigator
Emil H. Henning, Jr., M.D., Medical Investigator
J. Carl Myers, M.D., Medical Investigator
Aaron Harris, M.D., Medical Investigator
Alice V. Owings, Junior Administrative Officer
Elaine P. Polansky, Junior Stenographer

TABLE NO. 1

REPORTED CASES AND RESIDENT DEATHS OF CERTAIN COMMUNICABLE DISEASES
1947-1950

Diseases	1950		1949		1948		1947	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Infectious diseases of the intestinal tract								
Botulism	..	..	..	..	..	..	4	1
Dysentery								
Amebic	4	..	9	..	4	..	3	..
Bacillary	9	..	4	..	21	..	5	1
Other and unspecified	..	..	17	1	139	..	45	..
Paratyphoid fever	1	..	2	..	..	..	..	..
Salmonella infection	4	3	4	..	1	..	3	..
Typhoid fever	8	..	12	..	5	1	11	..
Undulant fever	3	..	2	..	17	..	6	..
Trichinosis	2	..	3	..	1	..	2	..
Other bacterial diseases								
Diphtheria	60	3	46	2	46	2	142	5
Erysipelas	4	1	..	1	7	..	7	..
Meningococcal infections	26	9	14	2	20	2	31	6
Rheumatic fever, acute—total	47	18	76	32	27	11	68	41
Scarlet fever and streptococcal sore throat	317	1	492	1	379	..	516	2
Tetanus	5	4	3	2	5	3	3	2
Tularemia	..	..	..	..	3	..	4	..
Whooping cough	1,425	1	945	..	604	..	3,247	10
Weil's disease	4	..	..	..	1	1	..	..
Tuberculosis								
Respiratory	1,275	497	1,434	574	1,540	633	1,491	676
All other	71	39	62	39	41	24	57	42
Diseases attributable to viruses								
Chickenpox	2,191	..	2,205	..	2,451	..	2,231	1
Encephalitis, acute infectious	3	..	1	..	2	1	2	..
German measles	73	..	761	..	94	..	49	..
Hepatitis, infectious	6	3	9	4	6	2	3	2
Measles	357	..	11,031	6	8,943	2	274	..
Mononucleosis, infectious	11	..	4	..	18	..	25	..
Mumps	681	..	218	1	3,358	..	1,015	..
Poliomyelitis (paralytic cases)	225	8	61	5	24	2	29	4
Smallpox	..	..	..	..	..	..	..	..
Typhus and other rickettsial diseases								
Rocky Mountain spotted fever	..	..	3	..	1	1	5	2
Typhus fever	..	..	..	..	1	..	6	1
Diseases of the respiratory system								
Influenza	112	27	37	13	54	19	104	30
Pneumonia	643	232	745	301	796	345	660	367
Venereal Diseases								
Chancroid	120	..	128	..	118	..	188	..
Gonococcic ophthalmia	2	..	2	..	8	..	9	..
Gonorrhea, other	6,942	..	6,568	..	6,017	..	5,988	1
Syphilis	2,982	103	4,327	135	4,745	182	5,394	183
Other venereal	64	3	124	1	74	1	57	..

TABLE NO. 2

CASES AND RESIDENT DEATHS OF CERTAIN DISEASES ACCORDING TO MONTHS—1950

Disease		Total	January	February	March	April	May	June	July	August	September	October	November	December
Chickenpox	Cases	2,191	378	347	388	420	352	136	37	14	10	20	25	64
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria	Cases	60	17	9	14	5	3	1	2	3	1	2	1	2
	Deaths	3	..	..	2	..	..	..	..	..	..	..	..	1
Encephalitis, acute infectious	Cases	3	..	..	..	..	1	..	..	2	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
German measles	Cases	73	5	4	14	9	16	11	4	2	1	1	1	5
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Influenza	Cases	112	4	6	70	20	3	1	3	..	1	..	2	2
	Deaths	27	2	2	12	5	..	..	1	..	1	..	2	2
Measles	Cases	357	25	24	41	46	103	72	31	5	4	1	5	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal infections	Cases	26	3	..	4	2	8	1	1	2	2	..	1	2
	Deaths	9	..	..	1	..	3	..	1	1	1	..	..	2
Paratyphoid fever	Cases	1	..	..	..	..	1	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Pneumonia, lobar	Cases	235	15	24	40	38	31	22	6	15	5	12	14	13
	Deaths	83	5	9	18	9	6	4	2	5	1	8	7	9
Pneumonia, broncho	Cases	266	20	36	48	32	15	24	14	13	11	15	12	26
	Deaths	113	5	17	24	7	3	12	2	8	7	9	6	13
Pneumonia, other and unspecified	Cases	142	13	16	21	26	16	13	2	2	3	5	9	16
	Deaths	36	2	2	10	5	2	1	..	2	2	1	2	7
Poliomyelitis (paralytic cases)	Cases	225	..	..	..	..	..	1	10	49	96	50	15	4
	Deaths	9	..	..	..	..	..	..	1	2	4	1	1	..
Rocky Mountain spotted fever	Cases	..	..	..	..	..	..	..	..	..	..	..	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Scarlet fever	Cases	303	43	61	64	41	29	20	4	4	7	9	10	11
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Tuberculosis, respiratory	Cases	1,275	89	88	118	91	151	118	115	101	106	97	102	99
	Deaths	497	42	35	49	37	52	42	36	53	37	45	40	29
Tuberculosis, other forms	Cases	71	3	2	5	4	10	4	7	9	3	5	12	7
	Deaths	39	3	2	2	4	5	6	..	2	1	6	5	3
Typhoid fever	Cases	8	..	..	2	..	1	2	1	..	..	2	..	..
	Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
Whooping cough	Cases	1,425	216	168	166	138	141	118	106	122	79	59	70	42
	Deaths	1	1	..	..	..	..	..	..	..	..	..	..	..

TABLE NO. 3

INOCULATION HISTORIES OF DIPHTHERIA CASES—1950

Groups	Cases without History of Previous Inoculation	Cases with Inoculation History		
		Total	Confirmed	Unconfirmed
Total Cases	22	38	23	15
Classified by Age				
Age Groups				
0-2 years	..	1	1	..
3-4 years	2	5	5	..
5-9 years	3	24	15	9
10-14 years	2	5	1	4
15 and over	15	3	1	2
Classified by Time Since Inoculation				
Time Since Inoculation				
0-3 months			..	..
4-11 months			3	..
1 year			2	2
2 years			1	1
3 and over			17	7
Unspecified			..	5

TABLE NO. 4

CHILDREN CLASSIFIED BY RACE AND AGE RECORDED AS HAVING RECEIVED SPECIFIED DIPHTHERIA TOXOID INOCULATION—1950

Age	Dose and Color											
	Total			Primary			Booster			Unspecified		
	Total	White	Col.	Total	White	Col.	Total	White	Col.	Total	White	Col.
All Ages	31,743	20,793	10,950	17,645	11,760	5,885	13,408	8,363	5,045	690	670	20
Under 6 months	332	290	42	330	289	41	2	1	1	..	..	..
6 months	1,695	1,309	386	1,690	1,306	384	5	3	2	..	..	..
7 months	5,958	3,508	2,450	5,949	3,500	2,449	5	4	1	4	4	..
8 months	3,993	2,993	1,000	3,975	2,981	994	12	6	6	6	6	..
9 months	1,511	1,121	390	1,409	1,062	347	100	58	42	2	1	1
10 months	757	501	256	589	401	188	165	97	68	3	3	..
11 months	514	336	178	404	260	144	110	76	34	..	..	..
Under 1 year	*14,760*	*10,058*	*4,702*	*14,346*	*9,799*	*4,547*	*399*	*245*	*154*	*15*	*14*	*1*
1 year	1,883	1,118	765	1,550	884	666	300	201	99	33	33	..
2 years	829	534	295	536	290	246	178	129	49	115	115	..
3 years	875	658	217	363	234	129	394	309	85	118	115	3
4 years	1,341	983	358	262	168	94	959	701	258	120	114	6
5 years	4,551	2,541	2,010	271	156	115	4,113	2,226	1,887	167	159	8
6 years	3,030	1,966	1,064	181	126	55	2,786	1,777	1,009	63	63	..
7 years	1,186	789	397	62	49	13	1,100	717	383	24	23	1
8 years	932	552	380	32	23	9	878	508	370	22	21	1
9 years	676	408	268	14	9	5	656	393	263	6	6	..
10 years	593	357	236	12	9	3	577	344	233	4	4	..
11 years	502	311	191	9	7	2	492	303	189	1	1	..
12 years	239	188	51	2	1	1	235	185	50	2	2	..
13 years	165	152	13	..	..	..	165	152	13	..	..	..
14 years	128	125	3	..	..	..	128	125	3	..	..	..
15 years and over	53	53	..	5	5	..	48	48	..	..	..	..

TABLE NO. 5

CHILDREN CLASSIFIED BY RACE AND AGE RECORDED AS HAVING RECEIVED PERTUSSIS VACCINE INOCULATION*—1950

Age at Date of Inoculation	Total	White	Colored
All Ages	15,061	9,675	5,386
Under 6 months	274	240	34
6 months	1,425	1,058	367
7 months	5,405	3,016	2,389
8 months	3,649	2,680	969
9 months	1,230	900	330
10 months	504	331	173
11 months	364	226	138
Total under 1 year	*12,851*	*8,451*	*4,400*
1 year	1,437	798	639
2 years	472	248	224
3 years	152	93	59
4 years	65	38	27
5-9 years	80	45	35
10 years and over	4	2	2

* Pertussis vaccine administered in combination with diphtheria toxoid.

BUREAU OF TUBERCULOSIS

BUREAU OF TUBERCULOSIS

Charlotte Silverman, M.D., Dr. P.H.

Director

Dr. Miriam E. Brailey, who was appointed Director of the Bureau of Tuberculosis on October 1, 1941, was granted a leave of absence from the Health Department on September 15, 1949 to write a book on childhood tuberculosis. During her leave, it became mandatory for public officials and employees to comply with the Ober Law by signing a loyalty pledge. This Dr. Brailey refused to do, not because of any fundamental objections to the pledge itself, but rather because of her deep disagreement with the Ober Law. Therefore, on March 21, 1950, it was necessary for her employment with the Health Department to be terminated. It was an incalculable loss to the Bureau of Tuberculosis and the Health Department. Dr. Brailey's services in this bureau were exceptional.

Deaths

During 1950 there were 536 deaths from all forms of tuberculosis among residents of Baltimore City. Of these deaths, 235 occurred among the white population estimated at 742,000 and 301 took place among Negroes who numbered approximately 199,800. Corresponding figures for tuberculosis fatalities in 1949 were a total of 613 deaths, of which 262 were in white persons and 351 in Negroes. The last three years have seen an accelerated decrease in tuberculosis deaths particularly among Negroes, but Negroes still suffer more than one-half of all tuberculosis fatalities although they constitute only one-fifth of the city's population.

In Table No. 1 the age distribution of the 1950 tuberculosis deaths is shown according to race and sex. In the white race, 75 per cent of the 235 deaths were contributed by males more than 90 per cent of whom were thirty-five years of age or older. Among white females, in whom only 60 tuberculosis deaths were reported, 25 deaths or over 40 per cent occurred before the age of thirty-five was reached. White children under age fifteen suffered only 4 deaths from tuberculosis and accounted for less than 2 per cent of the total number of deaths in this race.

Among Negroes, more deaths occurred in males than females but

the difference was not as marked as in the white race. Males contributed over 60 per cent to the total 301 deaths in Negroes. While 70 per cent of the 185 male deaths were in persons thirty-five years of age or older, almost an equal percentage of the 116 female deaths occurred in women who had not yet reached their thirty-fifth birthday. Children under the age of fifteen suffered 16 fatalities from tuberculosis, 5 per cent of the total number of deaths in this race.

Death Rates

The total tuberculosis death rate for Baltimore residents for 1950 was 56.4 per 100,000 population. For white residents the rate was 31.3 and for Negro residents 151.3. Corresponding figures for previous years have been adjusted to the more accurate population data which became available with the 1950 census, and the corrected rates for the year 1949 were found to be 63.0 per 100,000 for the total tuberculosis death rate, 32.9 for the white race and 176.9 for Negroes. The 1950 tuberculosis mortality rates for both races were the lowest in Baltimore's history but the Negro rate has remained approximately five times greater than that among white residents.

Reported Cases

During 1950 the diagnosis of tuberculosis was verified in 1,346 previously unreported cases which required public health follow-up or warranted supervision of the family involved. Included among these new case reports were 99 registered from death certificates, representing 7.3 per cent of the total number of new registrations. The ratio of newly reported cases to resident tuberculosis deaths was 2.5. The corresponding number of new cases registered in 1949 was 1,496 including 131 reported after death, and the ratio of newly reported cases to resident deaths was 2.4.

Of the cases registered during 1950, tuberculosis of the lungs was found in 1,275 and nonpulmonary forms of the disease in 71. Corresponding figures for 1949 were 1,434 pulmonary and 62 nonpulmonary cases.

In Table No. 2 the racial distribution of reported cases in 1950 is shown. Of the 1,346 new cases of all forms of tuberculosis, there were 682 among white persons and 664 among Negroes. Nonpulmonary tuberculosis was reported nearly four times more frequently among Negroes than among white persons. The ratio of new tuberculosis cases to resident deaths was 2.9 for the white race and 2.2

for Negroes. Corresponding ratios in 1949 were: white, 3.1; Negro, 2.0.

An analysis of the reported cases of pulmonary tuberculosis according to extent and type of lesion is presented in Table No. 3. While almost one-third of all pulmonary cases were minimal in extent when reported, only 10 per cent were regarded as active or potentially active and only 3 per cent were cases showing pleural effusions believed due to tuberculosis; 17 per cent of the cases were considered inactive minimal cases. Over 55 per cent of all newly reported cases were in advanced stages of active disease when they came to official attention. Despite continuous efforts to discover pulmonary tuberculosis before the disease becomes extensive, there has been no appreciable improvement in the unfavorable ratio of active minimal cases to advanced cases.

Principal differences between the white and Negro races in the reporting of pulmonary lesions were noted in the following classifications: *Inactive minimum tuberculosis:* white, 24.4 per cent; colored, 8.7 per cent; *tuberculous pleural effusions:* white, 1.0 per cent; colored, 5.6 per cent; *severe primary lesions:* white, 3.6 per cent; colored, 13.2 per cent; *acute miliary tuberculosis:* white, 0.7 per cent; colored, 3.3 per cent.

The newly reported cases for each race are analyzed in Table No. 4 to show age and sex distribution. Tuberculosis of the lungs or glands of the chest was reported in 95 Negro children who were less than fifteen years of age, and no important difference between girls and boys was apparent. Such cases in white children of similar age numbered only 25. New cases among males outnumbered those among females, particularly for the white race in which two-thirds of the cases were reported in males. For both races, the majority of males were over thirty-five years of age while the females were more often younger than thirty-five. These age distributions of reported cases were especially striking for white males and for colored females. Nonpulmonary forms of tuberculosis were most frequently reported in Negroes past the age of fifteen years.

In Table No. 5 the reported cases are classified according to the agency responsible for the definitive report which led to registration with the Bureau of Tuberculosis. Private physicians were responsible for directly reporting 10 per cent of the new cases in 1950, general hospitals contributed 31 per cent, Health Department clinics 39 per cent, the Baltimore City Hospitals 5 per cent and community mass chest X-ray surveys 2 per cent. In the white race, 18

per cent of new cases were reported definitively by private physicians, 22 per cent by general hospitals and 40 per cent by Health Department clinics. Among Negroes, 3 per cent of registrations were based on private physicians' reports, 41 per cent came from general hospitals and 38 per cent from Health Department clinics.

Since many patients came to the attention of reporting agencies because tuberculosis has been suspected elsewhere, Table No. 6 is presented to show the original source of referral of cases which were registered in 1950. Private physicians suspected tuberculosis in or made the final report for 343 persons or 26 per cent of the enumerated cases. Two hundred and seven of these patients were white, representing 30 per cent of all reported cases in this race, and 136 were Negro, or 21 per cent of the total Negro case reports. General hospitals or sanatoria, other than the Baltimore City Hospitals, made the initial observation or final report of tuberculosis in 467 persons or 35 per cent of the cases registered for the year. General hospitals, by means of their usual investigations or through routine chest microfilm screening programs, contributed almost all of these 467 new cases, only a negligible number originating from tuberculosis sanatoria. In the white race, 178 or 26 per cent of all referrals or reports came from hospitals, while 289 or 44 per cent of all new Negro cases could be traced to hospital referrals or reports. Examinations at the Baltimore City Hospitals led to the enumeration of 69 cases of whom 33 were white and 36 Negro.

The Health Department was the source of referral or direct reporting of 175 new cases representing 13 per cent of the total yearly registrations and including approximately equal numbers in both races. Mass X-ray surveys of groups of apparently healthy people in the community led to the enumeration of 156 new cases of tuberculosis, 114 among white persons and 42 among Negroes, and accounted for 12 per cent of the total registrations. Other scattered agencies were responsible for 37 new case reports. Death certificates were the source of 99 reports, representing 7 per cent of the total; 47 in white persons and 52 in Negroes.

Case Rates

The total tuberculosis case rate for 1950 was 142 new cases per 100,000 population. For white persons the rate was 92 and for Negroes 332 per 100,000 population, the Negro case rate being 3.6 times greater than that for the white race. Corresponding figures for 1949 were 158 per 100,000 for the total tuberculosis case rate,

106 for the white race and 354 for Negroes; the Negro rate exceeded that for white persons by 3.3 times.

Diagnostic Services

The volume of work done by the three chest clinics operated by the Bureau of Tuberculosis is shown in Table No. 7. The clinic at 28 South Broadway continued to serve both white and Negro patients residing in East Baltimore. At 1516 Madison Avenue a clinic was conducted for white persons living in West Baltimore, while Negro residents of that section were served by the chest clinic at the Druid Health Center. A screening clinic located at the Eastern Health District building and a small film service at the Druid Health Center, both used for X-raying apparently healthy persons, are described under "Case-Finding Projects."

Each of the three regular diagnostic chest clinics continued to hold five sessions a week. A total of 12,925 individuals was examined during 1950 in all of the clinics, as compared with 13,115 in 1949. Of the 12,925 examined, 7,413 were white and 5,512 were Negro. New registrants numbered 8,224 and represented 64 per cent of those examined. The remaining 4,701 or 36 per cent were registered prior to 1950 and required further diagnostic service or follow-up examinations.

Of the 8,224 new registrants, 6,524 or 78 per cent came to clinics for diagnosis because pulmonary disease was suspected. The remaining 1,700 or 22 per cent were apparently well but had had known exposure to tuberculosis and are tabulated as tuberculosis contacts. This number of contacts does not include the 1,379 tuberculosis contacts who were examined in the Eastern Health District screening clinic nor does it include the unknown number of contacts who were X-rayed at the Maryland Tuberculosis Association, the Johns Hopkins Hospital, University Hospital, Baltimore City Hospitals and other general hospitals as well as those examined by private physicians.

The majority of new patients who came to clinics for diagnostic services were referred by private physicians; 57 per cent of white patients and 51 per cent of Negroes. Public health nurses and other Health Department clinics were responsible for sending in 3 per cent of white patients and 5 per cent of Negroes. The mass X-ray case-finding program conducted by the Health Department with the assistance of the Maryland Tuberculosis Association sent to the clinics 217 white persons and 126 Negroes, representing 5 per

cent of the total diagnostic patients for each race. All other miscellaneous sources accounted for the remaining one-third of new diagnostic patients, with general hospitals playing a larger role than in former years.

Tuberculosis contacts were referred to clinics principally by Health Department personnel. Of the 817 white contacts who visited a chest clinic for the first time in 1950, there were 281 or 34 per cent who had been referred by public health nurses. Of the 883 Negro contacts who were examined, 626 or 77 per cent were sent by public health nurses. Private physicians were responsible for the referral of 29 per cent of white contacts and 10 per cent of Negroes.

The number of tuberculosis contacts examined at the city chest clinics has been decreasing during the past several years. It was as high as 3,209 in 1946 and in 1950 it was 1,700. The greater availability of free chest X-rays in community surveys and at the Maryland Tuberculosis Association's film service has probably contributed towards the decreasing clinic attendance by the apparently well contacts. In addition, the number of contacts examined at the screening clinic in the Eastern Health District has been increasing yearly. Children under age fifteen still continue to constitute too large a proportion of the contacts who appear at the clinics. Thirty-five per cent of all white contacts and 40 per cent of Negro contacts examined in clinics in 1950 were in this age group. It is among adults and particularly male adults that the greatest reservoir of tuberculosis exists but it will require the services and skill of more public health nurses to persuade more of this group to submit to examination.

Collapse Therapy for Ex-Sanatorium Patients

All three chest clinics held regular sessions at least twice weekly for artificial pneumothorax and pneumoperitoneum therapy. The service was limited to patients whose collapse therapy had been initiated elsewhere, usually in the sanatorium. During 1950 these treatments were given to 300 patients as shown in Table No. 7. Seventy-six of these were new patients, almost twice the number of such patients in 1949. This increase in patients receiving air collapse therapy reflected the renewed popularity of pneumoperitoneum in the sanatoria resulting from the good effects obtained with combined chemotherapy. There were 224 former clinic registrants for whom treatment was continued. In all, 5,097 visits were paid to these treatment clinics.

Case Finding Projects

In addition to its traditional program of searching for new cases of tuberculosis among associates of known cases, the Bureau of Tuberculosis continued its efforts to uncover tuberculosis among other groups of the population. With the assistance of other agencies, small chest X-rays were taken of approximately 104,000 persons in Baltimore during 1950 without any charge to those examined.

The largest project was conducted by the Health Department with the assistance of the Maryland Tuberculosis Association and involved the examination of numerous groups of apparently healthy people in the City of Baltimore. The mobile 70 millimeter photofluorographic unit employed for this purpose has been in use in Baltimore since 1945 under the direction of Dr. M. S. Shiling and has taken approximately 50,000 films each year. During 1950 the mobile unit took chest microfilms of 48,804 apparently well persons. Of the entire group, 27,576 or 56 per cent were white and 21,228 or 44 per cent were Negroes.

Over 40 per cent of all white persons X-rayed were residents of various communities and housing projects in Baltimore, 33 per cent were employees of industrial and business concerns and 15 per cent were high school and college students. Personnel of the Post Office, a hotel, a hospital and a unit of the Naval Reserve completed this survey group.

Among Negroes almost one-half of those X-rayed were students in several high schools and one college; over 40 per cent were residents of various communities and housing projects; and only 5 per cent were industrial or business office employees. The age distribution of those X-rayed showed marked differences for the two races. Of all white persons examined, only 6 per cent were under age fifteen, 74 per cent between the ages of 15 and 44 years and 20 per cent were 45 years of age or older. Among Negroes, 34 per cent were less than 15 years old, 60 per cent between the ages of 15 and 44 and only 6 per cent were over 45 years of age.

Among the 48,804 persons X-rayed, 47,839 or 98.1 per cent were found to have negative chest films. Of the remaining 965 or 1.9 per cent, 828 had X-rays which revealed some evidence of chest pathology and 137 had films which could not be interpreted satisfactorily for technical reasons. Slightly less suspected disease was found among the Negro groups than in the white surveyed popula-

tion, a finding probably due to the larger proportion of Negro children X-rayed. Among the 965 individuals whose films were not read as negative, 316 were advised that further chest X-ray studies were not necessary. These were instances of cardiac or nontuberculous pathology which were either of no clinical significance or required special types of investigation. They also included 54 cases of tuberculosis known to the Health Department in essentially the same condition as revealed by the survey films. Of the remaining 649 persons who were instructed to have follow-up roentgenological examination 105 were not known to have done so within a period of several months. It was learned later that 38 had received follow-up care elsewhere, leaving 67 who were delinquent.

There were 544 individuals who reported for 14" x 17" confirmatory chest X-rays. More than one-half had their films taken at the city chest clinics, over one-third received their films at the survey site and 7 per cent went to private physicians or hospitals. Clinical studies followed when indicated.

As a result of the mobile unit's surveys, 178 cases of tuberculosis were found, 130 among white persons and 48 among Negroes. When subtractions were made for previously known cases, for nonresidents, and for revised diagnoses and cases showing only slight lung changes not significant enough for registration, the total number of newly registered cases of tuberculosis attributable to this case finding project in 1950 was found to be 104, of which 73 were white and 31 Negro.

The 70 millimeter photofluorographic units provided earlier by the City Health Department for three large general hospitals in Baltimore were used to X-ray 36,547 individuals. At the Johns Hopkins Hospital 18,729 chest films were taken of 10,571 white individuals and 8,158 Negroes. At the Baltimore City Hospitals 7,366 persons received small chest films. The University Hospital offered this service to 10,452 individuals.

X-ray screening clinics held in the Eastern Health District and the Druid Health District, using 4" x 5" films, led to the examination of 6,405 persons. The Eastern Health District screening clinic took X-rays of 5,472 individuals of whom 3,302 were white and 2,170 were Negro. More than one-fourth were employees of governmental agencies, a comparably large group was composed of tuberculosis contacts, eighteen per cent were registrants of Health Department prenatal clinics and the remainder came from scattered sources. The Druid Health District took routine small films of 844 prenatal

patients registered with the Health Department. Persons exposed to tuberculosis who came to the Druid chest clinic for small films were counted in the regular clinic reports and enumerated under *Tuberculosis Contacts* in Table No. 7.

The Maryland Tuberculosis Association, by means of the 35 millimeter photofluorographic unit in its central office, took films of 11,908 persons during the year. Duplicate reports of all films which were not read as negative were sent to the Bureau of Tuberculosis which cooperated in or undertook the follow-up investigations.

BCG Vaccination

The BCG vaccination clinic which was inaugurated at the Eastern Health District in October, 1949 under the supervision of Dr. George A. Silver, Health Officer for the district, continued to hold monthly sessions in 1950. During the year, 94 persons who had negative reactions to 0.1 mg. old tuberculin received the vaccine as follows: 72 contacts of tuberculosis cases, 2 public health nurses of the Baltimore City Health Department, 13 nurses and one physician from a general hospital in Baltimore and 6 other hospital employees. Sixty-three of those receiving BCG were white and 31 were Negro. It was planned to hold BCG clinics each week during 1951.

In November, 1950 the Bureau of Tuberculosis and the Harriet Lane Home of the Johns Hopkins Hospital initiated a joint program of BCG vaccination for Negro newborns of Baltimore City parents. Dr. John L. Peck has supervised the program at the hospital. With parental consent, each Negro baby born at the Johns Hopkins Hospital received BCG before leaving the hospital. Weekly reports of vaccinated babies were sent to the Bureau of Tuberculosis for follow-up observations. Home visits were planned for two months after vaccination when the vaccination sites would be inspected and tuberculin patch tests applied. The same public health nurse will read all the post-vaccinal patch tests. In instances where the vaccine was requested for newborns of parents living outside of Baltimore City, the reports of vaccinations were sent by the Bureau of Tuberculosis to the appropriate health departments which undertook the follow-up observations. During the seven weeks of operation of this program in the latter part of the year 119 Negro babies born at the Johns Hopkins Hospital received BCG. Response to the program was excellent and vaccinations will be continued during 1951.

In November and December the Bureau of Tuberculosis in cooperation with the Department of Education conducted a tuberculin testing and BCG vaccination project in three Negro vocational high schools in Baltimore. Signed request slips were required from the parents before the program started. Among the 1,294 enrolled pupils in the three schools, 762 reported for tuberculin tests. Of those tested, 87 failed to return for readings of the tests. The high rate of absenteeism in these schools was largely responsible for incomplete coverage of the student body. Of the 675 pupils tested, almost all were fourteen to eighteen years of age and 381 were males and 294 females. Reactions to 0.01 mg. old tuberculin were positive in 35.4 per cent of those tested, doubtful in 4.9 per cent and negative in 59.9 per cent. The 403 students who failed to react to this dose of tuberculin were offered BCG and 395 accepted it. Simultaneously with the vaccination another tuberculin test was performed with 0.1 mg. old tuberculin. The results of this second tuberculin test in those negative to the smaller dose revealed 15 per cent positive reactors and 12 per cent doubtful reactors to 0.1 mg. old tuberculin. This tuberculin screening procedure for BCG vaccination was different from that used at the Eastern Health District where only negative reactors to 0.1 mg. old tuberculin were given BCG. It was recommended by Dr. Joseph D. Aronson of the Henry Phipps Institute for Tuberculosis in Philadelphia who has used it widely without untoward effects. It made unnecessary an additional testing session, an important consideration in the schools, and no adverse reactions were seen. If personnel is available, a continuous vaccination program of Negro students in the high schools is contemplated for the fall of 1951.

All of the BCG vaccine used by the Health Department was obtained from Dr. Aronson. BCG vaccine offers partial protection for a period of several years against sickness and death from tuberculosis, and is considered an important adjunct to a tuberculosis control program particularly for persons or groups likely to suffer undue risk from this disease.

Hospital and Sanitorium Facilities

No new institutional facilities became available during 1950 to relieve the great inadequacy of sanatorium beds in Maryland, but it is encouraging that construction was begun on three new tuberculosis hospitals in the State during the year.

The condemned 140-bed wing which formerly housed tuberculosis

Negro patients at the Baltimore City Hospitals was torn down and the erection of a new 300-bed wing on its site started. Sydenham Hospital was opened to accommodate some of the patients thus temporarily displaced and had a census of approximately eighty patients at the end of the year.

Work was begun during 1950 on the new 300-bed addition to the Mt. Wilson State Hospital. This building will be provided with a complete surgical section to serve all the State tuberculosis hospitals. The Veterans Administration broke ground for and made considerable headway in the construction of a new 300-bed hospital in Baltimore City for the treatment of tuberculous veterans from Maryland and surrounding areas.

It is hoped that all three hospitals will be ready for occupancy in 1952. The addition of 460 civilian beds and 300 beds for veterans will be an important step forward in reducing our meager institutional provisions for the care of the tuberculous in this state.

Medical social services in the State tuberculosis hospitals were expanded during the year. Miss Jean Bullock was appointed medical social worker for the Mt. Wilson State Hospital in August. The following month Miss Amy Greene accepted the position of Director of Medical Social Services for the Division of Tuberculosis Services in the State Department of Health. She is eminently qualified for this position and is actively engaged in seeking full-time social workers for the Henryton and Victor Cullen State Hospitals.

The combined efforts of the medical, nursing and social service staffs of the Baltimore City Hospitals, together with the Bureau of Tuberculosis and the Bureau of Public Health Nursing of the Baltimore City Health Department, the Department of Public Welfare, the Family and Children's Society and the Division of Vocational Rehabilitation contributed towards a great improvement in the matter of irregular discharges from the City Hospitals. The Maryland Tuberculosis Association continued its valuable assistance in improving auxiliary services in the various tuberculosis hospitals.

During 1950 the various sanatoria within the state, including the Tuberculosis Division of the Baltimore City Hospitals, reported the deaths of 221 residents of Baltimore City and during the same time they discharged alive a total of 383 city residents. Of live discharged patients residing in the city, 275 or 72 per cent were discharged with consent, while the remaining 108 or 28 per cent failed to complete their treatment and left against medical advice. Of those leaving without permission, 53 or 51 per cent were known to have positive sputa. The corresponding figures for 1949 were 305 live dis-

charges with consent, representing 62 per cent of the total live discharges, while the remaining 184 or 38 per cent failed to complete their treatment.

Nursing Service

Field service to the tuberculous and their families was carried on as in past years by a staff of public health nurses for whom tuberculosis is only one of a number of functions in a generalized nursing program. There were 180 field nurses and their supervisors on duty during most of 1950 for this city of almost one million inhabitants. Many more public health nurses are needed, particularly more than the 45 Negro nurses now employed, to help with the serious tuberculosis problem in the badly overcrowded sections of the city. A supervisor of tuberculosis nursing is greatly needed but no candidate was found for this position during the year.

Vocational Rehabilitation

Vocational rehabilitation of tuberculous patients whose lesions have become quiescent or inactive was continued as a special service by the State Department of Education. During 1950 there were 79 new patients living in Baltimore for whom rehabilitation was undertaken; 43 white, 36 Negro. Corresponding figures for 1949 were 99 patients; 51 white, 48 Negro. Of the 79 patients who were taken on by the Division of Vocational Rehabilitation, 40 were referred by tuberculosis hospitals, 9 by general hospitals, 5 by other health agencies, 9 by welfare agencies, 4 by private physicians and 12 by various other agencies.

Federal Assistance

As of July 1, 1945, a Federal grant-in-aid from the U. S. Public Health Service became available for tuberculosis control in Maryland. For the fiscal year ending June 30, 1951, the sum available for Baltimore City was $51,416, approximately $6,000 less than was allocated during the previous year. The positions made possible by this grant include the Director of Tuberculosis Surveys, the Assistant Chief Hospital Physician in Tuberculosis at the Baltimore City Hospitals, an occupational therapist at the same hospital, a junior statistician in the Bureau of Tuberculosis and various other professional and clerical positions.

Personnel

Charlotte Silverman, M.D., Dr. P.H., Director
M. S. Shiling, M.D., Director of Tuberculosis Surveys
Katherine H. Borkovich, M.D., Associate Director
George G. Adams, M.D., Clinic Physician
Louis V. Blum, M.D., Clinic Physician
Theodore Cooper, M.D., Clinic Physician
Thomas W. Harris, Jr., M.D., Clinic Physician
Meyer W. Jacobson, M.D., Clinic Physician
C. Dudley Lee, M.D., Clinic Physician
Renold B. Lighston, Jr., M.D., Clinic Physician
Cecil Rudner, M.D., Clinic Physician
Grace E. Grimes, Junior Statistician
Gertrude B. Cordish, Principal Clerk
Anna S. Mehring, Senior Stenographer
Jessie S. Fineman, Senior Clerk
Leah Kushner, Senior Clerk
Gertrude Monat, Senior Clerk
Frances T. Morris, Senior Clerk
Harriet E. Folus, Junior Typist
Rita C. Kurek, Junior Typist
Bernice Taylor, Junior Clerk
Arnold C. Rifkin, Photofluorographic Machine Operator
Mary M. Knicely, Photofluorographic Machine Operator

TABLE NO. 1

AGE DISTRIBUTION OF RESIDENT DEATHS FROM TUBERCULOSIS—1950

Age Group	White			Colored		
	Total	Male	Female	Total	Male	Female
Number of Deaths						
All Ages	235	175	60	301	185	116
Under 15 years	4	1	3	16	5	11
15–24 years	8	2	6	36	14	22
25–34 years	29	13	16	79	37	42
35–44 years	49	32	17	56	36	20
45–54 years	48	42	6	62	48	14
55–64 years	40	38	2	38	33	5
65 years and over	57	47	10	14	12	2
Percentage Distribution						
All ages	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	1.7	0.6	5.0	5.3	2.7	9.5
15–24 years	3.4	1.1	10.0	12.0	7.6	19.0
25–34 years	12.3	7.4	26.7	26.2	20.0	36.2
35–44 years	20.9	18.3	28.3	18.6	19.5	17.2
45–54 years	20.4	24.0	10.0	20.6	25.9	12.1
55–64 years	17.0	21.7	3.3	12.6	17.8	4.3
65 years and over	24.3	26.9	16.7	4.7	6.5	1.7

TABLE NO. 2

REPORTED TUBERCULOSIS CASES, ACCORDING TO LOCATION, EXTENT OF LESION AND RACE—1950

Location and Extent of Lesion	Total	White	Colored
Total Reported Cases	1,346	682	664
Pulmonary lesions (total)	1,275	667	608
Minimal	386	248	138
Moderately advanced	430	237	193
Far advanced	327	151	176
Severe primary lesion	104	24	80
Acute miliary or disseminated	25	5	20
Unspecified	3	2	1
Nonpulmonary lesions (total)	71	15	56
Meningitis	22	3	19
Spinal	9	4	5
Peritonitis	11	1	10
Other forms	29	7	22

TABLE NO. 3

ANALYSIS OF REPORTED CASES OF PULMONARY TUBERCULOSIS ACCORDING TO EXTENT OF PULMONARY LESION—1950

Classification of Lesion	Total	White	Colored
Total cases with extent of lesion specified	1,272	665	607
Minimal lesions: All types	386	248	138
Active	130	79	51
Inactive	215	162	53
Pleural effusion	41	7	34
Moderately advanced	430	237	193
Active	382	200	182
Inactive	48	37	11
Far advanced	327	151	176
Severe primary lesions	104	24	80
Acute miliary or disseminated	25	5	20
Percentage Distribution			
Total cases with extent of lesion specified	100.0	100.0	100.0
Minimal lesions: All types	30.3	37.3	22.7
Active	10.2	11.9	8.4
Inactive	16.9	24.4	8.7
Pleural effusion	3.2	1.0	5.6
Moderately advanced	33.8	35.7	31.8
Active	30.0	30.1	30.0
Inactive	3.8	5.6	1.8
Far advanced	25.7	22.7	29.0
Severe primary lesions	8.2	3.6	13.2
Acute miliary or disseminated	2.0	0.7	3.3

TABLE NO. 4

PULMONARY AND NONPULMONARY REPORTED CASES OF TUBERCULOSIS CLASSIFIED BY RACE, SEX, AND BROAD AGE GROUPS—1950

Classification and Age	White			Colored		
	Total	Male	Female	Total	Male	Female
Pulmonary lesions						
All ages	667	448	219	608	361	247
Under 15 years	25	10	15	95	41	54
15-24 years	77	32	45	102	45	57
25-34 years	130	62	68	134	71	63
35-44 years	128	87	41	109	71	38
45-54 years	121	99	22	90	70	20
55-64 years	100	89	11	43	34	9
65 years and over	86	69	17	35	29	6
Nonpulmonary lesions						
All ages	15	10	5	56	29	27
Under 15 years	4	1	3	15	6	9
15 years and over	11	9	2	41	23	18
Percentage Distribution						
Pulmonary lesions						
All ages	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	3.8	2.3	6.8	15.6	11.3	21.9
15-24 years	11.5	7.1	20.5	16.8	12.5	23.1
25-34 years	19.5	13.8	31.1	22.0	19.7	25.5
35-44 years	19.2	19.4	18.7	17.9	19.7	15.4
45-54 years	18.1	22.1	10.1	14.8	19.4	8.1
55-64 years	15.0	19.9	5.0	7.1	9.4	3.6
65 years and over	12.9	15.4	7.8	5.8	8.0	2.4
Nonpulmonary lesions.						
All ages	100.0	100.0	100.0	100.0	100.0	100.0
Under 15 years	26.7	10.0	60.0	26.8	20.7	33.3
15 years and over	73.3	90.0	40.0	73.2	79.3	66.7

TABLE NO. 5

TUBERCULOSIS CASES CLASSIFIED BY RACE AND REPORTING AGENCY—1950

Reporting Agency	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Cases	1,346	100.0	682	100.0	664	100.0
Private physicians	140	10.4	120	17.6	20	3.0
General hospitals	422	31.3	148	21.7	274	41.3
Health Department clinics	523	38.9	269	39.5	254	38.3
Case-finding surveys	25	1.9	20	2.9	5	0.7
Baltimore City Hospitals	70	5.2	33	4.8	37	5.6
Other sanatoria	25	1.9	23	3.4	2	0.3
Other agencies	42	3.1	22	3.2	20	3.0
Reported after death	99	7.3	47	6.9	52	7.8

TABLE NO. 6

TUBERCULOSIS CASES CLASSIFIED BY RACE AND ORIGINAL REFERRAL OR SOURCE OF REPORT—1950

Original Referral or Source of Report	Total		White		Colored	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Total Cases	1,346	100.0	682	100.0	664	100.0
Private physicians	343	25.5	207	30.4	136	20.5
Baltimore City Hospitals	69	5.1	33	4.8	36	5.4
Other hospitals or sanatoria	467	34.7	178	26.1	289	43.5
Hospital survey	12	..	6	..	6	..
Other	455	..	172	..	283	..
Health Department	175	13.0	81	11.9	94	14.2
Chest clinic	152	..	73	..	79	..
Other	23	..	8	..	15	..
Mass survey	156	11.6	114	16.7	42	6.3
Other agencies	37	2.8	22	3.2	15	2.3
Reported after death	99	7.3	47	6.9	52	7.8

TABLE NO. 7
SUMMARY OF CHEST CLINIC AND MASS X-RAY SERVICES
CLASSIFIED BY RACE AND SEX—1950

	White						Colored			
	Total		Male		Female		Male		Female	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Clinic Registrants										
Total	12,925	100.0	3,605	100.0	3,808	100.0	2,016	100.0	3,496	100.0
New in 1950										
Diagnostic service	8,224	63.6	2,571	71.3	2,534	66.5	1,203	59.7	1,916	54.8
Registered prior to 1950										
Diagnostic service	3,526	27.3	699	19.4	963	25.3	586	29.1	1,278	36.6
Follow-up tuberculosis cases	1,175	9.1	335	9.3	311	8.2	227	11.2	302	8.6
New Registrants-Diagnostic Service										
Age distribution										
Patients for diagnosis										
Total with age given	6,524	100.0	2,210	100.0	2,078	100.0	804	100.0	1,432	100.0
Under 15 years	637	9.8	261	11.8	225	10.8	68	8.5	83	5.8
15-24 years	1,538	23.6	425	19.2	443	21.3	125	15.5	545	38.1
25-44 years	2,959	45.4	849	38.4	1,093	52.6	363	45.1	654	45.7
45-64 years	1,093	16.7	512	23.3	234	11.3	211	26.3	136	9.5
65 years and over	294	4.5	162	7.3	82	4.0	36	4.5	14	0.9
Age unspecified	3	0.0	1	0.0	1	0.0	1	0.1	0	0.0
Tuberculosis Contacts										
Total with age given	1,700	100.0	361	100.0	456	100.0	399	100.0	484	100.0
Under 15 years	645	37.9	147	40.7	141	30.9	184	46.1	173	35.8
15-24 years	263	15.5	53	14.7	83	18.2	45	11.3	82	16.9
25-44 years	569	33.5	119	33.0	185	40.6	125	31.3	140	28.9
45-64 years	183	10.8	36	10.0	38	8.3	34	8.5	75	15.5
65 years and over	38	2.2	6	1.6	8	1.8	11	2.8	13	2.7
Age unspecified	2	0.1	0	0.0	1	0.2	0	0.0	1	0.2
Source of Referral										
Patients for diagnosis										
Total	6,524	100.0	2,210	100.0	2,078	100.0	804	100.0	1,432	100.0
Physicians	3,581	54.9	1,198	54.2	1,253	60.3	512	63.7	618	43.2
Public health nurses	246	3.8	73	3.3	61	2.9	49	6.1	63	4.4
Health Department clinics	81	1.2	29	1.3	30	1.5	10	1.2	12	0.8
Case-finding project	343	5.3	128	5.8	89	4.3	68	8.5	58	4.1
All other	2,273	34.8	782	35.4	645	31.0	165	20.5	681	47.5
Tuberculosis Contacts										
Total	1,700	100.0	361	100.0	456	100.0	399	100.0	484	100.0
Physicians	324	19.1	113	31.3	127	27.9	32	8.0	52	10.8
Public health nurses	907	53.4	124	34.3	157	34.4	298	74.7	328	67.8
Health Department clinics	23	1.3	5	1.4	7	1.5	6	1.5	5	1.0
All other	446	26.2	119	33.0	165	36.2	63	15.8	99	20.4
Clinic Visits										
Total	20,142	100.0	5,798	100.0	5,922	100.0	3,320	100.0	5,102	100.0
Diagnostic service	16,373	81.3	4,605	79.4	4,874	82.3	2,639	79.5	4,255	83.4
Patients for diagnosis	11,211	..	3,523	..	3,318	..	2,549	..	2,821	..
Tuberculosis contacts	5,162	..	1,082	..	1,556	..	1,090	..	1,434	..
Follow-up tuberculosis service	3,769	18.7	1,193	20.6	1,048	17.7	681	20.5	847	16.6
Number of X-ray Examinations										
Total	13,999	100.0	3,907	100.0	3,995	100.0	2,293	100.0	3,804	100.0
Diagnostic service	11,744	83.9	3,256	83.3	3,430	85.9	1,825	79.6	3,233	85.0
New patients for diagnosis	6,322	..	2,117	..	2,001	..	806	..	1,398	..
New tuberculosis contacts	1,301	..	298	..	376	..	272	..	355	..
Repeat visits	4,121	..	841	..	1,053	..	747	..	1,480	..
Follow-up tuberculosis service	2,255	16.1	651	16.7	565	14.1	468	20.4	571	15.0
Pneumothorax Service										
Total patients	300	100.0	80	100.0	110	100.0	54	100.0	56	100.0
New patients	76	25.3	21	26.3	18	16.4	24	44.4	13	23.2
Patients registered prior to 1950	224	74.7	59	73.7	92	83.6	30	55.6	43	76.8
Total Visits	5,097	..	1,426	..	2,319	..	577	..	775	..
Number of X-ray Examinations	651	..	169	..	239	..	90	..	153	..
X-ray Survey of Apparently Healthy Persons	55,120		30,878				24,242			
Eastern Health District	5,472		3,302				2,170			
Druid Health Center	844		..				844			
Mobile X-ray Unit	48,804		27,576				21,228			

BUREAU OF VENEREAL DISEASES

BUREAU OF VENEREAL DISEASES

N. A. Nelson, M.D., M.P.H.

Director

Morbidity and Mortality

During the year, 2,982 cases of syphilis, 6,944 cases of gonorrhea and 120 cases of chancroid were reported, as shown in Table No. 1. The decline in reported cases of syphilis from 4,327 in 1949, was spread through all stages of that disease, but was most marked in the early, infectious stages. Only 361 cases of primary and secondary syphilis were reported this year, as shown in Table No. 2, and as compared with 2,053 in the peak year of 1946, and 616 in 1940, the last of the prewar years. Reported cases of gonorrhea continued to increase, from 6,570 in 1949, as they have, steadily, since 1944 when only 2,930 cases were reported. Admissions to the Health Department venereal disease clinics accounted for all of the increase this year, and all of it was from the Negro population. Thus, much of the increase is due to the fact that more and more patients in the lower economic groups seek free treatment in the clinics, where all the cases are reported. Repeated reinfection, after quick cure with penicillin, certainly must account for some of the increase, however, as demonstrated by the patient who is known to have had 11 infections in the last three years.

Syphilis in children is particularly tragic because most of it is congenital and therefore preventable through treatment of the mother during pregnancy. As shown in Table No. 3, this year 17 reports of syphilis in children under one year of age were received, at a rate of 0.79 per 1,000 live births. Only 2 deaths in this age group were reported, at a rate of 0.09 per 1,000 live births. The following table shows that there has been a very considerable decline, especially during the last ten years, in both case and death rates from syphilis in infants. No comparable data are available for case reports in the United States as a whole, but the infant mortality rate from syphilis in Baltimore compares favorably with that of the country as a whole, especially when it is considered that the ratio of Negroes to white in Baltimore is more than twice that in the United States as a whole.

AVERAGE ANNUAL CASE AND DEATH RATES FROM SYPHILIS PER 1,000 LIVE BIRTHS IN CHILDREN UNDER ONE YEAR OF AGE. BALTIMORE, 1921-1950

Period	Case Rate			Death Rate			
	Total	White	Colored	Total	White	Colored	Total U. S.
1921-1924	2.73	1.05	10.88	1.63	0.68	6.25	0.80
1925-1929	3.00	0.96	10.86	2.08	0.76	7.12	0.72
1930-1934	2.86	0.70	9.86	1.39	0.60	4.01	0.79
1935-1939	2.94	0.75	9.57	0.98	0.27	3.12	0.66
1940-1944	1.68	0.44	5.42	0.43	0.09	1.46	0.35
1945-1949	1.45	0.31	4.39	0.27	0.14	0.79	0.15
1950	0.79	..	2.33	0.09	..	0.27	*

* Data not available.

It is gratifying to note that the treatment of congenital syphilis has been constantly more effective in preventing deaths from that disease, the death rate having fallen much more rapidly than the case rate. Twenty years ago, one half the infants reported as having syphilis died, whereas in 1950 only 1 in 9 died.

A study of the mothers of the last 26 infants reported as having been born with syphilis disclosed that 18 had no prenatal care, 2 had been treated for syphilis during pregnancy but had suffered such late relapses that infection of the fetus could not be prevented, and 6 had been permitted to go without or to neglect treatment for syphilis although its presence was known in ample time for treatment to have been given. A prenatal blood test law would not have prevented a single one of these infections.

As shown in Table No. 4, resident deaths from syphilis in persons of all ages numbered 103 at a rate of 10.8 per 100,000 population. This is the lowest death rate from syphilis on record in Baltimore. The highest was 40.0 per 100,000 population, in 1935.

Epidemiology and Case Holding

The Bureau of Venereal Diseases received reports of 5,526 contacts of patients with syphilis or gonorrhea from the Health Department venereal disease clinics and other clinics and agencies within and outside the City of Baltimore. Approximately 47 per cent of these contacts were examined or known to be already under treatment or observation for infection. Of those examined or previously known 44 per cent were found to have a venereal disease. The results of the investigations of these contacts are shown in Tables No. 5 and 6.

Various agencies within and outside the City of Baltimore trans-

ferred 789 patients to the Health Department venereal disease clinics because of treatment delinquency, availability of evening clinics and miscellaneous other reasons. Of these, 151 or 19.2 per cent were considered to be in urgent need of follow-up due to actual or potential communicability.

During the year 7,452 visits were made by the public health nurses and two social workers for the investigation of contacts and the follow-up of delinquent patients, as compared to 8,476 in 1949.

The Clinics

Health Department venereal disease clinics were operated at three locations to a total of eighteen sessions a week for adults and four for children. As shown in Table No. 7, these clinics reported 11,506 admissions during the year, of which 6,245 were for gonorrhea, 1,441 for syphilis, 128 for other venereal diseases, 2,592 of persons not found to be infected and 1,100 in whom the diagnosis was not completed. Of the last group 717 were treated as for gonorrhea because they were alleged contacts, mostly female, of patients known to have gonorrhea. It is general practice to treat female contacts, whether or not the diagnosis is made, because of the difficulty of detecting gonococcal infections in women.

Details as to the number of admissions to the six hospital outpatient departments in which venereal diseases are treated are available only for Medicine I of the John Hopkins Hospital, as shown in Table No. 7. Admissions to the others are known to be relatively few, however, and probably do not exceed two or three hundred. Thus, at least 12,749 persons were admitted to venereal disease clinics in the city during the year as compared to 14,400 in 1949.

The Health Department venereal disease clinics reported 47,893 patient visits and the Johns Hopkins Hospital reported 11,931, a total of 59,824 as shown in Table No. 7. This is a decrease of 6,711 visits from the 66,535 reported in 1949, and is due entirely to the decrease in admissions for syphilis.

Other medical agencies referred 109 patients to the Health Department venereal disease clinics for treatment only, post-treatment observation having been carried on by the referring agencies. Of these 109 patients, 100 were pregnant women with syphilis. This is a continuation of the procedure adopted when the Baltimore Rapid Treatment Center was closed in November, 1949.

City Ordinance No. 217 and Juvenile Cases

City Ordinance No. 217 and Health Department Regulation 1 under this ordinance were invoked in 23 instances of failure of persons with infectious syphilis to take treatment. Eleven of the 23 persons were colored males, 10 were colored females and 2 were white females. The following table summarizes the results of action under this ordinance since its enactment in 1945.

RESULTS OF ENFORCEMENT OF CITY ORDINANCE NO. 217

Year	Total	Color and Sex				Admitted to B.C.H.*	Returned to Clinic	Lost	Court Action Necessary
		White		Colored					
		Male	Female	Male	Female				
Total	154	5	11	89	49	98	25	31	34
1950	23	..	2	11	10	16	3	4	5
1949	21	..	..	15	6	9	5	7	3
1948	45	..	1	28	16	29	5	11	7
1947	39	2	6	23	8	27	8	4	15
1946	15	2	2	9	2	10	3	2	..
1945	11	1	..	3	7	7	1	3	4

* Baltimore City Hospitals

During the year 40 mothers were reported to the Health Department for having failed to have their infants examined although the mothers had syphilis at the time their infants were born. Of the 40 infants, 22 were examined after a letter had been sent to the mothers by the Director of the Bureau of Venereal Diseases, 7 responded to a letter from the Chief Probation Officer of the Juvenile Court, 2 were examined after their mothers had been summonsed to Juvenile Court but before the date of the hearing, 1 was on probation to the Juvenile Court and was examined on order of the probation officer and 3 were brought into court, their mothers found guilty and sentence suspended on condition that the infants be examined, which was done. One infant had died before further action could be taken and 4 cases are still pending. Two of the 40 infants had congenital syphilis.

Staff Training

Four Health Department nurses received training in intravenous and intramuscular treatment techniques during the year. This brought to 81 the total number of nurses trained to give treatment during the last seven years. The Director of the Bureau of Venereal Diseases gave another series of six lectures on the venereal diseases

to a group of public health nurses in the Bureau of Public Health Nursing. A total of 36 such lectures have now been given to the Health Department nurses during the past three years. The Supervisor of Public Health Nursing assigned to the Bureau of Venereal Diseases conducted six seminars on venereal disease control for a total of 62 Health Department nurses and student affiliates.

Baltimore Venereal Disease Council

The Baltimore Venereal Disease Council held one meeting during the year, the 31st since it was organized in December, 1942, and so continued to participate in the development of the venereal disease control program in the City of Baltimore.

The Armed Forces

The Health Department and the Armed Forces collaborated in the investigation of 345 contacts of infected military personnel, and in the examination and treatment of 281 selectees found to have positive serologic tests for syphilis at the time of examination at the induction stations. The Director of the Bureau of Venereal Diseases continued to serve as a member of the Civilian Advisory Board of the Armed Forces Disciplinary Control Board.

Personnel

Nels A. Nelson, M.D., M.P.H., Director
Morris M. Cohen, M.D., Senior Medical Supervisor
Albert L. Laforest, M.D., Senior Medical Supervisor
[1] Ernest W. Shervington, M.D., Senior Medical Supervisor
[2] Townsend W. Anderson, M.D., Medical Supervisor
Louis E. Harmon, M.D., Medical Supervisor
[3] J. Douglass Shepperd, M.D., Acting Senior Medical Supervisor
G. Raynor Browne, M.D., Health Officer
William Berkley Butler, M.D., Health Officer
Harris Goldman, M.D., Health Officer
George C. Page, M.D., Health Officer
Charles T. Woodland, M.D., Health Officer
Ralph J. Young, M.D., Health Officer
Virginia R. Struve, B.S., Supervisor of Public Health Nursing

Clinic Physicians

M. L. Barksdale, M.D.
Charles J. Blazek, Jr., M.D.
George P. Brown, M.D.
James D. Carr, M.D.

[1] On leave of absence for military duty.
[2] Substituting for Dr. Shepperd as Medical Supervisor.
[3] Substituting for Dr. Shervington as Senior Medical Supervisor.

Kay Kohara Edwards, M.D.
Sylvan C. Goodman, M.D.
James P. Grant, Jr., M.D.
Thomas W. Harris, Jr., M.D.
Frederick J. Heldrich, Jr., M.D.
Richard H. Hunt, M.D.
R. Donald Jandorf, M.D.
William Atwell Jones, M.D.
Renold B. Lighston, Jr., M.D.
Donald D. Mark, M.D.
Robert Mazer, M.D.
Israel P. Meranski, M.D.
Donald W. Mintzer, M.D.
George H. Pendleton, M.D.
William G. Polk, M.D.
Martin A. Robbins, M.D.
Jerome Sherman, M.D.
Jesse Williams, II, M.D.

Public Health Nurses

Mary C. Bacon
Minnie Leah Corbin
Ruth F. Eckman, B.A.
Margaret T. Ellis
Rose M. Hoffman
Erdie LeCator
Frieda W. Moore
Katherine E. Nutto
Cornelia Phillips

Osborne B. Dixon, Senior Social Worker
William P. Duffy, Senior Social Worker
Mattie May Gwynn, Junior Administrative Officer
Yetta Glick, Senior Stenographer
Beatrice Kravetz, Senior Stenographer
Elinor S. Baim, Junior Stenographer
Grace Hawes, Junior Stenographer
Thelma V. Owens, Junior Stenographer
Anne S. Elliott, Senior Clerk
Ruth E. Holmes, Senior Clerk
Daisy B. Johnson, Senior Clerk
James P. Lynch, Senior Clerk
Ethel B. U. Bynum, Clinic Clerk
Rosalinda McKenna, Clinic Clerk
Leo M. White, Clinic Clerk
Mary E. Wilson, Clinic Clerk
Mary Gilliam, Junior Typist
Bertha C. Greene, Junior Typist
Lizzie Mae Lee, Janitress
Dorothy Chapple, Janitress

TABLE NO. 1

REPORTED CASES OF VENEREAL DISEASE, ACCORDING TO SOURCE OF REPORT
1946-1950

Source of Report	Syphilis					Gonorrhea					Chancroid				
	1950	1949	1948	1947	1946	1950	1949	1948	1947	1946	1950	1949	1948	1947	1946
Total	2,982	4,327	4,745	5,394	5,558	6,944	6,570	6,025	5,997	4,047	120	128	118	188	140
Private Physicians	368	445	612	815	1,024	386	375	371	420	753	2	1	8	12	19
City Health Department Clinics	1,441	2,004	2,445	2,465	2,647	6,245	5,498	4,544	3,952	2,658	96	77	52	58	66
Other Medical Agencies	1,173	1,878	1,688	2,114	1,887	313	697	1,110	1,625	636	22	50	58	118	55

TABLE NO. 2

REPORTED CASES OF VENEREAL DISEASE, ACCORDING TO COLOR AND SEX OF PATIENT—1950

Color and Sex of Patients	Syphilis						Gonorrhea	Chancroid
	Total	Primary and Secondary	Early Latent	Late and Late Latent	Congenital	Stage Not Stated		
Total	2,982	361	689	1,598	114	220	6,944	120
White								
Male	280	54	34	123	9	60	405	27
Female	178	22	29	88	14	25	183	4
Colored								
Male	1,153	155	249	645	38	66	5,659	75
Female	1,371	130	377	742	53	69	697	14

TABLE NO. 3

REPORTED CASES OF CERTAIN VENEREAL DISEASES, ACCORDING TO COLOR, SEX AND AGE OF PATIENT—1950

Age	Total	White			Colored		
		Total	Male	Female	Total	Male	Female
Congenital Syphilis							
All Ages	114	23	9	14	91	38	53
Under 1 year	17	..	..	..	17	7	10
1-14 years	37	6	2	4	31	18	13
15-24 years	37	6	2	4	31	10	21
25 years and over	23	11	5	6	12	3	9
Acquired Syphilis							
All Ages	2,868	435	271	164	2,433	1,118	1,315
Under 15 years	19	..	..	..	19	6	13
15-19 years	203	21	5	16	182	47	135
20-24 years	466	55	33	22	411	151	260
25-29 years	543	60	36	24	483	204	279
30-34 years	398	48	27	21	350	141	209
35-39 years	346	49	34	15	297	143	154
40-44 years	227	43	26	17	184	106	78
45-49 years	163	25	16	9	138	83	55
50 years and over	478	124	86	38	354	230	124
Age unspecified	25	10	8	2	15	7	8
Gonorrhea							
All Ages	6,944	588	405	183	6,356	5,659	697
Under 15 years	63	17	..	17	46	15	31
15-19 years	1,085	74	39	35	1,011	785	226
20-24 years	2,797	207	154	53	2,590	2,349	241
25-29 years	1,805	127	96	31	1,678	1,553	125
30-34 years	665	74	53	21	591	548	43
35-39 years	312	43	32	11	269	252	17
40-44 years	126	23	17	6	103	97	6
45-49 years	40	10	9	1	30	28	2
50 years and over	39	10	4	6	29	27	2
Age unspecified	12	3	1	2	9	5	4

TABLE NO. 4

RESIDENT DEATHS ATTRIBUTABLE TO SYPHILIS, BY CAUSE OF DEATH AND COLOR
1946-1950

Cause of Death	1950*			1949			1948			1947			1946		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Total	103	21	82	135	54	81	182	72	110	183	64	119	169	62	107
Syphilis in infants under 1 year of age	2	..	2	6	..	6	5	1	4	8	2	6	10	2	8
General paralysis of the insane	20	4	16	17	5	12	40	9	31	39	4	35	44	15	29
Tabes dorsalis	2	2	..	2	2	..	4	1	3	4	4	..	..	..	..
Aneurysm of the aorta	25	5	20	65	27	38	78	34	44	61	25	36	54	22	32
Other forms of syphilis	54	10	44	45	20	25	55	27	28	71	29	42	61	23	38

* As defined by the 1948 Revision of the International List of Causes of Death. Total deaths from syphilis are approximately 25 percent lower than they would have been if the older list had been used, the reduction being greatest in aneurysm of the aorta. This would be expected since many aneurysms are of the dissecting and not syphilitic type.

TABLE NO. 5

RESULTS OF INVESTIGATION OF CONTACTS OF CITY CLINIC PATIENTS, BY COLOR AND SEX OF CONTACT AND DISEASE—1950

Color and Sex of Contact, and Disease in Patient	Total Contacts Named[1]	Previously Known	Not Found[1]	Found: Not Examined	Contacts Examined				Infections Discovered[2]			
					Total Examined	Infected With Homologous Disease	Not Infected With Homologous Disease	Examination Not Completed[3]	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
Total	4,210	602	1,525	603	1,480	350	798	332	390	28	82	280
Total Syphilis	1,699	284	321	169	925	85	769	71	100	25	60	15
White												
Male	73	18	13	3	39	4	31	4	4	3	1	..
Female	99	23	32	4	40	6	28	6	6	4	2	..
Colored												
Male	829	126	139	111	453	38	380	35	38	5	33	..
Female	698	117	137	51	393	37	330	26	52	13	24	15
Total Gonorrhea	2,511	318	1,204	434	555	265	29	261[3]	290	3	22	265[4]
White												
Male	57	39	9	1	8	1	7	..	1	..	..	1
Female	324	34	219	20	51	29	..	22	30	..	1	29
Colored												
Male	171	116	14	13	28	9	12	7	9	..	..	9
Female	1,959	129	962	400	468	226	10	232	250	3	21	226

[1] Includes all contacts even though names and addresses are unknown.

[2] Some contacts were found to have multiple infections, hence sum of infections discovered is greater than the number of contacts found to be infected.

[3] Of these, 254 were treated as presumed to have gonorrhea.

[4] Does not include 254 patients treated as presumably infected with gonorrhea, but diagnosis not completed.

TABLE NO. 6

RESULTS OF INVESTIGATION OF CONTACTS REFERRED BY OTHER AGENCIES, BY COLOR AND SEX OF CONTACT AND DISEASE—1950

Color and Sex of Contact, and Disease in Patient	Total Contacts Named[1]	Previously Known	Not Found[1]	Found: Not Examined	Contacts Examined				Infections Discovered[2]			
					Total Examined	Infected With Homologous Disease	Not Infected With Homologous Disease	Examination Not Completed[3]	Total Infections Discovered	Primary and Secondary Syphilis	All Other Syphilis	Gonorrhea
Total	1,316	82	612	181	441	68	306	67	76	6	32	38
Total Syphilis	808	69	285	89	365	37	293	35	44	5	32	7
White												
Male	28	2	13	1	12	1	10	1	1	..	1	..
Female	47	..	34	1	12	1	9	2	1	..	1	..
Colored												
Male	361	31	101	50	179	13	143	23	16	..	13	3
Female	372	36	137	37	162	22	131	9	26	5	17	4
Total Gonorrhea	508	13	327	92	76	31	13	32[3]	32	1	..	31[4]
White												
Male	1	..	..	1	..	..	..	..	..	..	..	..
Female	159	7	120	9	23	12	5	6	12	..	..	12
Colored												
Male	16	3	3	7	3	..	3	..	..	..	..	..
Female	332	3	204	75	50	19	5	26	20	1	..	19

[1] Includes all contacts even though names and addresses are unknown.

[2] Some contacts were found to have multiple infections, hence the sum of infections discovered is greater than the number of contacts found to be infected.

[3] All 32 patients were treated as presumed to have gonorrhea.

[4] Does not include 32 patients treated as presumably infected with gonorrhea, but diagnosis not completed.

TABLE NO. 7

ADMISSIONS* TO VENEREAL DISEASE CLINICS BY DISEASE, AND VISITS BY COLOR AND SEX—1950

Disease	City Clinics			Other Clinics[1]		
	Admissions					
	Total Admissions	Treatment Status on Admission		Total Admissions	Treatment Status on Admission	
		No Previous Treatment	Previous Treatment		No Previous Treatment	Previous Treatment
Total	11,506	10,925	581	1,243	1,006	237
Total Syphilis	1,441	891	550	479	253	226
Primary and secondary	220	189	31	41	37	4
Early latent	450	323	127	24	14	10
Late latent and late	702	333	369	386	185	201
Congenital	69	46	23	28	17	11
Stage not stated	..	..	..	..	..	..
Gonorrhea	6,245	6,235	10	206	206	..
Presumptive of gonorrhea[2]	717	716	1	3	3	..
Chancroid	96	93	3	15	15	..
Lymphogranuloma venereum	17	17	..	13	13	..
Granuloma inguinale	15	10	5	15	5	10
Not infected with V. D.	2,592	2,590	2	404	404	..
Diagnosis not completed	383	373	10	108	107	1
Race and Sex	**Visits**					
Total	47,893			11,931		
White						
Male	3,755			790		
Female	3,051			512		
Colored						
Male	23,013			4,199		
Female	18,074			6,430		

* Duplicate admissions, due to transfers from one clinic to another, have been excluded.

[1] The Johns Hopkins Hospital, Medicine I; the only other clinic reporting.

[2] Contacts of patients with gonorrhea; diagnosis not confirmed, but treated for gonorrhea.

BUREAU OF CHILD HYGIENE

BUREAU OF CHILD HYGIENE

Henry F. Buettner, M.D.

Acting Director

Infant mortality remains one of the most sensitive indices of the health and sanitary conditions of a community. It can be said that this index is a measure of the extent to which the more favorably situated can obtain a high quality of medical attention and of the adequacy of care which is provided for the lower socio-economic elements.

Infant Mortality

It is of importance to note that a new low infant mortality rate of 27.2 deaths per 1,000 live births was recorded for the city in 1950. Approximately three out of every four infant deaths occurred during the first month of life. Further progress, therefore, will derive from more effective control of some of the factors associated with early infant mortality. Essentially, these factors are immaturity in the newborn, birth injuries and congenital malformations.

The previous low infant mortality rate was recorded in 1948 when the rate for all babies was 28.7 per 1,000 live births. In that year, the rate for white infants was 24.9 and for colored infants 37.3. The 1950 white infant mortality rate was 21.7 per 1,000 live births and the colored death rate was 38.0. Continued efforts are being made to bring about a still further reduction in the infant mortality rate with the emphasis being placed in the field of infants born prematurely.

Premature Infants

The transportation of premature infants through the cooperative services of the City Health Department and the City Fire Department has continued satisfactorily with 49 premature infants being transported to various hospitals during 1950. There has been a marked decrease in the number of premature infants transported since the inception of the service in 1946 when 71 infants were transported as compared to 88 in 1947, 87 in 1948, and 53 in 1949. This decline may be attributed to the establishment of premature nurseries in many of the hospitals in the city.

Well Baby Clinics

The well baby clinics conducted at 1418 Light Street and at Public School No. 121 were moved to the Southern Health District Building in July. Other clinic location changes were the moving of the clinic from St. John's Parochial School to the Latrobe Housing Project in September and the clinic in the McCulloh Housing Project to St. Mary's Church in November.

Well baby clinics were operated at 42 locations during the year with a total of 81 sessions each week. The total number of visits made to the well baby clinics was 71,066 as compared to 62,996 in 1949. Vaccinations against smallpox were given to 8,675 children.

Nutrition Service

The Chief of the Division of Nutrition continued group instruction in the well baby and prenatal clinics. At the request of the clinicians and public health nurses individual conferences were given in the clinic and home.

Home Visiting Service

There were 20,311 Records of Child Under Six Years assigned to the Bureau of Public Health Nursing for neonatal visits and delivery of the Notification of Birth Registration.

The service for the treatment of ophthalmia neonatorum was continued as in previous years for patients unable to afford the care of private physicians. This service is available on a twenty-four hour basis including weekends and holidays as part of the generalized nursing program.

REPORTED CASES OF OPHTHALMIA NEONATORUM—1950

Cases reported and investigated by the Health Department	241
Cases assigned for nursing care	61
Total visits by public health nurses	835
Cases sent to hospital	0

Diphtheria Prevention

There were 19,590 six-month greeting cards urging diphtheria toxoid inoculation sent by the bureau and signed by the Mayor of Baltimore and the Commissioner of Health. Physicians in private practice reported the administration of 9,970 toxoid inoculations as compared with 10,346 in 1949. In the well baby clinics 11,245 toxoid inoculations were given as compared with 12,650 in 1949.

Day Nurseries, Nursery Schools and Child-Caring Institutions

On July 5 Dr. Katharine V. Kemp was appointed as Associate Director, part time, responsible for day nurseries, nursery schools, boarding homes and child-caring institutions. A total of 70 day nurseries and nursery schools, 62 white and 8 colored, were supervised during the year, 11 representing new licenses. One license was discontinued during the year. As of December 31, 1950 the maximum capacity of the day nurseries and nursery schools was 2,388, the number enrolled 2,146 and the average daily attendance 1,938. Requests for approval of Class A Family Homes were made by 13 agencies submitting 620 applications. After a thorough inspection by the Sanitary Section 517 approvals were granted.

Mental Hygiene

The program of the Division of Mental Hygiene, whose personnel roster still consists of one mental hygiene consultant, continued as an essentially educational one, oriented toward the preservation of the emotional health of the citizens of Baltimore.

The in-service training program for public health nurses was carried on through two fifteen-hour series of basic seminars for newly appointed nurses and six hours of follow-up seminars in small groups of fifteen or less for the balance of the nursing staff in the Western, Druid, Southern, Southwestern, Northern, Northwestern and Northeastern Health Districts, as well as those nurses assigned to the Bureau of Venereal Diseases. As usual, two hours of lecture by a psychiatrically oriented pediatrician on the staff of the Bureau of Child Hygiene preceded the series of basic seminars. The program for the follow-up seminars for this year consisted of the presentation of mental hygiene films to the various groups followed by evaluative discussion of each film.

Mental hygiene consultation continued in well baby clinics. Individual anticipatory counseling was carried on with approximately 230 mothers in addition to group meetings. The main goal of this activity was the education of the participating nurses. Motion picture programs for mothers of children enrolled in well baby clinics and other interested members of the community were extended to the Druid Health District where they were unusually well attended. Such programs continued to be carried on with the close cooperation of the Enoch Pratt Free Library. Dramatic performances both on radio and television dealing with mental hygiene subjects were produced.

In the fall of the year counseling services were extended to a well baby clinic in the new Southern Health District Building and the division chief cooperated with the health officer of that district in planning and taking part in an educational program for expectant mothers in a Cherry Hill prenatal clinic. In addition, she functioned as mental hygiene consultant in two prenatal clinics in the Druid Health District, carrying on group discussions and holding individual interviews especially with primiparas making a first visit to the clinic and other patients who presented special problems. In this connection a letter to expectant mothers was prepared which was issued over the signatures of the chiefs of the Divisions of Maternity Hygiene and Mental Hygiene. This is the first of a series of letters, colloquially worded and amusingly illustrated, which are shortly to be ready for more general distribution.

There were continued activities in the field of community education through lectures, discussion groups and the showing of motion pictures and the mental hygienist met with sixty-five lay groups during the course of the year. She continued her activities on the Board and Executive Committee of the Mental Hygiene Society of Maryland and in April was invited to act as one of the resource consultants at a five day Institute on Mental Health in Public Health sponsored by the Division of Mental Hygiene of the Maryland State Department of Health at Frederick, Maryland.

At the request of the Superintendent of Springfield State Hospital at Sykesville, Maryland, the services of the mental hygiene consultant were lent to that institution for the purpose of conducting a two week program of seminars with the personnel, similar to those conducted with the city public health nurses. Four sessions of an hour and a half each were held over a two-week period for four groups consisting of approximately sixty persons.

Role-taking played an important part in the teaching. Personnel attending the seminars included physicians, psychiatrists, nurses, physiotherapists, a psychologist, supervising attendants and social workers. Each group represented a cross-section of the hospital personnel. In February the division chief was elected to membership of the American Orthopsychiatric Association and attended its annual meeting in Atlantic City.

Numerous physicians, supervising nurses and other interested professionals from various parts of the world continued to visit the division office and requests continued to come in for the "Outline of Mental Hygiene in Maternal and Preschool Child Health for

Public Health Nurses." The Chief of the Division of Mental Hygiene was appointed to the Youth Commission of the City of Baltimore and was made responsible for the report on the health of children of Baltimore which was incorporated in the Maryland State Report to the White House Conference on Children and Youth held in Washington, D. C., in December.

Maternity Hygiene

There were 21,382 babies born to Baltimore mothers during 1950, practically the same figure as the 21,496 babies born during 1949. Using revised population figures based on provisional 1950 United States Census data, the birth rate for the white population decreased from 22.7 per 1,000 population in 1949 to 22.5 in 1950. The birth rate for the nonwhite contingent of Baltimore's population, however, increased from 35.2 per 1,000 in 1949 to 36.1 in 1950.

The number of mothers dying from causes associated with pregnancy and childbirth increased from the low record of ten deaths in 1949 to 18 deaths in 1950. The resulting maternal death rate of 0.8 per 1,000 live births was the second lowest on record, the lowest recorded in 1949 being 0.5 per 1,000 live births. Every death associated with pregnancy and childbirth was investigated and reviewed by a special Joint Committee of the City Health Department and the Baltimore City Medical Society. In no year prior to 1940 was the maternal mortality rate less than 3 per 1,000 live births. It is believed that the work of the Joint Committee along with the improved treatment of complications has been responsible for much of this decline.

The number of hospital deliveries for the year was 91.2 per cent of the total deliveries in the city, as compared with 90.3 per cent for the previous year. Private physicians attended 5.8 per cent of births in the home while midwives attended 2.3 per cent in the home. In the current year only 9 of the 23 registered midwives were actively engaged in practice.

X-ray Examinations

A routine chest X-ray was obtained on all patients attending the Health Department prenatal clinics. Repeat examinations were made when indicated. X-ray cephalopelvimetric examinations were done on patients where the physical examination revealed a probable basis for difficulty in delivery.

Rh Blood Typing

Rh examination of the blood of patients attending the Health Department prenatal clinics was continued as in previous years by the Baltimore Rh Laboratory. This laboratory made 18,077 such blood examinations on pregnant women, fathers and siblings during 1950.

Maternity Hygiene Clinics

The Health Department prenatal clinics continued to be held throughout the year at six locations in the city with a total of twelve clinic sessions each week. In July, the prenatal clinic located at Women's Hospital was closed and its one session transferred to the Druid Health Center where the need was greater. There were 1,281 patients delivered in the Baltimore City Hospitals, who received prenatal care at these clinics, as compared with 1,178 in 1949. The greatest need in the field of maternity care in the city was for additional prenatal clinic facilities and personnel to insure adequate prenatal care for all eligible applicants. At the close of the year less than half of the latter were being accepted because of a denial of requested appropriations.

Maternal Deaths

Two maternity patients died at the Baltimore City Hospitals but both of these deaths were due to nonmaternal causes. There were no maternal deaths of registered patients despite the fact that a high percentage of complicated cases was delivered in the City Hospitals. This enviable record reflected the excellent care given these patients prenatally and particularly by the house and consulting staffs at Baltimore City Hospitals. This accomplishment was even more remarkable in that more than 50 per cent of the admissions consisted of unregistered patients who had received no prenatal care prior to hospitalization.

Maternity Hospitals

At the close of the year sixteen maternity hospital licenses were in force. One license was held in abeyance. A total of 19 inspections of maternity hospitals was made during the year.

Personnel

Henry F. Buettner, M.D., Acting Director
George H. Davis, M.D., Senior Medical Supervisor

Katharine V. Kemp, M.D., Associate Director
Sibyl Mandell, Ph. D., Chief, Division of Mental Hygiene
J. W. V. Clift, M.D., Health Officer
W. Allen Deckert, M.D., Health Officer
Walter E. Grempler, M.D., Health Officer
Lucille Liberles, M.D., Health Officer
Isadore A. Siegel, M.D., Health Officer
McDonald M. Bando, M.D., Clinic Physician
Walter P. Block, M.D., Clinic Physician
Helen Bowie, M.D., Clinic Physician
George P. Brown, M.D., Clinic Physician
Edward G. Field, M.D., Clinic Physician
Louis C. Gareis, M.D., Clinic Physician
S. Butler Grimes, M.D., Clinic Physician
Peggy Ann Hanson, M.D., Clinic Physician
Aaron Harris, M.D., Clinic Physician
Mary L. Hayleck, M.D., Clinic Physician
Lee N. Kastner, M.D., Clinic Physician
Vernon C. Kelly, M.D., Clinic Physician
Renold B. Lighston, Jr., M.D., Clinic Physician
Jerry C. Luck, M.D., Clinic Physician
Charles F. Maloney, M.D., Clinic Physician
William G. Polk, M.D., Clinic Physician
Alma S. Rothholz, M.D., Clinic Physician
Eugene Schnitzer, M.D., Clinic Physician
Melchijah Spragins, M.D., Clinic Physician
Henry G. Summers, M.D., Clinic Physician
William E. Weeks, M.D., Clinic Physician
Henry L. Whittle, M.D., Clinic Physician
Joseph C. Wich, M.D., Clinic Physician
Gustav H. Woltereck, M.D., Clinic Physician
Latimer G. Young, M.D., Clinic Physician
Beatrice Bryant, Senior Stenographer
Caroline Kaufmann, Senior Stenographer
Mary E. Bonomo, Senior Clerk
Golda Hyman, Senior Clerk
Lillian H. Marley, Senior Clerk
Doris Buser Kane, Junior Stenographer

TABLE NO. 1
WELL BABY CLINICS—1950

	Clinic Registrations							Clinic Visits								
	On Register July 1, 1950		New Registrants		Registrants Seen at Clinics During 1950			Registrants			Non-Registrants			Total		
	Under 1 Yr.	1 Yr. & Over	Under 1 Yr.	1 Yr. & Over	Under 1 Yr.	1 Yr. & Over	Total	Under 1 Yr.	1 Yr. & Over	Total	Under 1 Yr.	1 Yr. & Over	Total	Under 1 Yr.	1 Yr. & Over	Total
Total City...	6,855	11,512	7,167	596	11,572	4,881	16,453	43,611	17,350	60,961	1,878	8,227	10,105	45,489	25,577	71,066
Total White..	2,179	4,087	2,321	374	3,697	2,121	5,818	14,472	8,381	22,853	1,021	5,493	6,514	15,493	13,874	29,367
Total Colored	4,676	7,425	4,846	222	7,875	2,760	10,635	29,139	8,969	38,108	857	2,734	3,591	29,996	11,703	41,699
White Clinics																
Clinic No.																
11.....	63	102	67	22	103	57	160	264	139	403	14	23	37	278	162	440
12.....	26	97	46	7	67	38	105	235	98	333	8	31	39	243	129	372
13.....	2	3	3	..	12	1	13	39	5	44	4	9	13	43	14	57
14.....	61	130	66	9	114	78	192	633	290	923	24	149	173	657	439	1,096
15.....	111	216	40	8	101	64	165	458	236	694	15	139	154	473	375	848
16.....	175	365	114	38	166	124	290	554	300	854	17	142	159	571	442	1,013
22.....	100	116	52	16	88	53	141	252	326	578	36	229	265	288	555	843
23.....	54	68	60	3	87	22	109	255	98	353	35	49	84	290	147	437
41.....	74	134	94	8	145	93	238	608	296	904	6	17	23	614	313	927
42.....	118	192	166	35	238	135	373	924	365	1,289	40	161	201	964	526	1,490
43.....	78	120	89	18	145	67	212	455	238	693	13	76	89	468	314	782
45.....	86	130	88	19	146	98	244	475	269	744	25	187	212	500	456	956
47.....	38	111	41	3	84	63	147	328	230	558	21	75	96	349	305	654
49.....	76	176	93	7	143	103	246	570	357	927	33	120	153	603	477	1,080
51.....	112	123	127	2	200	48	248	900	328	1,228	84	384	468	984	712	1,696
53.....	23	59	31	5	56	46	102	192	186	378	7	44	51	199	230	429
55.....	40	81	51	8	114	97	211	856	595	1,451	27	176	203	883	771	1,654
56.....	20	64	35	12	48	29	77	139	89	228	6	101	107	145	190	335
57.....	98	166	121	8	202	93	295	596	297	893	161	795	956	757	1,092	1,849
58.....	34	91	38	4	62	46	108	300	209	509	8	114	122	308	323	631
62.....	59	118	77	10	117	64	181	474	411	885	77	364	441	551	775	1,326
63.....	81	150	108	26	158	118	276	722	1,045	1,767	30	291	321	752	1,336	2,088
64.....	52	130	42	7	60	53	113	248	185	433	18	163	181	266	348	614
65.....	36	107	50	5	88	57	145	268	259	527	44	273	317	312	532	844
72.....	51	146	68	2	102	79	181	541	233	774	82	224	306	623	457	1,080
82.....	82	96	104	26	150	46	196	541	140	681	77	319	396	618	459	1,077
83.....	91	199	131	29	197	136	333	652	391	1,043	45	249	294	697	640	1,337
84.....	14	36	19	2	34	18	52	128	44	172	6	21	27	134	65	199
85.....	86	106	103	1	167	69	236	644	219	863	15	133	148	659	352	1,011
86.....	28	50	44	4	62	13	75	223	52	275	8	40	48	231	92	323
92.....	34	88	37	8	57	28	85	264	134	398	14	136	150	278	270	548
93.....	26	92	35	15	57	46	103	205	148	353	10	98	108	215	246	461
94.....	150	225	81	7	127	39	166	529	169	698	11	161	172	540	330	870

TABLE NO. 1—Concluded

WELL BABY CLINICS—1950

	Clinic Registrations							Clinic Visits								
	On Register July 1, 1950		New Registrants		Registrants Seen at Clinics During 1950			Registrants			Non-Registrants			Total		
	Under 1 Yr.	1 Yr. & Over	Under 1 Yr.	1 Yr. & Over	Under 1 Yr.	1 Yr. & Over	Total	Under 1 Yr.	1 Yr. & Over	Total	Under 1 Yr.	1 Yr. & Over	Total	Under 1 Yr.	1 Yr. & Over	Total
Colored Clinics																
Clinic No.																
11	168	304	153	12	251	158	409	1,126	437	1,563	7	31	38	1,133	468	1,601
12	121	332	152	8	257	123	380	1,072	406	1,478	10	54	64	1,082	460	1,542
13	212	316	58	5	284	104	388	1,168	441	1,609	24	73	97	1,192	514	1,706
15	137	218	28	4	246	152	398	1,101	469	1,570	14	69	83	1,115	538	1,653
16	171	423	306	22	480	269	749	1,504	669	2,173	12	134	146	1,516	803	2,319
17	274	635	295	14	459	281	740	1,746	761	2,507	27	240	267	1,773	1,001	2,774
23	366	580	370	32	565	220	785	1,949	971	2,920	49	198	247	1,998	1,169	3,167
24	262	613	383	16	579	280	859	2,096	784	2,880	30	113	143	2,126	897	3,023
26	145	282	145	7	265	72	337	966	259	1,225	27	57	84	993	316	1,309
31	418	402	413	7	549	81	630	2,260	315	2,575	85	211	296	2,345	526	2,871
32	260	262	346	3	516	48	564	1,920	289	2,209	84	203	287	2,004	492	2,496
33	418	614	427	8	618	54	672	2,217	323	2,540	182	375	557	2,399	698	3,097
34	74	96	130	1	170	27	197	515	76	591	15	57	72	530	133	663
35	402	372	450	6	717	98	815	2,559	343	2,902	143	255	398	2,702	598	3,300
36	442	716	478	9	735	134	869	2,460	387	2,847	98	242	340	2,558	629	3,187
46	86	178	100	14	176	122	298	730	418	1,148	3	27	30	733	445	1,178
48	65	160	62	5	119	126	245	438	336	774	1	28	29	439	364	803
52	40	120	54	1	76	62	138	282	179	461	15	44	59	297	223	520
54	42	80	53	2	84	15	99	349	105	454	3	60	63	352	165	517
59	264	320	193	25	311	163	474	1,034	453	1,487	6	124	130	1,040	577	1,617
83	125	253	136	15	220	110	330	874	336	1,210	13	87	100	887	423	1,310
85	14	14	18	..	29	16	45	70	28	98	1	3	4	71	31	102
86	42	62	42	2	83	29	112	344	95	439	1	26	27	345	121	466
94	128	68	54	4	86	16	102	359	89	448	7	23	30	366	112	478

TABLE NO. 2

REPORT OF CLASS A FAMILY HOMES (BOARDING HOMES), DAY NURSERIES AND NURSERY SCHOOLS—1950

Licenses and Agency	Class A Family Homes	Day Nurseries and Nursery Schools		
	Total	Total	White	Colored
Referred for licensing	620			
Department of Public Welfare	437			
Family and Children's Aid Society	76			
Associated Catholic Charities	73			
Church Mission of Help	13			
Jewish Family and Children's Society	9			
Baptist Children's Aid Society	3			
Baltimore County Welfare Board	2			
Barker Foundation	2			
Baltimore City Health Department	1			
Baltimore Aid Society of Baltimore	1			
District of Columbia Board of Public Health	1			
Maryland Children's Aid Society	1			
Referred to Sanitary Section	620			
Total licensed, December 31, 1950		70	62	8
New licenses issued		11	9	2
Licenses refused		3	2	1
Licenses discontinued		1	1	0

TABLE NO. 3
REPORT OF PRENATAL CLINICS—1950

Cases and Visits	Grand Total	All Clinics		Druid Health District	South Balto. General Hospital		Cherry Hill	South-Eastern Health District		Somerset Health Center	Women's Hospital*	Eastern Health District	
		Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Wh.	Col.
Cases carried over from 1949	477	72	405	225	21	29	35	33	10	104	13	5	2
New cases admitted	1,309	97	1,212	605	32	107	61	39	50	169	13	13	220
Transferred from other clinics	31	14	17	2	4	..	5	2	1	7	..	8	2
Total case load	1,817	183	1,634	832	57	136	101	74	61	280	26	26	224
Discharged Cases													
Total	1,169	120	1,049	451	35	90	71	47	49	211	26	12	177
Not pregnant	17	1	16	9	1	2	..	..	..	3	..	..	2
Delivered in hospital**	1,070	90	980	428	31	83	68	43	46	196	6	10	159
B. O. A. at Home	27	..	27	7	..	2	1	..	9	3	..	..	5
Transferred	34	24	10	4	3	..	1	1	1	1	20	..	3
Transferred to other clinics	25	5	20	3	..	3	1	3	..	5	..	2	8
Cases carried over to Jan. 1951	710	63	647	381	22	46	30	27	12	69	..	14	109
Clinic Visits													
Total	10,143	738	9,405	4,836	180	633	497	362	299	1,547	94	103	1,592
Antepartum													
First Visits	1,309	97	1,212	605	32	107	61	39	50	169	13	13	220
Revisits	6,981	565	6,416	3,192	134	468	365	277	210	1,055	76	78	1,126
Special Visits	5	..	5	2	..	..	..	..	..	..	..	..	3
Postpartum													
Registered	753	48	705	352	9	31	37	28	23	146	4	7	116
Unregistered	243	6	237	163	1	3	2	5	6	26	..	..	37
Infants													
Registered	608	21	587	337	3	20	32	12	10	117	1	5	71
Unregistered	244	1	243	185	1	4	..	1	..	34	..	..	19
Analysis of New Cases													
Duration of Pregnancy													
Not pregnant	5	..	5	4	..	1	..	..	..	..	..	..	..
Under 12 weeks	31	1	30	17	..	2	2	1	..	1	..	..	8
12 to 23 weeks	461	46	415	207	16	26	23	18	15	62	5	7	82
24 to 27 weeks	332	19	313	124	11	41	27	3	13	59	4	1	49
28 to 31 weeks	161	8	153	86	1	15	3	3	2	18	3	1	29
32 to 35 weeks	150	4	146	88	..	10	3	2	5	19	1	1	21
36 weeks and over	84	5	79	53	2	10	1	2	2	7	..	1	6
Undetermined	85	14	71	26	2	2	2	10	13	5	..	2	23

* Transferred to Druid Health District July 18, 1951.
** Baltimore City Hospitals.

TABLE NO. 4
REPORT OF MIDWIFE CASES SEEN IN PRENATAL CLINICS—1950

Cases and Visits	Grand Total	All Clinics		Druid Health District	South Balto. General Hospital		Cherry Hill	South-Eastern Health District		Somerset Health Center	Women's Hospital*	Eastern Health District	
		Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Col.	Col.	Wh.	Wh.	Col.
Cases carried over from 1949	179	36	143	55	..	..	..	14	1	33	1	21	54
New cases admitted	394	28	366	197	..	12	12	13	4	64	1	14	77
Transferred from other clinics	21	3	18	1	1	..	1	1	4	10	..	1	2
Total case load	594	67	527	253	1	12	13	28	9	107	2	36	133
Discharged Cases													
Total	341	24	317	136	1	7	2	13	7	79	2	8	86
Not pregnant	7	..	7	4	..	..	..	..	..	2	..	..	1
Delivered by midwife	177	15	162	88	1	4	1	8	2	33	..	6	34
Transferred	136	6	130	42	..	3	1	4	4	39	1	1	41
Transferred to other clinics	21	3	18	2	..	..	..	1	1	5	1	1	10
Cases carried over to Jan. 1951	236	42	194	112	..	2	1	18	4	27	..	24	48
Clinic Visits													
Total	2,060	103	1,957	1,006	..	42	8	55	32	440	1	47	429
Antepartum													
First Visits	394	28	366	194	..	10	2	16	4	69	1	11	87
Revisits	1,335	66	1,269	659	..	30	2	35	24	271	..	31	283
Postpartum													
Registered	171	5	166	75	..	2	1	2	3	53	..	3	35
Unregistered	9	..	9	3	..	..	1	..	1	2	..	..	2
Infants													
Registered	146	4	142	73	..	..	2	2	..	45	..	2	22
Unregistered	5	..	5	5	..	..	..	..	..	..	..	..	..
Analysis of New Cases													
Duration of Pregnancy													
Not pregnant	2	..	2	1	..	..	..	..	..	..	..	..	1
Under 12 weeks	5	1	4	2	..	..	..	1	1	..	..	..	1
12-23 weeks	54	1	53	33	..	..	1	..	1	9	..	1	9
24-27 weeks	75	6	69	37	..	3	..	2	..	14	..	4	15
28-31 weeks	75	7	68	31	..	4	1	4	..	10	..	3	22
32-35 weeks	90	7	83	42	..	1	..	4	2	16	2	1	22
36 weeks and over	71	1	70	37	..	1	..	1	..	17	..	..	15
Undetermined	22	5	17	10	..	..	..	4	..	3	..	1	4

* Transferred to Druid Health District July 18, 1951.

TABLE NO. 5

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	330	30	300	25.3	31.0	24.7
Multipara	974	67	907	74.7	69.0	75.3
Pelvis						
Normal	1,050	85	965	80.5	87.7	79.9
Borderline	139	4	135	10.6	4.1	11.1
Contracted	41	4	37	3.2	4.1	3.0
Funnel	3	..	3	0.3	..	0.4
Not determined	71	4	67	5.4	4.1	5.6
Serologic Test for Syphilis						
Negative	1,186	95	1,091	91.0	98.0	90.3
Positive	97	2	95	7.3	2.0	7.9
Not taken	21	..	21	1.7	..	1.8
Other Findings						
Toxemia	113	6	107	8.7	6.1	8.9
Heart Murmur	61	..	61	4.7	..	5.1
Rh Factor						
Negative	83	12	71	7.0	13.0	6.0
Positive	1,170	82	1,088	89.0	85.0	90.0
Not taken	51	3	48	4.0	2.0	4.0
Registered for Delivery by Midwife						
Primipara	78	7	71	19.9	25.0	19.6
Multipara	314	21	293	80.1	75.0	80.4
Pelvis						
Normal	323	24	299	82.3	87.5	84.8
Borderline	38	..	38	9.7	..	8.8
Contracted	5	1	4	1.3	3.1	1.0
Funnel	..	..	..	..	..	..
Not determined	26	3	23	6.7	9.4	5.4
Serologic Test for Syphilis						
Negative	348	27	321	88.8	93.1	85.8
Positive	39	1	38	10.0	3.4	12.0
Not taken	5	..	5	1.2	3.5	2.2
Other Findings						
Toxemia	42	..	42	10.7	..	11.5
Heart Murmur	28	..	28	7.1	..	7.7
Rh Factor						
Negative	23	4	19	5.8	14.0	5.2
Positive	357	23	334	91.1	82.0	91.7
Not taken	12	1	11	3.1	4.0	3.1

* Baltimore City Hospitals.

BUREAU OF SCHOOL HYGIENE

BUREAU OF SCHOOL HYGIENE

Henry F. Buettner, M.D.

Director

Two new elementary public schools, No. 240 and No. 241, and one parochial school, St. William, were completed and opened during the year 1950. Increasing enrollment has made it necessary to continue construction of new schools and several more will be completed during 1951.

The hearing study that was begun in the third grade public school children in October 1948 by the Johns Hopkins University School of Hygiene and Public Health was continued by testing and treating these same children during the years 1949 and 1950. The plan at the close of the year was to follow these children for a period of five years until 1953.

Seven meetings were held during the year by the Health Council of the Baltimore Public Schools. New policies for improving the health and environment in the public schools were discussed and approved by the Council. Vision testing with the Massachusetts Vision Test Kit was completed by public health nurses in the following elementary public schools: No. 44, No. 99, No. 103, No. 107 and No. 119 and in the schools of the Blessed Sacrament and St. Dominic. In a number of additional public and parochial schools, screen testing was done with the Massachusetts kit by members of the Parent-Teacher Association or by interested parents. All children who did not pass the test satisfactorily were rechecked by a public health nurse before notifications of vision defect were sent to the parents. While the Massachusetts test requires more time than the Snellen test, the former has the advantage in detecting those children who are only moderately farsighted or those with a mild muscle imbalance. These defects are not detected by the Snellen test unless the defect is marked.

Communicable Diseases in School Children

The incidence of communicable diseases occurring in school children during the year 1950 is compared with the five previous years in the following table:

	1945	1946	1947	1948	1949	1950
Chickenpox	1,632	1,534	1,333	1,583	1,385	1,373
Diphtheria	119	128	86	9	10	28
German measles	141	299	15	47	510	31
Measles	79	3,463	108	4,410	6,522	140
Meningococcus meningitis	14	11	5	4	..	5
Paralytic poliomyelitis	3	3	12	5	12	47
Scarlet fever	1,339	429	231	197	326	193
Typhoid fever	..	..	..	..	2	1
Whooping cough	565	307	998	205	391	514

An outbreak of diphtheria occurred in a school in Curtis Bay in January. In a class of 37 pupils, 13 developed the disease and several additional cases occurred in adjacent classes. All children in the school and in neighboring schools whose parents consented were given a stimulating dose of diphtheria toxoid. Although there were no deaths among the school children in this outbreak, two deaths occurred among reported cases in the preschool children. School physicians in the city inoculated 8,900 school children and 409 preschool children with diphtheria toxoid and vaccinated 100 school children and 229 preschool children against smallpox.

Health Department eye and ear clinics were held during the school year. Three eye clinics were held each week and were attended by 1,032 pupils who made a total of 2,587 visits; 895 had their eyes refracted under a mydriatic and 559 pairs of glasses were delivered in the clinic. Two ear clinics were held each week and were attended by 1,087 pupils who made 1,537 visits; 1,428 audiometric tests were given and 143 radium treatments were administered.

The bureau cooperated with the Department of Education in placing physically handicapped children in special classes and in recommending home teaching for children confined to their homes due to prolonged illness.

Personnel

Henry F. Buettner, M.D., Director
Norman R. Freeman, Jr., M.D., Medical Investigator
E. Ellsworth Cook, Jr., M.D., Medical Investigator
M. L. Breitstein, M.D., Health Officer
Harry E. Bloom, M.D., Clinic Physician

TABLE NO. 1

REPORT OF PUPILS EXAMINED AND DEFECTS FOUND

	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Number of pupils examined	31,590	14,175	9,017	7,076	1,322
Number of pupils defective	12,813	5,794	4,062	2,440	517
Throat-Tonsils	5,035	2,303	1,655	830	247
Nose-Adenoids	1,339	743	392	153	51
Mouth-Teeth	7,580	3,810	2,022	1,505	243
Eyes	1,350	507	559	224	60
Orthopedic deformities	92	62	20	9	1
Heart	278	153	56	65	4
Hernia	127	13	81	20	13
Malnutrition	533	106	333	64	30

TABLE NO. 2

REPORT OF CORRECTIONS OF PHYSICAL DEFECTS OF SCHOOL CHILDREN

	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Tonsils and adenoids	1,444	1,010	95	296	43
Other operations	116	37	48	18	13
Teeth	2,382	937	1,000	365	80
Eyes refracted and glasses obtained	1,128	704	239	174	11
Eyes refracted and glasses not necessary	202	97	77	27	1
Skin eruption	164	62	84	17	1
Pediculosis	897	736	..	161	..
Minor ailments and injuries treated	2,884	2,189	358	327	10

TABLE NO. 3

REPORT OF INOCULATIONS GIVEN IN SCHOOLS

	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Diphtheria inoculations					
Preschool child	409	241	152	14	2
School child	8,900	4,529	2,689	1,091	591
Smallpox vaccination					
Preschool child	229	140	46	27	16
School child	100	71	21	4	4

BUREAU OF DENTAL CARE

BUREAU OF DENTAL CARE

H. Berton McCauley, D.D.S.

Director

The year 1950 marked the beginning of operation of two new programs of dental care recommended by the Baltimore City Medical Care Committee in 1948. One was a constructive and preventive treatment program for children attending the public and parochial schools of Baltimore. This was launched on February 27 by Mayor D'Alesandro who on that date officially opened the program's first dental clinic in the health suite of the Canton Elementary School, No. 230. The other was a program in which hospitals under contract with the Commissioner of Health supplied emergency dental treatment for persons receiving public assistance. This also began to function early in the year.

Expanded School Dental Program

With the active assistance of the public and parochial schools, local community organizations and the dentists of Baltimore, the school dental program expanded steadily through the year. Colored children were included on April 17 with the Mayor's opening of the program's second dental clinic in Public School No. 139 in Oldtown. Altogether, six clinics in widely separated sections of the city were in operation at the beginning of the school term in September. These comprised, in addition to the clinics in Canton and Oldtown, dental treatment facilities at the William Fell School, No. 6, the Hampden School, No. 55, the Francis Scott Key School, No. 76, and the Samuel Taylor Coleridge School, No. 122. All were located in areas of the city where the need was most evident. Each contained a single modern dental unit and chair fully equipped and supplied for the use of a dentist and an assistant engaged primarily in prophylactic and constructive dentistry.

Procedures

The new school dental program emphasized measures to save teeth. In it, entering school children were inspected for dental defects as early in the school year as possible. If found with defects the parents were advised accordingly and motivated to take the

youngster to a private dentist. Treatment in a school clinic was provided only when follow-up disclosed that the child would not otherwise receive the necessary attention.

Children admitted to the program were limited to those of the first grade or younger, a condition of maximum preventive effort, but with provision for continuing the benefits of annual dental inspection and treatment as they advance into higher grades. At the end of 1950 these benefits had been extended to 3,722 prekindergarten, kindergarten and first grade children attending 22 public and parochial schools, distributed as shown in Table 1.

Services Rendered

Of the 3,722 children whose teeth were inspected, 941 received dental attention in Health Department school clinics as indicated in Table 2. It was found necessary to treat approximately 16 per cent of the white children and 50 per cent of the colored children in the new program, but the treatment requirements of the average white child apparently exceeded those of the colored by about 25 per cent. An additional 1,538 colored children of all ages referred from 26 scattered elementary schools received limited dental services, largely emergency, under the Department's older program, which though greatly curtailed, was continued through 1950. These services appear in Table 2 under "Continued Old Program."

Dental Health Education

The expanded school dental program provided a measure of dental health education for children and parents. Parents were invited to attend the inspection of the teeth of children newly included in the program and to discuss, with the child present, the dental problems of the youngster with the clinic dentist or the public health nurse. Every effort was made to encourage questions and to initiate the child in good habits of dental care as a pleasant experience. Parents of 1,713 of the 3,722 children whose teeth were inspected in 1950 accepted the invitation.

This work was supplemented by the issuance of a printed folder, entitled "Care of the Teeth," and a poster "Baltimore Steps to Dental Health," designating the various factors of personal dental hygiene. Approximately 40,000 of the folders were distributed during the year in schools, home nursing visits, well baby clinics and private dental offices. About 300 of the posters were displayed in schools, Health Department clinics, windows and bulletin boards wherever possible. Further attempts were made to acquaint the pub-

lic with the importance and need for adequate dental care through radio and television programs, press notices, talks to organizations of parents and teachers, and participation in cooperative educational ventures, particularly National Children's Dental Health Day which was celebrated on February 6.

Personnel

The limiting factor in the expansion of the new program was lack of dental hygienists, who besides being useful as chairside assistants to the dentist, are qualified to make routine dental inspections, clean teeth, and perform educational and follow-up work. Since no dental hygienists were available in 1950, these duties utilized the time of public health nurses and highly trained dentists.

The Bureau of Public Health Nursing provided nursing attendance at all clinics and did everything possible to administer an effective educational and follow-up service. However, the nursing staff was pressed by other duties which included a heavy work load outside of the school dental program. There was, therefore, a need for dental hygienists that grew more impelling as the dental program expanded and the diversion of nursing time from other health programs approached impracticability.

Emergency Dental Care for Public Assistance Clients

The Bureau of Dental Care, working with the Medical Care Section, assisted in the administration of a program under which persons receiving public assistance through the Department of Public Welfare were given access to emergency dental services. These services, given in hospital dental clinics, were provided in a 1949 contract between the Commissioner of Health and each participating institution. Altogether 1,648 clients received 5,213 emergency dental treatment services in six clinics during 1950, although the program did not become fully active until the second quarter of the year. A detailed report is given in Table 3.

Topical Fluoride Program

The program of topical fluoride treatment for the reduction of tooth decay in school children, organized with the aid of the U. S. Public Health Service, the Maryland State Department of Health, the Baltimore City Dental Society, the Public Schools and the Bureau of Catholic Education, and begun November 28, 1949, was completed March 15, 1950. This program, designed to extend to as many children as possible the benefits of applying sodium fluoride to the

teeth, was conducted in five city schools serving widely varied economic and social levels of the population; two for white children, two for colored, and one parochial school. The treatment, consisting of four applications of a two per cent aqueous solution to the teeth in a two-week period, was given to 2,242 children between 6 and 15 years of age. Children, parents and teachers were told of the limited nature of the expected benefits of treatment and instructed on the necessity for subsequent fluoride treatment and daily care of the teeth.

Inspection of the 2,242 treated children disclosed that 64 per cent were in immediate need of the services of a dentist and that 57 per cent had one or more permanent teeth undergoing decay, yet only 17 per cent showed any evidence of ever having received dental attention as indicated by the presence of filled teeth. Approximately 85 per cent of 396 children 11 years or older exhibited signs of decay experience in permanent teeth. More than a third had lost one or more permanent teeth as a result of decay.

Projected Fluoridation of City Water

In 1950, accumulated evidence of a substantial effect against tooth decay by fluoride in domestic water prompted serious consideration of the adjustment of the fluoride content of Baltimore city water to attain one part per million, the optimal concentration for dental health. Following approval of this method of caries control by the American Dental Association early in November, a favorable report prepared by the dental director was submitted to Mayor D'Alesandro at his request. The Mayor promptly arranged for funds necessary to begin fluoridation in 1951. At the same time the Bureau of Water Supply and the Health Department were requested in a resolution of the City Council to study the advisability of using fluoride chemicals in the public water supply and to do so if the results of the study supported it.

By the close of the year, fluoridation of Baltimore city water had received the official approval of the Baltimore City Dental Society, the Medical and Chirurgical Faculty of Maryland and the Faculty Council of the Baltimore College of Dental Surgery of the University of Maryland. Sixteen representative Baltimore industries that use city water in their processes had reported no expected interference to production. The Maryland State Board of Health adopted a policy of considering for approval the fluoride treatment of public water supplies in Maryland where the process is properly controlled and approved by medical and dental authority.

Personnel

H. Berton McCauley, D.D.S., Director
Melvin H. Bulmash, D.D.S., Clinic Dentist
Lucius A. Butler, D.D.S., Clinic Dentist
Anthony Damiani, D.D.S., Clinic Dentist
Vernon T. Hart, D.D.S., Clinic Dentist
Edward McDaniels, Jr., D.D.S., Clinic Dentist
Sheldon Silverman, D.D.S., Clinic Dentist
George F. Woodland, D.D.S., Clinic Dentist
Elizabeth A. Kienzler, Senior Stenographer

TABLE NO. 1

DISTRIBUTION OF CHILDREN AND SCHOOLS INCLUDED IN THE NEW PROGRAM OF DENTAL CARE FOR THE SCHOOL CHILDREN OF BALTIMORE—DECEMBER 31, 1950

	Total	Public Elementary Schools		Parochial Schools	
		White	Colored	White	Colored
Number of children	3,722	1,265	850	1,421	186
Number of schools	22	7	5	8	2

TABLE NO. 2

DENTAL SERVICES RENDERED TO SCHOOL CHILDREN IN HEALTH DEPARTMENT CLINICS—1950

Item	Total	New Program		Continued Old Program*
		White	Colored	
Number of dental clinics	8	4	2	2
Old	2	..	..	2
Opened in 1950	6	4	2	..
Number of clinic hours utilized	1,920	873	522	525
For dental inspections	396	273	123	..
For dental treatment	1,524	600	399	525
Number of children inspected†	3,722	2,686	1,036	..
Number with parent present	1,713	1,252	461	..
Per cent with parent present	46	47	44	..
Number of children treated	2,479	423	518	1,538
Per cent of inspected children treated	25	16	50	..
Number of patient visits	3,618	1,049	895	1,674
Number of dental services provided	8,298	2,103	2,062	4,133
Average number per child treated	3.3	4.9	4.0	2.7
Dental cleaning operations	1,646	332	564	750
Fillings	2,145	594	1,098	453
Extractions, permanent teeth	1,197	195	58	944
Extractions, deciduous teeth	3,049	897	285	1,867
Other	261	85	57	119
Number of cases completed	341	66	275	..

* Services rendered to colored elementary school children without age restriction.

† Limited to prekindergarten, kindergarten and first grade, bu providing subsequent annual inspections as these children advance to grades beyond the first.

TABLE NO. 3

EMERGENCY DENTAL SERVICES RENDERED IN HOSPITAL DENTAL CLINICS UNDER BALTIMORE CITY MEDICAL CARE PROGRAM—1950

Item	Medical Care Clinic						Total All Hospitals
	University	Hopkins	South Baltimore General	Sinai	Provident	Mercy	
Patient Visits							
First visits	330	275	256	360	311	116	1,648
Revisits	140	587	159	274	469	52	1,681
Total number patient visits	470	862	415	634	780	168	3,329
Services							
Radiographs used	65	332	9	282	19	1	708
Treatments for acute gingivitis	7	..	1	..	4	..	12
Permanent teeth extracted	557	1,135	786	326	300	298	3,402
Deciduous teeth extracted	72	175	90	114	19	19	489
Post extraction treatments	28	161	16	30	38	4	277
Teeth dressed or filled	88	27	..	..	1	..	116
Other services	29	73	4	101	2	..	209
Total number services rendered	846	1,903	906	853	383	322	5,213

BUREAU OF PUBLIC HEALTH NURSING

BUREAU OF PUBLIC HEALTH NURSING

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

Director

The retirement of Mrs. Jane B. Laib on July 31, 1950 after forty years of service in the Health Department and as Director of the Bureau of Public Health Nursing since 1919 brought about changes in the administration of the bureau. During her period as director the nursing staff expanded from fifty nurses to one hundred and eighty-two and the program changed from a specialized service in tuberculosis, school health and child hygiene to a generalized service in accordance with modern public health practice. In tribute to her long years of continuous, active and loyal service, the Health Department on June 23 gave Mrs. Laib a farewell dinner at the Stafford Hotel which was attended by 275 co-workers.

Miss Alice M. Sundberg who has been the Assistant Director since 1946 was promoted to fill the vacancy made by Mrs. Laib's retirement. Miss M. Elizabeth Pickens was selected to fill the position of assistant director on August 21, 1950. Miss Pickens came from Philadelphia where she had been associated with the Philadelphia Visiting Nurse Association and the Institute for the Study of Venereal Diseases. Formerly she was assistant chief nurse in the Public Health and Welfare Branch of U. S. Army General Headquarters in Japan.

Twenty-seven nurses resigned and eight nurses were granted maternity leave in 1950 which necessitated the introduction of thirty-three new nurses to the City Health Department staff. This number is the lowest it has been in recent years. All new nurses were patch-tested and X-rayed and nine negative reactors were offered and given BCG vaccination.

The public health nurses gave assistance to the dental program for school children which was started on February 27. Activities in the program included education, follow-up service and assistance to the dentist with emphasis on preventive dental hygiene. The dental care pamphlet, "Care of the Teeth," was distributed widely by the public health nurses on neonatal, child hygiene and prenatal visits.

Continuous interest and cooperation with other Health Depart-

ment bureaus led to participation in several special studies. One nurse was assigned to the Home Accident Program in which attempts were made to determine the relationship of the environment to the accident cases referred to a hospital outpatient department. Four nurses were assigned on a part-time basis to visit families in housing projects and applicants for housing projects to see if there was any relationship in the amount of morbidity reported among people who lived in so-called good housing and substandard housing. One nurse was assigned to assist with the BCG program that was started in three vocational schools by the Director of the Bureau of Tuberculosis. A number of nurses volunteered to help out during the poliomyelitis emergency at Baltimore City Hospitals when additional nursing care was needed for the patients.

Visits to neonatal cases resulted in 20,311 being assigned to the nursing bureau for follow-up. Alertness to suspected ophthalmia neonatorum led to 241 cases being reported and a total of 835 visits were made for treatment and follow-up. No cases were hospitalized. The table, Summary of Field Visits of Public Health Nurses 1950, is found at the end of this report.

Miss Margaret Galbreath was one of the ten Maryland Nurses who attended the Institute in Rochester, New York on the nursing aspects of atomic warfare which was given by the Atomic Energy Commission and the National Security Resources Board from November 13 to 17. Following the recommendations of the group, plans were made for all nurses in the State to be given a basic course in civil defense nursing and for Miss Galbreath of the City Health Department staff to instruct all the public health nurses in the city.

During the year Miss Galbreath continued with her assignment to the Bureau of Industrial Hygiene. Visits were made in the industrial plants as well as to cases of lead poisoning in children and some occupational diseases. Interest in the use of Health Department pamphlets and posters in adult education was stressed.

New staff members received an eight-week orientation in public health and attended seminars in mental hygiene and venereal disease control. A continuing in-service training program was carried on by Dr. Sibyl Mandell, psychologist, and Miss Eleanor McKnight, nutritionist, in addition to the educational programs planned by the respective health districts. Three general staff meetings were held. Thirty-two students were assigned to the Eastern, Western, Druid and Southeastern Districts for an eight-week affiliation in public health, and three hundred and twenty-nine students from the schools of nursing observed in the clinics and schools during 1950.

Federal money secured through the Maryland State Department of Health was used to permit one supervisor to continue work on her degree and one staff nurse to secure credits to complete her year in public health nursing.

Diagrams which show a breakdown of the time distribution of public health nurses and the percentage of time spent in clinic activity are shown in the charts on page 39.

The public health nurses participated in the various Health Department clinics, which brought to the public medical supervision and opportunities for health education. They assisted the physicians by having conferences with individuals, or by conducting group discussions such as those held in the mothers' classes which have been established in several of the health districts. The nurses also provided demonstration material for teaching purposes and arranged for movies in the clinics when they could be used advantageously in the parent education program.

Personnel

Alice M. Sundberg, B.A., M.P.H., Director
M. Elizabeth Pickens, B.S., Assistant Director
M. Alice Caron, Supervisor of Public Health Nursing
Ethel G. Gluck, Supervisor of Public Health Nursing
Adelaide G. Smith, Supervisor of Public Health Nursing
Grace S. Volmar, B. S., Supervisor of Public Health Nursing

Public Health Nurses

Mariane P. Aiau
Pauline K. Benfer
Katherine Brady
Althea E. Busch
Helen R. Carr
Doris C. Carter
Elevian Carter
Alice E. Diver
Edith Enten
Virgie M. Finneyfrock
Kathryn Gairoard
Grace W. Gorski
Marian B. Hagan
Constance Jacobs
Ruth K. Jones
Lillian A. Kemp
Elsa G. Kittel
Effie F. L. Lingner
Beulah B. McCausland
Rose B. McDonnell
Winifred E. Moore
Margaret Neubauer
Roberta Pinckard
Ruth B. Pyle
Doris Jean Rodenhiser
Carolyn M. Shaffer
Helen B. Sharpe
Ruth Stoneham
Birdie M. Thearle
Violet B. Weber
Patricia Webster
Helen L. Wells
Beatrice Wienhold
Alva Mae Williams
Kathryn Winder

Selma Caplan, Senior Stenographer
Grace S. Eyler, Senior Stenographer

TABLE NO. 1
SUMMARY OF FIELD VISITS OF PUBLIC HEALTH NURSES—1950

Service and Type of Visit	Entire City			Eastern Health District		Western Health District		Druid Health District	South-eastern Health District		Southern Health District		South-western Health District		North-western Health District		Northern Health District		North-eastern Health District	
	Total	White	Colored	White	Colored	White	Colored	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
All Field Visits	153,562	81,538	72,024	8,418	21,812	7,764	10,113	22,854	15,014	2,548	9,417	5,424	13,229	3,068	11,982	1,320	8,576	3,464	7,138	1,421
Maternity Hygiene	17,525	3,255	14,270	1,885	7,690	245	1,030	3,940	920	400	95	485	50	365	30	40	15	195	15	125
Infant Health Supervision	54,340	34,695	19,645	3,025	5,220	3,240	3,485	5,285	5,700	685	4,085	1,635	5,320	1,195	4,035	540	4,675	1,035	4,615	565
Preschool Health Supervision	27,270	13,685	13,585	1,370	2,505	1,835	2,445	4,765	2,720	675	1,800	1,400	905	675	3,250	165	1,085	720	720	235
School Health Superivision	14,230	12,940	1,290	420	370	170	55	320	1,815	40	1,325	245	4,875	110	2,785	50	1,145	100	405	..
Tuberculosis	20,695	9,490	11,205	1,260	3,015	1,700	1,905	3,330	2,400	305	870	940	680	425	1,085	260	780	760	715	265
Venereal Disease	7,452	438	7,014	38	1,282	189	543	4,179	69	143	52	254	14	153	12	150	56	229	8	81
Acute Communicable Disease	7,405	4,125	3,280	280	1,180	245	450	665	600	255	770	275	940	70	415	85	505	195	370	105
Other Morbidity	3,310	2,080	1,230	135	460	125	150	175	425	45	220	90	390	70	370	25	290	205	125	10
All Others	1,335	830	505	5	90	15	50	195	365	..	200	100	55	5	..	5	25	25	165	35
Effective Visits	125,932	65,468	60,464	6,379	18,692	5,325	8,043	19,244	11,715	2,113	7,958	4,564	11,354	2,643	10,441	1,075	6,735	2,944	5,561	1,146
Maternity Hygiene	14,370	2,545	11,825	1,395	6,265	190	795	3,485	785	300	85	380	50	325	25	25	5	145	10	105
Infant Health Supervision	42,130	26,025	16,105	2,265	4,630	2,110	2,715	4,240	4,180	570	3,155	1,425	4,025	945	3,355	415	3,355	760	3,580	405
Preschool Health Supervision	21,920	11,090	10,830	925	2,075	1,345	1,920	3,635	2,080	540	1,570	1,130	830	600	2,910	110	905	635	525	185
School Health Supervision	12,895	11,735	1,160	325	315	145	40	285	1,465	35	1,285	230	4,520	110	2,550	45	1,075	100	370	..
Tuberculosis	16,185	7,340	8,845	1,065	2,500	1,115	1,440	2,470	1,855	245	720	720	590	365	880	220	575	655	540	230
Venereal Disease	7,267	253	7,014	24	1,282	85	543	4,179	50	143	38	254	9	153	6	150	35	229	6	81
Acute Communicable Disease	6,935	3,890	3,045	245	1,105	240	405	600	570	235	740	255	900	70	385	80	475	190	335	105
Other Morbidity	3,155	1,965	1,190	130	435	85	150	175	415	45	215	75	385	70	330	25	285	205	120	10
All Others	1,075	625	450	5	85	10	35	175	315	..	150	95	45	5	..	5	25	25	75	25
Maternity Hygiene Service																				
All visits	17,525	3,255	14,270	1,885	7,690	245	1,030	3,940	920	400	95	485	50	365	30	40	15	195	15	125
Health Department clinic case																				
Antepartum	3,585	405	3,180	50	1,385	80	315	790	220	170	30	250	5	95	10	20	5	110	5	45
Postpartum	2,630	240	2,390	90	1,440	20	110	555	115	70	10	115	..	40	5	..	..	15	..	45
Other clinic case																				
Antepartum	3,010	810	2,200	695	1,910	30	210	50	35	10	40	10	5	..	..	..	..	5	5	5
Postpartum	5,145	1,090	4,055	560	1,530	60	160	2,090	415	50	5	5	40	190	10	5	..	15	..	10
Home visit, not seen	2,715	625	2,090	425	1,225	45	230	345	135	100	10	100	..	25	..	15	5	40	5	10
Visit in behalf of case	440	85	355	65	200	10	5	110	..	..	..	5	..	15	5	..	5	10	..	10
Infant Health Supervision Service																				
All visits	54,340	34,695	19,645	3,025	5,220	3,240	3,485	5,285	5,700	685	4,085	1,635	5,320	1,195	4,035	540	4,675	1,035	4,615	565
Home visit, neonatal	21,295	13,755	7,540	1,260	1,835	1,220	1,050	2,665	1,970	160	1,470	600	2,220	480	1,460	185	1,880	365	2,275	200
Home visit, premature infant	160	50	110	10	10	5	35	30	20	5	..	20	10	5	..	..	5	5	..	..
Home visit, clinic infant	10,830	3,820	7,010	530	2,540	355	1,440	1,340	1,300	365	660	630	125	290	475	30	230	210	145	165
Home visit, other case	315	250	65	35	35	20	10	10	35	..	50	..	75	..	5	5	20	5	10	..
Home visit, diphtheria prevention	9,530	8,150	1,380	430	210	510	180	195	855	40	975	175	1,595	170	1,415	195	1,220	175	1,150	40
Home visit, not seen	10,775	7,880	2,895	670	490	1,105	715	805	1,410	115	925	210	985	150	615	85	1,160	185	1,010	140
Visit in behalf of case	1,435	790	645	90	100	25	55	240	110	..	5	..	310	100	65	40	160	90	25	20

Preschool Health Supervision Service																				
All visits	27,270	13,685	13,585	1,370	2,505	1,835	2,445	4,765	2,720	675	1,800	1,400	905	675	3,250	165	1,085	720	720	235
Health Department clinic case	14,020	5,185	8,835	535	1,730	565	1,625	3,245	1,435	490	705	970	280	370	1,340	25	220	255	105	125
Other case	440	385	55	5	25	25	10	..	45	..	35	..	220	..	20	5	35	15	..	..
Home visit, diphtheria prevention	7,460	5,520	1,940	385	320	755	285	390	600	50	830	160	330	230	1,550	80	650	365	420	60
Home visit, not seen	4,710	2,410	2,300	390	390	470	490	865	615	110	220	260	55	50	330	55	150	35	180	45
Visit in behalf of case	640	185	455	55	40	20	35	265	25	25	10	10	20	25	10	..	30	50	15	5
School Health Supervision Service																				
All visits	14,230	12,940	1,290	420	370	170	55	320	1,815	40	1,325	245	4,875	110	2,785	50	1,145	100	405	..
Home visit, correction of physical defect	9,395	8,445	950	300	280	105	30	220	1,365	35	1,005	180	2,540	110	2,235	10	720	85	175	..
Home visit, other	3,500	3,290	210	25	35	40	10	65	100	..	280	50	1,980	..	315	35	355	15	195	..
Home visit, not seen	1,240	1,125	115	85	40	25	15	35	350	5	40	15	310	..	235	5	45	..	35	..
Visit in behalf of case	95	80	15	10	15	..	..	..	..	..	..	..	45	..	..	..	25	..	..	..
Tuberculosis Service																				
All visits	20,695	9,490	11,205	1,260	3,015	1,700	1,905	3,330	2,400	305	870	940	680	425	1,085	260	780	760	715	265
Pulmonary case																				
Presanatorium	6,670	2,765	3,905	420	1,140	455	695	1,260	665	90	255	265	195	160	300	35	225	180	250	80
Postsanatorium	4,105	2,345	1,760	320	350	395	295	425	560	75	200	80	140	135	380	90	215	270	135	40
Childhood type																				
Presanatorium	755	190	565	15	125	30	100	165	75	20	15	75	15	..	5	45	30	35	5	..
Postsanatorium	85	20	65	..	10	..	5	45	..	..	10	5	..	..	5	..	..	..	5	..
Suspect	1,125	495	630	40	150	140	135	205	95	10	50	40	45	30	30	15	60	30	35	15
Contact, living case	2,275	1,150	1,125	190	480	55	55	140	405	35	125	190	145	20	130	30	30	85	70	90
Contact, dead case	1,020	345	675	75	230	30	140	150	50	15	55	60	50	20	30	5	15	50	40	5
Home visit, other	150	30	120	5	15	10	15	80	5	..	10	5	..	..	..	..	..	5	..	..
Home visit, not seen	3,620	1,930	1,690	185	390	550	420	530	510	45	145	205	80	20	195	20	155	45	110	15
Visit in behalf of case	890	220	670	10	125	35	45	330	35	15	5	15	10	40	10	20	50	60	65	20
Venereal Disease Service																				
All Visits	7,452	438	7,014	38	1,282	189	543	4,179	69	143	52	254	14	153	12	150	56	229	8	81
Syphilis																				
Congenital service	1,524	88	1,436	5	490	28	137	522	21	48	15	83	1	16	2	30	11	72	5	38
Delinquent patient follow-up	2,764	109	2,655	10	367	37	179	1,826	25	23	13	75	5	62	2	44	16	68	1	11
Epidemiological investigation	850	37	813	5	115	13	55	530	4	11	6	33	3	13	1	20	5	27	..	9
Gonorrhea																				
Delinquent patient follow-up	36	3	33	3	8	..	3	19	..	1	..	1	..	..	..	1	..	..	..	..
Epidemiological investigation	322	16	306	1	11	7	27	227	..	2	4	13	..	8	1	7	3	10	..	1
Home visit, not seen	1,558	180	1,378	14	218	102	118	829	19	49	14	39	5	41	5	31	19	38	2	15
Visit in behalf of case	398	5	393	..	73	2	24	226	..	9	..	10	..	13	1	17	2	14	..	7
Acute Communicable Disease Service																				
All visits	7,405	4,125	3,280	280	1,180	245	450	665	600	255	770	275	940	70	415	85	505	195	370	105
Home visit, reported case																				
Chickenpox	220	150	70	5	35	5	..	10	..	..	5	20	130	..	..	5	..	..	5	..
Measles	570	420	150	35	10	30	10	75	25	10	125	5	40	5	50	..	20	25	95	10
Whooping cough	3,825	1,665	2,160	130	800	130	330	440	385	195	330	175	230	20	155	40	220	130	85	30
Scarlet fever	505	425	80	40	25	45	15	25	60	5	35	..	90	10	25	..	65	..	65	..
Other	35	25	10	15	10	..	..	..	..	..	..	..	5	..	..	..	..	..	5	..

TABLE NO. 1—Concluded

SUMMARY OF FIELD VISITS OF PUBLIC HEALTH NURSES—1950

Service and Type of Visit	Entire City			Eastern Health District		Western Health District		Druid Health District	South-eastern Health District		Southern Health District		South-western Health District		North-western Health District		Northern Health District		North-eastern Health District	
	Total	White	Colored	White	Colored	White	Colored	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored	White	Colored
Home visit, suspect																				
Chickenpox	220	180	40	..	10	5	..	5	20	15	..	..	110	5	..	5	40	..	5	..
Measles	135	80	55	..	15	10	5	10	..	..	35	5	15	15	15	5	5	..	..	..
Whooping cough	600	425	175	15	80	10	35	20	50	10	90	10	150	..	60	5	50	15	..	..
Mumps	45	35	10	..	10	..	..	..	10	..	5	..	5	..	..	..	5	..	10	..
Scarlet fever	110	110	..	..	..	5	..	..	..	..	5	..	75	..	10	..	5	..	10	..
Other	35	30	5	..	5	..	..	..	15	..	5	..	5	..	5	..	..	..	..	..
Home visit, contact																				
Measles	25	25	..	..	..	..	..	..	..	..	20	..	..	..	..	..	..	..	5	..
Whooping cough	100	40	60	..	45	..	..	5	..	..	10	5	5	5	25	..	..	..	..	..
Other	10	5	5	..	5	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..
Home visit, immunization																				
Measles	30	10	20	..	10	..	..	5	..	..	10	..	..	..	..	..	..	5	..	..
Diphtheria	265	170	95	5	40	..	5	..	5	..	40	15	30	10	30	15	60	10	..	..
Diphtheria and whooping cough	10	5	5	..	..	..	..	..	..	..	..	..	5	..	..	5	..	..	..	..
Other	75	35	40	..	..	..	..	..	..	..	20	20	..	..	10	..	5	..	..	20
Home visit, typhoid fever culture	95	50	45	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	50	45
Follow-up cases	25	5	20	..	5	..	5	5	..	..	5	..	..	..	..	..	..	5	..	..
Home visit, not seen	435	220	215	35	65	5	45	60	30	20	25	15	35	..	30	5	30	5	30	..
Visit in behalf of case	35	15	20	..	10	..	..	5	..	..	5	5	5	..	..	..	..	..	5	..
Other Morbidity Service																				
All visits	3,310	2,080	1,230	135	460	125	150	175	425	45	220	90	390	70	370	25	290	205	125	10
Sore eye case	670	280	390	30	85	20	85	130	150	25	5	20	15	5	35	20	10	15	15	5
Infant	215	55	160	5	115	5	5	20	10	5	20	10	..	5	..	..	10	..	5	..
Preschool child	290	95	195	25	105	35	35	15	15	10	5	10	10	10	5	..	..	10	..	..
School child	1,690	1,385	305	30	35	15	15	..	220	..	165	15	315	50	290	5	265	180	85	5
Adult	275	145	130	40	95	10	10	10	15	5	20	10	45	..	..	..	..	..	15	..
Mental hygiene	10	..	10	..	..	..	..	..	..	..	..	10	..	..	..	..	..	..	..	..
Home visit, not seen	140	110	30	5	25	35	..	..	15	..	5	5	5	..	40	..	..	..	5	..
Visit in behalf of case	20	10	10	..	..	5	..	..	..	..	..	10	..	..	..	..	5	..	..	..
All Other Service																				
All visits	1,335	830	505	5	90	15	50	195	365	..	200	100	55	5	..	5	25	25	165	35
Sanitary investigation	10	10	..	..	..	5	..	..	..	..	..	..	..	..	..	..	5	..	..	..
Vital statistics investigation	50	25	25	..	..	..	10	5	10	..	10	10	5	..	..	..	..	..	..	..
Other visits	825	490	335	5	45	5	15	170	290	..	140	80	25	..	..	5	10	10	15	10
Medical care client visits																				
Lapsed medical care client	10	5	5	..	5	..	..	..	..	..	..	..	5	..	..	..	..	..	..	..
Tuberculin reading	130	65	65	..	25	..	10	..	15	..	..	..	5	5	..	..	5	15	40	10
Nursing care	15	15	..	..	..	..	..	..	..	..	..	..	5	..	..	..	..	..	10	..
Other visits, medical care client	35	15	20	..	10	..	..	..	..	..	..	5	..	..	..	..	5	..	10	5
Home visit, not seen	245	205	40	..	5	5	10	10	50	..	50	5	10	..	..	..	..	..	90	10
Visit in behalf of case	15	..	15	..	..	..	5	10	..	..	..	..	..	..	..	..	..	..	..	..

MEDICAL CARE SECTION

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MEDICAL CARE SECTION

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

Director

The number of persons served by the Baltimore City Medical Care Program continued to increase during the early part of 1950 in keeping with the expanding trend that it had followed in the preceding year. This growth received added impetus by expansion in the number of persons receiving public assistance. From a total of 20,617 individuals assigned on the first of the year, of whom 16,603 had registered, the number assigned to the six medical care clinics by October 1, 1950 had reached 29,291, of whom 22,342 were registered. Public assistance rolls had grown from a total of 26,505 persons on January 1 to 28,389 on October 1.

The program continued to be limited to those persons receiving assistance through the Baltimore City Department of Public Welfare, but since additional State funds to provide for the expanded relief load were not furnished a drastic curtailment shortly after October 1 became inevitable. The first step was the notification of 6,000 persons who had not registered for services under the program that they were no longer eligible to do so. This reduced the number of persons under the program to 22,342. The minimum number of persons guaranteed under existing contracts with the six medical care clinics is 22,000. For the year the table below shows, by months, the number of persons in the city receiving public assistance and also the number of individuals assigned to medical care clinics.

THE NUMBER OF PERSONS RECEIVING PUBLIC ASSISTANCE AND THE NUMBER OF PERSONS ASSIGNED TO MEDICAL CARE CLINICS, BY MONTHS FOR THE YEAR 1950

Month	Persons Receiving Public Assistance	Persons Assigned to Medical Care Clinics	Month	Persons Receiving Public Assistance	Persons Assigned to Medical Care Clinics
January	26,505	24,700	July	27,530	26,153
February	26,844	24,900	August	28,531	26,276
March	26,593	24,900	September	28,628	28,859
April	27,223	26,900	October	28,389	29,291
May	27,608	28,475	November	28,466	22,342
June	27,687	29,302	December	28,074	22,342

Medical Care Clinics

The six medical care clinics in operation, the contractual minimum of number of persons assignable to them, and their directors were as follows:

Clinic	*Persons*	*Directors*
University	4,000	Dr. Henry W. D. Holljes
Johns Hopkins	10,000	Dr. Harry L. Chant
South Baltimore General	2,500	Dr. Charles R. MacDonald
Sinai	1,000	Dr. Frank F. Furstenberg
Provident	2,500	Dr. C. Dudley Lee
Mercy	2,000	Dr. S. Edwin Muller

These six medical care clinics had facilities for caring for the total number of recipients of public assistance, even though this number might expand beyond 30,000 persons. Experience demonstrated, however, that the number of persons assigned cannot decline from the contractual minima without jeopardizing the financial condition of the clinics which must be maintained on a sound basis.

Participating Physicians

At the beginning of 1950 there were 285 neighborhood physicians who were participating in the program in relation to the home and office care to 14,223 individuals who had selected them as personal physicians. In comparison, at the end of the year there were 325 participating physicians who had under their care a total of 19,411 individuals.

At the first of the year there were 2,000 persons registered under the program for whom no personal physician could be provided because none was available. This group, located in the area served by the Johns Hopkins Hospital medical care clinic was reduced to a total of 858 by the end of the year and plans were being made to bring this figure to zero. During the year temporary arrangements were made for providing limited medical care for this group by the dispensary service of the Johns Hopkins Hospital.

Nearly all physicians participating in the program at the first of the year continued their association with it. In general the cooperation of physicians in the program continued to be excellent. The few instances of termination of participation in the program by private physicians resulted from their entrance into military services, or from their inability to continue practicing due to physical disability.

There were very few complaints from patients that the services of their personal physician were lacking or inadequate. Also there was little indication that patients were making excessive demands for the services of physicians.

Dental Care

Arrangements for the continuation of emergency dental treatment services at each of the six hospitals having medical care clinics were made. This service is limited to little more than the extraction of teeth for the alleviation of pain or removal of infection.

Drugs

During the year 98,964 prescriptions for drugs and medical supplies were written by physicians under the program. These prescriptions were filled by 248 different pharmacists. As far as is known, all pharmacists were willing to fill prescriptions for medical care patients when requested. Their bills were paid by the City Health Department.

The needs for additional office space, equipment, and personnel were all met during the year. The larger quarters provided for more efficient operation, and the most modern type of filing equipment was installed in order to provide the medical care clinics, hospitals and others with rapid answers to questions pertaining to an individual's status. One key punch operator and one senior clerk, added to the staff, have given the additional help necessary to maintain up-to-date files as well as the statistical research necessary for evaluation of services that are provided by the program.

Personnel

J. Wilfrid Davis, M.D., M.P.H., Director
Charles A. Rittler, B.S., Senior Statistician
Lillian J. Dudderar, Secretary-Stenographer
Marian Kramer, Senior Clerk
Louise D. Rosenberger, Senior Clerk
Josephine Milner, B.S., Senior Clerk
Charlotte Morrison, Senior Stenographer
Dorothy Welsh, Statistical Clerk
Marie V. Ludwig, Key Punch Operator
Laura Schadler, Key Punch Operator

SANITARY SECTION

SANITARY SECTION

SANITARY SECTION

Wilmer H. Schulze, Phar. D.

Director

An occurrence during the year of an incident of atmospheric pollution of industrial origin that resulted in a smog of significant intensity emphasized the need for a planned program of study and control particularly in certain areas of the city. Some special studies were made by the City Health Department with the aid of the United States Army, and the Baltimore Association of Commerce established a special committee to consider the general question of the abatement of air pollution. The Governor's Commission on Noxious Fumes recommended, in a report to the Governor and the General Assembly of Maryland, that the State provide an annual appropriation for the study and control of air pollution. The sum of $100,000 each year was suggested to be allocated equally between the State Department of Health and the Baltimore City Health Department. However, only $10,000 was made available for this purpose for 1950. This was used to obtain additional information on existing atmospheric pollution problems in the Counties of Maryland and in Baltimore City. Toward the close of the year the Commission prepared a report of its studies for presentation to the Governor and the General Assembly early in 1951, and on the basis of its findings urged approval of the recommendations submitted in 1950 in order to provide funds for necessary personnel and equipment so that the State and City Health Departments might proceed with a program for the control of atmospheric pollution hazards.

In order to provide helpful information or assistance on sanitation and health matters to the public or to special groups, the following were some of the approaches made: Printed matter prepared for distribution included a pamphlet, "Fight the Rat"; a food handler handwashing poster printed in Greek; leaflets on the control of mice, roaches and termites; a form letter to owners of vacant lots soliciting their cooperation in the control of ragweed, poison ivy and other noxious weeds; and a pamphlet entitled "Lead Poisoning in Children," published in cooperation with the Bureau of Child Hygiene. Food handlers were given instruction in food handling

practices with the assistance of the Department of Education. Agriculture students in rural high schools were given training in sanitary milk production; nutritional food consultation services were extended to operators of day nurseries and nursery schools, and a practical "know how" educational program of rat control and eradication was presented to a 10th grade high school science class. Directors, division chiefs and inspectors participated in conferences, seminars, and in television and radio programs designed to provide information on various phases of environmental hygiene, food and milk sanitation, industrial hygiene, and on nutrition. That the use of the educational approach in improving sanitary conditions of a diverse character has paid dividends is evidenced by the increased spirit of cooperation on the part of those affected.

A reorganization of personnel in the Division of Rodent Control by the elimination of several positions in the labor class and the addition of several sanitarians made possible further development of recognized technical environmental control procedures in combating the rat population. The advancement of the Division of Industrial Hygiene to bureau status together with the promotion of Mr. Charles E. Couchman to Director of the Bureau and the appointment of Dr. R. R. Sayers to a new part-time position, Medical Supervisor of Occupational Diseases, gave added impetus to the industrial hygiene services. Following the retirement of Dr. William Brenner late in the year, Dr. William J. Gallagher was appointed Director of the Bureau of Meat Inspection. During the year the Housing Law Enforcement Program which had its inception in 1939 and which was further developed in 1945 to enforcement on an area basis with the guidance of a Housing Law Enforcement Committee, was separated from the Sanitary Section following the establishment by the Mayor late in 1949 of a new position, Director of the Office of Housing and Law Enforcement and the appointment of a Citizens Advisory Council on the Baltimore Plan. With the assistance of the Bureau of Control and Accounts, certain permit forms were revised and new procedures for expediting the renewal of delinquent permits were put into effect. As a guide to the evaluation of certain phases of the sanitation program, a tabulation showed a total of 18,649 environmental sanitation deficiencies corrected by the Bureaus of Environmental Hygiene, Food and Industrial Hygiene.

Ordinance No. 1154, Approved May 9, repealed Sections 97-110, inclusive, of Article 16 of the Baltimore City Code (1927 Edition),

generally known as the Gas Appliance Ordinance, and transferred these responsibilities to the Building Inspection Engineer as recommended by the Mayor's Advisory Committee on the budget (Perkins Committee). The ordinance provided for a continued close relationship with the Health Department, and the Commissioner of Health is an *ex officio* member of "The Gas Appliance Board" as set up in the new ordinance. A new Building Code amendment, Ordinance No. 1263, Approved June 20, provided a section on Circuses and Carnivals, and afforded the Health Department an opportunity to make sanitation recommendations at the time of application for permits. The Commissioner of Health, under the provisions of Ordinance No. 952, Approved December 17, 1949, adopted on January 10 and April 3, 1950 a series of "Rules and Regulations Governing the Use and Disposition of Unclaimed and Impounded Dogs" in order to establish certain procedures in connection with the enforcement of the ordinance.

The director participated in a number of special activities, including the Second Baltimore Conference on Rodent Control sponsored by the Fish and Wildlife Service of the United States Department of the Interior and the Baltimore City Health Department, a Seminar on Housing conducted by the School of Public Health at the University of North Carolina, a study of home accidents that had received attention at the South Baltimore General Hospital in cooperation with the Statistical Section and the Southern Health District; a study of the use of certain types of commercial garbage grinders, conferences on health services in the City Civil Defense Program, the "Clean-Up, Paint-Up, Fix-Up" campaign sponsored by the Association of Commerce, a study of industrial acid waste pollution in Colgate Creek, conferences with industrial managements in connection with potential occupational disease hazards and the continuation of in-service training of the inspection staffs.

The type and quality of sanitation services in 1950 depended largely upon the interest, initiative, and cooperation of those directly responsible for their application. The reports of the bureau directors demonstrate the presence of these traits.

Personnel

Wilmer H. Schulze, Phar. D., Director
Margaret M. McDonough, Senior Stenographer
Katharine F. Losey, Senior Clerk
Jennie G. Moore, Senior Clerk
George Boteler, Municipal Exchange Operator

BUREAU OF MILK CONTROL

were concerned with nonalcoholic eggnog, diabetic ice cream, pressurized cream, sanitary quality of uncooled milk received at country cooling stations, milking parlor arrangements for dairy farms, mechanical refrigeration on farms, use of combination cleaner sanitizers on farms, new types of milk bottle caps, milk containers and milk plant equipment.

The 1950 Sanitary Milk Production Contest sponsored by the Bureau of Milk Control was won by Sparks High School, Baltimore County, Maryland. Three hundred and twenty-eight students from fourteen rural high schools on the Baltimore milkshed participated in the contest thereby raising to 6,452 the total number of students who have competed for the milk dealers' award during the nineteen years in which the contest has been held. Interest in the competition which is always keen is stimulated annually by the presentation of the award by the Mayor of Baltimore or the Commissioner of Health to the winning team before a group of several thousand farmers at the annual meeting of the local milk producers' cooperative marketing association. This year's contestants finished in the following order:

Sparks	Baltimore County, Maryland
Damascus	Montgomery County, Maryland
Stewartstown	York County, Pennsylvania
Dublin	Harford County, Maryland
Emmitsburg	Frederick County, Maryland
Delta	York County, Pennsylvania
Glenville	York County, Pennsylvania
Jarrettsville	Harford County, Maryland
Middletown	Frederick County, Maryland
Thurmont	Frederick County, Maryland
Lisbon	Howard County, Maryland
Clarksville	Howard County, Maryland
Frederick	Frederick County, Maryland
New Freedom	York County, Pennsylvania

Other educational activities of the bureau included the appearance of staff members on radio and television programs and participation in meetings of students, teachers, sanitarians, farmers, milk distributors and consumers, and dairy equipment manufacturers.

Three hundred and seventy-five new dairy farm permits were issued and two hundred and ninety-eight old permits were cancelled. The increase in the number of farm permits issued raised the total by the end of the year to 2,767. A trend during recent years toward expansion of the milkshed was again indicated by the fact that approximately 25 per cent of the new permits were issued

to farms located outside of the inspection area for Baltimore City. Three additional goat farm permits were issued and the only remaining certified milk farm permit was cancelled.

The number of holders of nonpasteurizing ice cream plant permits was reduced to an all-time low of nine. Two additional pasteurizing ice cream plant permits were issued and the number of milk pasteurization plant permits remained at thirteen.

The amount of emergency milk needed from sources outside of the local milkshed to supplement the local supply decreased from the 1949 total of 4,000,000 gallons to less than 3,000,000 gallons. Larger herds, greater per cow production and decreased consumption were contributing factors in the continued annual decline from the peak of 12,000,000 gallons in 1944.

Labor disputes between milk plant operators and employees which paralyzed milk deliveries in Washington and Pittsburgh threatened to spread into Baltimore. One of the city's largest pasteurization plants was temporarily closed pending labor union negotiations and by the end of the year the processors of more than half of the city milk supply were unionized.

Personnel

Ivan M. Marty, Director
Robert F. Gaddis, Chief, Division of Dairy Farm Inspection
Gulius D. D'Ambrogi, B.S., M.S., Chief, Division of Milk Plant Inspection
Charles R. Brown, LL.B., Sanitarian
Courtney C. Buck, Sanitarian
Lemuel S. Cookman, B.S., Sanitarian
Vernon L. Corey, Sanitarian
Charles H. O'Donnell, Sanitarian
Joseph N. Pohlhaus, B.S., Sanitarian
Harry H. Shaffer, B.S., Sanitarian
Viron Van Williams, B.S., Sanitarian
Philip H. Strauss, Inspector-Food
Marie R. Huppman, Senior Stenographer
Lillian R. Wolman, Senior Stenographer

TABLE NO. 1
SUMMARY OF ACTIVITIES OF THE DAIRY FARM DIVISION
1950 AND 1949

Area of Baltimore milkshed..... 2,600 square miles (approximate)
Active shippers..... 2,767

Activities	1950	1949
Inspections		
Total	5,498	5,675
Routine dairy farms	1,720	1,372
Special dairy farms	3,040	3,436
Applications	539	674
Receiving and by-products plants	178	184
Cream plants	21	9
Other Activities		
Violation notices issued	1,409	1,115
Gallons of milk examined	5,251	980
Gallons of milk condemned	476	190
Permits issued	375	368
Permits cancelled	298	271
Producers' cans examined	27,241	3,835
Suspensions of Permits		
Total	72	91
Department	21	7
Field	51	84

TABLE NO. 2
SUMMARY OF INSPECTIONS OF CITY MILK PLANTS—1950 AND 1949

Type of Plant	Inspections	Average Number of Inspections per Month per Plant	Correction Notices Issued
Milk plants			
1950	4,747	30.0	605
1949	4,818	30.1	719
Ice cream plants pasteurizing on premises			
1950	1,305	4.4	973
1949	1,261	4.6	914
Ice cream plants buying pasteurized ingredients			
1950	300	2.7	225
1949	459	3.4	352

TABLE NO. 3
SUMMARY OF MILK AND MILK PRODUCT SAMPLES COLLECTED—1950 AND 1949

Type of Sample	1950	1949
All Samples	8,858	9,432
Milk	6,942	7,676
Cream	438	448
Ice cream	999	912
Ice cream mix, evaporated and condensed milk	69	48
Empty bottles	251	213
Water samples	12	14
Miscellaneous samples	147	121
Dairy products cans inspected	2,218	1,395

BUREAU OF FOOD CONTROL

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BUREAU OF FOOD CONTROL

Ferdinand A. Korff, B.S.

Director

Food control activities during 1950 resulted in a general improvement in sanitary conditions in food establishments of all types. These improvements, with the ensuing reduction in illnesses caused by infection or contamination, were due primarily to the energy and enthusiasm of the sanitarians of the bureau, the training of food handling personnel which was carried on with the cooperation of various interested agencies and the increasing awareness of consumers who demand clean food establishments and pure food.

The diagnosis and correction of insanitary conditions in unkempt food establishments followed a basic sequential pattern; inspection or fact-finding; education by instructing the food handler to correct poor conditions and advising him of good sanitation practices; cooperation by giving assistance to owners so they could carry out procedures known to be effective in maintaining clean and presentable establishments; and regulation by using legal disciplinary measures when other methods did not effect the desired results. The latter step was used only in rare instances and was primarily to deter others from permitting unhealthful conditions to occur in their establishments.

The prompt and thorough investigation of all complaints and alleged or actual cases of illness and the application of corrective methods was effectively carried out. In addition to the above, the bureau through the services of the Chief of the Division of Nutrition, carried out several projects in nutrition education which are described at greater length in the report of that division which follows. A well rounded program of this nature prevented impure food from reaching the consumer, protected his food from becoming contaminated during commercial manufacture or at home and was in keeping with the best of public health practice.

Food Establishment Inspection

Retail Food Establishments

Every effort was made to inspect each of the 7,500 retail food

establishments in the city: Grocery stores, restaurants, confectionery stores, soda fountains, fruit and vegetable stores, taverns, market stalls and combinations of two or more of these types of food businesses. This was successfully accomplished and, in addition, quite a number of repeat visits for specific information were also made. There was an increase in the number of entirely satisfactory food establishments over previous years in spite of more detailed inspection and demands on the part of sanitarians, as shown by the following table:

PERCENTAGE OF RETAIL FOOD ESTABLISHMENTS FOUND TOTALLY SATISFACTORY UPON INSPECTION, 1939–1950

Year	Percentage of Establishments	Year	Percentage of Establishments
1950	48.6	1944	58.4
1949	43.8	1943	55.1
1948	34.2	1942	58.4
1947	46.2	1941	61.2
1946	50.8	1940	60.1
1945	41.5	1939	48.8

Improved sanitary conditions resulted in a decrease in the number of swabbings of food utensils for bacteriologic examination. The installation of three-compartment wash troughs in the majority of food establishments and the almost exclusive use of chlorine by the food industry when chemical disinfection was selected and the maintaining of a water temperature of 180° F. or above in the final rinse provided sanitarians with a quick indication of compliance with the regulations of the Maryland State Department of Health. The following table gives the results of swabbings obtained during the year:

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
1950	840	349	41.5	118	14.0	62	7.0	185	22.0	126	15.0
1949	1,547	625	44.0	250	16.0	117	5.0	414	27.0	141	8.0
1948	1,587	551	34.7	286	18.0	114	7.3	343	21.6	293	18.4
1947	659	248	37.4	122	18.5	32	4.5	117	17.7	140	21.2
1946	451	173	29.3	89	19.7	30	66.5	79	17.5	121	26.8
1945	356	73	20.5	60	16.8	19	5.3	70	19.7	134	37.6
1944	747	327	43.8	103	13.8	49	6.5	127	17.0	141	18.9
1943	445	202	45.4	97	21.8	26	5.8	59	18.3	61	18.7
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

There was a decrease in the number of condemnations of food in 1950 as compared with 1949. Prosecution procedures were begun immediately if there were any indications of attempts to offer for sale or to serve impure food. There was also an increase in the number of complaints related to food establishments. These were welcomed as an indication of an ever-increasing interest on the part of citizens in food control activities.

Wholesale Food Establishments

In order to budget the activities of sanitarians of the bureau, it was necessary to assign only one sanitarian to the supervision of wholesale and manufacturing food establishments. In these establishments the sanitarian searched especially for evidences of rodent and insect invasion and harborages. The cooperation of commercial pest control operators was solicited when such invasions or harborages were found. Condemnations of food totaled nearly fifty tons which included a railroad car of dressed poultry which had become contaminated during transit. Food commission merchants were visited at regular intervals as a first line of defense against impure or damaged food reaching the consumer.

Manufacturing Food Establishments

Maintaining supervision over the 600 or more food manufacturing establishments acted as a second line of defense guarding the consumer against impure or infected food. The 400 or more bakeries were given priority because of the possible easy infestation of this type of plant with insects and rodents. The manufacture of custard pastries was carefully supervised and the reheating of this perishable product was demanded. More than 390 samples of food were submitted for microscopic examination for filth practically all of which came from plants actually rodent or insect infested or suspected of being infested. Approximately 41 per cent of samples of baked products showed the presence of filth. A continued drive on this type of plant was carried out with satisfactory results. Poultry killing plants were given particular attention. The practice of artificially coloring poultry with yellow food color and turmeric was discovered and this practice was completely broken up through legal action.

Institutions and Miscellaneous Establishments

Inspections of school cafeterias, food departments in hospitals,

convalescent homes, homes for the aged, day nurseries and nursery schools were likewise budgeted and this assignment consisting of approximately 500 establishments was given to one sanitarian. Findings during inspections were reported to the agency licensing such establishments. Practically all of the institutional food departments remodeled their food preparing and storage rooms in accordance with recommendations. Arrangements were also made to have owners of small institutions receive instruction in the preparation of nutritious food by the City Health Department nutritionist. Market stalls were visited by other sanitarians of the bureau. Public school cafeterias were intensively surveyed following their receipt of consignments of food from the Federal Government in order to guard against infestation and spoilage during the summer months.

Cooperative Activities

With the full realization that one sanitarian could not possibly maintain supervision over an assignment of approximately 900 food establishments, and recognizing that many food companies had on their payroll numerous individuals as supervisors, superintendents, and in the case of companies operating multiple stores, field personnel employed as liaison men, the bureau utilized such company personnel as unofficial sanitarians. Approximately 40 of these employees in industry were utilized on a part-time basis as sanitarians, giving an estimated $40,000 worth of service. In addition, more than ten industrial plants have engaged either food manufacturing specialists, entomologists or private laboratory employees for sanitation supervision. Manufacturers and distributors of appliances or equipment have recognized their responsibility in supplying easy-to-clean food equipment; architects have gradually begun to realize the value of designing food manufacturing and preparing rooms in such a manner as to be easy to clean; and plumbers continued to cooperate in complying with recommendations.

Cooperation given by official agencies included: The referring of all applications for the sale of alcoholic beverages to the Bureau of Food Control by the Board of Liquor License Commissioners of Baltimore City, a State agency; the referring of applications for new food establishments as well as those considered for remodeling to the bureau by the Bureau of Buildings; supervisory personnel of the city-owned markets aiding in watching over the sale of food under their jurisdiction; and the Bureau of Food and Drugs of the

Maryland State Department of Health, and representatives of the Baltimore Station, Federal Food and Drug Administration, helping in joint inspections when necessary.

An increased interest in restaurants, taverns and other retail food establishments was taken by the Grand Jury who insisted that inspections be carried out with members of the jury during evening hours. A committee of the Women's Civic League likewise aided in inspection activities by accompanying sanitarians of the bureau on several occasions.

Education

It was recognized that an educational program is effective in preventive activities, particularly in public health work. Individuals with a desire for knowledge and who were anxious to improve their businesses were told why they must adhere to certain procedures. Of the 75,000 professional food handlers in the city that needed instruction approximately one-quarter were reached through organized classes. The 68 groups given instruction during the year averaged 32 per class. The City Department of Education, through their Distributive Education Branch, gave instruction to 540 more persons in 33 classes. In the latter, the relationship between the purchaser and buyer was emphasized. Classes conducted by Health Department personnel stressed procedures to prevent bacterial, insect and rodent infestation of food. Toward the end of the year cards were issued to those who had attended the one-hour instruction course. All classes were held in the Southern Health District Building. A tabulation of the number of persons given instruction during the past nine years follows:

NUMBER OF PERSONS AND GROUPS GIVEN INSTRUCTION

Year	Number of Groups	Number of Persons
1950	68	2,129
1949	84	2,897
1948	41	1,717
1947	56	2,611
1946	38	2,305
1945	53	1,728
1944	118	3,625
1943	58	1,901
1942	29	600
Total	545	19,513

In addition to the instruction given in organized classes, staff members participated in three Health Department radio talks and two telecasts. Specific instruction was given to caterers, and a poster in the Greek language was printed, which urged the washing of hands before handling food and after leaving the toilet.

Regulation

Regulatory action did not always assure corrections insofar as the individual was concerned. However, when publicity was given to an incident the effect on similar establishments was apparent. A total of 22 cases was successfully prosecuted during the year in which fines in excess of $3,000 were assessed. The following table shows a recapitulation of court cases of the past eight years:

PROSECUTIONS IN COURT

Year	Number of Cases	Retail	Others	Total Fines
1950	22	20	2	$3,260
1949	13	12	1	1,100
1948	8	8	0	400
1947	16	12	4	850
1946	11	10	1	600
1945	23	22	1	1,100
1944	15	15	0	900
1943	8	8	0	400

The excellent cooperation given by the magistrate of the Housing Court in which all of the cases except one were tried was very helpful and the publicity obtained during the year on these court cases aided in the clean-up campaign. The Board of Liquor License Commissioners for Baltimore City also penalized seven dealers by suspension of licenses from several days to two weeks on testimony of sanitarians of the bureau.

Hearings within the bureau totaled 235 during the year. This method likewise was effective in making corrections when orders of the sanitarians were not carried out expeditiously.

A recapitulation of a number of court cases follows:

1. A market stall owner was found to have impure food in his possession. The defense given by the dealer was that he had been in business over forty years and had never been in court during that period. The fine imposed was $50 and costs and $10 for not correcting insanitary conditions.
2. Two dealers persisted in the illegal practice of coloring poultry. One dealer was observed offering the yellow chickens for sale in two retail outlets; the other sold the product from a market stall. Both dealers

were fined $100 and costs for each instance, totaling $300 and $200 respectively.

3. A sausage plant operated by two partners was found receiving horse meat and using it in the manufacture of sausage. The Bureau of Food Control in cooperation with the Bureau of Meat Inspection investigated the case and referred the findings to the State's Attorney. During the investigation one of the partners committed suicide. Prosecution procedures against the remaining partner for violation of the fraud section of the State Live Stock Law were instituted and the dealer was indicted on 32 counts. A fine of $250 was imposed. The partner was found guilty on five of the charges.
4. A complaint received from a purchaser of ground meat indicated that an unnatural red color resulted when the meat was cooked with rice. An inspection of the grocery store revealed the use of a red food color on the meat. The dealer was fined $200 and costs. Later in the year a violation of this nature was found in a second grocery and one of the partners of this company was fined $100 and costs.
5. Other cases involved the possession of tainted or partially deecomposed meats, filth in bakery products, and contaminated fish. In practically all instances charges of failure to correct insanitary conditions were also lodged against the dealers.

Special Activities

Supplementing the routine inspection, cooperation, education and regulatory activities involving all of the more than 10,000 food establishments, studies of a special nature were conducted as follows:

1. Handwashing studies were continued which indicated that only about 50 per cent of the total bacterial flora was removed by soap and water and rinsing. The need for disinfecting the hands by means of an additional step, the adding of a mild disinfectant to the hands after washing, or washing with a germicidal soap was demonstrated. In the latter study results were obtained that showed that hand washing and disinfecting should be a mandatory procedure for food handlers.
2. The field testing kit used for many years in Baltimore by sanitarians of the bureau was remodeled in more compact form by Mr. William K. Marsh, Sanitarian, and thus eliminated the necessity for carrying bulky wooden cases. Additional tests were included for the detection of dye and cereal in meats. Printed instructions for use by the sanitarians were also added to the kit.
3. The inspection record form was revised to indicate when a correction was made by the sanitarian. During the year, in spite of modesty on the part of the sanitarians, more than 3,800

such corrections were reported. This figure could readily be quadrupled and be more accurate if the reserve of the sanitarians could be overcome.

4. A series of weekly briefing conferences was held with members of the bureau. The sessions also served to advise the staff regarding such matters as legal prosecutions and gave attending members opportunity to offer valuable suggestions for improving the work of the bureau. A total of 40 such meetings was held that resulted in items 2 and 3 aforementioned, among others.
5. In line with civil defense activities the bureau was responsible for surveying and mapping the large stocks and stores of food, the potential cold storage plants, possible community feeding centers and alternate storage facilities.
6. A survey of laundry bleaches sold in the city was made to ascertain the concentrations of available chlorine in the various brand name preparations. One product was directed to be removed from the market because of mislabeling.
7. A beginning was made to consolidate the activities of the Bureau of Meat Inspection with the Bureau of Food Control.
8. Several sporadic visits in cooperation with the Anne Arundel County Health Department representatives were made at the Friendship International Airport before and after the opening of this city-owned project. Recommendations were made for improving food sanitation conditions there and these were carried out by the officials concerned.

Food Poisoning

Twenty-three alleged outbreaks of food poisoning were investigated in cooperation with the Bureau of Communicable Diseases and Bureau of Laboratories. Only six of the outbreaks were found actually to have been caused by food. A review of four outbreaks follows:

Outbreak No. 1. A catered meal which included gefülte fish was served to 155 persons at a *Bar Mitzvah* held in a synagogue hall. Of these, 32 became ill with vomiting and diarrhea; 11 required physicians' attention. On laboratory examination samples of the suspected food showed the presence of large numbers of pigmented bacterial colonies of an enterotoxin-producing variety. This heavy infection probably originated from the hands of the persons preparing the fish cakes. All of the cakes were admittedly not heated thoroughly during the process of cooking.

Outbreak No. 2. Of approximately 400 persons attending an employees dinner at a large hotel about 50 persons were made ill with severe diarrhea,

cramps and slight vomiting. None of the original food was available for bacterial examination, but the time of onset, from 5 to 30 hours, indicated a salmonella infection. The suspected food was baked chicken and stuffing.

Outbreak No. 3. Shrimp cocktail with a cream sauce served to another group at the same hotel a day later was suspected of causing food poisoning in 31 out of 50 persons who ate this food. The chief symptom was diarrhea with delay of onset of about 18 hours so that a salmonella-type infection was suspected. Fecal specimens from food handlers did not give positive findings.

Outbreak No. 4. Members of two families consisting of 3 and 4 persons respectively, purchased two types of custard cream cake and éclairs from a small local bakery. A delayed onset of vomiting took place among the four-person family approximately 9 hours after exposure, and a shorter onset of vomiting occurred among the three-person family; all during the same day. The custard of the crumb cake, on analysis, showed the presence of over 100 million bacteria per gram, 50 million of which were pigmented colonies suspected of being a staphylococcus. Carelessness during the manufacture of the custard baked product was indicated during the inspection and the product was forbidden to be made by the bakery.

A summary of the investigations of reported food-poisoning outbreaks since 1931 follows:

SUMMARY OF INVESTIGATIONS OF FOOD POISONING OUTBREAKS, 1931–1950

Period	Investigations		Outbreaks Established		
	Number	Persons Involved	Number	Persons Ill	Public Eating Establishments Involved
1946–1950	108	902	28	713	6
1950	23	176	6	152	2
1949	14	149	7	138	1
1948	19	223	8	199	..
1947	23	163	3	103	..
1946	29	191	4	121	3
1941–1945	101	1,305	20	580	8
1936–1940	164	886	26	512	10
1931–1935	91	884	9	609	6

Food-Borne Diseases

No case of tularemia was reported in the city during the year. This showed the effectiveness of the ordinance enacted in 1940 which prohibited the importation and sale of wild rabbits in the city. Several reported cases of alleged Weil's disease among employees of poultry-killing establishments were found to have been caused by rodent invasion of the plants. Careless handling of food eaten by employees was the probable cause of contamination and illness. Directives concerning rodent proofing of the estab-

lishments were issued and followed. Additional information concerning these incidents is found in the report of the Division of Rodent Control. At the request of the Bureau of Tuberculosis several persons with active disease were removed from handling food. The Bureau of Food Control also investigated several cases of trichinosis and one case of undulant fever.

Miscellaneous Activities

Meetings attended during the year assisted staff members in keeping up to date with modern public health food control activities. Members were present at the following conferences: Southern Branch of the American Public Health Association, Birmingham, Ala.; American Public Health Association, St. Louis, Mo.; Central Atlantic States Association of Food and Drug Officials, Atlantic City, N. J.; Second Baltimore Conference on Rodent Control, Baltimore. The director of the bureau also attended a committee meeting of a task group interested in plant sanitation and several committee meetings concerned with food plant equipment studies. Published articles of the bureau are recorded in the bibliography.

Division of Nutrition

The Division of Nutrition continued to provide a variety of nutrition services to the community as well as within the Health Department during 1950. As part of the function of the Bureau of Food Control, nutrition activities were aimed at educating consumers to utilize better the food which is available to them under adequate sanitary protection. Nutrition services included in-service training of Health Department personnel, participation in radio and television programs, promotion of nutrition education in the elementary and parochial schools, preparation and procurement of printed and visual aid materials, consultation on food service problems in day nurseries licensed by the Health Department and the teaching of nutrition in the food handler course for restaurant owners and managers.

In-service training included two conferences with the personnel of the Sanitary Section. Monthly conferences for public health nurses included discussions of menu planning, infant feeding, prenatal nutrition, nutrition in geriatrics, nutrition in relation to teeth, the school lunch program, budget planning for welfare families, available low cost foods, food for the preschool child and program

planning. Public health nutrition was discussed with seven groups of student nurses during their training within the Health Department and with two groups of hospital student nurses. Individual conferences with approximately 120 nurses included assistance in planning programs for their schools, organizing materials for bulletin boards and exhibits, and reviewing food problems of specific families and individuals. Home visits were made with nurses to demonstrate teaching the science of nutrition to families. Group instruction in prenatal and chest clinics was used to assist the clinic nurse in giving more adequate information in these fields. In one instance the nutritionist was part of a team of specialists who demonstrated to the nurses the material to be taught in a series of classes for expectant mothers. Nutrition promotion through radio and television included assistance in writing scripts for three of the Health Department "Keeping Well" series, appearance on regular programs of two radio stations and participation in the telecasts on "Obesity" and "School Lunches."

Nutrition programs in the schools were arranged as a service offered by the school nurse. Principals were assisted in making plans to promote better utilization of their school lunch facilities. Teachers were given assistance in integrating nutrition in their existing classroom activities. Talks were given to teacher groups, Parent-Teacher Associations, parent education classes and groups of both elementary public and parochial school children. Breakfast projects were planned in several schools. A conference was held with special teachers who conducted these classes which enabled them to answer more intelligently questions about the eating habits of children in groups.

The year saw the beginning of a consultation food service for day nurseries and nursery schools licensed by the City Health Department. Help was frequently given in menu planning, food purchasing, food preparation, encouragement of good eating habits among the children and in learning which low-cost foods were high in nutritive value. During the summer a pilot study was done with several institutions to determine if the service would be acceptable. A mailing list was developed which consisted of the managers of these nurseries as well as the personnel of the Department and other interested agencies. Monthly releases from the division were planned beginning in September. The first issue was in the form of an introductory letter explaining the services available. In addition plans were made for the nutritionist to confer with each new

applicant for day nursery or nursery school licenses. Visits were made to institutions to give assistance when food service problems arose. The nutritionist also discussed child feeding problems with groups of parents interested in the welfare of their children at these institutions.

The nutritionist attended an institute and workshop on planning and operating institution food services conducted by the American Hospital Association in Washington, D.C., jointly sponsored by the American Dietetic Association, the Children's Bureau and the U. S. Public Health Service. The program was designed to meet the needs of the nutritionist and the dietitian who give food consultation service to small organizations. Sessions of the 33rd annual meeting of the American Dietetic Association were also attended.

Miss Katherine der Koorkanian, a graduate student in public health nutrition, spent the month of June in the Health Department observing and participating in the activities of the division. Miss Koorkanian came to this agency under the cooperative graduate program for nutritionists given jointly by Simmons College and the Harvard School of Public Health in Boston. Supervised field work was one of their requirements for a Master of Science degree in public health nutrition. This student was able to observe several monthly nutrition conferences with groups of public health nurses, to participate in a small pilot study to demonstrate the advantages of a food consultation service for small institutions, to observe and participate in group teaching of patients in prenatal and chest clinics, to accompany inspectors from both the Bureau of Food Control and Bureau of Environmental Hygiene on routine inspections, to observe court proceedings and to confer with various key persons in the Health Department as well as other agencies interested in promoting better nutrition for Baltimore citizens. This month of field work in one location gave the student an opportunity to see a health department in action.

Visitors to the division during the year included an instructor from the Harvard School of Public Health, students from the University of Tennessee, the Johns Hopkins School of Hygiene and Public Health, the University of Maryland and health department officials from Colombia, Germany, Lebanon, the Philippines, Thailand and Venezuela.

The division chief discussed "Public Health Nutrition and the Planning of Nutrition Programs" with the nutrition class at the Johns Hopkins School of Hygiene and Public Health and participated in a panel discussion before the Maryland Home Economics

Association on the subject of "Methods of Teaching Nutrition in Health Departments." The Maryland Safety and Health Conference requested a summary of information concerning nutrition and industry at their annual meeting. The topic "Low Cost Foods and Adequate Nutrition for Older People" was discussed for the Maryland Association of Registered Nursing Homes and the nutritionist acted as moderator for a symposium on "How to Teach Nutrition to Lay People" presented before the Maryland Dietetic Association. Due to lack of staff, the majority of activities carried out by the nutritionist were of necessity on a consultation basis. The following table shows the services rendered during 1950.

NUTRITION SERVICES

Type of Service	Number of Sessions		Total Number of Persons	
	1950	1949	1950	1949
In-service Training	194	69	1,332	717
Nurses Group Conferences	60	39	1,028	622
Student Nurse Groups	7	6	108	71
Individual Nurses Conferences	119	..	119	..
Demonstration Home Visits	6	24	6	24
Other Health Department Personnel	2	..	71	..
Clinic Instruction	18	43	420	770
Prenatal (group)	7	16	174	302
Prenatal (individual)	..	..	2	5
Well baby (group)	..	16	..	242
Chest (group)	11	11	244	212
Chest (individual)	..	..	..	9
Schools	34	36	1,999	2,792
Parent groups	16	18	533	669
Elementary students	11	9	961	1,685
Parochial students	3	5	430	355
Teacher groups	4	4	75	83
Other Activities	54	18	33,240	10,869
Community meetings	8	7	650	430
Food handler classes	1	3	11	121
Guest instruction—College	1	2	7	18
Consultation to small institutions				
Office conferences	5	..	5	..
Visits to nurseries	8	..	8	..
Nutrition discussion for parents	2	..	48	..
Radio Programs	2	3	8,000	7,000
TV programs	2	3	14,000	3,300
Exhibits and displays	8	..	10,000	..
Movies	13	..	511	..

Approximately 30,300 pieces of nutrition education materials were distributed in 1950. Preparation of new materials included: A diet card for low salt diets; a 1200 calorie prenatal diet pamphlet; a guide to common can sizes; and food needs of the child in the day nursery. An exhibit based on "What Does Your Family Eat?" was prepared in cooperation with the Bureau of Health Information. This was displayed during a chest X-ray drive. A display, "Eat Breakfast Every Morning," was prepared and exhibited in several clinics and schools. Several exhibits prepared in cooperation with the Bureau of Health Information and the Division of Mental Hygiene were displayed during the Christmas season in the Eastern, Southern and Druid Health Districts as follows: "Trim Your Tree with Food" and "Pick Your Christmas Dinner from the Wheel of Good Eating." It was estimated that approximately 10,000 people saw these exhibits.

Cooperating with other Baltimore agencies, the division chief was a member of the following committees: Nutrition Education Committee, Baltimore Department of Education; Baltimore Low Cost Budget Committee; Baltimore Nutrition Committee; Nutrition Advisory Committee, Baltimore Chapter, American Red Cross; Community Nutrition Committee, Maryland Dietetic Association; and the School Health Council. The chief served as treasurer and council member of the Baltimore Home Economics Association, as a cabinet member of the Maryland Home Economics Association, and as president-elect and executive board member of the Maryland Dietetic Association.

Experience showed that nutrition information must be available for all age groups, its promotion must be a continuous function to be effective and it should be incorporated in all activities of the Health Department.

Personnel

Ferdinand A. Korff, B.S., Director
Eleanor L. McKnight, B.S., M.S., Chief, Division of Nutrition
Jacque G. Ayd, A.B., LL.B., Sanitarian
James H. Edwards, Sanitarian
William W. Fox, B.S., Sanitarian
Benjamin Ginsberg, Ph.G., Sanitarian
Bernard J. Lingeman, Sanitarian
William K. Marsh, Jr., LL.B., Sanitarian
John J. Neunan, Sanitarian
Fredda L. Staehle, B.A., Sanitarian
Abraham Shecter, Sanitarian
Herman L. Sodie, B.S., Sanitarian
Robert M. Williar, Sanitarian
Etta Levin, Senior Stenographer
Julia Dalrymple, Senior Stenographer
Cecile D. Carpenter, Senior Clerk

TABLE NO. 1

INSPECTIONS OF RETAIL, WHOLESALE AND MANUFACTURING AND MISCELLANEOUS FOOD ESTABLISHMENTS, 1950 AND 1949

INSPECTIONS AND ACTIVITIES	1950	1949
Total Inspections—All Establishments	20,299	25,797
RETAIL ESTABLISHMENTS		
Inspections	11,373	12,543
Initial inspections	4,452	5,180
Special inspections	4,861	4,730
Reinspections	2,060	2,633
Activities		
Violation notices issued	273	272
Number of condemnations of food	172	197
Hearings within bureau	195	260
Samples of food obtained for examination	1,085	1,714
Field tests by inspectors	1,635	2,343
Complaints received and investigated	901	774
Prosecutions	22	13
MANUFACTURING ESTABLISHMENTS		
Inspections	3,729	4,314
Activities		
Violation notices issued	68	17
Number of condemnations of food	11	15
Hearings within bureau	40	19
Samples of food obtained for examination	296	306
WHOLESALE ESTABLISHMENTS		
Inspections	909	1,109
Activities		
Violation notices issued	4	8
Number of condemnations of food	55	89
Hearings within bureau	2	9
Samples of food obtained for examination	15	10
MARKET STALLS AND MISCELLANEOUS ESTABLISHMENTS		
Inspections	4,294	7,831
Market stalls	1,908	5,351
Institutions	475	455
Miscellaneous	1,911	2,025

TABLE NO. 2

POUNDS OF FOOD CONDEMNED IN WHOLESALE, MANUFACTURING AND RETAIL FOOD ESTABLISHMENTS, 1950 AND 1949

Type of Food	Total	Found by Inspections	Requested for Decision
1950			
Type of Food	102,924	35,533	67,391*
Wholesale Food Establishments			
All types of food	95,364	31,773	63,591
Vegetables and fruit	50,237	..	50,237
Meats	751	30	721
Seafood	3,971	..	3,971
Poultry and game	22,992	21,260	1,732
Groceries, canned and bottled goods	15,883	10,409	5,474
Baking supplies, nuts and candies	1,530	74	1,456
Manufacturing Food Establishments			
All types of food	970	970	..
Vegetables and fruit	25	25	..
Groceries, canned and bottled goods	373	373	..
Baking supplies, nuts and candies	572	572	..
Retail Food Establishments			
All types of food	6,590	2,790	3,800
Vegetables and fruit	16	16	..
Meats	323	323	..
Seafood	350	219	131
Groceries, canned and bottled goods	5,121	1,452	3,669
Baking supplies, nuts and candies	168	168	..
Milk and dairy products	343	343	..
Poultry and game	269	269	..
1949			
Type of Food	77,135	36,215	40,920**
Wholesale Food Establishments			
All types of food	67,937	27,633	40,304
Vegetables and fruit	25,560	25,000	560
Meats	560	143	417
Seafood	7,279	80	7,199
Poultry and game	102	52	50
Groceries, canned and bottled goods	34,115	2,258	31,857
Baking supplies, nuts and candies	321	100	221
Manufacturing Food Establishments			
All types of food	3,374	2,860	514
Vegetables and fruit	100	..	100
Groceries, canned and bottled goods	457	43	414
Baking supplies, nuts and candies	2,817	2,817	..
Retail Food Establishments			
All types of food	5,824	5,722	102
Vegetables and fruit	1,611	1,611	..
Meats	1,036	934	102
Seafood	11	11	..
Groceries, canned and bottled goods	1,430	1,430	..
Baking supplies, nuts and candies	869	869	..
Milk and dairy products	861	861	..
Poultry and game	6	6	..

* Includes 7,488 pounds damaged at fires.
** Includes 24,584 pounds damaged at fires.

TABLE NO. 3

DISTRIBUTION OF INSPECTIONS OF WHOLESALE AND MANUFACTURING FOOD ESTABLISHMENTS ACCORDING TO TYPE OF ESTABLISHMENT, 1950 AND 1949

Type of Establishment	Number of Establishments in City 1950	Number of Inspections	
		1950	1949
Total	6,140	6,224	10,478
Wholesale and distributing establishments	1,524	655	713
Hucksters and loaded trucks	400*	32	7
Commission merchant houses	132	181	107
Wholesale groceries and warehouses	54	53	137
Candy jobbing houses	50	12	28
Wharves	3	..	13
Butter and egg distributing and breaking plants	14	4	11
Auction houses	10	6	17
Cold storage houses	5	2	3
Railroad terminals	6	39	60
Wine and liquor establishments	350	301	190
Snowball establishments	500	26	140
Manufacturing food establishments	916	1,280	1,934
Bakeries	413	740	1,455
Poultry killing—wholesale and retail	228	195	115
Candy manufacturing plants	65	42	138
Oyster packing plants	40	19	17
Soft drink bottling plants	29	34	43
Pickling plants	22	48	17
Canning plants	16	9	33
Salad manufacturing plants	18	19	20
Noodle and potato chip plants	10	5	6
Codfish cake manufacturing plants	6	23	28
Extract bottling plants	40	12	15
Ice cream cone plants	3	0	1
Caterers and sandwich manufacturing plants	26	134	46
Market stalls	2,600	1,908	5,351
Other (homes, hospitals, etc.)	1,100	2,386	2,480

* Approximate figure.

BUREAU OF MEAT INSPECTION

BUREAU OF MEAT INSPECTION

William J. Gallagher, D.V.M.

Director

The activities of the Bureau of Meat Inspection which were consolidated with the Bureau of Food Control in 1949 were reinstated as a separate bureau in March, 1950. Dr. William J. Gallagher was appointed Acting Director, pending an examination by the City Service Commission. The examination was given in September and Dr. Gallagher was appointed director on October 1.

The provisions of the Meat Ordinance required that all meat sold in the City of Baltimore must be from plants maintained either under federal or municipal inspection. In 1950, as in previous years, ante-and post-mortem inspection was made on all cattle, sheep, calves, swine and goats in thirty-four slaughtering plants, three of which were located in adjacent counties. Daily supervision was again carried out in ninety-eight meat food product and processing plants. This supervision consists of examination of animals before and after slaughter by veterinarians, the condemnation of diseased animals and parts and the sanitary inspection of the plants.

During the year 32,000 inspection visits were made; 232,070 animals were inspected as compared with 236,837 animals in 1949; 334 whole carcasses were condemned in 1950 as compared with 274 carcasses in 1949. Parts and pounds of carcasses condemned because of disease or undesirable conditions are shown in Tables 1 and 2. Three appeals were received from packers following the condemnation of carcasses by veterinarians of the bureau, and the decisions of the veterinarians were upheld in all cases.

The slaughtering of cattle reacting to tuberculosis and Bang's disease was continued by the bureau upon authorization of various state and federal agencies. Due to a shortage of veterinarians, lay inspectors were assigned to assist in the slaughterhouses. During the year 37,142 pounds of diseased or contaminated meat were condemned or reinspected as compared with 17,649 pounds in 1949.

A total of 6,500 pounds of horse meat was found in the possession of one of the city manufacturing plants. All of this meat was condemned and sent to a licensed rendering plant. A case was filed against the owner and he was indicted by the Grand Jury. His trial

came up in October and he was found guilty of having horse meat in his possession and fined $250.

During the month of September the bureau was notified of a carload of meat which was shipped from the middle west. On arrival the meat was found to be spoiled and the entire 20,000 pounds of pork were condemned and sent to a rendering plant.

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

ESTABLISHMENT	NUMBER	INSPECTIONS
Slaughterers, under permit, in city	31	2,610
Slaughterers, under permit, in county	3	264
Manufacturers, under permit, in city	94	26,415
Manufacturers, under permit, in county	4	675
Wholesalers, under permit	98	2,845
Wholesalers route trucks (subject to inspection)	53	..

Personnel

William J. Gallagher, D.V.M., Director
Franklin C. Herndon, D.V.S., Veterinarian
Edward J. Moylan, D.V.M., Veterinarian
Edward P. Roberts, D.V.M., Veterinarian
John R. Saunders, D.V.M., Veterinarian
Charles D. Skippon, D.V.M., Veterinarian
Eddie P. Yager, D.V.M., Veterinarian

Inspectors—Meat

Matthew N. Bean
Elmer Frederick
Henry A. Miller
Thomas J. Morris
Philip A. Ottenritter
Charles A. Ray
Ernest H. Smith
Adolph Staub
Lawrence Stettmeier
Adolph Wobbeking, Jr.

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
1950.....	17,090	81	1,533	70,349	12	113	34,096	6	2,483	110,378	235	29,060	157	..	..
1949.....	26,261	87	1,998	73,576	23	157	36,724	8	3,465	100,054	156	32,736	222	..	..
1948.....	31,867	102	2,344	88,061	22	215	43,740	3	3,198	97,511	154	30,782	155	..	..
1947.....	34,624	127	2,277	96,582	51	555	52,984	10	3,883	93,409	169	26,609	107	..	..
1946.....	46,236	104	2,418	98,995	28	222	81,785	10	7,313	92,821	65	29,367	224	..	..
1945.....	42,056	153	2,661	100,184	44	215	70,851	22	7,081	84,716	136	28,307	45	..	..
1944.....	45,506	116	3,220	116,444	27	293	68,530	40	5,976	114,516	197	32,919	92	1	..
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	59,727	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	..	..

TABLE NO. 2

POUNDS OF MEAT CONDEMNED ON REINSPECTION

Year	Total	Pork	Beef	Mutton	Veal	Meat Products	Mixed Products
1950.....	37,142	24,554	618	..	32	9,008	2,930
1949.....	17,649	6,637	4,992	54	3	3,041	2,922
1948.....	7,706	4,566	387	..	215	1,369	1,169
1947.....	19,673	3,417	1,064	53	96	5,319	9,724
1946.....	26,666	8,048	6,889	299	1,165	7,524	2,741
1945.....	25,250	3,916	3,202	142	140	15,296	2,554
1944.....	35,231	6,471	5,388	1,359	1,174	13,697	7,142
1943.....	25,633	5,902	5,527	603	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	2,609	629	7,409	12,345
1940.....	37,779	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

TABLE NO. 3

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

	City	Counties
Meat products (fresh)	867,284	..
Meat products (smoked)	3,625,419	685,190
Meat food products (fresh)	1,429,700	455,844
Meat food products (smoked)	3,793,327	465,131
Meat food products (cooked)	951,727	198,362
Meat food products (boiled)	326,012	187,205
Lard	749,358	577,207
Lard Compound	23,270	..
	11,766,097	2,568,939

BUREAU OF ENVIRONMENTAL HYGIENE

BUREAU OF ENVIRONMENTAL HYGIENE

George W. Schucker, B.E.

Director

Changes in the bureau effective as of the first of the year included:

1. Transfer of activities pertaining to foster homes, rooming houses, lodging houses and hotels, and the investigation of all housing complaints outside of Housing Law Enforcement Areas from the Division of Housing to the Division of Community Sanitation. This included the transfer of three sanitarians and one junior stenographer.

2. The elevation of the Division of Industrial Hygiene to bureau status.

3. Increase in the inspection staff of the Division of Rodent Control by three sanitarians and one senior stenographer. This increase in personnel was accomplished within the framework of its budget by decreasing the expense and labor accounts.

4. The separation of the Division of Housing from supervisory control of the bureau with its designation changed to that of the Office of Housing and Law Enforcement.

The first three changes were made in accordance with the recommendations of the Mayor's Advisory Committee which were mentioned in the 1949 ANNUAL REPORT. The fourth change resulted from the action of the Mayor on October 29, 1949 in appointing Mr. G. Yates Cook, Chief of the Division of Housing as Director of the Office of Housing and Law Enforcement.

Community Sanitation

The investigation of complaints concerned with environmental sanitation continued as one of the primary responsibilities of the division. Other planned community sanitation activities carried on during the year included the inspection of day nurseries, convalescent homes, watering points for interstate carriers, and sampling of the city water supply and water from swimming pools. The division in cooperation with the Statistical Section and the Southern Health District inaugurated a study of home accidents.

Water Supplies

The sanitary quality of the city water was evaluated through analyses of 1,594 samples collected from consumers' taps throughout the distribution system within the city limits and from two fixed stations outside the city. The percentage of 10 ml. portions confirmed for coliform organisms was 0.88 as compared with 1.2 for 1949. Other supplies sampled included public and semipublic springs and commercially bottled waters.

In November a break occurred in a 40-inch water main serving a portion of the downtown area and the southern section of the city. The collection and analyses of water samples from the area affected by the break failed to indicate any contamination of the water supply due to back siphonage.

Sewage Disposal and Stream Pollution

A number of major improvements in the sewerage system and in stream pollution control were undertaken or completed during the year. These included: The beginning of construction on the Brooklyn Sewage Pumping Station to relieve sewage pollution of the harbor and the Patapsco River from an area of Brooklyn, Anne Arundel County and Baltimore County; starting of construction of the Jones Falls Sewage Pumping Station, the force main and the interceptor to relieve the pollution of Jones Falls; changes at the Back River Sewage Treatment Works to improve the quality of effluent discharged to Back River; and the connection of the Dundalk Sewerage System to the Broening Highway Sewage Pumping Station which eliminated the discharge into Colgate Creek. The last step left only one major contributor of sewage to Colgate Creek, the Holabird Homes, a federally-owned War Housing Project. Every effort was made to secure the cooperation of the Federal Government in building a sewer to connect this project with the city sanitary sewerage system.

The Department granted permission for a real estate developer to construct homes on a tract of land south of Cold Spring Lane, sewering it to a septic tank and chlorinating the effluent before discharging it into Jones Falls pending the completion of the Jones Falls interceptor. In cooperation with the Baltimore County Health Department, Chief Engineer of the Baltimore County Metropolitan District and the Bureau of Sewers arrangements were made for sewering a small section in Baltimore County and a few houses in Baltimore City to a septic tank discharging to a stream flowing

through an undeveloped section of the city. This was done in order to eliminate insanitary conditions existing in the area due to overflowing cesspools. In several instances realty developers were denied permission to develop areas using individual methods of sewage disposal or sewers discharging into streams. The maintenance of warning signs along polluted streams flowing through the city was continued.

Swimming Pools

Five of the old modified fill and draw type public park swimming pools were reconstructed during the year. This provided new pools equipped with recirculating systems, diatomaceous earth filters and gas chlorination. Replacement of the antiquated pools was long overdue. Unfortunately some of the pools were opened before the equipment was completely installed thus requiring a continuation of the practice of manual chlorination, and in addition, in most instances the adjustment of equipment following the opening of the pools was required. Consequently, somewhat disappointing results were obtained with regard to the sanitary quality of the water. A more satisfactory season should result in 1951 when an opportunity will be afforded to adjust equipment before the operating season commences.

Inspection of the privately operated indoor and outdoor pools was continued and these pools were, in general, operated satisfactorily. Plans were examined and approved for the installation of a swimming pool in one of the municipal high schools.

Home Accidents

The increasing publicity given home accidents in recent years has posed the question as to whether or not home accidents are a public health problem, and if so, what program to limit them should be adopted by the Health Department. In an effort to gain data for the answers to this question two projects were started during the year in cooperation with the Statistical Section. The first project was carried on during the first six months of the year and consisted of field investigations of all fatal home accidents. As was anticipated, the greater number of fatal accidents occurred in elderly people and were due to falls. Generally, recognizable environmental deficiencies played only a minor part in such accidents. As a rule, the investigator was able to obtain very little information not already available from the death certificate and a few incidents

of previous home accidents were unearthed. In October a new approach to the home accident problem was started with a public health nurse from the Southern Health District and a sanitarian from the Division of Community Sanitation making field investigations of all home accidents involving persons living in the Southern Health District who received treatment at the Accident Room of the South Baltimore General Hospital. This project will be continued in 1951 in order to obtain a sufficient sample of accidents to permit proper analysis and the drawing of conclusions.

Rooming Houses and Lodging Houses

During the year 589 inspections were made of rooming houses, lodging houses and hotels in connection with 76 applications for new permits and 507 applications for renewal of permits. Hearings were held for nine operators in whose establishments unmarried couples were found by the Police Department to have been falsely registered. Lack of cooperation on the part of one operator made it necessary to refuse renewal of his permit and two other rooming houses were ordered closed as the result of insanitary conditions.

Weed Control

In an effort to obtain better cooperation of property owners in maintaining lots free of noxious weeds, 1,184 letters were sent to owners of vacant land during the spring to inform them of their responsibility for weed control under Ordinance No. 617, Approved March 23, 1949. The letters resulted in some reduction in the number of complaints concerning weeds received by the Department. It is believed that the letters also assisted the Police Department upon whom the major enforcement of the weed ordinance falls. The Bureau of Highways performed an excellent job of weed control on municipally-owned vacant lots and along roadsides.

Miscellaneous Activities

1. In the enforcement of the ordinance to prevent psittacosis, 18 parakeets found in a pet shop were surrendered to the Department for delivery to the Baltimore zoo. The manager of this pet shop had recently arrived in the State and was not familiar with the ordinance. Visits were made to three vessels arriving in port with psittacine birds on board and the birds were delivered to the Department representatives for destruction.

2. Several problems concerning obstruction of drainage were

presented during the year. While these cases were of doubtful public health significance and were very time consuming, efforts were made to work out a satisfactory solution in as many cases as possible.

3. After considerable study a preliminary draft of the part the bureau might play in Civil Defense was prepared and submitted to the Director of Civil Defense for Baltimore along with the drafts of other Department agencies.

4. Following conferences with the Maryland State Department of Public Welfare, the State's Attorney and the City Solicitor, the bureau in cooperation with the Bureau of Child Hygiene, decided to require the type of home where working mothers and their children are boarded to obtain rooming house and day nursery licenses. These homes have been unlicensed in the past as they did not seem to fit into usual categories. Two such homes were licensed during the year and a third discontinued operation.

5. In cooperation with the Director of the Sanitary Section, the bureau director led a Community Study Group of the Department of Education in their study of the subject of "Environmental Health."

6. The director participated in a panel discussion on the subject "Securing Better Housing Sanitation" at the annual meeting of the National Association of Sanitarians in St. Louis.

7. Educational activities included television programs on water sanitation, the sewerage system and sewage disposal, and home accidents.

Plumbing

The Sewerage Engineer and the Commissioner of Health after extensive studies approved the first commercial type waste grinder for the disposal of cannery wastes into the sanitary sewerage system. In addition to its operation, the type of material to be ground and the adequacy of sewers to receive the waste were considered before the approval of individual installations was granted. The installation of domestic type garbage grinders in commercial establishments was permitted for the first time during the year. In cooperation with the U. S. Public Health Service and the Maryland State Department of Health instruction was given in "Plumbing and Cross Connections" by the director of the bureau and the Chief of the Division of Plumbing to the U. S. Navy sanitation

personnel and sanitarians of the State Health Department attending the three field training schools for sanitarians.

A total of 2,288 potential cross connections was prevented or eliminated during the year. This number included the removal of 2,134 frostproof and hazardous yard type toilets. There were 3,449 properties connected to the sanitary sewering system in 1950, which brought the number of connections in the city to 189,093.

Rodent Control

The City Health Department with the cooperation of the Fish and Wildlife Service of the United States Department of the Interior sponsored the Second Rodent Control Conference on October 9, 10, and 11 at the Emerson Hotel. Forty-five cities in 17 states and the District of Columbia were represented by 174 state, city and county health officials, representatives of industry, commerce, the United States Army and Navy, and the Pan-American Sanitatary Bureau. Also in attendance were representatives of the Wisconsin Alumni Research Foundation, the American Institute of Baking, the National Public Housing Administration, and the Galvanized Ware Manufacturers Council. The theme of the conference was "Recent Developments In Rodent Control."

Environmental Control

Continued emphasis was placed on the control of environmental factors which make it possible for rats to exist in the community. "Rodent Control is Environmental Control" was clearly demonstrated by the completion of this program in 10 additional blocks during the year which resulted in the improvement of 310 properties and 415 dwelling units. Inspections were made in 15 blocks on a block by block basis during 1950 and the total blocks included since the beginning of the program was raised to forty. Thirty-one blocks containing 1,276 dwelling units have been improved since 1948.

Rat bite cases and a majority of the 1950 complaints were handled by environmental procedures involving the elimination of food sources, rat harborage and the rat-proofing of the properties.

Rat Bites and Rat-Borne Disease

The division investigated 80 rat bite cases which had occurred in 65 separate locations during the year. Forty-two of the cases were of children 6 years of age and under, while 17 cases occurred

in infants under 1 year of age. Each rat bite reported was investigated at once and corrective measures instituted by notices to owners and occupants.

Two cases of Weil's disease, a febrile infection known also as hemorrhagic jaundice occurred during the year. In each instance, a colored male employed in a poultry killing establishment was stricken. There was no history of rat infestation at the home of either patient although each of the poultry houses was heavily rat infested. Both of the patients made uneventful recoveries. As a consequence of these two cases which occurred within 30 days and within two blocks of each other, the University of Maryland Hospital became interested in a study of rats from the poultry house district. Traps were placed in 14 poultry houses and approximately 70 rats were bled in the division laboratory and blood samples were submitted to the Bressler Clinic of the hospital. A concentrated clean-up campaign was inaugurated to improve general sanitation and to educate the commercial establishments in these areas in approved rat control methods.

Early in the year the division was alerted by a suspected case of endemic typhus which had been reported to the Bureau of Communicable Diseases. The entire staff of the division cooperated to insure the immediate investigation of the case, and all properties in the affected block were dusted with 10 per cent D. D. T. Extensive ratproofing and rat elimination procedures were undertaken and completed promptly. Although the occurrence of endemic typhus was not confirmed, the situation afforded the division an opportunity to set into operation planned procedures for attacking rat-borne disease.

Education

A new "Fight the Rat" pamphlet was completed and received early in the year and approximately 30,000 copies were distributed. A great deal of interest was stimulated by this publication and requests for copies were received from a number of organizations and localities including the Board of Health, Toledo, Ohio; the American Broadcasting Company, New York; the Department of Health, New Jersey; the Health Department, Middletown, New York; Kodiak, Alaska; and the Fish and Wildlife Service of the United States Department of the Interior.

The division's educational program carried on to stimulate a public awareness of the individual's responsibilities in rat control

and the Health Department's activities in this regard reached 1,887 persons through field trips, lectures, film showings and exhibits. Division members made appearances on three radio programs and on a television show in addition to the regular radio programs sponsored by the Health Department.

Ectoparasite Survey

An essential factor in a modern rodent control program is an awareness by health officials of the disease potential of the rat population. In this regard, the rodent control laboratory established the latter part of 1949 functioned over its first annual period. A total of 122 blood specimens were taken and of the 54 submitted for the complement fixation test all were negative. Seventy blood samples were submitted to the Bressler Clinic of the University of Maryland in connection with a study of Weil's disease. One hundred and eleven rats were examined and found to contain 290 ectoparasites. Of this total, 248 were *Nosopsyllus fasciatus* (Northern rat flea), 5 were *Echidnophaga gallinacea* (sticktight or chicken flea), 8 were *Pulex irritans* (human flea), 2 *Xenopsylla cheopis* (Oriental rat flea), and 1 *Ctenocephalides canis* (dog flea). A rat louse and 26 mites were also recovered and partially identified.

Rodenticide Studies

A full scale experiment in the efficacy of a new rodenticide, Compound No. 42, 3-(alpha-phenyl-beta-acetylethyl)-4-hydroxycoumarin, or later designated as Warfarin was undertaken in the east shed of Lexington Market. This chemical substance inhibits the formation of prothrombin causing capillary damage and the rat dies from internal hemorrhage. It is not effective in a single dose and must be ingested several times on successive days to produce its lethal effect. The test was continued for twenty days with excellent control of the rat infestations evidenced after the thirteenth day. The compound presented good potentialities on a single premises control basis.

A quantity of methyl bromide capsules for gassing rat burrows was obtained and tested. This material did not prove as effective as calcium cyanide dust as a rodenticide.

Miscellaneous Activities

1. A program of maintenance inspections coupled with tenant enforcement was instituted during the year. A total of 2,582 in-

spections was made from which a workable program of maintaining completed area work was developed.

2. A prospectus of "Rodent and Insect Control Activities" was submitted for the Civil Defense Plan in Baltimore.

3. The division investigated an unconfirmed case of rickettsialpox in East Baltimore. Mouse elimination was quickly accomplished. No further suspected cases were reported.

4. The director was selected as a member of the Law Enforcement Committee of the Pilot Program of the Baltimore Plan.

5. A reorganization of the division which allowed a reduction in labor personnel, expense account and a transfer of funds to the salary account provided four new positions: 2 Sanitarians—Group 3, 1 Sanitarian—Group 2 and 1 Senior Stenographer. Three positions in the labor classification were abolished. This reorganization permitted a more specialized assignment of personnel to cope with the city's rat problems.

6. In order to facilitate the construction of a waterfront park, the division cooperated in moving its workshop from Pier 1, Light Street, to smaller quarters in the basement of 202 Guilford Avenue.

Personnel

George W. Schucker, B.E., Director
George O. Motry, B.E., LL.B., Chief, Division of Community Sanitation
Carroll H. Reynolds, Chief, Division of Plumbing
William Sallow, LL.B., Chief, Division of Rodent Control

Sanitarians

Newell B. Benson, Jr., B.S.
Sidney L. Berlin
John F. Block, Ph.G.
John H. Braunlein, Jr.
John A. Childs
Elbert H. Cohen, B.A., LL.B.
Thomas H. Devlin, B.S., M.Ed.
T. Evans Fernandis, A.B.
Milton P. Friedmann, B.S.
Francis J. Goldsmith, Ph.B.
William H. Hunter, LL.B.
John O. Long
Albert Paul Manner
Thomas C. Nugent
Wellington S. Ross, A.B., M.A.
C. Edward Sachs
Robert B. Turner
Edward H. Vail, B.S.
Reginald C. Young, A.B.

Hiram Abiff Burkhardt, Senior Inspector—Plumbing
Harley Fickus, Senior Inspector—Plumbing
Worthington S. Law, Senior Inspector—Plumbing
Henry G. Rausch, Senior Inspector—Plumbing
Joseph P. Reynolds, Senior Inspector—Plumbing
Walter Underwood, Senior Inspector—Plumbing
John H. Pike, Inspector—Plumbing

Howard R. Coggins, Inspector—Food
Jacob G. Vogtmann, Principal Clerk
Irma E. Wehn, Principal Clerk
Joseph B. Finnan, Senior Clerk
Kathryn S. Hoff, Senior Clerk
Donald A. Stockley, Senior Clerk
James A. Williams, Senior Clerk
Gloria Perlberg, Senior Stenographer
Selma B. Sladek, Senior Stenographer
Mary A. Blum, Junior Stenographer
Lucille Blumenthal, Junior Stenographer
May Hiltz, Junior Stenographer
Selma Edland, Junior Typist
John W. Biden, Heavy Duty Laborer
Attilio J. Castagnoli, Jr., Heavy Duty Laborer
Calvin DeFord, Heavy Duty Laborer

TABLE NO. 1

COMPLAINTS, PATROL AND SPECIAL INVESTIGATIONS

Type of Condition	Complaints Received		Patrol and Special Investigations Made	
	1950	1949	1950	1949
Total	4,870	5,421	5,497	4,459
Complaints				
Ashes and garbage	170	203	54	28
Building defects	632	371	8	81
Choked sewers	54	74	38	42
Dead animals	1	5	1	4
Defective drainage	211	253	72	74
Defective heating equipment	35	43	1	7
Defective plumbing	513	507	20	47
Defective toilet facilities	598	749	31	33
Fowls and other animals	280	390	26	20
Grass and weeds	256	386	172	238
Insanitary conditions	1,167	1,287	290	331
Insects	171	184	1	10
Miscellaneous	79	112	45	83
Privies and cesspools	22	23	25	4
Rats	234	262	36	62
Water in cellar	447	572	115	147
Special Investigations				
Child care institutions	..	..	145	36
City dumps and sanitary fills	..	..	83	182
Color tests	..	..	362	565
Environmental survey inspections	..	..	26	8
Foster homes	..	..	553	3
Home accidents	..	..	291	..
Hospitals and convalescent homes	..	..	71	21
Motion picture houses	..	..	43	42
Private dumps	..	..	366	322
Psittacine bird investigations	..	..	7	9
Rooming houses	..	..	589	..
Schools	..	..	7	10
Stream pollution	..	..	71	*
Watering points—carriers	..	..	33	59
Water and swimming pool sampling	..	..	1,915	1,901

* Included in insanitary conditions for 1949.

TABLE NO. 7
RODENT CONTROL ACTIVITIES

ENVIRONMENTAL CONTROL AREAS	1950	1949
Number of blocks inspected	15	8
Number of blocks completed	10	14
Number of blocks pending	9	4
Total properties inspected	499	245
Dwellings	391	215
Commercial	17	12
Industrial	4	0
Combination with dwelling	65	16
Other	22	2
Dwelling units inspected	857	320
Properties improved	310	323
Dwelling units improved	415	462
Properties requiring no corrections	15	16
Properties pending corrections	250	76
TYPE OF INVESTIGATIONS		
TOTAL	10,944	7,998
Initial Investigations: Complaint and Special	2,951	2,762
Patrol	0	898
Program Areas	499	245
Reinspections: Complaint, Patrol and Special	3,450	2,801
Program Areas	1,462	1,292
Maintenance	2,582	0
COMPLAINTS		
Complaints received	1,956	2,087
Cancelled (completed or corrected prior to investigation)	0	0
Referred to other Divisions and/or Bureaus	41	0
Abated by Sanitarians	1,899	2,128
Pending corrections	16	69
ENFORCEMENT PROCEDURES		
Notices to Abate Nuisance	1,320	1,305
Hand Notices issued in the field	238	288
Final Notices for Failure to Comply with Notice	173	153
Verbal recommendations	793	341
Hearings for Failure to Comply with Notice	4	0
Summons for Failure to Comply with Notice	27	42
VIOLATIONS REFERRED TO POLICE BY NORTHERN VOLUNTEERS	1,203	2,751

OFFICE OF HOUSING AND LAW ENFORCEMENT

5. A Project Analysis Committee, to guide studies made in connection with the program, to analyze and interpret data, and determine costs of the entire program operation.

6. A Steering Committee, composed of representatives of each of the above mentioned Committees, and representatives of other related areas of interest, both official and nonofficial, to schedule activities and coordinate the entire program.

7. Fight Blight, Inc., a nonprofit group established to procure $15,000 to match the funds allocated by the Encyclopaedia Britannica Films, Inc. for the purpose of documenting the entire project with a sound film.

8. "Brotherhood Service, Inc.," a nonprofit organization formulated through the interest of the Church of the Brethren for the purpose of purchasing a slum house to be rehabilitated and used as an information and referral center.

A Housing Law Enforcement Operations Committee, recommended during a conference held by members of the program subcommittee of the Mayor's Citizens Advisory Council and the Commissioners of Health and Police, was established in March. This committee was composed of department administrators concerned with Housing Law Enforcement and was created for the purpose of discussing and formulating recommendations for eliminating areas of conflict by the law enforcement agencies and for eliminating duplication of effort. Seven meetings of this committee culminated in the preparation of a report to the Advisory Council. This report submitted in September described the lack of coordination in the Baltimore Plan activities and indicated that the lack of a central authority to coordinate effectively the activities involved in the law enforcement program seriously hampered the effectiveness of the Baltimore Plan.

Numerous incidents pointed to the need for establishing at an appropriate administrative level, a central authority for program development coordination and integration of Baltimore Plan activities. The Mayor's Citizens Advisory Council on the Baltimore Plan consistently urged a prompt, official establishment of the Office of Housing and Law Enforcement at a level which would be commensurate with the purpose of preventing and ultimately eliminating the blight which results from degenerating slum areas. Following a report made by the personnel technician of the City Service Commission which recommended against the establishment of the new office, public hearings were held so that the City Service Commission might obtain clear and factual evidence of the value of the Baltimore

Plan and secure an unbiased appraisal of the need for an expanded operation.

Thereupon Ordinance No. 2527 was introduced in the City Council at the request of the Mayor on December 11. This ordinance called for the establishment of a new Housing Bureau in the City Health Department so that maximum effectiveness might be achieved from a vigorous housing law enforcement program. The proposed ordinance charged the Housing Bureau with the responsibility of receiving all housing complaints, enforcing housing laws on a block basis, initiating procedures to prevent blight, establishing housing policies and procedures in the Health Department with the approval of the Commissioner of Health and promoting the housing program by inviting and stimulating the cooperation, interest and support of individual citizens and citizen groups and by educating owners and occupants of substandard dwellings. Before the end of the year, the ordinance had been approved by the Board of Estimates, had successfully passed the second reading and was awaiting approval by the City Council Ways and Means Committee.

The program of slum and blighted area rehabilitation continued to expand through a vigorous enforcement of existing housing control ordinances. Thirty-four additional blocks were included in the program. This made a total of 133 blocks since the inception of the program in 1945. In connection with the housing law enforcement program and other activities of the Office of Housing and Law Enforcement, 10,416 investigations were made and 1,772 dwelling units were improved to conform with the requirements of the Housing Code.

The educational program carried on by the director and personnel of the Office of Housing and Law Enforcement reached 4,198 persons through 58 illustrated housing lectures and 63 field trips. In addition, the director participated in 3 radio and 4 television broadcasts. Feature articles on the Baltimore Plan appeared in *Practical Builder, Journal of Housing, Architectural Forum—The Magazine of Building* and Issue No. 43 of *Amerika,* the State Department's overseas Russian language magazine.

Housing Rehabilitation

The program of slum rehabilitation on a block basis was expanded to include 34 new blocks containing 1,175 properties with a total of 1,915 dwelling units in the Sharp Street, Urban, and Franklin areas. During the year, 24 blocks containing 1,205 dwelling units were completed in accordance with Health Department notices. The num-

ber of rehabilitated blocks containing 4,034 dwelling units was thus brought to a total of 100. At the end of the year, there were 33 blocks with 675 active cases in the Sharp, Urban, and Franklin areas.

The Baltimore Plan Program of Housing Law Enforcement continued to attract widespread interest. Sixty-five visitors observed the program in operation and 92 requests for information were received from 58 cities in 28 states and 1 foreign country.

Housing Unfit for Human Habitation

Due to the existence of extremely insanitary and hazardous conditions in 3 rooming houses and 98 dwellings, housing 452 persons, it was necessary to post and vacate these properties as unfit for human habitation. Thirty properties ordered vacated were razed, 50 properties were repaired to meet the requirements of Ordinance No. 384, and at the end of the year 148 structures remained vacant as the result of Health Department vacate orders.

Legal Procedure

In 68 instances it was necessary to have summonses issued for failure to correct unhealthful conditions. Fifty-five of these were issued to owners and 9 to tenants. Of this total 51 or 75 per cent were found guilty and fined a total of $1,085. Of the 4 cases summonsed to the Criminal Court, 2 were found guilty and fined a total of $350.

Miscellaneous Activities

1. Inspections were made of 1,390 sets of plans submitted to the Office of Housing and Law Enforcement for review. Of this number 144 were disapproved because they failed to meet requirements of the Housing Code.

2. During the year, the Office of Housing and Law Enforcement submitted 522 field inspection reports of mutiple family and commercial dwellings to the Zoning Enforcement Officer. Of this number 82 were found to be occupied in violation of the Zoning Ordinance.

3. Violations of fire and building codes were noted in 127 properties inspected by the Office of Housing and Law Enforcement. Seventy-two serious structural defects were referred to the Bureau of Building Inspection and 55 violations of the Fire Prevention Code were referred to the Fire Department.

Personnel

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TABLE NO. 1
DWELLING INSPECTIONS

	1950	1949
HOUSING LAW ENFORCEMENT AREAS		
Number of blocks inspected	34	38
Total properties inspected	1,175	1,201
Total dwelling units	1,915	1,705
White	164	102
Negro	1,691	1,568
Vacant	60	35
Notices issued: To owners	1,162	1,177
To vacate premises or dwelling unit	30	22
To tenants	516	807
Owner notice disposition: Complied with	1,018	1,137
Pending	675	537

TABLE NO. 2
HANDLING OF DWELLING INSPECTIONS

ACTION TAKEN	1950	1949
Notices issued:		
To owners	1,589	1,875
To tenants	2,430	2,372
To vacate premises or dwelling unit	101	142
Notice disposition		
Complied with	1,131	1,357
Hearings for failure to comply with notices	77	133
Summonses issued for failure to comply with notices	68	145
Cases tried in Criminal Court	4	14
DISPOSITION		
No violations found	17	59
Dwelling units improved	1,772	2,282
Dwellings vacated	101	142
Dwellings demolished	23	22

TABLE NO. 3
HOUSING INSPECTIONS

TYPE OF INSPECTION	1950	1949
TOTAL	10,416	11,562
Dwellings	1,245	1,599
Reinspections	9,171	9,963

BUREAU OF INDUSTRIAL HYGIENE

BUREAU OF INDUSTRIAL HYGIENE

Charles E. Couchman, B.S.

Director

By far the most publicized single activity of the bureau during 1950 was the effort to control atmospheric pollution, chiefly in the industrial area of Curtis Bay. Strong public opinion was aroused by the numerous press and radio releases. These enlightened the citizenry on the potential hazards associated with air contamination. The focussing of attention on the importance of a clean air supply was reflected in other activities involving actual health hazards.

Certainly a major public health improvement in preventing exposures to carbon monoxide resulted from the conversion of manufactured gas to natural gas in Baltimore. Manufactured gas contained approximately 12 per cent carbon monoxide; whereas, natural gas is devoid of this highly toxic constituent. The wide dissemination of information also proved helpful in decreasing the severity of child lead poisoning even though the number of reported cases remains high. These studies on community exposures to toxic materials served to indicate the diversity of the City Health Department's industrial hygiene program.

Industrially, studies were conducted to evaluate exposures of workers to dusts of lead, chrome, and silica; vapors of mercury, parathion, and organic solvents; gases of carbon monoxide, and ammonia; and radiant energies of the infra-red, and X-ray portions of the spectrum. In making 266 improvements in industries employing 8,518 workers, it was unnecessary to resort to court action for compliance.

Surveys were conducted in 55 plants employing 1,020 workers. Examinations were made of 252 plans and applications for the erection of new industrial buildings, and effective control measures were incorporated before the applications were approved. Information on industrial hygiene topics was released through exhibits, the radio, television, the press, conferences, lectures, and scientific journals. There was also participation in programs to formulate a plan at the State level for Civil Defense on atomic weapons, and in the work of the Maryland State Commission on Noxious Fumes. Visitors to ob-

serve activities were from England, the Philippines, the State of Massachusetts, the Tennessee Valley Authority and the U. S. Public Health Service.

Industrial Exposures

Only 4 occupational disease cases were reported directly to the Health Department by physicians. According to records received from the Maryland State Accident Commission, there were 200 compensation awards made in Baltimore City for occupational diseases. Thus, investigations made by the bureau depended mainly on the Commission's records even though these were received sometime after the cases had occurred.

There were 1 fatal and 1 nonfatal accidental exposures to ammonia gas. The former occurred at a fertilizer plant when a worker broke a glass flow-gage containing the gas, while the latter took place in a scrap metal yard when an employee attempted to dispose of a supposedly empty cylinder of ammonia.

Of the 9 nonfatal cases due to carbon monoxide, 4 occurred in a clothing shop from an improperly regulated gas-fired steam boiler; 2 resulted from incomplete combustion of gas in a drier in a chemical plant; 2 were caused by gasoline-driven lift trucks operated in a hold of a ship and in a boxcar; and 1 resulted in a garage where an available mechanical exhaust system was not operated by the unsuspecting repairman.

Lead dust studies were made either as a result of hazardous conditions causing a total of 3 cases of lead poisoning in separate plants, or to determine the effectiveness of dust control systems in eight other plants. The industries studied were insecticide manufacturing, type metal producers or users, a tin container factory, a chemical plant, a scrapyard, and a metallurgical establishment.

Silica dust studies were conducted in two foundries and in one insulator manufacturing plant. Two compensation awards were made for silicosis in two of the establishments. As a result of the studies, material progress was made to suppress dust in the three plants. An environmental and medical study was made by the Division of Industrial Hygiene of the U. S. Public Health Service in a Baltimore plant in connection with the general study of health hazards in the chrome industry in this country. The mercury vapor concentration in room air was found to be of a significant quantity when distillation was carried on without control measures in a chemical engineering laboratory. A specimen of urine from the operator was analyzed for mercury and the results substantiated the atmos-

pheric findings. Upon disclosure of the hazard the project was discontinued. Another study of mercury vapor in a laboratory of a medical school indicated that the workers were well aware of the potential hazards and adequate precautions were being taken to avoid harmful exposures.

Notwithstanding the wide publicity given to the toxicity of parathion, a nonfatal case occurred in an insecticide plant in the city during the compounding of a dilute solution. A well-protected worker inadvertently called in a fellow-worker who had no protection to assist in the compounding process for about ten minutes. The latter was found in a coma about an hour later in the plant, but rapid treatment brought about recovery in a hospital. Another plant succeeded in compounding a parathion dust without incident throughout the season, due principally to excellent engineering control and weekly medical examinations of the workers including blood tests for cholinesterase[1].

Carbon tetrachloride vapors were responsible for a nonfatal illness in a dry cleaning establishment, and for a fatality in a home where a gallon jug broke and the husband cleaned up the spillage. After being hospitalized for a month he succumbed. To avoid further exposures in the dry cleaning establishment, other solvents were substituted for carbon tetrachloride.

A perchlorethylene vapor study was made in a plant manufacturing waxed cardboard boxes. No significant exposure was indicated with this substance which had been substituted for carbon tetrachloride when a number of persons had been made ill more than a year ago.

Two noise studies were made as a result of complaints by residents against industrial operations. In both instances satisfactory corrections were made in decreasing the noise level. Excessive exposure to radiant heat caused two cooks to become exhausted from working in a small school kitchen equipped with several poorly insulated cooking appliances. Radiation studies of X-ray machines were made in a department store and in a clinic. The equipment in the latter establishment was adequately shielded, but the shoe-fitting machine in the store was in need of repair even though it was seldom used.

Of unusual interest was the occurrence of a nonfatal case of anthrax in an office manager who had handled wool samples brought in by a salesman. The last known case was recorded in 1923 in Baltimore and this was not of industrial origin. The patient in the 1950 case was successfully treated with the new antibiotic, chloromycetin,

which has also been of inestimable value in the treatment of brucellosis.

Although there has been a decrease in the number of brucellosis cases in slaughterhouses as compared with recent years, in 1950 three cases occurred of which there was one each in a hog dresser, a meat packer, and a slaughterer. None of these cases was severe and treatment permitted the patients to return to their work without much delay.

Domestic Exposures

With the absence of carbon monoxide in natural gas, a significant public health advance was made in protecting people against exposure to unburned gas when the use of manufactured gas was abandoned in Baltimore. The transition period began on May 1, 1950, and required four months for completion. That a major reduction in the number of asphyxiations should occur is appreciated when it can be recalled that manufactured gas averaged about 12 per cent carbon monoxide and at times approached 20 per cent. Although exposure to unburned natural gas is practically devoid of health risks, on occasions when there is an excessive demand, oil gas containing carbon monoxide is added to the gas supply. Even with this addition the concentration of carbon monoxide in the unburned mixture is unlikely to exceed one per cent since oil gas reduces the heating value which is maintained at 1050 B.T.U. per cubic foot for public use. The formation of carbon monoxide from incomplete combustion occurs with the use of either natural or manufactured gas, and it was still necessary to continue to enlighten the people about this danger. However, due to the different physical properties of the two gases when they are burning, the risk of incomplete combustion from natural gas is materially reduced. To illustrate the improvement in controlling exposures to carbon monoxide with the use of natural gas as compared to manufactured gas, the following tabulation was made for cases of asphyxiation occurring during three periods of 1950 when manufactured gas was used from January to April, the transition period from May through August, and, finally, when the entire city supply was either natural gas, or oil and natural gas mixture:

ILLUMINATING GAS CASES—1950

	Total	January-April	May-August	September-December
Total Number of Cases	76	44	25	7
Suicides	28	17	11	..
Attempted suicides	24	13	8	3
Accidents—fatal				
Burning gas	..	..	..	..
Unburned gas	4	4	..	..
Accidents—nonfatal				
Burning gas	10	3	3	4
Unburned gas	10	7	3	..

It is apparent from the trend indicated in the above tabulation that there should be a marked decrease in the number of gas cases with the use of natural gas. This opinion was in the minds of the public officials when on May 9, 1950, the enforcement of the Baltimore Gas Appliance Ordinance was transferred from the Health Department to the Department of Public Works. The original ordinance, No. 436, was approved on July 7, 1925 as a result of exhaustive studies made by the City Health Department and others of fatalities caused by the use of manufactured gas in homes. Authority for the enforcement of the ordinance was vested in the Commissioner of Health. The original ordinance followed by many communities throughout the country, served not only as a model for the new ordinance, No. 1154, Approved May 9, 1950 but also led to the investigation of carbon monoxide exposures in industry and was hence the forerunner of the industrial health program in Baltimore.

Of the 31 cases of child lead poisoning, 2 were white and 29 were Negroes. Although none of the white cases were fatal, 2 of the colored cases died. In addition to these positively diagnosed cases, there were 22 children with sufficiently elevated blood lead values to suspect that their illnesses might be the result of the ingestion of lead, particularly since a history of pica almost always accompanied the illness. Whenever cases of pica in young children were reported by the hospitals to the nurse working in the bureau, she visited the homes and explained the potential dangers from this habit. Altogether, there were 73 homes visited for this preventive work. In an effort to further the dissemination of information on the subject, 19,000 letters were distributed through schools in three health dis-

tricts in underprivileged areas of the city where the problem was most acute[2].

Activities pertaining to other types of domestic exposures were: The close working relationship with the bureau and the Office of the Chief Medical Examiner of Maryland in investigating asphyxiations from exhaust gas and coal gas; the investigation of six defective coal-fired furnaces causing one fatality and 48 nonfatal cases of carbon monoxide poisoning; and the investigation of gasoline seepage into a building from a nearby filling station.

Community Exposures

Although investigations of conditions causing atmospheric pollution were not a prime activity in industrial hygiene work certain events developed in an almost chain reaction-like manner so as to bring this work to the foreground. The Governor's Commission on Noxious Fumes had been studying the problem and was prepared to submit its first report; however, about a week before it was presented to the Senate Finance Committee, an unusual artificial fog covered a portion of Curtis Bay on Valentine's Day[3]. Public interest was aroused to a high degree, and among other developments a State appropriation was made for the State and City Health Departments to study the problem. Another facet was the meeting held in the office of Mayor D'Alesandro when 13 plants were represented to explain the progress being made in these plants to control atmospheric pollution in Baltimore City. At that meeting the Army Industrial Hygiene Laboratory was invited to collaborate in an atmospheric pollution study, and later this work was carried out. At the same time the Baltimore Association of Commerce offered its assistance which was accepted [4]. An injunction brought against six plants by two persons in Curtis Bay helped to stimulate the plants in having the Kettering Laboratories of Cincinnati make an independent study. Later the Grand Jury inquired into the matter. Just as the public interest seemed to be subsiding, a power plant caused a huge deposit of oily soot to cover another portion of Curtis Bay early one morning in July. The products of incomplete combustion resulted in two residents being sent to a hospital, and of 65 persons interviewed by a physician later in the day, 15 gave histories of mild symptoms generally associated with the respiratory system. Management of the offending plant made restitution for the property damage and this action made a favorable impression upon the people even though the compensation requested was relatively small.

Other bureau participations in the field of atmospheric pollution included the presentation of a paper on the subject [4,5,6] in Chicago at the annual meeting of the American Industrial Hygiene Association, the publishing of a paper on the control of dust from asphalt paving[7], and the City Health Department attendance at the Washington Conference on Atmospheric Pollution on May 3, 4 and 5, 1950.

In keeping with the development of a Civil Defense program, a representative attended a two-day course on radiation in Washington, the nurse from the bureau attended the Rochester course on the Nursing Aspects of Atomic Warfare, and assistance was given by the bureau director's serving on a committee to draft a plan for the State of Maryland on radiological defense.

It was a special privilege to have Dr. R. R. Sayers join the Baltimore City Health Department staff in September as Senior Medical Supervisor for Occupational Diseases after his retirement from the U. S. Public Health Service.

References and Publications

[1] Cholinesterase Test Aid in Diagnosis of Parathion Poisoning, Garlick, William L., *Industrial Hygiene Newsletter*, U. S. Public Health Service, p. 11, Vol. 10, No. 9, (September 1950).

[2] "Dear Parent" Letter, Baltimore City Health Department, June 1950.

[3] Analysis of the Curtis Bay Smog, Special Report, Baltimore City Health Department, February 20, 1950.

[4] *Baltimore Health News*, Vol. 27, Nos. 5-6 (May-June 1950).

[5] Atmospheric Pollution Control by a Local Industrial Hygiene Unit, Couchman, Charles E. and Schulze, Wilmer H., *Industrial Hygiene Newsletter*, U. S. Public Health Service, p. 11, Vol. 10, No. 7 (July 1950).

[6] Industrial Hygiene Enlarges Scope to Include Smog Studies, *Chemical and Engineering News*, p. 1648, Vol. 28, No. 20 (May 15, 1950).

[7] Baltimore Studies Dust Control in Seven Asphalt Plants, *Industrial Hygiene Newsletter*, U. S. Public Health Service, pp. 9-10, Vol. 10, No. 11 (November 1950).

[8] Baltimore Plant Seeks Solution to Tank Car Illness, Couchman, Charles E., *Industrial Hygiene Newsletter*, U. S. Public Health Service, p. 9, Vol. 10, No. 8 (August, 1950).

[9] Threshold Limit Values, *J. Archives of Industrial Hygiene and Occupational Medicine*, pp. 98-100, Vol. 2, No. 1 (July 1950).

Personnel

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TABLE NO. 1

HEALTH AND ACCIDENT HAZARDS ELIMINATED IN INDUSTRIAL PLANTS

Type of Improvement	Number	Population
Total	266	8,518
Health-Occupational Hazards		
Atmospheric pollution	23	1,263
Exposure to toxic materials controlled by:		
Installation of local exhaust system	14	177
Installation of general exhaust system	10	91
Protective clothing	1	2
Cessation of operations	1	13
Isolation of operations	1	17
Installation of approved venting	1	60
Improved natural ventilation	1	15
Illumination provided		
Artificial	2	69
Sanitation		
Cross connections eliminated	2	15
Drinking facilities provided or improved	25	444
Washing facilities provided or improved	23	497
Toilet facilities provided or improved	30	648
Rest periods allowed	1	6
Personal storage facilities provided	1	25
Insect, vermin, and rodent control instituted	1	35
Water supplied	2	113
Industrial waste disposal improved	13	522
Personnel Services		
First-aid equipment provided	4	676
First-aid attendant	1	600
Industrial physician	1	600
Safety engineer and safety program	1	600
Pre-employment examination instituted	1	600
Accident Hazards		
Building defects corrected	2	29
Building interior renovated	1	50
Other Improvements		
New building	84	906
New equipment	19	445

TABLE NO. 2
DETAILED STUDIES MADE

Industries	Number of Studies	Dusts				Gases					Vapors				Radiation		Others	
		Lead	Parathion	Silica	Titanium	Ammonia	Carbon Monoxide	Fluorine	Oxides of Nitrogen	Sulfur Dioxide	Benzol	Carbon Tetrachloride	Gasoline	Mercury	Heat	X-ray	Noise	Ventilation
All Industries Studied	66	17	5	3	3	1	3	5	3	5	1	2	1	3	1	2	5	6
Automotive	2	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..
Ceramic	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Chemical	10	3	5	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Clothing	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2
Food	3	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..
Foundry	6	4	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hospitals and clinics	4	..	..	..	..	..	..	..	..	..	1	..	..	3	..	..	..	..
Metal goods	3	3	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Office and mercantile	3	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	1
Paper goods	4	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	3	..
Smelting	6	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smog	17	..	..	..	3	1	..	5	3	5	..	..	..	..	..	..	..	..
Others—less than 2 plants	3	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1

TABLE NO. 3
INDUSTRIAL BUILDING APPLICATIONS AND PLANS REVIEWED FOR OCCUPATIONAL HAZARDS AND SANITATION

Proposed Use of Building	Applications and Plans					Special Recommendations						Consultations
			Approved			Ventilation			Sanitation		Other	
						Mechanical						
	Number Reviewed	Disapproved	Without Recommendations	With Recommendations	Abandoned	Local	General	Natural	Industrial Waste Disposal	Personal Service Conveniences	Recommendations	
All Types	252	..	84	168	7	12	18	..	1	7	3	252
Automotive—repair	18	..	..	18	..	6	12	..	..	..	..	18
Chemical industry	12	..	..	12	..	3	..	..	..	..	1	12
Cinder and concrete block manufacturing	3	..	1	2	..	..	..	..	..	..	..	3
Dry cleaning	4	..	..	4	..	1	..	..	1	..	..	4
Electrical apparatus	5	..	..	5	..	..	..	..	..	..	..	5
Laundry	3	..	..	3	..	..	..	..	..	..	..	3
Metal goods fabrication	9	..	..	9	..	..	..	..	..	..	..	9
Office and mercantile	40	..	..	40	..	..	..	..	..	..	..	40
Parking garages	5	..	..	5	..	..	2	..	..	1	..	5
Personal service building	7	..	5	2	..	..	..	..	..	6	..	7
Printing and allied trades	7	..	..	7	..	1	1	..	..	..	..	7
Truck terminals	10	..	5	5	..	..	..	..	..	..	..	10
Warehousing and storage	82	..	66	16	4	..	..	..	..	..	..	82
Woodworking	8	..	..	8	1	..	..	..	..	..	1	8
Others—less than 3 of 1 type	39	..	7	32	2	1	3	..	..	..	1	39

TABLE NO. 4

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 Monoxide	Chlorine	Aliphatic Hydrocarbons	Aromatic Hydrocarbons	Halogenated Hydrocarbons	Petroleum Products	Coal Tar Products	Varnish	Cadmium	Chromium	Lead	Zinc	Others	Acids	Alkalis	Dyes	Oils	Radiant Energy	Skin Irritants
All Plants Surveyed	55	1,020	3	19	10	7	2	23	1	15	4	2	15	9	3	2	1	5	4	2	12	12	3	12	7	13
Automotive—repair	12	233	..	3	1	3	..	12	..	6	2	..	7	1	..	..	..	1	..	..	..	..	..	6	3	..
Automotive—transportation	2	51	..	..	..	1	..	2	..	..	..	..	2	..	..	..	..	..	..	..	1	..	..	2	1	..
Chemical manufacturing	5	87	..	3	1	..	1	2	1	2	..	..	..	1	..	..	..	..	..	1	5	2	..	..	..	2
Clothing manufacturing	2	93	..	..	2	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Dry cleaning	5	31	..	..	1	..	..	2	..	..	..	..	5	4	..	..	..	..	..	..	1	4	..	..	..	5
Electrical apparatus manufacturing	2	17	..	1	..	1	..	..	..	2	..	..	..	..	2	..	..	1	..	..	..	..	..	..	1	..
Electroplating	2	23	..	2	..	..	..	1	..	..	..	..	..	..	..	2	1	..	2	..	2	1	..	..	..	..
Foundry	1	10	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	1	..
Glassware manufacturing	1	18	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Laundries	3	23	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	3
Metal goods fabrication	6	72	1	5	..	1	..	1	..	1	..	1	..	1	..	..	..	2	1	..	2	..	..	3	..	..
Paint manufacturing	1	10	..	..	..	..	..	..	..	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Paper goods manufacturing	1	64	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..
Printing and allied trades	3	29	..	..	..	..	..	..	..	1	..	..	..	1	1	..	..	1	..	..	1	..	1	..	..	..
Shoe manufacturing	1	65	..	..	1	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
Upholstering	1	39	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Woodworking	2	45	..	2	2	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wrecking and junk	2	41	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Others	3	69	..	..	..	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	2

TABLE NO. 5

ACUTE CASES OF CARBON MONOXIDE POISONING (ILLUMINATING GAS), 1930–1950

Year	Total Cases	Suicides and Attempted Suicides	Accidents
1950	76	52	24
1949	132	92	40
1948	159	112	47
1947	137	89	38
1946	157	104	53
1945	130	69	61
1944	140	72	68
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

TABLE NO. 6

NONFATAL AND FATAL ACCIDENTS FROM ILLUMINATING GAS AND DEFECTIVE APPLIANCES FROM 1930–1950

Year	Total	Accidents from Unburned Gas		Accidents from Incomplete Combustion of Gases		Defective Appliances Causing Accidents
		Nonfatal	Fatal	Nonfatal	Fatal	
1950	24	14	4	6	..	11
1949	40	30	6	1	3	13
1948	47	32	8	7	..	7
1947	38	18	8	9	3	8
1946	53	29	10	10	4	8
1945	61	31	23	6	1	6
1944	68	35	20	12	1	5
1943	112	42	20	49	1	13
1942	55	28	9	16	2	8
1941	42	22	6	14	..	3
1940	72	45	6	19	2	5
1939	125	32	9	83	1	7
1938	48	30	12	6	..	..
1937	43	31	11	1	..	1
1936	155	131	22	2	..	..
1935	50	33	17	..	..	1
1934	54	41	13	..	..	3
1933	57	36	21	..	..	2
1932	71	36	29	5	1	6
1931	59	36	20	3	..	5
1930	88	55	28	2	3	9

TABLE NO. 7

OCCUPATIONAL DISEASES REPORTED—1950

Disease		Cases
Total		200
Anthrax		1
Blisters		22
Brucellosis		3
Carbon monoxide		1
Carbon tetrachloride		2
Chrome carcinoma		1
Chrome ulceration		6
Infections		19
Lead		7
Parathion		1
Silicosis		1
Synovitis		50
Dermatitis		86
Plant irritations	29	
Alkalis	23	
Oils and greases	10	
Solvents	4	
Acids	3	
Moisture	2	
All others	15	

TABLE NO. 8

NONFATAL AND FATAL CASES OF LEAD POISONING IN CHILDREN, 1931-1950

Year	Cases			Deaths		
	Total	White	Colored	Total	White	Colored
Total	273	87	186	82	28	54
1950	31	2	29	2	..	2
1949	34	11	23	4	1	3
1948	31	4	27	4	1	3
1947	11	1	10	3	1	2
1946	13	7	6	4	2	2
1945	8	4	4	2	1	1
1944	9	5	4	1	..	1
1943	10	3	7	5	2	3
1942	13	1	12	5	..	5
1941	15	4	11	3	2	1
1940	12	3	9	7	..	7
1939	11	6	5	4	3	1
1938	13	9	4	6	4	2
1937	10	7	3	2	1	1
1936	19	12	7	8	4	4
1935	17	2	15	10	2	8
1934	10	4	6	6	2	4
1933	2	1	1	2	1	1
1932	2	1	1	2	1	1
1931	2	..	2	2	..	2

STATISTICAL SECTION

STATISTICAL SECTION

STATISTICAL SECTION

W. Thurber Fales, Sc.D.

Director

The reports of the Bureau of Vital Records and the Bureau of Biostatistics describe the main activities of the Statistical Section and do not need further summarization. The decennial census was taken by the U. S. Bureau of the Census on April 1, 1950. The Statistical Section reviewed plans for analysis of the returns of the census. As key man for census tracts in the Baltimore area, the director of the section cooperated with the Maryland State Planning Commission, the Baltimore City Planning Department, the Baltimore County Planning Commissioners, the Baltimore Association of Commerce and the various business groups in combining census tracts into retail trade census areas which could be used in preparing intracity analyses of the 1948 business census. The Statistical Section continued to cooperate with the City Department of Education in its study of population trends as related to the school population.

In February, the director was invited to participate in the First National Conference of Cardiovascular Diseases held in Washington. In May, he attended the Conference on Methods in Public Health Research held in Pittsburgh and presented a paper entitled "Matched Population Records in the Eastern Health District, Baltimore, Maryland: A Base for Epidemiological Study of Chronic Disease." At the annual meeting of the American Public Health Association in St. Louis in October, the director also presented a paper entitled "Some Problems in Occupational Mortality Analysis." The Statistical Section also took an active part in the planning of emergency mortuary services in connection with Civil Defense.

Personnel

W. Thurber Fales, Sc.D., Director
Irving J. Hurwitz, Junior Administrative Officer
Wallace G. Benner, Junior Draftsman
Nathaniel Waugh, Messenger

BUREAU OF BIOSTATISTICS

BUREAU OF BIOSTATISTICS

Matthew L. Taback, M.A.

Director

A public health program is one which is characterized by being community-wide in scope. It is similar to the work of a clinician in the sense that it deals with a specific problem and employs appropriate diagnostic and therapeutic procedures to control or ameliorate the condition. However, the clinician working on an individual level finds it possible to observe directly the effects of his work and thereby evaluate his therapy. The public health administrator does not always find it possible by personal observation to observe the effects of his program of action. He requires a technique capable of obtaining mass observations and a science of analysis and logical inference. The efforts which the Bureau of Biostatistics make to satisfy the health administrator's requirements for observation and evaluation are reported under public health statistics.

Public Health Statistics

Much of the bureau's time was spent in providing operating Health Department programs with sound statistical controls and guidance. Responsibility was assumed for the preparation and analysis of summary reports for the well baby clinic activities of the Bureau of Child Hygiene. Plans were made for the streamlining of record keeping in the Division of Maternity Hygiene. Assistance was given to the Bureau of Tuberculosis in the development of a procedure which provided for rapid processing of mass X-ray report forms. In the field of tuberculosis control, the Bureau of Biostatistics worked closely with the tuberculosis statistician, and provided assistance in the conduct of a follow-up survey of newly diagnosed cases to determine their prognosis.

Among the principal causes of disability and mortality are accidents. In view of the interest which the Health Department has in the home environment it was apparent that some analysis of accidents in the home might be of value in pointing the way towards controlling such incidents. A survey procedure was, therefore, evolved by the bureau in cooperation with the Sanitary Section which provided for the investigation of each total home accident

by a sanitarian on the staff of the Bureau of Environmental Hygiene. It was quickly apparent, however, that the survey was too restricted in scope and as a consequence it was broadened to include an investigation of each home accident for which attention was sought at the outpatient department of the South Baltimore General Hospital. The survey results were in process of compilation and analysis at the close of the year.

The introduction of an active full-time dental program required the Bureau of Biostatistics to enter a relatively new field of endeavor. As far as time permitted, the director familiarized his staff with the statistical techniques and literature available on the epidemiology of dental disease. Assistance to the Bureau of Dental Care was planned in the analysis of the dental health of the city, with base lines for the evaluation of the developing dental program for school children.

The epidemiology of the acute communicable diseases is often clarified by the statistical classification of observations and measurement of class differences. During 1950 outbreaks of diphtheria and poliomyelitis were carefully examined by utilizing the field reports provided by the Bureau of Communicable Diseases. Although the diphtheria outbreak was too small to yield statistically significant observations, an association of the reduction in risk with proper inoculation was noted. The number of paralytic poliomyelitis cases reported during 1950 was large enough to show that prior annual records had been exceeded. An analysis of the age, race, and geographical characteristics of the disease and its distribution in time provided evidence of the fact that poliomyelitis is probably spread from person to person. The hypothesis of a common source or the existence of an extrahuman vector was not warranted by the data secured. Although the mode of transmission resembles that of the common cold or measles, the seasonal character of poliomyelitis remains a mystery.

Systematic reports were prepared for the Bureau of Food Control to assist its director in his program of sanitary inspection of food establishments.

Medical Care Statistics

Although the pattern for providing medical care for all elements of the population has not yet reached a well defined state the responsibility for providing ambulatory medical services for persons receiving public assistance has been accepted as a local government

function in Maryland and one for health department administration. The monies appropriated in 1950 for such care represented a significant proportion of the total sum budgeted for health maintenance. In order to provide a continuing account of the services rendered by the Baltimore City Medical Care Program and to have available a current cross-section of the medical problems of the population on relief, the Medical Care Section was provided with its own statistical services. In these the Bureau of Biostatistics assisted in the design of routine and special studies and in the preparation of budgets and reports.

During 1950 the first of a series of research studies was undertaken on the age specific utilization rates by eligible persons under the Baltimore Medical Care Program. The problem of drug costs was also investigated as well as the general matter of prescription writing. On request of the Director of the Johns Hopkins Medical Care Clinic assistance was provided in the development of a diagnostic index file which would serve to facilitate clinical research as well as the proper follow-up of clinic patients. It may be said that critical statistical inquiry in the field of medical care administration in 1950 provided the City Health Department with an opportunity to plan a contribution related to the practice of medicine as well as to the solution of the problem of developing medical care of high quality and minimal cost for persons in the city who receive public assistance.

Population and Vital Statistics

On April 1 the United States Bureau of the Census undertook the seventeenth decennial census of the nation. From this will come data for population studies and estimates both local and national. At the end of the year preliminary estimates of the total population for each census tract in Baltimore were available from the 1950 census.

Routine requests for population estimates of selected age groups and areas of the city were received from many city agencies both official and private. In order to meet requirements of the Housing Authority of Baltimore City, procedures for maintaining an inventory of dwelling units were modified to secure accurate statistics on housing units demolished. A rough check of the estimate of city dwelling units prepared by the bureau and the preliminary releases from the Bureau of the Census indicate a high level of precision associated with the methods utilized by the bureau.

As the fight to control diseases causing death during the early

decades of life achieves success, the significance of mortality statistics as measures of control declines. It is obvious, however, that although many disease entities do not play a significant role in causing mortality, they exist as principal causes of disability. The bureau continued its efforts to design some mechanism for securing accurate information on the prevalence and incidence of disabling diseases or conditions in the city. During 1950 a morbidity survey of low-income families was undertaken in cooperation with the Housing Authority of Baltimore City. The objectives of this survey were: To investigate the feasibility of the direct interviewer type of survey as a means of measuring disabling illness; to obtain estimates of disabling illness in low-income groups; and to obtain information on the sources of medical care in a medically indigent population.

Approximately 53 per cent of total deaths were ascribed to cardiovascular renal causes. In view of the importance of this fact, considerable attention was given to the development of a tabulation of such deaths so that some reasonably useful observations could be made concerning the basic etiology of "heart disease" mortality. The bureau continued to code all death certificates according to both Fifth and Sixth Revisions of the International List of Causes of Death so as to permit a sound study of the comparability of frequencies obtained under these procedures.

Natality statistics were obtained primarily from analyses of data provided on birth certificates. The director prepared a paper on the relation of birthweight and length of gestation in respect to prematurity based chiefly on the information of these items made available by the attending physician. Also included in the medical data section of the birth certificate were statements concerning maternal morbidity during the prenatal and delivery phases of birth as well as data on injury or malformation in the newborn. There is question as to whether the morbid data obtained was complete. The bureau, therefore, did not undertake any detailed analyses of this material pending an inquiry into the completeness of the information provided. On request of the Director of the Bureau of Vital Records, a mechanical system for providing index cards as well as birth lists was initiated. It was hoped that this innovation might assist district health officers in any programs they might introduce for the observation of premature or injured babies.

Special Services

The bureau continued to render assistance to other city depart-

ments as well as to nongovernmental agencies in studies they wished to make on matters requiring statistical methods. A report on the problem of births to unmarried Negro mothers was prepared for the University Medical Care Clinic and the Urban League. The director served as a member of the subcommittee on Survey of Nursing Needs of the State Medical Care Committee and also as Secretary of the Joint Committee on Medical Care Statistics of the American Public Health Association.

Personnel

Matthew L. Taback, M.A., Director
Margaret E. Amspacher, Senior Statistical Clerk
Elizabeth V. Steman, Senior Statistical Clerk
Myrtle Baker, Statistical Clerk
Ruth Gees, Statistical Clerk
Zelda Bender, Junior Stenographer
Kenyon Burdick, Tabulating Equipment Operator
Helen Boesche, Key Punch Operator
Anna Greengold, Key Punch Operator
Alice L. Jones, Key Punch Operator
Gloria O'Toole, Key Punch Operator
Ida M. Padgett, Key Punch Operator

BUREAU OF VITAL RECORDS

BUREAU OF VITAL RECORDS

Sidney M. Norton, B.S.

Director

The year 1950 saw an increased bureau activity which resulted from greater demands for service than had previously been made. Focus of attention was primarily on work related to birth registration and its attendant problems, and to an ever-increasing demand for transcript and verification services. Emphasis was put on the confidentiality of vital records, and all efforts were exerted to assist with the correction of birth records which involved the legitimacy status of children. In this latter connection new procedures were initiated to effect corrections where questions relating to adoption, legitimation and paternity were concerned. The consistent cooperation given by hospital superintendents, private physicians and midwives, funeral directors and public health nurses helped greatly in improving the quality of birth and death registration in Baltimore.

New procedures were instituted for the correction of birth certificates of out-of-wedlock children by adjudication of their paternity with or without court action. A conference with the State's Attorney resulted in a change in the form used to report adjudication of paternity actions in the Domestic Relations Department and in the Criminal Court in Baltimore City. Suggestions by the State's Attorney were incorporated in a new form "Notification of Certification of Record of Conviction in Bastardy Proceedings" which are required by statute to be sent to the Health Department. The bureau introduced a new form "Affidavit of Natural Parents" for use in adjudicating corrections on the basis of paternity by administrative action without the need for embarrassing court action to obtain the same result.

The bureau participated in the 1950 Birth Registration Test, a cooperative project conducted by the Bureau of the Census, the National Office of Vital Statistics, and the State Registrars. The Bureau of the Census desired the test to determine the extent of underenumeration of the infant population and the reasons for failure to enumerate infants. From the standpoint of birth registration, the primary purpose of the test was to obtain measures of

registration completeness in states and local areas on a comparable basis. The test was limited to infants born during the three-month period, January 1-March 31, 1950. Birth records for these children were matched against death records and infant cards. Death records involved infants born during the test period who died on or before April 30, 1950.

In connection with the Health Department participation in the Civil Defense Program for Baltimore City a comprehensive outline was submitted for the activities to be undertaken by the Bureau of Vital Records. Such activities include: (1) verification and certification of birth facts; (2) protection of records and archives; (3) emergency office facilities and staff; (4) participation in casualty and evacuation service; and (5) emergency mortuary service. Conferences were held with a group representing the funeral directors in order to obtain their cooperation and participation in the emergency mortuary service program as it was planned in relation to all phases of death registration connected with minor or major disasters. The Chief Medical Examiner gave valuable assistance with problems involving the collection and storage of dead bodies, the investigation and identification thereof, and emergency burials.

A Birth Record Correction Advisory Service sponsored by the Bureau of Vital Records with the cooperation of the Legal Aid Bureau, Inc., began operating on August 9. The original plan of this service which holds promise of becoming a permanent public service in Baltimore was conceived by the bureau director. The service was designed to aid in the correction of birth certificates of children, particularly in cases involving adoption, legitimation and paternity. Interviews on a confidential basis were held on the second and fourth Wednesday evenings of the month in the director's office. A representative of the Legal Aid Bureau was present at each session. The Advisory Service was established because it was realized that there was a need in many cases for legal assistance, and because many working parents found it difficult to come to the office during regular business hours. Publicity was given in a special article for publication in *The Councillor*, a quarterly publication of the Baltimore Council of Social Agencies, submitted by the Director of the Bureau of Health Information. Ten sessions with a total of 161 interviews were held during the year. The interviews were related to 59 cases involving adoption; 37 involving legitimation; 10 involving paternity; 7 cases for the legal correction of names; 5 cases of corrections in surnames on the basis of usage;

27 other kinds of corrections; 4 cases involving delayed registration of birth; and 12 cases that were referred to other jurisdictions. Thirty-six cases were referred to the Legal Aid Bureau for assistance and 3 cases were referred to private attorneys. It was interesting to note that the Advisory Service represented an innovation in birth record correction practices in this country; it was predicated on the concept that a birth certificate is not only a personal and legal document but that it also has status as a social document.

The director of the bureau compiled and edited a 63 page booklet, "Handbook of Information for Maryland Funeral Directors," which was published by the Maryland State Funeral Directors Association, Inc., and distributed by them on a state-wide basis. The booklet contained pertinent information relating to funeral directors' responsibilities; types of death certificate forms and permits issued by the State and City Health Departments; the care, preparation for burial, and burial of dead human bodies; excerpts from State and City laws and regulations relating to the duties and obligations of funeral directors and additional information of interest to members of the funeral directors profession in the State of Maryland.

On recommendation of the bureau director, an important amendment was made in Section 7 of Article 62 of the State Annotated Code (1947 Supplement), title "Marriages." The new bill, effective June 1, 1950, was enacted to amend the laws concerning the issuing of a marriage license to persons under the normal age for marriage, when the girl had either given birth to a child out of wedlock or had been pregnant. The old law provided that the record of the issue of such a license, and the certificate of the physician which was required for it, were to be sealed and not thereafter inspected except upon an order of the court. This had the effect of requiring the parties to the marriage to get a court order if they wanted to secure a certified copy of their marriage license which the Health Department requires as evidence to correct the birth certificate of an out-of-wedlock child on the basis of legitimation. The amended law provided that only the certificate of the physician need be sealed and that the records were to be recorded and indexed as in the case of other marriage records.

A combined total of 50,149 birth and death transcripts issued during the year represented a 6 per cent decrease from the unusually high postwar total of 1949. Verification of births for accredited official and private agencies reached a five year high mark with a total of 8,825. The majority of such requests came from recruiting

services of the several branches of the armed forces, and called for an activity which assumed unusual proportions in the second half of the year. In addition, the bureau issued 1,010 verifications of death, 2,783 statement of age cards and 2,222 search certificates.

Of major importance was the number of replaced records filed, of which 486 were on the basis of legal adoption and 215 were by legitimation. This latter figure is the same as the total number of similar replacements effected in 1944, the highest recorded number of such cases in the bureau's history. Another significant addition to replaced cases as also provided by the State Annotated Code dealt with the adjudication of paternity, in which category 11 certificates were substituted for their corresponding originals.

For the first time in five years a new high record was made in the activities related to the delayed registration of births. Totals of 331 delayed births and 146 unreported births were filed during the year. The sudden upsurge of activity in this phase of the bureau's work was attributed to the increased demands for birth certification required in connection with enlistments in the armed forces and with increased subsistence allowances for veterans.

A review of selected bureau activities for the period preceding and following World War II is presented in Table 1. It is interesting to note therein the increasing demand for certifications and verifications of births. The interest manifested by social agencies in the welfare and status of out-of-wedlock children contributed considerably to the increase in the number of birth certificates replaced on the basis of legal adoption and legitimation, both in accordance with provisions of the State Annotated Code.

A summary of the work of the Division of Morgue and Public Cemetery appears in Table 2. These activities were carried out in conjunction with the functions of the Office of the Chief Medical Examiner and the State Anatomy Board.

Personnel

Sidney M. Norton, B.S., Director
Ida S. Blum, Principal Clerk
James G. McLaughlin, Principal Clerk
Mary A. Hohrein, Senior Clerk
A. Walter Just, Senior Clerk
Josephine A. Roemer, Senior Clerk
Linda D. Whitney, Senior Clerk
Irene H. Fradin, Senior Clerk
Lorraine Meyers, Senior Clerk
Frieda Meizlish, Junior Stenographer

Dorothy Hartman, Junior Typist
Mary Regina Gill, Junior Clerk
Fay Lester, Junior Typist
Shirley Simmons, Junior Typist
Antoinette M. Spinoso, Junior Typist
Rona G. Sodden, Junior Typist
John P. Boyle, Chauffeur
James H. Carter, Chauffeur

TABLE NO. 1

SELECTED VITAL RECORDS ACTIVITIES FOR THE PERIOD 1938–1950

Year	Certifications Issued			Verifications Issued			Delayed Birth Records Filed		Certificates Replaced* (Section 22, Article 43)	
	Birth Transcripts	Death Transcripts	Search Certificates	Birth	Death	Statement of Age Cards	1–5 Years Unreported Births	6 Years and Over	Adoption	Legitimation
1950.....	16,711	33,438	2,222	8,825	1,010	2,783	146	331	486	215
1949.....	20,669	33,018	1,902	8,541	215	3,319	136	254	463	136
1948.....	16,118	29,503	1,387	5,612	1,074	5,896	95	204	479	180
1947.....	11,204	28,781	1,443	2,654	207	6,176	138	256	525	155
1946.....	14,757	26,808	1,538	2,650	319	na	134	286	419	138
1945.....	20,361	25,897	2,193	9,924	1,173	na	165	389	390	205
1944.....	24,575	23,676	2,283	2,708	600	na	65**	588	340	215
1943.....	37,899	22,278	5,585	na	na	na	114**	2,094	na	na
1942.....	52,572	18,930	na	na	na	na	56**	3,613	na	na
1941.....	18,392	17,311	na	na	na	na	15**	1,120	na	na
1940.....	11,028	17,155	na	na	na	na	39**	638	na	na
1939.....	2,545	15,700	na	na	na	na	30**	265	na	na
1938.....	1,982	14,476	na	na	na	na	24**	249	56	79

na=Data not available.

* In 1950, 11 birth certificates replaced upon adjudication of paternity by Criminal Court and Domestic Relations Department.

** Data taken from records of Bureau of Child Hygiene activities.

TABLE NO. 2

ACTIVITIES OF DIVISION OF THE MORGUE AND PUBLIC CEMETERY—1950

	Total	White		Colored	
		Male	Female	Male	Female
Bodies Delivered to Anatomical Board					
All bodies	560*	183	123	163	88
Stillbirths	243	68	73	60	39
Under 1 year	177	60	44	42	31
Other children	1	1	..	..	..
Adults	139	54	6	61	18
Bodies Buried in Public Cemetery					
All bodies	8	7	..	1	..
Adults	8	7	..	1	..
Bodies Received at Morgue					
All bodies	1,740**	728	233	511	257
Stillbirths	55	9	10	15	14
Under 1 year	104	26	13	33	31
Other children	73	32	19	14	8
Adults	1,508	661	191	449	204

* Included were 3 stillbirths—color undetermined.
** Included in adult bodies received at morgue were 3 male Chinese.
Stillbirth total included 7 sex and/or color undetermined.
Under one year total included 1 female, color undetermined.

VITAL STATISTICS TABLES

VITAL STATISTICS TABLES

1950

The following Vital Statistics Tables for 1950 represent several changes in content which require brief explanation. The revised Standard Certificate of Birth provides data on birth weight which furnishes more precise information on immature infants than was formerly available from data on length of gestation. Mortality statistics by cause of death have been affected through the adoption of new coding rules for selection of the underlying cause of death and by reason of the Sixth Revision of the International List of Diseases, Injuries and Causes of Death. Detailed analyses and interpretation of the statistics, however, are given in special reports and in the Quarterly Statistical Bulletin prepared by the Statistical Section.

At the time of preparation of the Annual Report for 1950, definite population counts based on the 1950 census, had not been released by the Bureau of the Census. A preliminary total count was used therefore and population totals by race were estimated for 1941-1949. Based on these totals which appear in Table 1, the rates shown in Tables 1, 2, 11 and 13 were appropriately corrected.

Tables 3A and 3B are concerned with natality statistics. These are presented by place of birth giving for the first time detailed data for each institution. In view of the lack of precision with which length of gestation is reported on birth records, the distribution of births by birth weight presented in Table 3B presents much needed information on the frequency of birth of immature infants.

Statistics concerned with fetal and neonatal loss as well as maternal mortality are given in Table 4. In this report, the term, fetal death, has been adopted in line with the recommendation of the World Health Organization that this term be used instead of stillbirths. Although the tabulation of fetal deaths by broad gestation groups was recommended by the WHO, such detail is not available for years prior to 1950.

Mortality tables by cause appear in Tables 7-12. The Sixth Revision of the International List of Diseases, Injuries, and Causes of Death is the basis of the classification employed. This revision provided a determination of the underlying cause of death which

is primarily dependent upon the judgment of the physician where more than one cause is present. Previous revisions have provided for disposition of such cases by arbitrary selection as indicated in a "Joint Cause Manual." The effect of the new revision has been to change somewhat the frequency with which specified causes are tabulated as the underlying cause of death. In addition the inclusions for certain rubrics have been altered somewhat. These changes have been studied by comparing the frequencies obtained by use of the principles of the Sixth Revision of the International Lists with those obtained by employment of the rules of the Fifth Revision. In order to provide for ready comparison of mortality data accumulated during the past decade, all mortality statistics for 1940-1949 which appear in this volume have been adjusted so that they represent frequencies which would have occurred had the Sixth Revision been used in the determination of cause of death selection during the decade 1940-1949.

VITAL STATISTICS TABLES

1950

TABLE NO. 1. ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR—BALTIMORE, MARYLAND—1930-1950.

TABLE NO. 2A. RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR, 1935-1950.

TABLE NO. 2B. RECORDED MARRIAGES BY AGE OF GROOM AND BRIDE TOTAL, WHITE, COLORED: BALTIMORE—1950.

TABLE NO. 3A. RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE TOTAL, WHITE, COLORED; 1950.

TABLE NO. 3B. RESIDENT LIVE BIRTHS BY MONTH AND BIRTHWEIGHT ACCORDING TO COLOR AND SEX—1950.

TABLE NO. 4. MATERNAL, FETAL AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1936-1950.

TABLE NO. 5. RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1950.

TABLE NO. 6. RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1950.

TABLE NO. 7. RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1950.

TABLE NO. 8. RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950.

TABLE NO. 9. RECORDED AND RESIDENT DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN CAUSES AND GROUPS OF CAUSES, CLASSIFIED BY COLOR—1950.

TABLE NO. 10. ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE—1950.

TABLE NO. 11. RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1950.

TABLE NO. 12. CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1950.

TABLE NO. 13. REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1950.

TABLE NO. 1

ESTIMATED POPULATIONS, RESIDENT BIRTHS AND DEATHS WITH RATES PER 1,000 POPULATION BY COLOR, BALTIMORE, MARYLAND—1930-1950

Year	Estimated Population July 1			Resident Births						Resident Deaths					
				Number			Rates			Number			Rates		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
1950	950,000	751,000	199,000	21,382	14,168	7,214	22.5	18.9	36.1	10,624	7,835	2,789	11.2	10.4	14.0
1949	947,000	748,500	198,500	21,496	14,507	6,989	22.7	19.4	35.2	10,772	7,973	2,799	11.4	10.7	14.1
1948	943,000	746,000	197,000	22,083	15,414	6,669	23.4	20.7	33.9	11,097	8,201	2,896	11.8	11.0	14.7
1947	938,000	742,500	195,500	23,992	17,799	6,193	25.6	24.0	31.7	11,011	8,232	2,779	11.7	11.1	14.2
1946	933,000	740,000	193,000	21,111	15,805	5,306	22.6	21.4	27.5	10,798	8,061	2,737	11.6	10.9	14.2
1945	930,000	742,000	188,000	17,848	13,308	4,540	19.2	17.9	24.1	11,358	8,481	2,877	12.2	11.4	15.3
1944	937,000	747,000	190,000	18,830	14,021	4,809	20.1	18.8	25.3	11,544	8,552	2,992	12.3	11.4	15.7
1943	963,000	769,000	194,000	21,054	16,077	4,977	21.9	20.9	25.7	12,530	9,315	3,215	13.0	12.1	16.6
1942	936,000	754,400	181,600	19,720	15,076	4,644	21.1	20.0	25.6	11,347	8,397	2,950	12.1	11.1	16.2
1941	866,000	698,000	168,000	15,995	11,886	4,109	18.5	17.0	24.5	11,160	8,132	3,028	12.9	11.7	18.0
1940	860,456	693,268	167,188	13,712	10,105	3,607	15.9	14.6	21.6	11,096	8,243	2,853	12.9	11.9	17.1
1939	855,033	690,318	164,715	12,525	9,211	3,314	14.6	13.3	20.1	10,386	7,907	2,479	12.1	11.4	15.1
1938	849,610	687,348	162,262	13,208	9,892	3,316	15.5	14.4	20.4	10,618	8,034	2,584	12.5	11.7	15.9
1937	844,187	684,361	159,826	12,516	9,370	3,146	14.8	13.7	19.7	11,244	8,415	2,829	13.3	12.3	17.7
1936	838,764	681,356	157,408	11,801	8,956	2,845	14.1	13.1	18.1	11,058	8,134	2,924	13.2	11.9	18.6
1935	833,341	678,332	155,009	12,332	9,363	2,969	14.8	13.8	19.2	10,707	7,917	2,790	12.8	11.7	18.0
1934	827,918	675,291	152,627	12,201	9,196	3,005	14.7	13.6	19.7	10,764	8,049	2,715	13.0	11.9	17.8
1933	822,495	672,232	150,263	12,189	9,130	3,059	14.8	13.6	20.4	10,505	7,923	2,582	12.8	11.8	17.2
1932	817,072	669,155	147,917	12,785	9,737	3,048	15.6	14.6	20.6	10,309	7,622	2,687	12.6	11.4	18.2
1931	811,649	666,059	145,590	13,162	10,130	3,032	16.2	15.2	20.8	11,088	8,155	2,933	13.7	12.2	20.1
1930	806,226	662,946	143,280	13,872	10,731	3,141	17.2	16.2	21.9	10,806	8,011	2,795	13.4	12.1	19.5

TABLE NO. 2A

RECORDED MARRIAGES WITH RATES PER 1,000 POPULATION BY COLOR
1935–1950

Year	Number			Rate		
	Total	White	Colored	Total	White	Colored
1950	13,075	9,618	3,457	13.7	12.8	17.3
1949	12,701	9,471	3,230	13.4	12.7	16.3
1948	15,639	11,782	3,857	16.6	15.8	19.6
1947	17,718	13,495	4,223	18.9	18.2	21.6
1946	21,445	16,340	5,105	23.0	22.1	26.5
1945	16,206	12,308	3,898	17.4	16.6	20.7
1944	15,818	11,542	4,276	16.9	15.5	22.5
1943	17,171	12,383	4,788	17.8	16.1	24.7
1942	19,595	15,167	4,428	20.9	20.1	24.4
1941	15,966	12,256	3,710	18.4	17.6	22.1
1940	11,305	8,658	2,647	13.1	12.5	15.8
1939	8,501	6,569	1,932	9.9	9.5	11.7
1938	8,521	6,578	1,943	10.0	9.6	12.0
1937	8,849	6,763	2,086	10.5	9.9	13.0
1936	8,134	6,208	1,926	9.7	9.1	12.2
1935	7,254	5,695	1,559	8.7	8.4	10.0

TABLE NO. 2B

RECORDED MARRIAGES BY AGE OF GROOM AND BRIDE*
TOTAL, WHITE, COLORED: BALTIMORE—1950

Age of Groom	Age of Bride							
	All Ages	15-19	20-24	25-29	30-34	35-44	45-64	65 and Over
All Ages	13,075	3,130	4,430	2,035	1,210	1,560	680	30
15-19	530	445	85	..	..	..	..	..
20-24	4,985	2,175	2,450	325	30	5	..	..
25-29	3,100	400	1,415	920	295	70	..	..
30-34	1,450	80	325	495	345	200	5	..
35-44	1,650	25	125	240	435	750	75	..
45-64	1,250	5	30	55	105	525	520	10
65 and over	110	..	..	..	..	10	80	20
White								
All Ages	9,618	2,561	3,301	1,487	772	1,044	443	10
15-19	392	345	47	..	..	..	..	..
20-24	4,127	1,867	1,942	292	26	..	..	..
25-29	2,198	271	1,015	642	208	62	..	..
30-34	981	52	209	387	198	135	..	..
35-44	1,103	21	78	146	267	523	68	..
45-64	750	5	10	20	73	319	323	..
65 and over	67	..	..	..	..	5	52	10
Colored								
All Ages	3,457	569	1,129	548	438	516	237	20
15-19	138	100	38	..	..	..	..	..
20-24	858	308	508	33	4	5	..	..
25-29	902	129	400	278	87	8	..	..
30-34	469	28	116	108	147	65	5	..
35-44	547	4	47	94	168	227	7	..
45-64	500	..	20	35	32	206	197	10
65 and over	43	..	..	..	..	5	28	10

* Based on 20 per cent sample; data provided by Bureau of Vital Statistics, Maryland State Department of Health.

TABLE NO. 3A

RECORDED AND RESIDENT LIVE BIRTHS AND FETAL DEATHS BY PLACE OF BIRTH AND ATTENDANCE: TOTAL, WHITE, COLORED; 1950

Place of Birth and Attendance	Recorded						Resident					
	Live Births			Fetal Deaths (Stillbirths)			Live Births			Fetal Deaths (Stillbirths)		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Grand Total	28,887	21,033	7,854	588	371	217	21,382	14,168	7,214	460	270	190
Hospital	27,104	20,420	6,684	517	342	175	19,609	13,560	6,049	389	241	148
Baltimore City Hospitals	2,804	418	2,386	66	15	51	2,690	378	2,312	61	11	50
Bon Secours Hospital	1,269	1,269	..	14	14	..	770	770	..	11	11	..
Church Home and Hospital	956	955	1	11	11	..	492	491	1	6	6	..
Doctors Hospital	657	656	1	12	12	..	470	469	1	9	9	..
Franklin Square Hospital	746	742	4	7	6	1	529	525	4	5	5	..
Hospital for Women of Maryland	1,913	1,911	2	25	25	..	1,227	1,225	2	15	15	..
Johns Hopkins Hospital	2,653	1,262	1,391	63	18	45	1,807	707	1,100	37	9	28
Lutheran Hospital of Maryland	1,719	1,717	2	26	26	..	1,223	1,221	2	21	21	..
Maryland General Hospital	1,199	1,195	4	25	25	..	731	727	4	15	15	..
Mercy Hospital	1,716	1,716	..	32	32	..	1,185	1,185	..	26	26	..
Provident Hospital	1,286	..	1,286	36	..	36	1,175	..	1,175	36	..	36
St. Agnes Hospital	1,118	1,118	..	33	33	..	546	546	..	24	24	..
St. Joseph's Hospital	1,221	1,220	1	41	40	1	835	834	1	32	31	1
Sinai Hospital	2,388	2,384	4	29	29	..	1,818	1,814	4	21	21	..
South Baltimore General	837	836	1	17	17	..	639	638	1	11	11	..
Union Memorial Hospital	1,444	1,440	4	13	13	..	875	872	3	9	9	..
University Hospital	2,941	1,345	1,596	65	24	41	2,127	732	1,395	47	14	33
Volunteers	236	236	..	2	2	..	209	209	..	2	2	..
Other City Institutions	1	..	1	..	..	..	1	..	1	..	..	..
Out of City Hospitals	..	..	..	..	..	..	260	217	43	1	1	..
Home	1,783	613	1,170	71	29	42	1,773	608	1,165	71	29	42
Physician	1,242	496	746	53	23	30	1,241	494	747	52	23	29
Midwife	499	108	391	4	..	4	494	107	387	4	..	4
Other	42	9	33	14	6	8	38	7	31	15	6	9

TABLE NO. 3B

RESIDENT LIVE BIRTHS BY MONTH AND BY BIRTHWEIGHT ACCORDING TO COLOR AND SEX—1950

Month	Total	White			Colored		
		Total	Male	Female	Total	Male	Female
Total	21,382	14,168	7,336	6,832	7,214	3,673	3,541
January	1,819	1,207	633	574	612	315	297
February	1,582	1,047	516	531	535	278	257
March	1,763	1,182	633	549	581	314	267
April	1,469	963	512	451	506	243	263
May	1,506	984	507	477	522	258	264
June	1,727	1,145	603	542	582	301	281
July	1,987	1,341	699	642	646	330	316
August	1,999	1,260	652	608	739	366	373
September	1,884	1,275	653	622	609	305	304
October	1,859	1,251	669	582	608	300	308
November	1,840	1,208	605	603	632	327	305
December	1,947	1,305	654	651	642	336	306
Birthweight in Grams:							
Total	21,382	14,168	7,336	6,832	7,214	3,673	3,541
1,500 and below	278	130	71	59	148	68	80
1,501-2,000	384	193	99	94	191	90	101
2,001-2,500	1,309	753	325	428	556	269	287
2,501-3,000	5,014	2,968	1,300	1,668	2,046	972	1,074
3,001-3,500	8,268	5,543	2,817	2,726	2,725	1,360	1,365
3,501-4,000	4,434	3,315	1,914	1,401	1,119	634	485
4,001-5,000	1,300	1,004	679	325	296	207	89
5,001 and over	20	15	11	4	5	4	1
Not stated	375	247	120	127	128	69	59

TABLE NO. 4

MATERNAL, FETAL, AND INFANT DEATHS AND CORRESPONDING RATES BY COLOR—1936-1950

Year	Maternal			Fetal[1]			Infant					
							Under One Year			Under One Month		
	Total	White	Col.	Total	White	Col.	Total	White	Col.	Total	White	Col.
Number of Deaths												
1950...	18	8	10	460	270	190	581	307	274	425	240	185
1949...	10	3	7	521	298	223	672	385	287	470	278	192
1948...	24	14	10	571	316	255	633	384	249	479	295	184
1947...	26	10	16	680	379	301	785	507	278	552	364	188
1946...	26	13	13	635	351	284	750	478	272	556	354	202
1945...	27	17	10	616	352	264	708	436	272	439	290	149
1944...	40	30	10	683	417	261†	766	478	288	472	313	159
1943...	34	17	17	740	449	277†	973	619	354	553	388	165
1942...	35	18	17	779	461	307†	778	516	262	489	349	140
1941...	36	21	15	655	406	242†	794	451	343	422	271	151
1940...	28	15	13	645	373	265†	641	387	254	382	241	141
1939...	45	28	17	648	403	245	511	302	209	300	194	106
1938...	44	29	15	590	409	181	683	429	254	364	239	125
1937...	42	28	14	584	393	190†	664	393	271	348	223	125
1936...	49	35	14	565	352	213	763	461	302	381	250	131
Deaths Per 1,000 Live Births												
1950...	0.8	0.6	1.4	21.5	19.0	26.3	27.2	21.7	38.0	19.9	16.9	25.6
1949...	0.5	0.2	1.0	24.2	20.5	31.9	31.3	26.5	41.1	21.9	19.2	27.5
1948...	1.1	0.9	1.5	25.9	20.5	38.2	28.7	24.9	37.3	21.7	19.1	27.6
1947...	1.1	0.6	2.6	28.3	21.3	48.6	32.7	28.5	44.9	23.0	20.5	30.3
1946...	1.2	0.8	2.5	30.1	22.2	53.5	35.5	30.2	51.3	26.3	22.4	38.1
1945...	1.5	1.3	2.2	34.5	26.5	58.1	39.7	32.8	59.9	24.6	21.8	32.8
1944...	2.1	2.1	2.1	36.3	29.7	54.2	40.7	34.1	59.9	25.1	22.3	33.1
1943...	1.6	1.1	3.4	35.1	27.9	55.6	46.2	38.5	71.1	26.3	24.1	33.2
1942...	1.7	1.3	3.7	39.5	30.6	66.1	39.5	34.2	56.4	24.8	23.1	30.1
1941...	2.3	1.8	3.6	40.9	34.1	58.9	49.6	37.9	83.5	26.4	22.8	36.7
1940...	2.0	1.5	3.6	47.0	36.9	73.4	46.7	38.3	70.4	27.8	23.8	39.1
1939...	3.6	3.0	5.1	51.7	43.7	73.9	40.8	32.8	63.1	24.0	21.1	32.0
1938...	3.3	2.9	4.5	44.7	41.3	54.6	51.7	43.4	76.6	27.6	24.2	37.7
1937...	3.4	3.0	4.4	46.7	41.9	60.4	53.1	41.9	86.1	27.8	23.8	39.7
1936...	4.2	3.9	4.9	47.9	39.3	74.9	64.7	51.5	106.2	32.3	27.9	46.0

[1] Includes deaths among fetuses of 20 or more weeks gestation.
† Totals include deaths where color is unknown which accounts for apparent discrepancy.

TABLE NO. 5

RESIDENT DEATHS CLASSIFIED BY COLOR, SEX AND AGE AND DISTRIBUTED BY COLOR AND AGE BY MONTHS—1950

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	10,624	7,835	4,221	3,614	2,789	1,561	1,228	656	239	624	237	843	295	693	207	618	228	594	227	643	199	616	237	585	226	650	236	605	219	708	239
Under one month	425	240	143	97	185	103	82	12	15	16	14	19	19	20	10	16	12	21	20	27	12	22	17	21	19	22	14	18	19	26	14
1 to 2 months	51	16	11	5	35	21	14	3	3	4	1	4	3	..	6	..	2	..	2	1	..	..	3	1	2	1	3	2	3	..	7
3 to 11 months	105	51	29	22	54	32	22	6	1	1	12	5	6	7	4	5	2	6	4	5	1	5	1	5	3	1	2	2	3	3	15
Total under 1 year	581	307	183	124	274	156	118	21	19	21	27	28	28	27	20	21	16	27	26	33	13	27	21	27	24	24	19	22	25	29	36
1 year	44	23	11	12	21	15	6	2	3	4	1	1	1	1	1	2	1	..	1	2	..	1	3	2	..	3	5	2	4	3	1
Total under 2 years	625	330	194	136	295	171	124	23	22	25	28	29	29	28	21	23	17	27	27	35	13	28	24	29	24	27	24	24	29	32	37
2 to 4 years	51	29	16	13	22	11	11	2	2	4	2	5	3	2	1	3	1	2	3	2	2	..	4	4	2	..	1	1	1	4	..
Total under 5 years	676	359	210	149	317	182	135	25	24	29	30	34	32	30	22	26	18	29	30	37	15	28	28	33	26	27	25	25	30	36	37
5 to 9 years	36	24	13	11	12	8	4	..	2	1	..	4	1	1	1	1	..	3	..	3	1	..	2	4	..	3	2	1	1	3	2
10 to 14 years	32	19	11	8	13	6	7	2	3	3	..	1	2	1	2	..	2	..	1	4	..	2	1	1	..	4	2	1	..	..	..
15 to 19 years	54	27	13	14	27	17	10	..	3	..	3	3	1	2	2	2	2	1	4	3	1	3	5	4	1	3	2	2	1	4	2
20 to 24 years	132	60	33	27	72	38	34	5	6	3	4	5	7	2	9	3	7	7	7	8	5	7	7	4	7	6	5	2	4	8	4
25 to 29 years	168	58	33	25	110	62	48	3	12	5	6	4	11	7	2	4	13	1	8	5	5	8	12	6	8	6	14	6	7	3	12
30 to 34 years	263	128	69	59	135	75	60	12	11	5	5	6	10	9	13	9	15	12	9	16	11	14	12	10	9	10	11	13	18	12	11
35 to 39 years	299	166	106	60	133	57	76	7	10	10	16	14	10	20	11	17	11	20	7	8	11	14	11	10	11	10	8	16	15	20	12
40 to 44 years	438	252	157	95	186	112	74	22	18	18	13	19	23	27	9	15	18	20	15	24	12	29	16	22	18	20	14	15	16	21	14
45 to 49 years	606	355	236	119	251	149	102	39	25	24	19	38	32	26	18	28	26	31	15	33	13	29	19	28	22	24	23	28	23	27	16
50 to 54 years	804	513	340	173	291	179	112	43	29	38	34	50	29	42	26	52	22	37	24	41	19	41	21	41	24	49	24	35	21	44	18
55 to 59 years	1,011	733	462	271	278	176	102	54	20	74	17	85	37	59	21	59	20	55	22	36	30	51	25	60	25	81	21	57	17	62	23
60 to 64 years	1,182	902	533	369	280	152	128	85	21	73	22	95	20	72	27	76	19	71	21	80	23	64	28	65	24	70	26	66	22	85	27
65 to 69 years	1,223	986	554	432	237	127	110	91	20	73	30	101	30	88	11	81	15	78	26	75	24	78	13	63	24	77	11	92	15	89	18
70 to 74 years	1,242	1,057	535	522	185	96	89	80	14	97	18	108	21	104	17	80	15	65	10	100	13	82	18	76	11	81	21	77	12	107	15
75 to 79 years	1,049	915	429	486	134	61	73	84	9	66	13	104	17	84	8	70	9	66	7	78	11	68	9	73	9	81	15	70	9	71	18
80 to 84 years	808	738	300	438	70	37	33	63	6	68	3	95	3	79	3	57	11	52	12	52	3	55	5	42	5	56	9	53	3	66	7
85 to 89 years	393	361	140	221	32	17	15	30	2	22	2	55	5	23	3	28	2	24	7	24	1	36	5	29	1	27	1	27	2	36	1
90 to 94 years	167	152	39	113	15	5	10	10	3	12	1	21	3	15	2	9	1	18	1	14	1	7	..	7	..	11	..	17	2	11	1
95 to 99 years	29	22	4	18	7	3	4	..	..	3	..	1	1	2	..	1	2	2	..	2	..	..	..	5	1	2	2	2	..	2	1
100 years and over	8	5	2	3	3	1	2	1	1	..	1	..	..	..	..	..	..	1	1	..	..	..	..	1	..	1	..	..	..	1	..
Age not specified	4	3	2	1	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	1	..	..	1	..	..

TABLE NO. 6

RECORDED AND RESIDENT DEATHS BY INSTITUTION AND COLOR—1950

Place of Death	Recorded			Resident		
	Total	White	Colored	Total	White	Colored
Grand total	11,327	8,661	2,666	10,624	7,835	2,789
Institutional	6,895	5,161	1,734	6,107	4,271	1,836
Baltimore City Hospitals	745	415	330	659	348	311
Bon Secours Hospital	127	127	..	96	96	..
Church Home and Hospital	163	162	1	107	107	..
Franklin Square Hospital	199	127	72	176	107	69
Johns Hopkins Hospital	970	546	424	669	305	364
Lutheran Hospital of Maryland	242	242	..	205	205	..
Maryland General Hospital	327	294	33	257	225	32
Mercy Hospital	340	279	61	285	226	59
Provident Hospital	341	1	340	315	1	314
St. Agnes Hospital	250	249	1	131	131	..
St. Joseph's Hospital	304	280	24	254	232	22
Sinai Hospital	319	318	1	264	264	..
South Baltimore General Hospital	309	251	58	222	169	53
Union Memorial Hospital	429	428	1	306	305	1
United States Marine Hospital	166	131	35	71	47	24
University Hospital	707	457	250	483	259	224
Other City Institutions	957	854	103	832	734	98
Institutions in Maryland Counties	..	..	..	684	443	241
Out of State Institutions	..	..	..	91	67	24
Non-Institutional	4,432	3,500	932	4,517	3,564	953
Home	4,326	3,416	910	4,422	3,492	930
Other	106	84	22	95	72	23

TABLE NO. 7

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1950

International List Number	Cause of Death	Color	Total Under 1 Year	Age Groups					
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months
	All Causes	T W C	581 307 274	195 122 73	165 83 82	65 35 30	51 16 35	56 30 26	49 21 28
002	Pulmonary tuberculosis	C	1	..	..	..	1	..	..
020	Congenital syphilis	C	2	1	..	..	1	..	..
042	Salmonella infection	C	1	..	..	..	..	1	..
053	Septicemia	C	3	..	..	..	..	1	2
056	Whooping cough	C	1	..	..	..	..	1	..
057	Meningococcal infections	W	1	..	..	..	..	..	1
080	Poliomyelitis, acute	W	1	..	..	1	..	..	..
140-205	Malignant neoplasms	W C	2 1	.. ..	.. ..	.. ..	.. ...	.. ..	2 1
274	Diseases of adrenal glands	W	1	..	..	..	1	..	..
282	Scurvy	C	1	..	..	..	..	1	..
289	Lipidosis	W	1	..	..	..	..	..	1
293	Anemia, unspecified	W	1	..	..	..	..	1	..
325	Mongolism	C	1	..	..	..	..	..	1
330-334	Vascular lesions of central nervous system	W C	1 2	.. ..	.. ..	.. ..	.. ..	.. 2	1 ..
340	Meningitis, except meningococcal and tuberculous	W C	4 4	.. ..	.. ..	.. ..	.. 1	1 1	3 2
344	Hydrocephalus, acquired	C	1	..	..	..	..	..	1
391	Otitis media	W C	3 3	.. ..	.. ..	.. ..	.. 2	1 ..	2 1
474-475	Acute upper respiratory infection	W C	2 1	.. ..	.. ..	.. ..	.. ..	2 ..	.. 1
490-493	Pneumonia, all forms	W C	8 34	.. ..	.. ..	.. ..	5 15	1 11	2 8
500-502	Bronchitis	W	2	..	..	..	..	2	..
527	Other respiratory diseases	W	1	..	..	..	1	..	..
550	Appendicitis	C	1	..	..	..	..	..	1
560-561	Hernia	W	2	1	..	1	..	..	..
570	Intestinal obstruction	C	1	..	..	1	..	..	..
571	Gastro-enteritis and colitis age 4 weeks and over	W C	3 8	.. ..	.. ..	.. ..	.. 2	2 3	1 3
578	Other diseases of intestines and peritoneum	W	1	..	1	..	..	..	..
587	Diseases of pancreas	W	2	..	..	..	..	2	..
591	Nephritis	C	1	..	..	..	1	..	..

TABLE NO. 7—Continued

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1950

International List Number	Cause of Death	Color	Total Under 1 Year	Age Groups					
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months
600	Pyelitis	W	1	..	..	..	..	..	1
744	Other diseases of muscle tendon and fascia	W	2	..	..	..	1	..	1
750	Monstrosity	W	2	2	..	..	..	..	..
		C	3	2	1	..	..	..	..
751	Spina bifida and meningocele	W	8	2	1	1	..	4	..
		C	2	..	1	..	..	..	1
752	Congenital hydrocephalus	W	1	..	..	..	..	1	..
		C	1	..	..	..	..	..	1
753	Other congenital malformations of nervous system	C	1	..	..	..	..	1	..
754	Congenital malformations of circulatory system	W	22	4	4	6	1	6	1
		C	18	4	4	4	3	1	2
755	Cleft palate and harelip	W	1	1	..	..	..	..	..
756	Congenital malformations of digestive system	W	19	1	4	5	3	4	2
		C	2	..	1	1	..	..	..
757	Congenital malformations of genito-urinary system	W	1	..	..	1	..	..	..
		C	3	2	..	1	..	..	..
758	Congenital malformations of bone and joint	W	2	2	..	..	..	..	..
		C	1	..	..	..	1	..	..
759	Other and unspecified congenital malformations	W	4	3	1	..	..	..	..
		C	3	1	2	..	..	..	..
760	Intracranial and spinal injury at birth	W	27	10	15	2	..	..	..
		C	26	8	16	2	..	..	..
761	Other birth injury	W	20	17	3	..	..	..	..
		C	3	3	..	..	..	..	..
762	Postnatal asphyxia and atelectasis	W	45	24	17	3	1	..	..
		C	48	27	19	2	..	..	..
763	Pneumonia of newborn	W	9	2	4	3	..	..	..
		C	5	..	..	5	..	..	..
764	Diarrhea of newborn	W	2	..	..	2	..	..	..
		C	4	..	..	4	..	..	..
767	Umbilical sepsis	W	2	..	1	..	1	..	..
		C	3	..	2	1	..	..	..
768	Other sepsis of newborn	W	2	1	..	1	..	..	..
		C	7	1	2	4	..	..	..
769	Neonatal disorders arising from maternal toxemia	W	2	1	1	..	..	..	..
770	Erythroblastosis	W	9	4	4	1	..	..	..
771	Hemorrhagic disease of newborn	W	4	1	3	..	..	..	..
		C	3	1	1	1	..	..	..
772	Nutritional maladjustment	W	1	..	..	..	..	..	1
		C	2	..	..	..	2	..	..
773	Ill-defined diseases of early infancy	W	3	1	..	1	..	..	1
		C	3	..	3	..	..	..	..
774	Immaturity with mention of subsidiary condition	W	7	3	3	1	..	..	..
		C	3	1	1	..	1	..	..

TABLE NO. 7—Concluded

RESIDENT DEATHS UNDER ONE YEAR FOR EACH CAUSE OF DEATH ACCORDING TO AGE AT DEATH—1950

International List Number	Cause of Death	Color	Total Under 1 Year	Age Groups					
				Under 1 Day	1-6 Days	7-30 Days	1-2 Months	3-5 Months	6-11 Months
776	Immaturity unqualified	W	61	37	19	5	..	..	..
		C	54	21	28	3	2	..	..
788	Pyrexia, unknown origin	W	1	..	..	..	..	1	..
795	Ill-defined and unknown causes of mortality	W	2	..	1	..	..	1	..
		C	3	..	1	..	1	1	..
878	Accidental poisoning by other and unspecified drug	C	1	..	..	1	..	..	..
916	Accident caused by fire and explosion	W	1	..	..	..	..	1	..
		C	1	..	..	..	1	..	..
921	Inhalation and ingestion of food causing obstruction or suffocation	W	1	..	..	..	1	..	..
		C	4	..	..	..	..	1	3
926	Lack of care of infants	W	1	1	..	..	..	..	..
		C	1	..	..	..	1	..	..
929	Accidental drowning	W	2	..	..	1	..	..	1
983	Assault by other means	W	6	4	1	..	1	..	..
		C	2	1	..	..	..	1	..

TABLE NO. 8

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950

International List No.	Cause of Death	Totals: Grand Total	Totals: By Color		Totals: By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
	All Causes	10,624	W	7,835	M	4,221	183	11	10	3	3	13	11	13	33	33	69	106	157	236	340	462	533	554	535	429	300	185	2
					F	3,614	124	12	7	3	3	11	8	14	27	25	59	60	95	119	173	271	369	432	522	486	438	355	1
			C	2,789	M	1,561	156	15	6	3	2	8	6	17	38	62	75	57	112	149	179	176	152	127	96	61	37	26	1
					F	1,228	118	6	2	4	5	4	7	10	34	48	60	76	74	102	112	102	128	110	89	73	33	31	....
	I—Infective and Parasitic Diseases																												
001–019	Tuberculosis, all forms	536	W	235	M	175	...	...	...	...	...	1	...	1	1	2	11	12	20	15	27	18	20	22	15	4	5	1	....
					F	60	...	1	...	2	...	...	...	2	4	2	14	5	12	...	6	2	...	3	3	2	1	1	....
			C	301	M	185	...	3	1	...	...	1	...	3	11	17	20	14	22	25	23	17	16	6	3	2	1	....	....
					F	116	1	1	1	3	1	1	3	7	15	22	20	12	8	7	7	2	3	1	1	...	...	....	....
001–008	Tuberculosis of the respiratory system	497	W	220	M	167	...	...	...	...	...	...	...	1	1	2	11	11	20	15	25	18	19	21	14	4	4	1	....
					F	53	...	...	...	...	...	...	...	2	4	2	13	4	12	...	5	2	...	3	3	1	1	1	....
			C	277	M	170	...	1	1	...	...	...	...	3	9	15	20	14	21	24	20	17	14	6	2	2	1	....	....
					F	107	1	1	...	...	...	1	3	7	15	19	19	12	8	7	7	2	3	1	1	...	...	....	....
010	Tuberculosis of the meninges and central nervous system	21	W	7	M	2	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	....	....
					F	5	...	1	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	....	....
			C	14	M	6	...	2	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	1	...	...	....	....
					F	8	...	...	1	3	1	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	....	....
011	Tuberculosis of the intestines, peritoneum and mesenteric glands	2	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	....	....
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	....	....
012–013	Tuberculosis of bones and joints	2	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	....	....
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	....	....
014–019	Tuberculosis, all other forms	14	W	6	M	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	1	....	....
					F	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	....	....
			C	8	M	7	...	...	...	...	...	...	...	...	1	1	...	...	1	...	2	...	2	...	...	...	...	....	....
					F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	....	....

020–029	Syphilis, all forms	103	W	21	M	19	...	...	...	...	...	...	...	...	1	...	...	1	...	1	3	4	4	4	1	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
			C	82	M	63	2	...	...	...	...	...	...	...	...	1	2	4	11	14	11	10	2	3	2	1	...	...	...
					F	19	...	...	...	...	...	...	...	...	...	1	...	4	2	5	2	1	2	...	1	1	...	...	...
020	Congenital syphilis	2	C	2	M	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
024	Tabes dorsalis	2	W	2	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...
025	General paralysis of insane	20	W	4	M	4	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	1	...	...	...	...	...	...
			C	16	M	12	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	2	1	1	1	1	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	1	...	...	...	...	...	...
022–023	All other syphilis	79	W	15	M	13	...	...	...	...	...	...	...	...	1	...	...	...	...	1	3	2	3	3	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
			C	64	M	49	...	...	...	...	...	...	...	...	...	1	2	4	11	10	9	8	1	2	1	...	...	...	...
					F	15	...	...	...	...	...	...	...	...	...	1	...	3	2	5	...	1	1	...	1	1	...	...	...
041–042	Paratyphoid fever	3	C	3	M	3	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
051	Streptococcal sore throat	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
052	Erysipelas	1	C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
053	Septicemia and pyemia	5	W	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
			C	4	M	4	3	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
055	Diphtheria	3	W	3	M	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
056	Whooping cough	1	C	1	F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
057	Meningococcal infections	9	W	7	M	5	1	1	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
			C	2	M	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
061	Tetanus	4	W	2	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
080	Acute poliomyelitis	8	W	6	M	4	1	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
			C	2	M	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
081	Late effects of acute poliomyelitis and acute infectious encephalitis	2	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
092	Infectious hepatitis	3	W	3	F	3	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...
036–039, 049, 054, 059, 063–074, 086–090, 093, 095–096, 120–122, 131–138	All other diseases classified as infective and parasitic	5	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
			C	4	F	4	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	1	...	...	...	...	...
	II—Neoplasms																												
140–205	Malignant neoplasms	1,623	W	1,311	M	636	...	1	1	...	...	1	2	1	2	2	8	5	21	44	50	82	101	109	92	63	33	18	...
					F	675	2	2	3	...	...	2	3	4	1	7	14	18	35	38	60	79	111	84	94	60	35	22	1
			C	312	M	181	1	...	1	...	1	...	3	1	1	4	5	4	12	22	28	30	30	16	13	5	3	1	...
					F	131	...	1	...	...	...	2	...	...	3	3	6	7	11	20	18	16	13	12	9	4	3	3	...
140–148	Malignant neoplasm of buccal cavity and pharynx	46	W	33	M	26	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	5	3	4	6	4	1	...	...
					F	7	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	2	...	1	2	...	...	...
			C	13	M	10	...	...	...	...	...	...	...	...	...	...	...	...	2	3	1	1	1	2	...	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	...	...	...
150	Malignant neoplasm of esophagus	47	W	33	M	28	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	5	5	6	3	5	2	1	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	...	...	1	...
			C	14	M	10	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	4	1	3	...	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...
151	Malignant neoplasm of stomach	175	W	125	M	78	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	10	12	18	14	9	5	2	...
					F	47	...	...	...	...	...	...	...	...	...	1	1	...	1	1	1	5	8	10	11	5	3	...	...
			C	50	M	39	...	...	...	...	...	...	...	...	...	...	...	1	2	6	9	6	5	4	5	...	1	...	...
					F	11	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	3	1	1	1	...	...	...

152–153	Malignant neoplasm of intestine, except rectum	155	W	140	M	54	...	...	...	...	...	...	...	...	...	...	1	...	4	3	2	11	3	8	3	9	8	2	...
					F	86	...	...	...	...	...	...	...	...	...	1	...	2	...	3	7	9	11	8	17	20	5	3	...
			C	15	M	10	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	1	1	1	1	3	...	...	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2	...	...	...	1	...	...
154	Malignant neoplasm of rectum	76	W	66	M	29	...	...	...	...	...	...	...	...	...	...	1	...	1	...	3	3	6	5	5	3	1	1	...
					F	37	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	6	8	5	3	4	3	2	...
			C	10	M	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	2	1	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	1	...	...	...	1	...
161	Malignant neoplasm of larynx	14	W	11	M	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	2	3	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...
			C	3	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...
162–163	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	186	W	156	M	132	...	...	...	...	...	...	...	...	...	...	...	1	4	14	12	20	31	27	17	6	...	...	...
					F	24	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	2	8	5	...	1	1	1	1
			C	30	M	25	...	...	...	...	...	...	...	...	...	...	1	1	2	2	2	8	7	2	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	1	1	...	...	...	...
170	Malignant neoplasm of breast	146	W	125	M	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...
					F	123	...	...	...	...	...	...	...	...	...	...	3	2	14	9	15	17	19	11	17	8	7	1	...
			C	21	M	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	19	...	...	...	...	...	...	...	...	...	...	...	1	3	4	4	4	...	1	1	...	...	1	...
171	Malignant neoplasm of cervix uteri	81	W	55	F	55	1	...	...	...	...	...	...	...	1	2	4	5	4	5	6	8	8	7	4	...	...	...	...
			C	26	F	26	...	...	...	...	...	...	...	...	1	2	3	1	3	7	2	1	1	1	2	2	...	...	...
172–174	Malignant neoplasm of other and unspecified parts of uterus, including chorionepithelioma	61	W	46	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	45	...	...	...	...	...	...	...	...	...	...	1	1	3	3	2	2	14	7	4	5	2	1	...
			C	15	F	15	...	...	...	...	...	...	...	...	...	...	1	...	1	2	3	2	...	2	2	...	1	1	...
177	Malignant neoplasm of prostate	75	W	59	M	59	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	3	7	7	13	11	9	7	...
			C	16	M	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	3	3	3	2	1	1	...
190–191	Malignant neoplasm of skin	24	W	23	M	9	...	...	...	...	...	...	...	...	...	...	...	...	1	3	...	1	...	...	1	1	1	1	...
					F	14	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	...	4	...	2	...	3	2	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
196–197	Malignant neoplasm of bone and connective tissue	20	W	15	M	10	...	...	...	...	...	1	...	...	...	1	...	...	2	2	...	...	2	1	...	...	...	1	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	2	...	...	...	...
			C	5	M	3	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
155–160, 164, 165, 175, 176, 178–181, 192–195, 198–199	Malignant neoplasm of all other and unspecified sites	422	W	345	M	160	...	...	1	...	...	...	...	...	...	...	5	3	5	13	16	21	23	26	26	12	6	3	...
					F	185	1	...	2	...	...	2	3	3	...	...	2	4	7	11	18	24	22	23	28	13	11	11	...
			C	77	M	48	1	...	1	...	...	...	2	...	...	1	3	1	2	7	11	8	7	2	1	...	1	...	...
					F	29	...	1	...	...	...	1	...	...	...	1	2	3	2	3	2	5	4	2	2	...	1	...	...
204	Leukemia and aleukemia	43	W	36	M	18	...	1	...	...	...	...	...	1	...	...	1	1	1	2	3	...	2	3	1	2	...	...	...
					F	18	...	2	1	...	...	...	...	...	...	1	1	1	1	1	2	1	2	3	1	1	...	...	...
			C	7	M	2	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	1	...	...	1	...	...	1	...	...	...	...	2	...	...	...	...	...	...
200–203, 205	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	52	W	43	M	22	...	...	...	...	...	...	2	...	2	...	...	...	1	3	4	3	4	2	...	1	...	...	...
					F	21	...	...	...	...	...	...	...	1	...	1	2	2	...	2	1	3	4	2	2	1	...	...	...
			C	9	M	7	...	...	...	...	...	...	...	...	...	1	1	...	3	1	...	1	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...
210–239	Benign neoplasms and neoplasms of unspecified nature	21	W	13	M	4	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	1	...
					F	9	...	...	...	...	...	...	...	...	...	...	1	2	1	...	1	...	1	2	1	...	...	...	...
			C	8	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	7	...	...	...	...	...	...	...	...	...	...	...	1	3	2	...	...	...	...	1	...	...	...	...
III and IV—Allergic Disorders: All Other Endocrine, Metabolic and Blood Diseases																													
250–251	Non-toxic goiter	3	W	2	F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
252	Thyrotoxicosis with or without goiter	10	W	8	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...
					F	6	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	2	...	...	1	...	...	...
			C	2	F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...

260	Diabetes mellitus	180	W	150	M	57	...	...	...	1	...	...	...	...	...	1	1	1	3	2	3	6	8	9	7	10	2	3	....
					F	93	...	...	...	...	...	...	...	1	...	1	...	...	2	4	3	8	14	15	19	14	10	2	....
			C	30	M	9	...	...	...	...	...	...	...	...	...	...	1	...	1	1	2	...	1	1	1	1	...	...	....
					F	21	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	5	4	3	2	...	...	1	....
280–286	Avitaminosis and other deficiency states	5	W	2	F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	....
			C	3	M	3	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	....
290–293	Anemia	20	W	13	M	5	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	1	...	...	....
					F	8	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	...	1	1	...	....
			C	7	M	4	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	....
					F	3	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	....
240–245, 253–254, 270–277, 287–289, 294–299	All other allergic, endocrine, metabolic and blood diseases	66	W	47	M	26	1	...	...	...	...	1	...	...	...	...	2	...	...	3	2	1	3	5	3	3	1	1	....
					F	21	1	...	...	...	...	...	...	...	4	1	...	...	1	1	3	...	4	3	...	1	...	2	....
			C	19	M	11	...	...	...	1	...	1	...	...	...	1	3	...	2	2	1	...	...	...	...	...	...	...	....
					F	8	...	...	...	...	...	...	...	...	1	1	3	1	...	...	2	...	...	...	...	...	...	...	....
V—MENTAL, PSYCHONEUROTIC, AND PERSONALITY DISORDERS																													
300–309	Psychoses	11	W	7	M	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	1	...	....
					F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	....
			C	4	M	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	....
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	....
310–324, 326	Psychoneuroses and disorders of personality	39	W	27	M	24	...	...	...	...	...	...	...	...	...	...	...	2	3	8	3	3	4	...	1	...	...	...	....
					F	3	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	....
			C	12	M	11	...	...	...	...	...	...	...	...	...	...	1	1	1	2	2	2	2	...	...	...	...	...	....
					F	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	....
325	Mental deficiency	3	W	2	M	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	1	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
VI—DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS																													
330–334	Vascular lesions affecting central nervous system	735	W	520	M	240	1	...	...	...	...	...	...	...	2	3	2	4	6	5	17	21	26	38	34	35	30	16	....
					F	280	...	...	...	...	...	1	...	1	...	1	1	1	4	3	7	22	25	37	46	48	49	34	....
			C	215	M	94	...	1	...	...	...	...	...	...	...	...	2	2	4	14	11	12	8	13	12	8	2	5	....
					F	121	2	...	...	...	...	...	...	...	...	...	4	7	5	13	14	12	19	18	14	10	2	1	....

TABLE NO. 8—Continued
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340	Nonmeningococcal meningitis	20	W	10	M	5	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...
					F	5	2	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...
			C	10	M	6	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	1	1	...	...	...	...	...
					F	4	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
345	Multiple sclerosis	3	W	2	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
353	Epilepsy	19	W	12	M	9	...	1	...	...	...	...	...	...	...	...	1	...	...	...	2	2	...	1	2	...	...	...	...
					F	3	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...
			C	7	M	6	...	...	...	...	...	...	...	...	...	2	2	1	1	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
385	Cataract	1	C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
391–393	Otitis media and mastoiditis	11	W	7	M	4	1	2	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
					F	3	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	4	M	2	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
341–344, 350–352, 354–369, 380–384, 386, 388–390, 394–398	All other diseases of the nervous system and sense organs	46	W	33	M	17	...	1	...	...	...	...	...	...	...	...	2	2	...	1	2	2	4	2	1	...	...	...	...
					F	16	...	1	...	...	...	...	...	...	...	1	...	...	1	...	1	3	3	1	3	1	1	...	...
			C	13	M	6	...	...	...	...	...	1	1	...	...	...	1	1	...	...	1	...	...	...	...	1	...	...	...
					F	7	1	...	...	...	1	...	1	...	...	...	...	...	...	1	1	...	1	...	1	...	...	...	...
VII—Diseases of the Circulatory System																													
400–402	Rheumatic fever	18	W	9	M	7	...	...	...	...	...	...	...	2	1	2	...	...	1	...	1	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...
			C	9	M	3	...	...	...	...	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
					F	6	...	...	...	...	...	...	3	...	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...

410–443	Heart diseases, total	4,583	W	3,676	M	1,974	...	...	...	...	...	...	1	...	3	2	8	27	55	103	162	232	286	283	300	247	172	93	....
					F	1,702	...	1	...	...	...	...	...	1	1	2	8	13	12	40	57	114	165	241	281	277	271	218	....
			C	907	M	456	...	...	...	...	...	...	...	1	3	2	6	7	23	37	63	62	65	65	48	33	26	15	....
					F	451	...	...	...	...	...	...	...	...	1	5	5	18	26	38	46	49	70	56	48	45	24	20	....
410–416	Chronic rheumatic heart disease	168	W	130	M	69	...	...	...	...	...	...	...	...	1	1	2	8	9	11	7	15	7	3	1	1	2	1	....
					F	61	...	...	...	...	...	...	...	1	1	2	3	7	3	8	7	7	3	6	1	1	7	4	....
			C	38	M	16	...	...	...	...	...	...	...	...	2	2	1	1	2	2	2	2	...	...	...	2	...	...	....
					F	22	...	...	...	...	...	...	...	...	...	2	...	3	1	3	2	1	2	2	4	...	1	1	....
420–422	Arteriosclerotic and degenerative heart disease	3,085	W	2,655	M	1,525	...	...	...	...	...	...	...	...	...	1	4	16	43	80	122	173	225	220	235	196	135	75	....
					F	1,130	...	...	...	...	...	...	...	...	...	...	3	4	4	15	28	69	95	167	192	188	194	171	....
			C	430	M	240	...	...	...	...	...	...	...	1	1	...	3	2	9	21	33	26	35	44	22	18	15	10	....
					F	190	...	...	...	...	...	...	...	...	1	2	...	3	5	10	13	21	33	24	25	30	11	12	....
430–434	Other diseases of the heart	75	W	56	M	33	...	...	...	...	...	...	1	...	...	...	...	...	...	2	6	5	4	6	3	3	1	2	....
					F	23	...	1	...	...	...	...	...	...	...	...	1	1	...	2	2	1	4	3	1	4	3	...	....
			C	19	M	11	...	...	...	...	...	...	...	...	...	...	1	...	...	1	3	2	1	2	...	...	1	...	....
					F	8	...	...	...	...	...	...	...	...	...	...	...	1	...	...	3	1	1	2	...	...	...	...	....
440–443	Hypertension with heart disease	1,255	W	835	M	347	...	...	...	...	...	...	...	...	2	...	2	3	3	10	27	39	50	54	61	47	34	15	....
					F	488	...	...	...	...	...	...	...	...	...	...	1	1	5	15	20	37	63	65	87	84	67	43	....
			C	420	M	189	...	...	...	...	...	...	...	...	...	...	1	4	12	13	25	32	29	19	26	13	10	5	....
					F	231	...	...	...	...	...	...	...	...	...	1	5	11	20	25	28	26	34	28	19	15	12	7	....
444–447	Hypertension without mention of heart	100	W	61	M	31	...	...	...	...	...	...	...	...	...	...	...	2	3	...	4	4	3	3	3	2	4	3	....
					F	30	...	...	...	...	...	...	...	...	...	...	1	2	3	1	3	...	...	2	6	7	3	2	....
			C	39	M	18	...	...	...	...	...	...	...	...	...	1	1	2	1	2	6	3	...	1	...	...	...	1	....
					F	21	...	...	...	...	...	...	...	...	...	...	1	4	2	1	1	2	3	3	1	3	...	...	....
450–456	Diseases of the arteries	228	W	188	M	88	...	...	...	...	...	...	...	...	...	...	1	1	...	1	4	7	6	12	13	12	13	18	....
					F	100	...	...	...	...	...	...	...	...	1	...	1	...	1	3	...	1	3	4	10	20	22	34	....
			C	40	M	19	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	4	3	2	5	1	...	1	....
					F	21	...	...	...	...	...	...	...	...	1	...	2	...	3	3	...	1	2	2	3	...	1	3	....
460–468	Other diseases of the circulatory system	29	W	18	M	9	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	1	1	1	...	...	1	....
					F	9	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	1	...	1	1	2	...	1	....
			C	11	M	5	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	1	1	...	...	...	...	....
					F	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	1	...	...	1	...	...	....

VIII—DISEASES OF THE RESPIRATORY SYSTEM

470–475	Acute upper respiratory infections	6	W	5	M	4	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	....
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	....
			C	1	M	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
480–483	Influenza	27	W	21	M	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	1	1	2	2	...
					F	10	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	3	2	2	1	...
			C	6	M	5	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	2	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
490–493	Pneumonia, all forms	232	W	119	M	68	7	...	1	...	...	...	1	...	1	1	2	3	1	6	3	6	4	8	6	7	7	4	...
					F	51	1	1	...	...	...	...	1	...	...	...	...	1	2	2	...	3	4	2	6	6	10	12	...
			C	113	M	64	24	2	1	...	...	...	...	...	...	2	...	4	5	3	6	7	4	1	2	3	...	...	...
					F	49	10	2	...	...	1	...	...	...	1	2	4	4	2	2	9	2	1	3	2	2	2	...	...
490	Lobar pneumonia	83	W	35	M	23	1	...	...	...	...	...	...	...	1	1	2	1	...	2	1	5	1	3	2	1	2	...	...
					F	12	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	3	...	1	2	3	1	...
			C	48	M	22	3	...	...	...	...	...	...	...	...	1	...	3	3	2	3	2	2	...	1	2	...	...	...
					F	26	3	...	...	...	...	...	...	...	1	1	3	2	1	1	8	2	...	2	...	...	2	...	...
491	Bronchopneumonia	113	W	66	M	35	3	...	1	...	...	...	1	...	...	...	...	2	1	3	1	1	3	4	3	4	4	4	...
					F	31	1	1	...	...	...	...	1	...	...	...	...	...	1	2	...	3	1	2	4	1	5	9	...
			C	47	M	32	15	2	1	...	...	...	...	...	...	1	...	1	1	1	2	5	1	...	1	1	...	...	...
					F	15	4	...	...	...	1	...	...	...	...	1	1	2	...	1	1	...	1	1	1	1	...	...	...
492–493	Primary atypical, other and unspecified pneumonia	36	W	18	M	10	3	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	2	1	...	...
					F	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	3	2	2	...
			C	18	M	10	6	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	1	...	...	...	...	...
					F	8	3	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...
500	Acute bronchitis	10	W	8	M	4	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
					F	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	...	...	1	...	...
			C	2	M	2	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
501–502	Chronic bronchitis	12	W	10	M	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	2	...	...	...
					F	5	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...
			C	2	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
510	Hypertrophy of tonsils and adenoids	1	W	1	F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

518, 521	Empyema and abscess of lung	8	W	2	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...
			C	6	M	5	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	1	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
511–517, 520, 522–527	All other respiratory diseases	40	W	31	M	27	1	...	...	...	...	...	...	...	...	...	1	...	2	2	6	1	3	3	7	1	...	...	...
					F	4	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...
			C	9	M	6	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	1	...	1	...	...	...	1	...
					F	3	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...

IX—Diseases of the Digestive System

540	Ulcer of stomach	27	W	20	M	18	...	...	...	...	...	...	...	...	...	...	...	1	2	2	5	1	1	4	1	1	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...
			C	7	M	6	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	2	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
541	Ulcer of duodenum	29	W	25	M	22	...	...	...	...	...	...	...	...	...	1	...	1	...	4	3	3	5	4	1	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	...	...
			C	4	M	4	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	1	...	...	...	...	...	...
550–553	Appendicitis	12	W	9	M	3	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	1	...	...	...
					F	6	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	1	...	1	1	...	1	...
			C	3	M	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
560, 561, 570	Intestinal obstruction and hernia	74	W	56	M	26	2	...	...	...	...	...	...	...	...	...	2	1	1	1	...	3	3	3	2	5	2	1	...
					F	30	...	...	...	...	...	...	...	...	...	1	...	...	1	...	2	4	3	4	6	2	2	5	...
			C	18	M	11	1	...	1	...	...	...	...	...	...	...	...	...	...	...	4	1	2	...	1	...	1	...	...
					F	7	...	...	...	...	...	...	...	...	...	1	1	1	...	1	...	1	2	...	...	...	...	...	...
571, 572	Gastro-enteritis and colitis, except diarrhea of the newborn	28	W	17	M	10	2	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	1	...	2	1	...
					F	7	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	1	...
			C	11	M	7	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...
					F	4	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
581	Cirrhosis of liver	133	W	116	M	72	...	...	...	...	...	...	...	...	...	...	1	6	3	11	10	12	8	9	6	3	2	1	...
					F	44	...	...	...	...	...	...	...	...	...	1	3	4	3	5	7	8	6	4	2	1	...	...	...
			C	17	M	10	...	...	...	...	...	...	...	...	1	1	...	2	1	1	...	1	1	1	...	1	...	...	...
					F	7	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	2	1	...	...	...	...	...	...
584, 585	Cholelithiasis and cholecystitis	36	W	35	M	14	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	...	1	2	2	3	1	...
					F	21	...	...	...	...	...	...	...	...	...	...	1	...	1	1	...	4	2	2	6	3	1	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950

International List No.	Cause of Death	Totals: Grand Total	Totals: By Color		Totals: 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
536–539, 542, 544, 545, 573–580, 582, 583, 586, 587	Other diseases of the digestive system	53	W	36	M	22	2	...	...	...	...	...	...	...	...	1	1	1	...	...	2	4	5	...	...	...	1	5	...
					F	14	1	...	...	...	...	...	...	...	...	...	...	1	1	2	2	1	1	3	1	1	...	...	...
			C	17	M	7	...	...	...	...	...	...	...	...	...	1	1	1	1	1	...	1	1	...	...	...	...	...	...
					F	10	...	...	...	...	...	1	...	...	...	2	...	2	...	1	1	1	...	1	1	...	...	...	...
X—Diseases of the Genito-Urinary System																													
590	Acute nephritis	8	W	2	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	6	M	3	...	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...
591–594	Chronic, other and unspecified nephritis	160	W	97	M	48	...	...	...	...	...	...	...	...	1	...	3	3	3	5	4	5	5	5	5	5	2	2	...
					F	49	...	...	...	...	...	...	...	...	2	2	...	1	1	4	5	5	4	3	7	7	6	2	...
			C	63	M	39	1	...	...	...	...	...	...	...	1	2	3	...	3	2	4	6	5	2	4	4	1	1	...
					F	24	...	...	...	...	...	...	...	...	...	1	2	2	3	...	2	1	4	2	3	4	...	...	...
600	Infections of kidney	21	W	13	M	7	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	1	2	...	...	...
					F	6	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	2	1	...	...
			C	8	M	4	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	1	...
					F	4	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	...	1	...	...	...	...	...
602, 604	Calculi of urinary system	11	W	9	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...
					F	7	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	2	1	...	1	1	...	...
			C	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
610	Hyperplasia of prostate	25	W	17	M	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	6	5	2	1	...
			C	8	M	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	1	1	1	...	...
601, 603, 605–609, 611–617, 622–637	Other diseases of genito-urinary system	17	W	9	M	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	1	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	1	1	...	1	...
			C	8	M	3	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	...	...	1	1	...	...	1	1	...	...	1	...	...	...	...	...

XI—Deliveries and Complications of Pregnancy, and the Puerperium

640, 641, 681, 682, 684	Sepsis of pregnancy, childbirth and the puerperium	1	C	1	F	1												1															
642, 652, 685, 686	Toxemias of pregnancy and the puerperium	3	W	2	F	2									1	1																	
			C	1	F	1													1														
643, 644, 670–672	Hemorrhage of pregnancy and childbirth	5	W	3	F	3									1	1	1																
			C	2	F	2										2																	
650	Abortion without mention of sepsis or toxemia	1	C	1	F	1									1																		
651	Abortion with sepsis	2	W	1	F	1												1															
			C	1	F	1											1																
645–649, 673–680, 683, 687–689	Other complications of pregnancy, childbirth and the puerperium	6	W	2	F	2										1	1																
			C	4	F	4									1	2	1																

XII and XIII—Diseases of the Skin and Musculoskeletal System

730	Osteomyelitis and periostitis	2	W	1	M	1											1																
			C	1	F	1												1															
720–725	Arthritis and spondylitis	9	W	6	M	2																			1	1							
					F	4																1	1		1	1							
			C	3	M	1																			1								
					F	2											1								1								
737, 745–749	Ankylosis and acquired musculoskeletal deformities	1	W	1	M	1												1															
700–716, 731–736, 738–744	All other diseases of skin and musculoskeletal system	9	W	9	M	3	1																		2								
					F	6	1		1										1		1		1		1								

XIV—Congenital Malformations

751	Spina bifida and meningocele	11	W	9	M	4	4																										
					F	5	4					1																					
			C	2	M	1	1																										
					F	1	1																										

TABLE NO. 8—Continued
RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
754	Congenital malformations of circulatory system	51	W	30	M	13	9	2	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
					F	17	13	...	...	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...
			C	21	M	12	11	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	9	7	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...
750, 752, 753, 755–759	All other congenital malformations	57	W	40	M	22	19	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	18	11	1	1	...	...	...	1	...	...	...	...	...	1	1	...	1	...	1	...	...	...	...	...
			C	17	M	8	5	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	9	9	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	XV—Certain Diseases of Early Infancy																												
760, 761	Birth injuries	76	W	47	M	28	28	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	19	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	29	M	16	16	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	13	13	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
762	Postnatal asphyxia and atelectasis	93	W	45	M	26	26	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	19	19	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	48	M	31	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	17	17	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
763–768	Infections of the newborn	34	W	15	M	10	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	5	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	19	M	12	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
770	Hemolytic diseases of newborn	9	W	9	M	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
769, 771, 772	All other defined diseases of early infancy	12	W	7	M	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	5	M	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
773–776	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	131	W	71	M	39	39	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	32	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	60	M	29	29	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	31	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

XVI—Symptoms, Senility and Ill-Defined Conditions

794	Senility without mention of psychosis	8	W	7	M	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...
					F	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...
780–793, 795	Ill-defined and unknown causes of mortality	13	W	6	M	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...
					F	3	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...
			C	7	M	4	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...
					F	3	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...

XVII—Accidents, Poisonings, and Violence

	All Accidents	455	W	346	M	226	2	...	4	1	1	8	6	7	15	12	13	21	14	9	12	23	23	10	11	13	11	8	2
					F	120	3	...	1	...	2	4	2	2	4	2	6	3	2	3	4	6	7	8	14	19	15	13	...
			C	109	M	84	5	3	1	2	...	2	1	7	5	6	8	5	10	8	9	2	2	4	2	...	1	...	1
					F	25	2	1	1	...	1	...	...	...	2	1	2	1	3	3	...	2	...	1	1	1	1	2	...
810–835	Motor vehicle accidents	136	W	109	M	70	...	...	...	...	...	3	3	6	10	7	2	8	2	5	2	5	6	4	3	2	1	1	...
					F	39	...	...	...	...	1	4	1	1	3	1	4	2	...	2	1	6	3	4	4	1	1	...	...
			C	27	M	23	...	2	1	...	...	...	1	1	1	3	1	1	1	2	2	...	2	3	1	...	...	...	1
					F	4	...	...	...	...	...	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
800–802, 840–866	Other transport accidents	27	W	18	M	14	...	...	...	...	...	1	1	...	...	1	2	...	2	...	2	1	2	...	...	1	...	...	1
					F	4	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...
			C	9	M	8	...	...	...	...	...	1	...	...	1	1	...	1	2	2	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...
870–895	Accidental poisoning	22	W	10	M	8	...	...	1	...	...	...	1	...	...	...	1	1	...	...	...	1	2	...	...	1	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...
			C	12	M	8	1	...	...	2	...	...	...	3	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...
					F	4	...	1	1	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
900–904	Accidental falls	157	W	140	M	79	...	...	2	...	...	...	...	...	2	1	2	6	5	3	5	10	8	4	7	8	10	6	...
					F	61	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	4	3	9	16	14	12	...
			C	17	M	10	...	...	...	...	...	...	...	...	...	...	...	2	2	...	4	1	...	...	1	...	...	...	...
					F	7	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	...	1	1	1	...	1	...
912	Accident caused by machinery	4	W	3	M	3	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	...
			C	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
916	Accident caused by fire and explosion of combustible material	27	W	18	M	14	1	...	1	...	...	...	...	...	...	1	...	2	1	1	...	2	3	...	...	1	...	1	...
					F	4	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	1	...	...	1	...
			C	9	M	4	1	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...
					F	5	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	1	...	...	...	...	...	1	...

TABLE NO. 8—Concluded

RESIDENT DEATHS BY CAUSE, SEX, COLOR AND AGE—1950

International List No.	Cause of Death	Totals: Grand Total	By Color		By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Years and Over	Age Not Specified
917, 918	Accident caused by hot substance, corrosive liquid, steam and radiation	7	W	3	M	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
			C	4	M	3	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
919	Accident caused by firearm	5	W	3	M	3	...	...	...	...	...	1	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	2	M	2	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...
929	Accidental drowning and submersion	41	W	24	M	22	1	...	...	...	1	2	1	...	2	1	3	3	...	...	2	3	1	...	1	...	...	...	...	1
					F	2	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
			C	17	M	16	...	...	...	...	...	1	...	2	2	1	4	...	3	2	...	...	...	1	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
910, 911, 913–915, 920–928, 930–965, 970–979	All other accidental causes	29	W	18	M	12	...	...	...	...	...	1	...	...	1	1	2	1	2	...	1	...	1	2	...	...	...	...	...	...
					F	6	2	...	...	...	...	...	1	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	...
			C	11	M	9	3	...	...	...	...	...	...	1	1	1	1	...	1	...	1	...	...	...	...	...	...	...	...
					F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
970–979	Suicide and self-inflicted injury	102	W	93	M	67	...	...	...	...	...	...	...	...	1	4	5	8	9	6	9	5	5	5	3	2	4	1	...	...
					F	26	...	...	...	...	...	...	...	...	1	...	2	3	5	5	4	2	2	1	1	...	...	...	...	...
			C	9	M	7	...	...	...	...	...	...	...	...	1	1	1	...	1	...	1	...	2	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...
980–985	Homicide and injury purposely inflicted by other persons (not in war)	105	W	28	M	21	4	...	...	...	...	...	...	1	2	...	2	2	6	...	3	1	...	...	...	...	...	...	...	...
					F	7	2	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	1	...	1	...	...	...	...	...
			C	77	M	66	...	...	...	...	...	...	1	4	13	18	13	4	3	3	3	3	...	1	...	...	...	...	...
					F	11	2	...	...	...	...	...	...	2	5	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...

NOTE—Deaths by color, include the following non-Negro races:
Pulmonary tuberculosis—1 male Chinese, 59 years of age.
Malignant neoplasm of trachea, and of bronchus and lung specified as primary—1 male Filipino, 59 years of age.
Malignant neoplasm of lung and bronchus, unspecified as to whether primary or secondary—1 male Chinese, 55 years of age.
Malignant neoplasm of prostate—1 male Chinese, 87 years of age.
Monocytic leukemia—1 female Chinese, 22 years of age.
Subarachnoid hemorrhage—1 male Chinese, 66 years of age.
Cerebral hemorrhage—1 male Chinese, 61 years of age.
Cerebral embolism and thrombosis—1 male Chinese, 60 years of age.
Heart disease specified as involving coronary arteries—1 male Chinese, 60 years of age.
Chronic nephritis—1 male Japanese, 72 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—1950

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	11,327	8,661	2,666	11.9	11.6	13.3	10,624	7,835	2,789	11.2	10.4	14.0
Tuberculosis, all forms (001-019)	348	163	185	36.6	21.7	93.0	536	235	301	56.4	31.3	151.3
Respiratory tuberculosis (001-008)	*310*	*146*	*164*	*32.6*	*19.5*	*82.4*	*497*	*220*	*277*	*52.2*	*29.3*	*139.2*
Syphilis (020-029)	85	19	66	8.9	2.6	33.1	103	21	82	10.8	2.8	41.2
Typhoid fever (40)	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery (045-048)	..	..	..	..	..	..	..	..	..	..	..	..
Other infective diseases of the intestinal tract (041-044, 049)	3	..	3	0.3	..	1.5	3	..	3	0.3	..	1.5
Scarlet fever and streptococcal sore throat (050-051)	1	..	1	0.1	..	0.5	1	..	1	0.1	..	0.5
Diphtheria (055)	4	4	..	0.4	0.5	..	3	3	..	0.3	0.4	..
Whooping cough (056)	1	..	1	0.1	..	0.5	1	..	1	0.1	..	0.5
Meningococcal infections (057)	13	11	2	1.4	1.5	1.0	9	7	2	1.0	0.9	1.0
Other infective diseases of bacterial origin (030-039, 052-054, 058-064, 070-074)	17	7	10	1.8	0.9	5.0	13	3	10	1.4	0.4	5.0
Poliomyelitis, acute (080-081)	19	18	1	2.0	2.4	0.5	9	7	2	1.0	0.9	1.0
Encephalitis (082-083)	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..
Smallpox (084)	..	..	..	..	..	..	..	..	..	..	..	..
Measles (085)	..	..	..	..	..	..	..	..	..	..	..	..
Other virus diseases (086-096)	3	3	..	0.3	0.4	..	3	3	..	0.3	0.4	..
Typhus and rickettsial diseases (100-108)	1	1	..	0.1	0.1	..	..	..	..	..	..	..
Other infective and parasitic diseases (110-138)	4	3	1	0.4	0.4	0.5	2	1	1	0.2	0.1	0.5
Malignant neoplasms (140-205)	1,860	1,544	316	195.8	205.5	158.8	1,623	1,311	312	170.8	174.6	156.8
Lymphatic and haemotopoietic (200-205)	*145*	*125*	*20*	*15.3*	*16.7*	*10.0*	*95*	*79*	*16*	*10.0*	*10.5*	*8.0*
Benign and unspecified neoplasms (210-239)	34	23	11	3.6	3.1	5.5	21	13	8	2.2	1.8	4.0
Diabetes (260)	188	157	31	19.8	21.0	15.5	180	150	30	19.0	20.1	15.0
Anemia (290-293)	23	15	8	2.4	2.0	4.0	20	13	7	2.1	1.8	3.5
Other diseases of the blood and blood-forming organs (294-299)	19	14	5	2.0	1.9	2.5	15	10	5	1.6	1.3	2.5
Vascular lesions of the central nervous system (330-334)	761	552	209	80.0	73.6	105.0	735	520	215	77.2	69.3	108.0
Rheumatic fever (400-402)	26	16	10	2.8	2.2	5.0	18	9	9	1.9	1.2	4.5

*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—1950

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 heart (410-443)	4,722	3,838	884	497.2	511.1	444.7	4,583	3,676	907	482.5	489.4	455.8
Chronic rheumatic heart disease (410-416)	*181*	*145*	*36*	*19.0*	*19.3*	*18.0*	*168*	*130*	*38*	*17.6*	*17.5*	*19.0*
Arteriosclerotic and degenerative heart disease (420-422)	*3,149*	*2,745*	*404*	*331.5*	*365.5*	*203.2*	*3,085*	*2,655*	*430*	*324.7*	*353.2*	*216.1*
Other diseases of the heart (430-434)	*76*	*54*	*22*	*8.2*	*7.3*	*11.5*	*75*	*56*	*19*	*8.1*	*7.5*	*9.6*
Hypertensive heart disease (440-443)	*1,316*	*894*	*422*	*138.5*	*119.0*	*212.0*	*1,255*	*835*	*420*	*132.1*	*111.2*	*211.1*
Other hypertensive diseases (444-447)	113	71	42	11.9	9.5	21.1	100	61	39	10.5	8.1	19.6
Other diseases of the circulatory system (450-468)	269	218	51	28.3	29.2	25.6	257	206	51	27.1	27.5	25.6
Nephritis and nephrosis (590-594)	183	115	68	19.2	15.3	34.1	168	99	69	17.6	13.1	34.6
Influenza and pneumonia (480-483, 490-493)	260	141	119	27.4	18.8	59.8	259	140	119	27.3	18.7	59.8
Pneumonia (490-493)	*233*	*120*	*113*	*24.5*	*16.0*	*56.8*	*232*	*119*	*113*	*24.4*	*15.8*	*56.8*
Bronchitis (500-502)	22	18	4	2.3	2.4	2.0	22	18	4	2.3	2.4	2.0
Ulcer of the stomach and duodenum (540-542)	71	61	10	7.5	8.2	5.0	56	45	11	5.9	6.1	5.5
Appendicitis (550-553)	13	11	2	1.4	1.5	1.0	12	9	3	1.3	1.2	1.5
Intestinal obstruction and hernia (560-570)	93	72	21	9.9	9.7	10.5	74	56	18	7.9	7.5	9.0
Gastritis, duodenitis, enteritis and colitis (543, 571, 572)	37	25	12	3.8	3.4	6.0	28	17	11	2.9	2.3	5.5
Cirrhosis of the liver (581)	146	129	17	15.5	17.4	8.5	133	116	17	14.1	15.6	8.5
Puerperal causes (640-689)	23	11	12	0.8	0.5	1.5	18	8	10	0.8	0.0	1.4
Congenital malformations (750-759)	221	176	45	23.3	23.7	22.6	119	79	40	12.5	10.6	20.1
Certain diseases of early infancy (760-776)	478	294	184	50.3	39.5	92.4	355	194	161	37.4	26.0	80.9
Pneumonia of newborn (763)	*20*	*12*	*8*	*2.1*	*1.6*	*4.0*	*14*	*9*	*5*	*1.5*	*0.9*	*2.5*
Diarrhea of newborn (764)	*6*	*2*	*4*	*0.6*	*0.3*	*2.0*	*6*	*2*	*4*	*0.6*	*0.3*	*2.0*
Senility, ill-defined and unknown conditions (780-795)	22	15	7	2.3	2.0	3.5	21	13	8	2.2	1.8	4.0
All other diseases	510	370	140	53.7	49.3	70.4	461	324	137	48.5	43.1	68.8
Accidents, total (800-962, 965)	516	412	104	54.5	55.5	52.3	455	346	109	48.2	46.6	54.8
Motor vehicle accidents (810-835)	*175*	*144*	*29*	*18.2*	*19.2*	*14.5*	*136*	*109*	*27*	*14.2*	*14.5*	*13.5*
Suicides (963, 970-979)	113	104	9	11.9	13.9	4.5	102	93	9	10.7	12.4	4.5
Homicide (964, 980-985)	104	29	75	10.9	3.9	37.7	105	28	77	11.0	3.8	38.7

*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—1950

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
	All Causes*	8,661	2,666	7,169	2,437	1,136	138	356	41	532	265	134	37	7,835	2,789
A 1	Tuberculosis of respiratory system	146	164	136	159	10	1	..	4	71	110	13	8	220	277
A 2	Tuberculosis of meninges and central nervous system	7	13	5	12	2	..	..	1	2	2	..	..	7	14
A 3	Tuberculosis of intestines, peritoneum and mesenteric glands	1	1	1	1	..	..	..	..	..	..	..	..	1	1
A 4	Tuberculosis of bones and joints	1	..	1	..	..	..	..	..	..	1	..	..	1	1
A 5	Tuberculosis, all other forms	8	7	5	5	2	2	1	..	1	3	..	..	6	8
A 6	Congenital syphilis	1	3	..	2	1	1	..	..	..	..	..	..	..	2
A 8	Tabes dorsalis	1	..	1	..	..	..	..	..	1	..	..	..	2	..
A 9	General paralysis of insane	..	..	..	..	..	..	..	..	4	16	..	..	4	16
A 10	All other syphilis	17	63	12	60	3	2	2	1	2	3	1	1	15	64
A 13	Paratyphoid fever and other Salmonella infections	..	3	..	3	..	..	..	..	..	..	..	..	..	3
A 18	Streptococcal sore throat	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 19	Erysipelas	..	..	..	..	..	..	..	..	..	1	..	..	..	1
A 20	Septicemia and pyemia	3	5	1	4	2	1	..	..	..	..	..	..	1	4
A 21	Diphtheria	4	..	3	..	1	..	..	..	..	..	..	..	3	..
A 22	Whooping cough	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 23	Meningococcal infections	11	2	7	2	4	..	..	..	..	..	..	..	7	2
A 26	Tetanus	4	2	2	2	2	..	..	..	..	..	..	..	2	2
A 28	Acute poliomyelitis	16	1	6	1	9	..	1	..	..	1	..	..	6	2
A 30	Late effects of acute poliomyelitis and acute infectious encephalitis	3	..	2	..	..	..	1	..	..	..	..	..	2	..
A 34	Infectious hepatitis	3	..	3	..	..	..	..	..	..	..	..	..	3	..
A 36	Typhus and other rickettsial diseases	1	..	..	..	1	..	..	..	..	..	..	..	..	..
A 43	All other diseases classified as infective and parasitic	3	4	1	4	2	..	..	..	..	..	..	..	1	4
A 44	Malignant neoplasm of buccal cavity and pharynx	42	13	29	13	9	..	4	..	3	..	1	..	33	13
A 45	Malignant neoplasm of esophagus	40	16	32	14	4	2	4	..	1	..	..	..	33	14
A 46	Malignant neoplasm of stomach	138	50	120	44	11	4	7	2	5	6	..	..	125	50
A 47	Malignant neoplasm of intestine, except rectum	157	16	131	15	19	..	7	1	9	..	..	..	140	15
A 48	Malignant neoplasm of rectum	74	11	63	9	10	..	1	2	3	1	..	..	66	10
A 49	Malignant neoplasm of larynx	15	3	11	3	2	..	2	..	..	..	..	..	11	3

* There were 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—1950

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 50	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	187	28	142	24	27	3	18	1	14	5	..	1	156	30
A 51	Malignant neoplasm of breast	138	19	121	19	11	..	6	..	4	..	..	2	125	21
A 52	Malignant neoplasm of cervix uteri	57	28	53	24	3	4	1	..	2	2	..	..	55	26
A 53	Malignant neoplasm of other and unspecified parts of uterus	50	15	45	15	3	..	2	..	1	..	..	..	46	15
A 54	Malignant neoplasm of prostate	63	17	54	15	8	2	1	..	4	..	1	1	59	16
A 55	Malignant neoplasm of skin	28	1	22	1	2	..	4	..	1	..	..	..	23	1
A 56	Malignant neoplasm of bone and connective tissue	23	7	14	5	6	1	3	1	1	..	..	..	15	5
A 57	Malignant neoplasm of all other and unspecified sites	407	72	326	65	53	4	23	3	14	11	5	1	345	77
A 58	Leukemia and aleukemia	63	10	36	7	19	3	8	..	..	..	..	..	36	7
A 59	Lymphosarcoma and other neoplasms of lymphatic and hematopoietic system	62	10	39	9	19	1	4	..	3	..	1	..	43	9
A 60	Benign neoplasms and neoplasms of unspecified nature	23	11	12	8	5	3	6	..	1	..	..	..	13	8
A 61	Nontoxic goiter	2	1	2	1	..	..	..	..	..	..	..	..	2	1
A 62	Thyrotoxicosis with or without goiter	9	2	8	2	1	..	..	..	..	..	..	..	8	2
A 63	Diabetes mellitus	157	31	134	30	20	1	3	..	14	..	2	..	150	30
A 64	Avitaminosis and other deficiency	3	3	2	3	..	..	1	..	..	..	..	..	2	3
A 65	Anemia	15	8	10	7	5	1	..	..	3	..	..	..	13	7
A 66	Allergic disorders; all other endocrine, metabolic and blood diseases	52	18	42	18	9	..	1	..	3	1	2	..	47	19
A 67	Psychoses	6	1	5	1	1	..	..	..	2	3	..	..	7	4
A 68	Psychoneuroses and disorders of personality	28	12	26	12	1	..	1	..	1	..	..	..	27	12
A 69	Mental deficiency	4	1	2	1	2	..	..	..	..	..	..	..	2	1
A 70	Vascular lesions affecting central nervous system	552	209	474	202	66	5	12	2	38	12	8	1	520	215
A 71	Nonmeningococcal meningitis	11	10	9	8	2	2	..	..	..	2	1	..	10	10
A 72	Multiple sclerosis	3	1	2	1	1	..	..	..	..	..	..	..	2	1
A 73	Epilepsy	8	6	8	6	..	..	..	..	4	1	..	..	12	7
A 75	Cataract	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 77	Otitis media and mastoiditis	8	4	7	4	1	..	..	..	..	..	..	..	7	4
A 78	All other diseases of the nervous system and sense organs	33	10	26	10	5	..	2	..	6	3	1	..	33	13
A 79	Rheumatic fever	16	10	9	9	6	1	1	..	..	..	..	..	9	9
A 80	Chronic rheumatic heart disease	145	36	122	36	20	..	3	..	6	2	2	..	130	38
A 81	Arteriosclerotic and degenerative heart disease	2,745	404	2,448	392	244	9	53	3	165	34	42	4	2,655	430

A 82	Other diseases of heart	54	22	46	17	7	3	1	2	5	2	5	..	56	19
A 83	Hypertension with heart disease	894	422	798	408	79	11	17	3	33	9	4	3	835	420
A 84	Hypertension without mention of heart	71	42	57	36	11	4	3	2	4	3	..	..	61	39
A 85	Diseases of arteries	194	38	170	35	22	2	2	1	18	5	..	..	188	40
A 86	Other diseases of circulatory system	24	13	16	10	3	2	5	1	2	1	..	..	18	11
A 87	Acute upper respiratory infections	5	1	5	1	..	..	..	..	..	..	..	..	5	1
A 88	Influenza	21	6	20	6	1	..	..	..	1	..	..	..	21	6
A 89	Lobar pneumonia	36	50	32	48	4	2	..	..	3	..	..	..	35	48
A 90	Bronchopneumonia	64	46	60	44	2	2	2	..	5	1	1	2	66	47
A 91	Primary atypical, other and unspecified pneumonia	20	17	15	17	5	..	..	..	2	1	1	..	18	18
A 92	Acute bronchitis	7	2	7	2	..	..	..	..	..	..	1	..	8	2
A 93	Bronchitis, chronic and unqualified	11	2	9	2	2	..	..	..	1	..	..	..	10	2
A 94	Hypertrophy of tonsils and adenoids	3	..	1	..	1	..	1	..	..	..	..	..	1	..
A 95	Empyema and abscess of lung	1	7	1	6	..	1	..	..	1	..	..	..	2	6
A 97	All other respiratory diseases	36	9	27	9	6	..	3	..	3	..	1	..	31	9
A 99	Ulcer of stomach	27	7	18	7	7	..	2	..	1	..	1	..	20	7
A 100	Ulcer of duodenum	34	3	24	3	7	..	3	..	1	..	..	1	25	4
A 102	Appendicitis	11	2	8	2	3	..	..	..	1	1	..	..	9	3
A 103	Intestinal obstruction and hernia	72	21	54	16	12	5	6	..	2	1	..	1	56	18
A 104	Gastro-enteritis and colitis, except diarrhea of the newborn	25	12	16	11	8	1	1	..	1	..	..	..	17	11
A 105	Cirrhosis of liver	129	17	105	17	20	..	4	..	8	..	3	..	116	17
A 106	Cholelithiasis and cholecystitis	40	2	35	1	5	1	..	..	..	..	..	..	35	1
A 107	Other diseases of digestive system	47	22	34	17	10	3	3	2	2	..	..	..	36	17
A 108	Acute nephritis	3	6	2	6	1	..	..	..	..	..	..	..	2	6
A 109	Chronic, other and unspecified nephritis	112	62	90	58	15	3	7	1	7	5	..	..	97	63
A 110	Infections of kidney	21	9	13	8	8	1	..	..	..	..	..	..	13	8
A 111	Calculi of urinary system	12	3	9	2	1	1	2	..	..	..	..	..	9	2
A 112	Hyperplasia of prostate	22	10	17	8	4	2	1	..	..	..	..	..	17	8
A 114	Other diseases of genito-urinary system	10	8	8	8	2	..	..	..	1	..	..	..	9	8
A 115	Sepsis of pregnancy, childbirth and the puerperium	..	2	..	1	..	1	..	..	..	..	..	..	..	1
A 116	Toxemias of pregnancy and the puerperium	2	1	2	1	..	..	..	..	..	..	..	..	2	1
A 117	Hemorrhage of pregnancy and childbirth	4	2	3	2	1	..	..	..	..	..	..	..	3	2
A 118	Abortion without mention of sepsis or toxemia	..	1	..	1	..	..	..	..	..	..	..	..	..	1
A 119	Abortion with sepsis	2	1	1	1	1	..	..	..	..	..	..	..	1	1
A 120	Other complications of pregnancy, childbirth, and the puerperium	3	5	2	4	1	1	..	..	..	..	..	..	2	4
A 122	Arthritis and spondylitis	6	3	6	3	..	..	..	..	..	..	..	..	6	3
A 124	Osteomyelitis and periostitis	1	1	1	1	..	..	..	..	..	..	..	..	1	1
A 125	Ankylosis and acquired musculoskeletal deformities	1	..	1	..	..	..	..	..	..	..	..	..	1	..
A 126	All other diseases of skin and musculoskeletal system	12	..	9	..	2	..	1	..	..	..	..	..	9	..
A 127	Spina bifida and meningocele	14	2	9	2	3	..	2	..	..	..	..	..	9	2
A 128	Congenital malformations of circulatory system	98	25	29	21	17	3	52	1	..	..	1	..	30	21
A 129	All other congenital malformations	64	18	38	17	19	1	7	..	2	..	..	..	40	17
A 130	Birth injuries	77	35	47	29	29	6	1	..	..	..	..	..	47	29

TABLE NO. 10—Continued

ALLOCATION OF DEATHS BY COLOR AND CAUSE OF DEATH ACCORDING TO PLACE OF DEATH AND PLACE OF RESIDENCE
BALTIMORE—1950

Intermediate List Number (6th Revision)	Cause of Death	Total Recorded Deaths		Residents of						Baltimore Residents Dying Elsewhere				Total Resident Deaths	
				Baltimore		Counties of Maryland		Other States		Counties of Maryland		Other States			
		White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd	White	Col'd
A 131	Postnatal asphyxia and atelectasis	70	50	44	47	26	3	..	..	1	..	..	1	45	48
A 132	Infections of the newborn	19	25	15	19	4	6	..	..	..	..	..	..	15	19
A 133	Hemolytic disease of newborn	10	..	9	..	1	..	..	..	..	..	..	..	9	..
A 134	All other defined diseases of early infancy	10	5	7	5	3	..	..	..	..	..	..	..	7	5
A 135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified	108	69	70	60	37	9	1	..	..	..	1	..	71	60
A 136	Senility without mention of psychosis	7	1	7	1	..	..	..	..	..	..	..	..	7	1
A 137	Ill-defined and unknown causes of mortality	8	6	5	6	2	..	1	..	..	..	1	1	6	7
AE138	Motor vehicle accidents	144	29	83	20	43	7	18	2	11	3	15	4	109	27
AE139	Other transport accidents	10	8	8	7	..	..	2	1	2	2	8	..	18	9
AE140	Accidental poisoning	18	12	10	12	7	..	1	..	..	..	..	..	10	12
AE141	Accidental falls	161	18	127	16	31	1	3	1	9	1	4	..	140	17
AE142	Accident caused by machinery	4	1	1	1	3	..	..	..	2	..	..	..	3	1
AE143	Accident caused by fire and explosion of combustible material	20	9	17	9	3	..	..	..	1	..	..	..	18	9
AE144	Accident caused by hot substance, corrosive liquid, steam, and radiation	3	3	3	3	..	..	..	..	..	1	..	..	3	4
AE145	Accident caused by firearm	3	2	2	1	1	1	..	..	..	1	1	..	3	2
AE146	Accidental drowning and submersion	24	14	18	11	1	1	5	2	4	3	2	3	24	17
AE147	All other accidental causes	25	8	16	8	6	..	3	..	1	2	1	1	18	11
AE148	Suicide and self-inflicted injury	104	9	84	9	13	..	7	..	8	..	1	..	93	9
AE149	Homicide and injury purposely inflicted by other persons (not in war)	29	75	26	73	2	1	1	1	..	3	2	1	28	77

TABLE NO. 11

RESIDENT AND RECORDED DEATHS AND DEATH RATES PER 100,000 POPULATION FOR CERTAIN IMPORTANT CAUSES FOR TOTAL, WHITE AND COLORED POPULATIONS—1940-1950

Year	Typhoid Fever						Measles						Whooping Cough					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Resident																		
1950	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.5
1949	..	..	..	..	..	..	6	4	2	0.6	0.5	1.0	..	..	..	..	..	..
1948	1	1	..	0.1	0.1	..	2	2	..	0.2	0.3	..	..	..	..	..	..	..
1947	..	..	..	..	..	..	..	..	..	..	..	..	10	6	4	1.1	0.8	2.1
1946	1	1	..	0.1	0.1	..	6	4	2	0.6	0.5	1.1	2	1	1	0.2	0.1	0.5
1945	1	1	..	0.1	0.1	..	..	..	..	..	..	..	12	5	7	1.3	0.7	3.8
1944	1	..	1	0.1	..	0.5	10	3	7	1.1	0.4	3.9	11	6	5	1.2	0.8	2.8
1943	1	1	..	0.1	0.1	..	1	1	..	0.1	0.1	..	10	6	4	1.0	0.8	2.0
1942	1	1	..	0.1	0.1	..	1	..	1	0.1	..	0.5	9	4	5	1.0	0.5	2.7
1941	3	1	2	0.3	0.1	1.2	3	2	1	0.3	0.3	0.6	30	3	27	3.5	0.4	16.1
1940	1	..	1	0.1	..	0.6	..	..	..	..	..	..	24	11	13	2.8	1.6	7.8
Recorded																		
1950	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	0.1	..	0.5
1949	..	..	..	..	..	..	8	6	2	0.8	0.8	1.0	..	..	..	..	..	..
1948	4	3	1	0.4	0.4	0.5	3	3	..	0.3	0.4	..	1	1	..	0.1	0.1	..
1947	3	2	1	0.3	0.3	0.5	..	..	..	..	..	..	11	7	4	1.2	0.9	2.1
1946	1	1	..	0.1	0.1	..	8	6	2	0.9	0.8	1.1	2	1	1	0.2	0.1	0.5
1945	2	2	..	0.2	0.3	..	..	..	..	..	..	..	18	8	10	1.9	1.1	5.5
1944	1	..	1	0.1	..	0.5	12	5	7	1.3	0.7	3.9	16	8	8	1.7	1.1	4.4
1943	2	2	..	0.2	0.3	..	3	3	..	0.3	0.4	..	15	10	5	1.5	1.3	2.5
1942	3	3	..	0.3	0.4	..	1	..	1	0.1	..	0.5	11	5	6	1.2	0.7	3.3
1941	6	4	2	0.7	0.6	1.2	6	4	2	0.7	0.6	1.2	34	7	27	3.9	1.0	16.1
1940	3	2	1	0.3	0.3	0.6	..	..	..	..	..	..	30	17	13	3.5	2.4	7.8
	Diphtheria						Influenza						Tuberculosis, All Forms					
Resident																		
1950	3	3	..	0.3	0.3	..	27	21	6	2.8	2.8	3.0	536	235	301	56.4	31.3	151.3
1949	2	..	2	0.2	..	1.0	16	9	7	1.7	1.2	3.5	597	246	351	63.0	32.9	176.9
1948	2	2	..	0.2	0.3	..	22	9	13	2.3	1.2	6.5	639	279	360	67.8	37.4	182.8
1947	5	4	1	0.5	0.5	0.5	36	19	17	3.8	2.6	8.7	699	291	408	74.5	39.2	208.7
1946	19	18	1	2.0	2.4	0.5	47	25	22	5.0	3.4	11.4	726	328	398	77.8	44.3	206.2
1945	19	17	2	2.0	2.3	1.1	45	29	16	4.8	3.1	8.5	752	328	424	80.9	44.2	225.5
1944	13	13	..	1.4	1.7	..	76	40	36	8.1	5.4	18.9	779	345	434	83.1	46.2	228.4
1943	3	2	1	0.3	0.3	0.5	123	90	33	12.8	11.7	17.0	781	378	403	81.1	49.2	207.7
1942	2	1	1	0.2	0.1	0.5	72	43	29	7.7	5.7	16.0	788	352	436	84.2	46.7	240.1
1941	3	2	1	0.3	0.3	0.6	80	48	32	9.2	6.9	19.0	790	334	456	91.2	47.9	271.4
1940	1	1	..	0.1	0.1	..	68	51	17	7.9	7.4	10.2	792	369	423	92.1	53.2	253.1

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—1940-1950

Year	Diphtheria						Influenza						Tuberculosis, All Forms					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Recorded																		
1950....	4	4	..	0.4	0.4	..	27	21	6	2.8	2.8	3.0	348	163	185	36.6	21.7	93.0
1949....	2	..	2	0.2	..	1.0	16	9	7	1.7	1.2	3.5	351	168	183	37.1	22.4	92.2
1948....	2	2	..	0.2	0.3	..	23	10	13	2.5	1.3	7.1	360	166	194	38.2	22.3	98.5
1947....	6	5	1	0.6	0.7	0.5	37	19	18	4.0	2.6	9.2	452	197	255	48.2	26.5	130.4
1946....	27	26	1	2.9	3.5	0.5	51	29	22	5.5	3.9	11.4	457	215	242	49.0	29.1	125.4
1945....	25	22	3	2.7	2.9	1.6	52	35	17	5.6	4.7	9.1	483	211	272	51.9	28.4	144.7
1944....	13	13	..	1.4	1.7	..	78	41	37	8.4	5.5	18.4	515	248	267	55.0	33.2	140.5
1943....	7	6	1	0.7	0.8	0.5	128	95	33	13.3	12.4	17.0	510	262	248	53.0	34.1	127.8
1942....	2	1	1	0.2	0.1	0.5	74	44	30	7.9	5.8	16.5	553	259	294	59.1	34.3	161.9
1941....	5	3	2	0.6	0.4	1.2	85	51	34	9.8	7.3	20.2	532	232	300	61.4	33.2	178.6
1940....	3	2	1	0.3	0.3	0.6	70	53	17	8.2	7.6	10.2	586	279	307	68.1	40.3	183.8
	Pulmonary Tuberculosis						Cancer, All Forms						Diseases of the Heart					
Resident																		
1950....	497	220	277	52.2	29.3	139.2	1,623	1,311	312	170.8	174.6	156.8	4,583	3,676	907	482.5	489.4	455.8
1949....	559	229	330	59.0	30.6	166.2	1,601	1,325	276	169.1	177.0	139.0	4,318	3,476	842	456.0	464.4	424.2
1948....	616	270	346	65.3	36.2	175.6	1,463	1,227	236	155.1	164.5	119.8	4,401	3,549	852	466.7	475.7	432.5
1947....	658	276	382	70.1	37.2	195.4	1,486	1,237	249	158.4	166.6	127.4	4,082	3,351	731	435.2	451.3	373.9
1946....	687	320	367	73.6	43.2	190.2	1,448	1,212	236	155.2	163.8	122.3	3,881	3,196	685	416.0	431.9	354.9
1945....	694	306	388	74.6	41.2	206.4	1,400	1,179	221	150.5	157.6	121.4	4,018	3,329	689	432.0	448.7	366.5
1944....	716	326	390	76.4	43.6	205.3	1,380	1,156	224	147.3	152.9	123.7	3,959	3,283	676	422.5	439.5	355.8
1943....	732	364	368	76.0	47.3	189.7	1,393	1,189	204	144.7	155.6	102.5	4,324	3,511	813	449.0	456.6	419.1
1942....	728	333	395	77.7	44.1	217.5	1,257	1,071	186	134.3	142.0	102.4	3,877	3,182	695	414.2	421.7	382.7
1941....	740	319	421	85.5	45.7	250.6	1,368	1,162	206	158.0	166.5	122.6	3,671	2,995	676	423.9	429.1	402.4
1940....	746	355	391	86.7	51.2	234.1	1,294	1,081	213	150.4	155.9	127.4	3,632	2,982	650	422.0	430.3	389.2
Recorded																		
1950....	310	146	164	32.6	19.5	82.4	1,860	1,544	316	195.8	205.5	158.8	4,722	3,838	884	497.2	511.1	444.7
1949....	310	147	163	32.7	19.6	82.1	1,818	1,537	281	192.0	205.3	141.6	4,442	3,614	828	469.1	482.8	417.1
1948....	331	153	178	35.1	20.5	90.4	1,663	1,421	242	176.4	190.5	122.8	4,445	3,607	838	471.4	483.5	425.4
1947....	412	180	232	43.9	24.2	118.7	1,683	1,421	262	179.4	191.4	134.0	4,148	3,425	723	442.2	461.2	369.8
1946....	414	203	211	44.4	27.4	109.3	1,646	1,402	244	177.1	187.4	134.1	3,885	3,218	667	416.4	434.9	345.6
1945....	424	183	241	45.6	24.7	128.2	1,590	1,362	228	171.0	182.1	125.3	3,991	3,322	669	429.1	447.7	355.9
1944....	448	223	225	47.8	29.9	118.4	1,560	1,324	236	166.5	175.1	130.4	3,982	3,323	659	425.0	444.8	346.8
1943....	459	242	217	47.7	31.5	111.9	1,586	1,378	208	164.7	180.4	104.5	4,310	3,534	776	447.6	459.6	400.0
1942....	494	234	260	52.8	31.0	143.2	1,482	1,277	205	158.3	169.3	112.9	3,865	3,198	667	412.9	423.9	367.2
1941....	476	216	260	55.0	30.9	154.8	1,593	1,370	223	183.9	196.3	132.7	3,692	3,024	668	426.3	433.2	397.6
1940....	537	259	278	62.4	37.4	166.4	1,488	1,262	226	172.9	182.0	135.2	3,660	3,008	652	425.3	433.9	390.1

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—1940-1950

Year	Major Cardio-Vascular Renal Diseases						Pneumonia, All Forms						Diabetes					
	Number			Rate per 100,000 Population			Number			Rate per 100,000 Population			Number			Rate per 100,000 Population		
	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored	Total	White	Colored
Resident																		
1950....	5,848	4,566	1,282	615.6	608.0	644.2	232	119	113	24.4	15.8	56.8	180	150	30	19.0	20.1	15.0
1949....	5,951	4,671	1,280	628.4	624.0	644.8	256	145	111	27.0	19.3	55.9	181	146	35	19.1	19.5	17.6
1948....	6,035	4,735	1,300	640.0	634.7	659.9	294	167	127	31.1	22.4	64.5	200	160	40	21.2	21.4	20.3
1947....	5,781	4,582	1,199	616.3	617.1	613.2	312	193	119	33.2	25.9	60.8	183	153	30	19.5	20.6	15.3
1946....	5,537	4,368	1,169	593.5	590.3	605.7	327	202	125	35.0	27.3	64.8	162	136	26	17.3	18.4	13.5
1945....	5,815	4,634	1,181	625.3	624.5	628.2	481	303	178	51.7	40.8	94.7	189	151	38	20.3	20.4	20.2
1944....	5,844	4,637	1,207	623.7	620.7	635.3	525	291	234	55.9	39.0	123.2	196	168	28	20.9	22.5	14.7
1943....	6,343	4,978	1,365	658.7	647.3	703.6	709	419	290	73.6	54.5	149.5	188	163	35	19.5	21.2	18.0
1942....	5,735	4,503	1,232	612.7	596.8	678.4	601	368	233	64.2	48.7	128.3	173	142	31	18.5	18.8	17.1
1941....	5,517	4,321	1,196	637.1	619.1	711.9	533	316	217	61.5	45.3	129.2	187	160	27	21.6	22.9	16.1
1940....	5,682	4,480	1,202	660.3	646.2	718.8	534	352	182	62.0	50.6	108.8	189	164	25	21.9	23.6	14.9
Recorded																		
1950....	6,060	4,804	1,256	637.9	639.7	631.2	233	120	113	24.5	16.0	56.8	188	157	31	19.8	21.0	15.5
1949....	5,951	4,671	1,280	628.4	624.0	644.8	251	146	105	26.6	19.5	52.8	198	161	37	20.9	21.5	18.6
1948....	5,987	4,646	1,341	634.9	622.8	680.7	303	173	130	32.1	23.2	66.0	212	170	42	22.5	22.8	21.3
1947....	5,823	4,652	1,171	620.7	626.5	598.9	321	198	123	34.2	26.6	62.9	200	171	29	21.3	23.0	14.8
1946....	5,507	4,380	1,127	590.2	591.9	583.9	338	210	128	36.1	28.4	66.3	177	150	27	19.0	20.3	14.0
1945....	5,792	4,644	1,148	622.8	625.9	610.6	480	301	179	51.6	40.6	95.2	204	167	37	21.9	22.5	19.7
1944....	5,846	4,673	1,173	623.9	625.6	617.4	546	312	234	58.3	41.8	123.1	206	177	29	22.0	23.7	15.3
1943....	6,341	5,008	1,333	633.1	651.2	687.1	758	468	290	78.7	60.9	149.5	211	178	33	21.9	23.1	17.0
1942....	5,732	4,533	1,199	588.9	601.2	660.2	636	399	237	67.9	52.8	130.5	191	156	35	20.4	20.6	19.2
1941....	5,528	4,349	1,179	613.9	623.1	701.8	555	336	219	64.1	48.1	130.4	200	170	30	23.1	24.3	17.9
1940....	5,715	4,502	1,213	664.2	649.4	725.5	566	388	178	65.7	55.9	106.4	205	182	23	23.8	26.2	13.7

TABLE NO. 12

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1950

International Code No.	Disease	Totals: Grand Total	Totals: By Color		Totals: 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 Yrs. and Over	Age Not Specified
001-019	Tuberculosis, all forms	1,346	W	682	M	458	1	1	1	4	1	2	1	9	23	32	34	48	40	51	49	50	40	36	22	7	5	1	....
					F	224	2	2	2	4	3	4	1	16	29	35	34	18	24	8	14	5	6	2	7	5	2	1	....
			C	664	M	390	8	6	9	4	5	7	8	17	36	45	33	36	37	38	36	22	13	12	10	6	...	2	....
					F	274	8	7	9	7	8	9	15	24	38	36	35	21	19	14	7	6	4	2	4	...	1	....	....
001-008	Tuberculosis of the respiratory system	1,275	W	667	M	448	1	1	1	4	1	1	1	9	23	31	31	47	40	51	48	50	39	35	22	7	4	1	....
					F	219	2	2	2	3	2	3	1	16	29	34	34	17	24	8	14	5	6	2	7	5	2	1	....
			C	608	M	361	6	4	9	4	4	6	8	14	31	40	31	35	36	35	35	21	13	12	9	6	...	2	....
					F	247	8	6	7	5	6	8	14	21	36	31	32	20	18	13	7	5	4	2	4	...	...	....	....
010-019	Tuberculosis, other forms	71	W	15	M	10	...	...	...	...	...	1	...	...	....	1	3	1	...	...	1	...	1	1	...	...	1	....	....
					F	5	...	...	...	1	1	1	...	...	....	1	...	1	...	...	...	...	...	...	...	...	...	....	....
			C	56	M	29	2	2	...	...	1	1	...	3	5	5	2	1	1	3	1	1	...	...	1	...	...	....	....
					F	27	...	1	2	2	2	1	1	3	2	5	3	1	1	1	...	1	...	...	...	...	1	....	....
040	Typhoid fever	8	W	5	M	2	...	...	...	...	...	1	...	...	....	1	...	...	...	...	...	...	...	...	...	...	...	....	....
					F	3	...	...	...	...	...	...	...	...	....	...	1	...	...	...	...	1	1	...	...	...	...	....	....
			C	3	M	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	....	....
					F	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	....	....
041	Paratyphoid fever	1	C	1	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	....	....
042	Other Salmonella infections	4	W	1	M	1	...	...	...	1	...	...	...	...	....	...	...	...	...	...	...	...	...	...	...	...	...	....	....
			C	3	M	3	1	1	...	...	...	...	...	...	....	...	...	...	...	...	...	1	...	...	...	...	...	....	....
044	Undulant fever	3	W	3	M	2	...	...	...	...	...	...	...	...	....	2	...	...	...	...	...	...	...	...	...	...	...	....	....
					F	1	...	...	...	...	...	...	...	...	....	...	...	...	...	...	...	...	...	1	...	...	...	....	....
045	Bacillary dysentery	9	W	6	M	3	1	...	...	...	...	2	...	...	....	...	...	...	...	...	...	...	...	...	...	...	...	....	....
					F	3	...	1	...	1	...	...	1	...	....	...	...	...	...	...	...	...	...	...	...	...	...	....	....
			C	3	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	....	....
					F	2	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	....	....

046	Amoebic dysentery	4	W	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
			C	2	F	2	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...
050	Scarlet fever	303	W	269	M	136	1	1	14	14	18	76	9	2	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	133	1	5	7	10	10	74	19	1	1	1	2	...	...	...	...	1	...	...	1	...	...	...	...
			C	34	M	21	...	2	...	1	4	12	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	13	...	3	1	...	1	7	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
051	Streptococcal sore throat	14	W	11	M	4	...	...	...	...	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	7	...	...	...	...	...	...	1	1	...	1	3	...	1	...	...	...	...	...	...	...	...	...	...
			C	3	M	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
052	Erysipelas	4	W	4	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	...	...
055	Diphtheria	60	W	50	M	24	...	...	...	1	1	13	3	1	2	1	1	...	...	1	...	...	...	...	...	...	...	...	...
					F	26	...	...	...	4	...	9	2	4	2	1	1	3	...	...	...	...	...	...	...	...	...	...	...
			C	10	M	5	1	...	...	...	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	3	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
056	Whooping cough	1,425	W	660	M	295	52	14	28	22	31	127	17	2	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...
					F	365	61	24	34	36	30	152	23	1	...	...	...	2	1	...	...	1	...	...	...	...	...	...	...
			C	765	M	369	110	33	32	35	40	113	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	396	128	33	27	33	26	138	9	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
057	Meningococcal infections	26	W	23	M	13	2	2	2	2	1	1	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
					F	10	2	...	1	1	...	4	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...
			C	3	M	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	2	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
061	Tetanus	5	W	2	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	3	M	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
062	Anthrax	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
072	Weil's disease	4	W	1	M	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	3	M	3	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...

TABLE NO. 12—Continued

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1950

International Code No.	Disease	Totals: Grand Total	Totals: By Color		Totals: By Sex		Age Groups: Under 1 Year	1 Year	2 Years	3 Years	4 Years	5–9 Years	10–14 Years	15–19 Years	20–24 Years	25–29 Years	30–34 Years	35–39 Years	40–44 Years	45–49 Years	50–54 Years	55–59 Years	60–64 Years	65–69 Years	70–74 Years	75–79 Years	80–84 Years	85 Yrs. and Over	Age Not Specified
080.0 080.1	Acute poliomyelitis, paralytic cases	225	W	178	M	92	5	8	3	9	7	32	8	10	4	4	1	1	...	...	...	...	...	...	...	...	...	...	...
					F	86	1	10	5	7	7	26	13	5	5	6	1	...	...	...	...	...	...	...	...	...	...	...	...
			C	47	M	27	2	3	5	4	2	9	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	20	1	3	4	1	1	5	2	...	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...
080.2	Acute poliomyelitis, specified as non-paralytic	97	W	71	M	46	...	...	4	5	3	17	10	1	2	1	2	...	1	...	...	...	...	...	...	...	...	...	...
					F	25	...	...	1	1	2	12	2	1	...	3	1	2	...	...	...	...	...	...	...	...	...	...	...
			C	26	M	13	1	...	1	1	1	4	3	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
					F	13	...	...	...	2	1	5	3	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
082	Acute infectious encephalitis	3	W	2	M	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
085	Measles	357	W	287	M	145	7	11	24	14	16	66	3	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...
					F	142	3	10	13	27	22	64	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	70	M	35	2	7	6	3	4	8	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	35	6	6	2	3	1	14	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
086	German measles (Rubella)	73	W	46	M	19	2	2	2	...	2	7	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	27	6	2	1	3	1	7	5	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	27	M	9	1	...	...	1	1	2	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	18	...	1	3	...	1	8	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
087	Chickenpox	2,191	W	1,856	M	978	47	50	51	81	78	631	30	3	2	2	2	1	...	...	...	...	...	...	...	...	...	...	...
					F	878	41	44	57	83	62	529	46	7	4	2	2	...	...	1	...	...	...	...	...	...	...	...	...
			C	335	M	168	15	17	12	21	13	73	10	1	2	1	1	...	...	...	1	...	...	...	...	1	...	...	...
					F	167	22	19	15	14	16	72	5	...	...	1	1	1	...	...	...	1	...	...	...	...	...	...	...
089	Mumps	681	W	631	M	342	...	10	12	22	27	244	12	1	2	4	6	1	1	...	...	...	...	...	...	...	...	...	...
					F	289	...	2	14	20	33	177	20	...	5	7	2	1	3	2	1	...	...	1	...	...	1	...	...
			C	50	M	34	1	2	3	2	2	19	...	...	2	1	1	1	...	...	...	...	...	...	...	...	...	...	...
					F	16	1	2	1	1	1	6	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

92	Infectious hepatitis	6	W	6	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	1	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	...
93	Infectious mononucleosis	11	W	6	M	3	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	...	...	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	5	M	2	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	3	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
95	Trachoma	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
101	Typhus fever	1	C	1	F	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
110	Malaria (benign tertian)	1	W	1	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
111	Malaria (quartan)	1	C	1	M	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
128	Trichiniasis	2	W	1	F	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	1	F	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
400	Rheumatic fever without mention of heart disease	7	W	2	M	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
			C	5	M	4	...	...	...	...	...	...	...	2	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
401	Rheumatic fever with mention of heart disease	20	W	8	M	7	...	...	...	...	...	...	...	2	1	2	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...
					F	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
			C	12	M	3	...	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
					F	9	...	...	...	...	...	...	3	2	2	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...
402	Chorea	1	W	1	F	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
480-483	Influenza	112	W	97	M	60	...	...	...	...	...	...	1	4	5	4	4	8	6	1	8	4	1	5	2	2	2	3	...	...	...
					F	37	...	...	...	...	...	3	...	1	5	4	1	4	...	4	2	3	1	...	5	2	2	...	...	...	...
			C	15	M	10	...	...	...	...	...	...	...	...	1	...	1	2	...	1	...	2	1	2	...	...	...	...	...	...	...
					F	5	...	...	...	...	...	...	...	1	...	2	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...
490-493	Pneumonia, all forms	643	W	348	M	223	7	3	...	1	3	3	1	7	8	11	5	8	11	19	9	20	15	32	22	15	16	7	...	...	...
					F	125	3	1	1	2	2	2	4	1	8	4	8	8	6	2	3	4	7	6	10	12	13	18	...	...
			C	295	M	183	24	2	2	1	...	3	...	1	10	16	9	18	16	17	17	18	8	9	5	5	1	1	...	...	...
					F	112	11	1	...	...	1	1	1	4	7	10	8	11	10	7	16	6	3	6	1	3	3	2	...	...
490	Lobar pneumonia	235	W	100	M	68	1	2	...	...	...	...	...	2	4	5	2	4	4	8	3	12	3	7	7	2	2	...	...	...	...
					F	32	...	1	...	2	...	1	...	1	3	...	1	3	5	...	1	...	3	...	1	5	4	1	...	...	...
			C	135	M	79	4	...	...	...	...	2	...	...	7	11	4	10	10	7	8	9	3	1	1	2	...	...	...	...	...
					F	56	4	...	...	...	...	...	1	2	4	9	3	6	5	2	12	3	...	3	...	...	2	...	...	...	...

TABLE NO. 12—Continued

CASES OF DISEASES REPORTED CLASSIFIED ACCORDING TO SEX, COLOR AND AGE PERIODS—1950

International Code No.	Disease	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 Yrs. and Over	Age Not Specified
491	Bronchopneumonia	266	W	162	M	99	2	1	...	1	3	...	1	3	3	4	1	3	5	3	3	4	9	16	13	8	10	6	....
					F	63	2	...	1	...	2	1	2	...	2	2	2	3	1	2	1	4	2	3	7	4	8	14	....
			C	104	M	60	15	2	1	...	...	...	...	1	2	2	2	3	4	4	4	6	3	4	3	2	1	1	....
					F	44	5	...	...	...	1	1	...	1	2	...	4	5	3	4	4	3	3	3	1	1	1	2	....
492-493	Pneumonia, other and unspecified	142	W	86	M	56	4	...	...	...	...	3	...	2	1	2	2	1	2	8	3	4	3	9	2	5	4	1	....
					F	30	1	...	...	...	...	...	2	...	3	2	5	2	...	...	1	...	2	3	2	3	1	3	....
			C	56	M	44	5	...	1	1	...	1	...	...	1	3	3	5	2	6	5	3	2	4	1	1	...	...	....
					F	12	2	1	...	...	...	...	...	1	1	1	1	...	2	1	...	...	...	...	...	2	...	...	....
571	Gastro-enteritis and colitis	17	W	6	M	4	3	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	2	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	11	M	8	5	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	....
					F	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
763	Pneumonia of newborn	13	W	8	M	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	5	M	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
764	Diarrhea of newborn	6	W	1	F	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	5	M	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
885	Accidental poisoning by lead and its compounds	31	W	3	M	2	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
			C	28	M	15	...	6	5	3	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
					F	13	...	8	4	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	....
20-29	Syphilis	2,982	W	458	M	280	...	...	...	...	...	...	2	5	35	39	27	35	27	16	18	23	17	18	6	2	2	....	8
					F	178	...	...	...	...	2	...	2	19	23	28	22	15	17	9	11	13	5	5	3	2	...	....	2
			C	2,524	M	1,156	7	6	...	2	...	6	10	50	158	207	141	143	106	83	75	70	38	28	13	5	1	....	7
					F	1,368	10	2	1	3	1	2	17	150	266	285	210	154	78	55	49	29	22	12	7	4	2	1	8

30-35	Gonococcic infections (except ophthalmia)	6,942	W	588	M	405	...	...	...	...	...	...	...	39	154	96	53	32	17	9	4	...	...	...	...	...	...	...	...	1
					F	183	...	...	...	2	1	12	2	35	53	31	21	11	6	1	2	2	1	...	...	1	...	...	2
			C	6,354	M	5,658	...	2	...	...	1	2	10	785	2349	1553	548	252	97	28	20	3	3	1	...	...	...	...	4
					F	696	...	2	2	1	...	10	15	226	241	125	43	17	6	2	1	...	...	1	...	...	...	...	4
33	Gonococcic ophthalmia	2	C	2	M	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
					F	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
36	Chancroid	120	W	31	M	27	...	...	...	...	...	...	...	1	5	7	3	4	3	2	2	...	...	...	...	...	...	...	...
					F	4	...	...	...	...	...	...	...	1	1	...	...	2	...	...	...	...	...	...	...	...	...	...	...
			C	89	M	75	...	...	...	...	...	...	1	9	21	11	14	5	7	2	3	...	1	1	...	...	...	...	...
					F	14	...	...	...	...	...	...	2	8	2	...	1	...	1	...	...	...	...	...	...	...	...	...	...
37	Lymphogranuloma venereum	31	C	31	M	24	...	...	...	...	...	...	...	5	7	3	2	4	1	1	...	1	...	...	...	...	...	...	...
					F	7	...	...	...	...	...	...	...	1	...	1	2	2	1	...	...	...	...	...	...	...	...	...	...
38	Granuloma inguinale, venereal	33	C	33	M	14	...	...	...	...	...	...	...	2	3	1	1	2	2	1	1	1	...	...	...	...	...	...	...
					F	19	...	...	...	...	...	...	1	4	5	1	2	2	1	1	1	...	...	1	...	...	...	...	...

TABLE NO. 13*
REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1950

Disease	Year	Reported Cases			Rate per 100,000 Population		
		Total	White	Colored	Total	White	Colored
Typhoid Fever (not including paratyphoid fever)	1950	8	5	3	0.8	0.7	1.5
	1949	12	8	4	1.2	1.0	2.0
	1948	5	4	1	0.5	0.5	0.5
	1947	11	6	5	1.2	0.8	2.6
	1946	10	7	3	1.1	0.9	1.6
	1945	11	6	5	1.2	0.8	2.7
	1944	15	11	4	1.6	1.5	2.2
	1943	20	19	1	2.1	2.5	0.5
	1942	31	24	7	3.3	3.2	3.9
	1941	35	21	14	4.0	3.0	8.3
	1940	23	15	8	2.7	2.2	4.8
	1939	24	14	10	2.8	2.0	6.1
	1938	51	35	16	6.0	5.1	9.9
	1937	68	40	28	8.0	5.8	17.5
	1936	49	32	17	5.8	4.7	10.8
	1935	69	58	11	8.3	8.6	7.1
	1934	81	58	23	9.8	8.6	15.1
Measles	1950	357	287	70	37.6	38.2	35.2
	1949	11,031	10,111	920	1,164.8	1,350.8	463.5
	1948	8,943	7,526	1,417	948.4	1,008.8	719.3
	1947	274	167	107	29.2	22.5	54.7
	1946	8,136	6,511	1,625	872.0	879.9	842.0
	1945	206	178	28	22.1	23.8	15.4
	1944	10,324	9,050	1,274	1,101.8	1,197.1	703.9
	1943	2,213	2,101	112	229.8	275.0	56.3
	1942	6,445	6,155	290	632.6	815.9	159.7
	1941	4,458	3,572	886	514.8	511.7	527.4
	1940	88	76	12	10.2	11.0	7.2
	1939	11,833	10,663	1,170	1,383.9	1,544.6	710.3
	1938	1,119	861	258	131.7	125.3	159.0
	1937	9,227	8,140	1,087	1,093.0	1,189.4	680.1
	1936	4,361	4,050	311	519.9	594.4	197.6
	1935	533	453	80	64.0	66.8	51.6
	1934	18,612	16,307	2,305	2,248.0	2,414.8	1,510.2
Scarlet Fever	1950	303	269	34	31.8	35.8	17.1
	1949	466	426	40	49.2	56.9	20.2
	1948	341	285	56	36.2	38.2	28.4
	1947	446	384	62	47.5	51.7	31.7
	1946	806	733	73	86.4	99.1	37.8
	1945	2,202	2,068	134	236.8	276.5	73.6
	1944	2,297	2,182	115	245.1	288.6	63.5
	1943	1,432	1,360	72	148.7	178.0	36.2
	1942	826	724	102	88.2	96.0	56.2
	1941	857	689	168	99.0	98.7	100.0
	1940	571	459	112	66.4	66.2	67.0
	1939	598	477	121	69.9	69.1	73.5
	1938	1,092	954	138	128.5	138.8	85.0
	1937	810	737	73	96.0	107.7	45.7
	1936	1,046	979	67	124.7	143.7	42.6
	1935	1,699	1,595	104	203.9	235.1	67.1
	1934	1,358	1,258	100	164.0	186.3	65.5

* For a more complete record see Table No. 1, Bureau of Communicable Diseases.

TABLE NO. 13—Continued
REPORTED CASES AND CASE RATES PER 100,000 POPULATION FOR CERTAIN COMMUNICABLE DISEASES ACCORDING TO COLOR—1934-1950

Disease	Year	Reported Cases			Rate per 100,000 Population		
		Total	White	Colored	Total	White	Colored
Whooping Cough	1950	1,425	660	765	150.0	87.9	384.4
	1949	945	843	102	99.8	112.6	51.4
	1948	604	317	287	64.1	42.5	145.7
	1947	3,247	2,126	1,121	346.2	286.3	573.4
	1946	1,004	759	245	107.6	102.6	126.9
	1945	2,172	1,313	859	233.5	175.5	472.0
	1944	2,349	1,423	926	250.7	188.2	511.6
	1943	3,400	2,414	986	353.1	316.0	495.5
	1942	2,174	1,504	670	232.3	149.4	368.9
	1941	2,560	1,672	888	295.6	239.5	528.6
	1940	5,258	4,124	1,134	611.1	594.9	678.3
	1939	1,575	1,136	439	184.2	164.6	266.5
	1938	1,548	897	651	182.2	130.5	401.2
	1937	3,661	3,184	477	433.7	465.2	298.4
	1936	3,570	2,443	1,127	425.6	358.5	716.0
	1935	1,100	998	102	132.0	147.1	65.8
	1934	4,566	4,035	531	530.6	597.5	347.9
Diphtheria	1950	60	50	10	6.3	6.7	5.0
	1949	46	24	22	4.8	3.1	10.8
	1948	46	36	10	4.8	4.7	5.0
	1947	142	108	34	15.0	14.3	17.5
	1946	424	385	39	45.4	52.0	20.2
	1945	353	310	43	38.0	41.4	23.6
	1944	226	188	38	24.1	24.9	21.0
	1943	106	90	16	11.0	11.8	8.0
	1942	74	62	12	7.9	8.2	6.6
	1941	47	36	11	5.4	5.2	6.5
	1940	49	37	12	5.7	5.3	7.2
	1939	67	61	6	7.8	8.8	3.6
	1938	125	103	22	3.7	15.0	13.6
	1937	257	198	59	30.4	28.9	36.9
	1936	146	118	28	17.4	17.3	17.8
	1935	119	100	19	14.3	14.7	12.2
	1934	108	91	17	13.0	13.5	11.1
Pulmonary Tuberculosis	1950	1,275	667	608	134.2	88.8	305.5
	1949	1,434	780	654	151.4	104.2	329.5
	1948	1,540	885	655	163.3	118.6	332.5
	1947	1,491	844	647	159.0	113.7	330.9
	1946	1,468	867	601	157.3	117.2	311.4
	1945	1,872	1,216	656	201.3	162.6	360.4
	1944	1,870	1,076	794	199.6	142.3	438.7
	1943	1,901	1,043	858	197.4	136.5	431.1
	1942	1,631	865	766	174.3	114.7	421.8
	1941	1,842	885	957	212.7	128.5	569.6
	1940	1,474	755	719	171.3	108.9	430.0
	1939	1,430	678	752	167.2	98.2	456.5
	1938	1,613	875	738	189.8	127.3	454.8
	1937	1,755	1,012	743	207.9	147.9	464.9
	1936	1,497	862	635	178.5	126.5	403.4
	1935	1,708	982	726	205.0	144.8	468.4
	1934	1,372	811	561	165.7	120.1	367.6

APPENDIX

AN ORDINANCE AUTHORIZING THE REMODELING AND RECONSTRUCTION OF AN EXISTING BUILDING TO SERVE AS THE SOUTHEASTERN HEALTH DISTRICT BUILDING

City Ordinance No. 1088

An ordinance authorizing and directing the Bureau of Building Construction, one of the bureaus of the Department of Public Works, to expend, out of the proceeds of the sale of certificates of indebtedness of the Mayor and City Council of Baltimore, issued pursuant to Chapter 18 of the Acts of the General Assembly of Maryland of 1947 (Extraordinary Session) and Ordinance No. 340, of the Mayor and City Council of Baltimore, approved July 2, 1948, and approved by the voters on November 2, 1948, a sum not exceeding Four Hundred Thousand Dollars ($400,000.00), for the remodeling and reconstruction of an existing building now owned by the Mayor and City Council of Baltimore at Bank Street, between Conkling Street and Highland Avenue, in Baltimore City to serve as the Southeastern Health District Building, for the activities and functions of the Department of Health of Baltimore City.

WHEREAS, under the terms and provisions of Chapter 18 of the Acts of the General Assembly of Maryland of 1947 (Extraordinary Session) and Ordinance No. 340, of the Mayor and City Council of Baltimore, approved July 2, 1948, and approved by the voters on November 2, 1948, the Commissioners of Finance are empowered to issue certificates of indebtedness of the City of Baltimore to an amount not exceeding Eight Million Dollars ($8,000,000.00), and authority is given to use the proceeds derived from the sale of the certificates of indebtedness for the acquisition, by purchase or condemnation, of land or property in the City of Baltimore and the erection thereon of such building, buildings, structure or structures, including District Health Centers, as may be provided from time to time by Ordinance or Ordinances of the Mayor and City Council of Baltimore, and authorizing the use of a portion of the proceeds of sale of said certificates of indebtedness for erecting on land or property now or hereafter owned by the Mayor and City Council of Baltimore such building, buildings, structure or structures, as the Mayor and City Council of Baltimore shall by Ordinance or Ordinances provide; and

WHEREAS, the Ordinance of Estimates of the Mayor and City Council of Baltimore, for the year 1949, appropriated the sum of Eight Million Dollars ($8,000,000.00) of the proceeds of sale of said certificates of indebtedness to the Bureau of Building Construction, to be used for buildings and structures, as provided by Ordinance No. 340, of the Mayor and City Council of Baltimore, approved July 2, 1948; therefore

SECTION 1. *Be it ordained by the Mayor and City Council of Baltimore*, That the Bureau of Building Construction is hereby authorized and directed, out of the proceeds of the sale of the certificates of indebtedness authorized by Chapter 18 of the Acts of the General Assembly of Maryland of 1947 (Extraordinary Session), and Ordinance No. 340, of the Mayor and City Council of Baltimore, approved July 2, 1948, as approved by the voters on November 2, 1948, to expend a sum not to exceed Four Hundred Thousand Dollars ($400,000.00), for the remodeling and reconstruction of an existing building belonging to the Mayor and City Council of Baltimore and located on Bank Street, between Conkling Street and Highland Avenue, in Baltimore City, said building to be known as the Southeastern Health District Building and to be utilized for the activities and functions of the Department of Health of Baltimore City.

SECTION 2. *And be it further ordained*, That this ordinance shall take effect from the date of its passage.

Approved, March 29, 1950.

THOMAS D'ALESANDRO, JR., *Mayor.*

RULES AND REGULATIONS GOVERNING THE USE AND DISPOSITION OF UNCLAIMED AND IMPOUNDED DOGS

Pursuant to the power conferred upon the Commissioner of Health by Ordinance No. 952, Approved December 17, 1949, the following rules and regulations to govern the use and disposition of unclaimed and impounded dogs are hereby adopted:

Regulation 1. Killing of unclaimed impounded dogs. The person charged with killing impounded dogs that are unclaimed or unredeemed and that are not needed for scientific investigation or teaching shall kill such dogs in a humane manner by exposure to carbon monoxide gas. (January 10, 1950.)

Regulation 2. The Institutional Agent. Each scientific institution applying for permission to use unclaimed impounded dogs for scientific investigation or teaching shall appoint a suitable Agent who shall be constantly responsible for the care of such dogs.

Immediately upon the appointment of the Institutional Agent, or his successor, the institution shall notify the Commissioner of Health of the name of its agent. (January 10, 1950.)

Regulation 3. Application for permission to use unclaimed impounded dogs. Application for permission to use unclaimed impounded dogs for scientific investigation or teaching shall be made in writing on forms to be provided by the Commissioner of Health. (January 10, 1950.)

Regulation 4. Sanitation of dog quarters. All dog quarters in a scientific institution which are used to house unclaimed impounded dogs shall be maintained in a sanitary condition. Cages and floors shall be hosed or mopped with hot water at intervals of not more than forty-eight hours. All floors shall be made of impervious material and shall be properly drained to permit drying. The dog quarters shall be kept free of vermin and shall have adequate lighting and ventilation. All dog quarters shall be adequately heated. Overcrowding of dogs shall be avoided in order to prevent fighting and transmission of disease. Adequate arrangements shall be made for feeding dogs and providing them with water. (January 10, 1950.)

Regulation 5. Records. The person charged with killing unclaimed impounded dogs shall keep a written record of the number of dogs surrendered to any scientific institution and the date of each such surrender. The scientific institution receiving such dogs shall keep a written record of the number of dogs received and the date of each such receipt. (January 10, 1950.)

Regulation 6. Return of dogs after convalescence. Whenever an unclaimed impounded dog has been used for scientific investigation or teaching and has completed its convalescence the dog may be returned by the scientific institution to the municipal dog shelter. (April 3, 1950.)

Huntington Williams, M.D.

Commissioner of Health

Dates Adopted: January 10 and April 3, 1950.
Dates Effective: January 10 and April 3, 1950.

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